

RESOLUTION NO. 88-2006

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 BLUE ACCESS OPTION D3 w/RxH HEALTH INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES AND DECLARING AN EMERGENCY

WHEREAS, the Village's insurance advisor has recommended entering into an agreement with Anthem Blue Cross & Blue Shield to be the provider for health insurance for full-time Village employees during the year 2007.

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 Blue Access Option D3 w/RxH for the Village's health insurance effective January 1, 2007, in accordance with the letter from Associated Underwriters Insurance (Bob Lamm), the Village's employee benefits consultant, dated November 11, 2006, a copy of which letter 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, 2007; 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: 12/5/06

[Signature]  
President of Council

[Signature]  
Mayor

Dated: 12/5/06

ATTEST:  
[Signature]  
Clerk of Council



*Carolyn -  
Attaches to 12/06 or so  
legislation approving  
Anthem as health  
insurance carrier.*

Anthem Blue Cross and Blue Shield  
61 Irwin-Simpson Road  
Mason, Ohio 45040

GROUP COPY

February 2, 2007

Anthem. 

*88-2006*

Village of Richfield  
4410 W. Streetsboro Rd.  
P.O. Box 387  
Richfield, OH 44286

Account Number: 00110100 0000 - 0011

Dear Stephanie Landry:

This will confirm the changes made to your group benefits. Please review the following enclosed document and attach it to your Master Contract:

- Amendment to Master Contract of Addendum A and Addendum B

You will want to encourage all new employees to sign up for your group coverage as part of your company's employment procedure.

Thank you for the opportunity to provide health care benefits to you and your company. If you need additional information, please contact your representative or your broker. The above account number should be used for identification purposes when you call or write.

Sincerely,

Anthem Blue Cross Blue Shield

bc7let

# Addendum A

**Anthem**    
Effective date of this Amendment is 12:01 a.m. on:  
1/1/07

## ELIGIBILITY AND BENEFITS

**Employer** (Affiliated companies must be listed below to be included for coverage):  
Village of Richfield

### SECTION I - ELIGIBILITY

Every Subscriber within any of the classifications set forth below shall be eligible for coverage. Family members of Subscribers shall be eligible for coverage if they meet the definition of "Dependent" contained in the Certificate applicable to the Subscriber under whom the family member claims coverage.

Account number: 00110100 0000 – 0011, All active employees working at least 40 hours per week and who work in states in which Anthem provides coverage shall be eligible for coverage under this contract.

Account number: NA, All retirees.

Account number: NA, All cobra continues.

Account number: 00110100 0000 - 0011

Coverage for eligible new Employees shall be effective on: the first billing date after the first day of employment, as long as the application is received within 31 days following the first day of employment.

Account number:

Account number:

### SECTION II - BENEFITS

Anthem shall provide or cause to be provided, through a Participating Plan or otherwise, the benefits evidenced in the applicable Certificates, including any amendments to such benefits hereafter agreed to by the Employer and Anthem, and provided by the administrative practices and procedures of Anthem and/or a Participating Plan. "Participating Plan" means any Blue Cross and/or Blue Shield Plan other than Anthem that has agreed, either by written document, oral understanding, or course of dealing or conduct, to participate in providing any services to Anthem, administrative or otherwise, in connection with the provision of payment for Covered Services under this Contract.

The health care benefits to be provided by Anthem are fully described in the Certificates identified by the following product identification codes:

Medical Program Benefits  
Product Identification Codes: ACPO1541

Medical Program Benefits  
Product Identification Codes:

Vision Program Benefits  
Product Identification Codes:

Dental Program Benefits  
Product Identification Codes:

**SECTION III – EFFECTIVE DATE AND ANNIVERSARY DATE**

The Effective Date of the Contract shall be: 1/1/07

The Anniversary Date of the Contract shall be: 1/1

# Addendum B



## PREMIUM RATES

The Employer shall pay Anthem the following rates per Subscriber per month for the Contract Period from:  
1/1/07 Through 12/31/07

Account Number 00110100 0000 - 0011

### Non-Medicare Rates

Coverage	Individual	Employee/ Spouse	Employee/ w/ 1 child	Employee w/ more than 1 child	Family
Blue Access	329.91	725.15	556.89	556.89	1,018.44

### Medicare Rates

Coverage	Individual	Employee/ Spouse	Employee/ w/ 1 child	Employee w/ more than 1 child	Family
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### Additional Fees or Charges:

Premium shall be payable and received by Anthem on or before the due date indicated on the invoice.

Anthem shall provide the Employer with the premium rates applicable to the next Contract Period at least 30 days prior to the expiration of this Contract Period.

Date Prepared: 2/2/07