

RESOLUTION NO. 75-2009

Offered by All of Council

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH ANTHEM BLUE CROSS AND BLUE SHIELD FOR ANTHEM BLUE ACCESS 3.0 OPTION D3 WITH RX H HEALTH INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES AND DECLARING AN EMERGENCY

WHEREAS, the Village's insurance advisor, Bob Lamm, of Associated Underwriters Insurance has recommended entering into an agreement with Anthem Blue Cross and Blue Shield to be the provider for health insurance for full-time Village employees during the year 2010.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, State of Ohio:

SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with Anthem Blue Cross and Blue Shield for Anthem Blue Access 3.0 Option D3 with Rx H for the Village's health insurance effective January 1, 2010, in accordance with the renewal offer from Anthem Blue Cross and Blue Shield presented by Bob Lamm, the Village's employee benefits consultant, a copy of which renewal offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to be effective January 1, 2010; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 12/15/09

Rick Heber
President of Council

Michelle P. [Signature]
Mayor

Dated: 12/15/09

ATTEST:

Cawlyn E. Sullivan
Clerk of Council

Your Anthem Benefits



Village of Richfield Blue Access® Option D3 with Rx Option H Summary of Benefits , Effective 01/01/2010

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$250/\$500	\$500/\$1,000
Out-of-Pocket Limit (Single/Family)	\$1,500/\$3,000	\$3,000/\$6,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$15/\$15	30%
· Allergy injections (PCP and SCP)	\$5	30%
· Allergy testing	10%	30%
· Routine and non-routine mammograms (regardless of outpatient setting)	\$15	30%
· Diabetic self management training (regardless of outpatient setting)	\$15	30%
· Certain medical nutritional therapy (regardless of outpatient setting)	\$15	Not Covered
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	10%	30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations(1), Annual diabetic eye exam, Routine Vision and Hearing exams		
· Physician Home and Office Visits (PCP/SCP)	\$15/\$15	30%
· Other Outpatient Services @ Hospital/Alternative Care Facility	10%	30%
Emergency and Urgent Care · Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) · Urgent Care Center Services	\$150/10%	\$150/10%
	\$50	\$50
Inpatient and Outpatient Professional Services Include but are not limited to: · Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	10%	30%
Inpatient Facility Services Unlimited days except for: · 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) · 90 days Network/Non-Network combined for skilled nursing facility	10%	30%
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	10%	30%
Other Outpatient Services (including but not limited to): · Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. · Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy) · Durable Medical Equipment and Orthotics (Network/Non-network combined) \$4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies) · Prosthetic Devices \$4,000 benefit maximum · Physical Medicine Therapy Day Rehabilitation programs · Hospice Care · Ambulance Services	10%	30%
	10%	10%
	10%	10%

Your Anthem Benefits



Village of Richfield Blue Access® Option D3 with Rx Option H Summary of Benefits , Effective 01/01/2010

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) · Physician Home and Office Visits (PCP/SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: · Physical therapy: 20 visits · Occupational therapy: 20 visits · Manipulation therapy: 12 visits · Speech therapy: 20 visits	\$15/\$15 10%	30% 30%
Behavioral Health Services: Mental Health and Substance Abuse (2) · Inpatient Facility Services · Physician Home and Office Visits (SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility	10% \$15 10%	30% 30% 30%
Human Organ and Tissue Transplants(3) · Acquisition and transplant procedures, harvest and storage.	No Copayment/Coinsurance	50%
Prescription Drugs:(4) Network Tier structure equals 1/2/3 (and 4 if applicable) · Network Retail Pharmacies: (30 day supply) Includes diabetic test strip · Anthem Mail Service: (90 day supply) Includes diabetic test strip - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	\$10/\$25/\$40 \$20 /\$65 /\$100	50% , min \$40(5) Not Covered
Lifetime Maximum (Combined Network and Non-Network) (6)	\$5 million	\$5 million

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the Out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to the end of the calendar year in which the child attains age 19; or to the end of the calendar year in which the child attains age of 24 if the child qualifies as a full-time student.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- No copayment/coinsurance means no copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = Calendar Year
- (1) These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
- (2) We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.
- (3) Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

Your Anthem Benefits



Village of Richfield Blue Access® Option D3 with Rx Option H Summary of Benefits , Effective 01/01/2010

(4) If applicable, all prescription drug expenses except tier 1, (Network/Non-network, Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment/coinsurance applies. Also, if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.

(5) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

(6) Prescription Drugs do not accumulate toward the Medical Lifetime Maximum. However, once the Medical Lifetime Maximum is met, no additional Prescription Drug claims will be paid.

Precertification:

Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-Existing Exclusion Period:

We will not provide benefits for services, supplies, or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements):

12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical), which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Rate Authorization



Village of Richfield

Proposed Effective Date: **1/1/2010**

Broker Name: **Bob Lamm**

* includes 1% chamber discount

Blue Access 3.0

Option D3 \$10/25/40 rx

TYPE OF PLAN	Health	Dental	Vision	Total
Employee	\$ 422.47	\$ -	\$ -	\$ 422.47
Employee/Spouse	\$ 928.61	\$ -	\$ -	\$ 928.61
Employee/Child	\$ 713.14	\$ -	\$ -	\$ 713.14
Employee/Children	\$ 713.14	\$ -	\$ -	\$ 713.14
Family	\$ 1,304.19	\$ -	\$ -	\$ 1,304.19

By signing this Rate Authorization form, I agree to the applicable rates and for the attached summary of benefits selected as of the effective date indicated.

Authorized group signature	Date
Underwriting signature	Date

Anthem Dental coverage is underwritten by Anthem Blue Cross and Blue Shield.
Dental and Vision administrative services provided by Health Management Systems, Inc.
Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
An independent licensee of the Blue Cross and Blue Shield Association.
®Registered marks Blue Cross and Blue Shield Association.