RESOLUTION NO. 96 -2002 Offered by Mr. Midgley

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT UNITED HEALTHCARE FOR HEALTH INSURANCE FOR VILLAGE EMPLOYEES AND REPEALING ORDINANCE NO. 96-1998 AND DECLARING AN EMERGENCY

WHEREAS, the Village's insurance advisor has recommended entering into an agreement with United Healthcare to be the provider for health insurance for Village employees during the year 2003.

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 United Healthcare for the Village's health insurance effective January 1, 2003, in accordance with the letter from Dettling Associates, the Village's employee benefits consultant, dated November 26, 2002, a copy of which letter is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. Because the new health care insurance will not provide for deductible amounts, this Council hereby repeals Ordinance No. 96-1998 which authorized the Village to reimburse all full-time employees certain deductible amounts to be paid under the Village's then-effective insurance coverage. The effective date of this repeal is January 1, 2003.

SECTION 3. 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, 2003; 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: December 3, 2002

Mary M Malone
President of Council

ATTEST: Carole Gibson
Clerk of Council

Donald H. Larsen
Mayor

Dated: 12/5/2002

344659-1

DETTLING ASSOCIATES
-Employee Benefit Specialists-

3291 Stanley Road
Akron, Ohio 44333-9203

Thomas R. Dettling
Principal
Dettling Associates
(330) 666-0337, Ext. 117
(800) 367-3762, Ext. 117
Fax: (330) 666-6685

November 26, 2002

Mr. Elmo Midgley, Chairman of Insurance Committee
The Village of Richfield
4410 W. Streetsboro Road
P. O. Box 387
Richfield. Ohio 44286-0387

Dear Elmo:

Effective January 1, 2003, United Healthcare will be the provider for Health Insurance at a cost of $31,686.00 per month based on 56 Insured Employees. Rates will be guaranteed for twelve months. This will replace CIGNA HealthCare who has terminated their HMO business for the State of Ohio.

VSP will renew their contract for EyeCare for twelve months at rates of $10.42/$23.59 from present rate of $9.92/$22.45 which have been rates for the last two years. New rates are 5% higher due to inflation.

New rates for Dental Insurance are $26.94 Employee and $42.69 Dependent for the twelve months beginning January 1, 2003 for The Fortis. This is out to bid, as we believe that rates can stay about the same with a new provider. We should have all new bids shortly. The above is an 8% adjustment.

Group Life and AD&D Insurance will remain the same with Mutual of Omaha as they have another year on their contract. Rates are guaranteed to December 31, 2003.

Sincerely,

Tom

Thomas R. Dettling

UNITED HEALTH CARE

Plus Plan 525

PLAN PROVISION	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
NOTE: All annual benefit limits are based on a policy year.	Services received from network providers or otherwise covered by United HealthCare	Services received from non-network providers and covered by United HealthCare Insurance Company of Ohio
Deductible The amount you pay each year before the Plan begins covering your medical expenses. All out-of-network services are subject to the deductible unless otherwise stated.	Not applicable	Individual - $200 Family - $400
Coinsurance The percentage of medical expenses shared by you and the Plan after you meet your deductible. Your coinsurance is based on eligible expenses (reasonable and customary charges).	Not applicable	20% Plan pays 80%
Copayment (Copay) The amount you pay for certain health services. A copayment may be either a defined dollar amount per service or a percentage of eligible expenses.	See below for copayments applicable for each service.	Not applicable
Out-of-Pocket Maximum Total amount you pay in a year for deductible, coinsurance and copayments.	Individual - $500 Family - $1,000 Copays for all covered services apply to the out-of-pocket maximum except: office visits, mental health services, substance abuse services and urgent care services.	Individual - $1,000 Family - $2,000 Copays for all covered services apply to the out-of-pocket maximum except: mental health services and substance abuse services.
Maximum Policy Benefit	None	$1 million
FEATURE/SERVICE	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Physician Office Services Office visits for sickness and injury	$15 per visit	20%
Well Baby/Child Care Including immunizations and injections	$15 per visit	20% (Limited to $500 per child to age 1; thereafter $150 per calendar year to age 9)
Comprehensive Physical Exams, Routine Vision Exams	$15 per visit (Refractive eye exams limited to one per year)	Not covered
Obstetrical office visits (pre- and post natal)	No copay after initial visit	20%
Allergy Services Testing, serum, injections	20%	20%

FEATURE/SERVICE	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Professional Fees for Surgical and Medical Services	No copay	20%
Inpatient Hospital Services	No copay	20%
Emergency Care Coverage applies for a serious medical condition resulting from injury or sickness which arises suddenly and requires immediate care to avoid jeopardy to life or health.	$50 per visit	Covered as an In-Network benefit
Ambulance Services Emergency transport to nearest hospital	20%	Covered as an In-Network benefit
Urgent Care Services Health Services provided at an Urgent Care Center	$25 per visit	20%
Outpatient Hospital and Alternate Facility Services * Lab and X-ray * Facility charges for outpatient surgery	No copay	20%
Mental Health and Substance Abuse Services	In-Network services must be provided or authorized by United HealthCare of Ohio's mental health/substance abuse designee.	
* Outpatient Mental Health Services	$20 copay per visit for individual therapy $10 copay per visit for group therapy Limited to 30 visits per year	20% Limited to 10 visits per year
* Inpatient Mental Health Services	20% Limited to 30 days per year	20% Limited to 10 days per year
* Inpatient and Outpatient Substance Abuse Services	Copays are the same and benefits are limited to combined maximum with mental health services.	20% Limited to $550 per year
Skilled Nursing Facility Services/ Inpatient Rehabilitation Facility Services Limited to 180 days per year	No copay	20% Limited to 60 days per year
Prosthetic Devices and Durable Medical Equipment	20%	20%
Outpatient Rehabilitation Services Physical, Speech, Occupational and Cardiac Rehabilitation Therapy. Limited to 20 visits per covered person per year for each type of therapy.	$15 copay per visit when performed in a physician's office No copay when performed in a network facility	20%
Spinal Manipulation	Not covered	20% up to an annual maximum benefit of $250 per covered person. Annual deductible does not apply.

This Summary of Benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to your Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the policies issued to the enrolling group, the policies prevail.

Medical Plan Design and Rate Proposal for Village of Richfield

Based upon the information provided and our analysis of your organization, UnitedHealthcare - Ohio is pleased to offer the following medical funding plan for an effective date no later than 01/01/2003.

	Medical	RX
OPTION I:	525	95825
	Choice Plus	

In Network Benefits:	15/100/500
Out of Network Benefits:	200/80/1000
Pharmacy Benefits:	$7/20/40 mod 2.5x/ oc incl.

	Assumed Enrollment	Proposed Rates
Employee	15	$268.75
Employee + Spouse	15	$564.38
Employee + Child(ren)	6	$510.63
Employee + Family	20	$806.26
Monthly Premium		$31,686
Annual Premium		$380,234

UnitedHealthcare®

A UnitedHealth Group Company

Large Group Application — Ohio Region

Medical insurance products provided by UnitedHealthcare Insurance Company of Ohio.

Non-Medical products provided by UnitedHealthcare Insurance Company of Ohio.

Application Instructions

To avoid processing delays, please make sure you:

1. Answer all questions completely and accurately.
2. DO NOT CANCEL YOUR EXISTING COVERAGE UNTIL YOU RECEIVE WRITTEN NOTIFICATION OF APPROVAL.
3. Submit a statement census for those currently employed and current rates (required only if this plan is replacing an existing plan of insurance).
4. Include a deposit check for the first month's premium.
5. If ancillary products are requested complete separate form, if applicable.

Group Information

1. Company name: VILLAGE OF RICHFIELD

2. Federal identification number: 34-6583270

3. Address (no P.O. box): 4410 W. STREETSBORO RD.

P.O. BOX 387

4. City: RICHFIELD

5. County: SUMMIT

6. State: OHIO

7. Zip code: 44286-0387

8. Phone number: (330) 659-9201 Ext. 2

9. Workers' compensation carrier: Bureau of Workers Comp. (Gates McDonald, MCO)

10. Number of years in business: 35

11. Standard industry code: 9199

12. Nature of business: VILLAGE GOVERNMENT

13. In the past 36 months, has the company or any affiliated entity filed for protection or operated under federal/state bankruptcy laws? (Chapter 11 or 7) ☐ Y ☒ N

In the past 36 months, has any creditor filed or threatened to file a petition requesting the company or any affiliated entity to be placed voluntarily into bankruptcy? ☐ Y ☒ N

14. Total number of employees (including those in waiting period) Full time: 59 Part time: 2

15. Number of employees terminated in last 12 months: 0

16. Requested effective date: 01-01-03

17. List employees/dependents on Continuation of Coverage/COBRA: NONE

18. List previous health insurance carrier(s) Effective Dates:

PHOENIX MUTUAL 03/01/81

CIGNA HEALTHCARE 03/01/84

19. Effective date for new hires

- ☐ Date of hire
- ☐ First of the month following the date of hire
- ☒ First day following completion of 30 day waiting period (1ST MONTH)
- ☒ First day of the month following completion of 30 day waiting period
- ☐ First day following completion of 60 day waiting period
- ☐ First day of the month following completion of the 60 day waiting period
- ☐ First day following completion of 90 day waiting period

20. Employer medical contribution level 95 (Min. 50%)

Employer ancillary contribution level _____ % (if applicable)

UnitedHealthcare®

A UnitedHealth Group Company

Health Information

Please answer all questions to the **best of your knowledge.** Explain any "Yes" answers below:

☒ Y ☐ N 1. Has any employee/dependent been treated for a serious illness (physical or mental), had more than $5,000 of medical expenses, been hospitalized or had surgery in the past twelve months?

☐ Y ☒ N 2. Is any employee/dependent apt to have a continuing claim from any existing mental or physical condition, including pregnancy?

☒ Y ☐ N 3. Has any employee/dependent been advised to have surgery in the last six months or anticipate hospitalization for any other reason?

☐ Y ☒ N 4. Are there any employees/dependents who are incapacitated or confined in a hospital or treatment facility?

☐ Y ☒ N 5. Are there any employees/dependents who are not actively performing their duties full time due to a disabling illness or injury?

1) JOHN LUTHER, GALL BRADDER, REMOVED 02/05/02; 2) CAROL PALMER, BROKEN LT SHOULDER, 07/23/02; 3) DEP., CADEN FYFFE, RT. KIDNEY REMOVED, 09/02; 4) AMY ELLIS, SEVERE RT LEG LACERATION, 07/02; 5) ERIC WEBER, APPENDIX REMOVED, 01/09/02.

IMPORTANT—PLEASE READ CAREFULLY

The Company certifies that the information provided above is complete and accurate. Company shall notify the Insurer promptly of any changes in this information that may affect the eligibility of employees or their dependents, including the addition of any newly eligible employees or dependents. Insurer shall be entitled to rely on the most current information in its possession regarding eligibility of employees and their dependents in providing coverage under this Policy.

During and after termination of the Policy, Company grants Insurer permission to use and/or transfer to third parties for research and analysis purposes the claims and related medical data in Insurer's possession. The parties shall maintain the confidentiality of any information relating to Covered Persons in accordance with any applicable laws. Neither party shall disclose any confidential business information of the other party without the prior written consent of that party.

It is understood and agreed that: (1) renewal rates will be based on several factors that will include, but will not be limited to the projected future claims experience of your group, except where prohibited by law; (2) insurance will be effective only on the date specified by Insurer after the application has been approved by the Insurer and after the first full premium has been paid. The Company's cancelled check is a receipt for the deposit. The deposit will be applied to the first premium due if the application for group coverage is approved. The deposit is not refundable after the group coverage has been approved and issued; (3) submission of any application or filing of a claim containing a false or deceptive statement, with intent to defraud or to facilitate a fraud against an insurer, constitutes insurance fraud. Company agrees to contribute a minimum of 50% of the employee premium.

Whenever group health coverage of an employee or dependent has recently terminated due to a qualifying event, there is a 30 day corridor provided under State Continuation and 60 day corridor provided under COBRA, that allows these individuals to retroactively elect to continue coverage under the group plan. This 30 or 60 day corridor begins on the date the individual is notified of their right to continue coverage.

X _____

Employer signature — Date

Title — $ 31,686.00 Amount of deposit

Broker Information

THOMAS R. DETTLING 277 30 7371

Broker name — Broker number

DETTLING ASSOCIATES

Agency name

330 867-8484 (330 867-8483 tomdettling@neo.rr.com

Phone — Fax — E-Mail

3291 STANLEY RD, AKRON OH 44333-9203

Address — City — State — Zip

THOMAS R. DETTLING 277-30-7371

Commissions payable to — Tax ID/SSN

Thomas R. Dettling

Broker signature — Date

For Plan Use Only

Sales representative's name

Sales representative's number

Broker commission schedule

Standard scale

Flat % — Other

UnitedHealthcare®

A UnitedHealth Group Company

Contact List

Section 125 in place? ☐ No ☐ Yes (please attach Section 125 provisions) POP ONLY

Employer Link Billing Software ☒ No ☐ Yes

1. Administrative Contact ELEANOR LUKOVICS, FINANCE DIRECTOR (EXT. 224) [redacted]

2. Administrative Contact Name/Title (if different from previous page)

3. Administrative Address P.O. BOX 387

4. City	5. State	6. Zip code	7. Phone number
RICHFIELD	OHIO	44286-0387	330-659-9201 (EXT. 225

8. Fax	9. E-mail
330-659-4906	ELUKOVICS@RICHFIELDVILLAGEOHIO.ORG

1. Billing Contact JOANN MAUPIN (EXT. 225) [redacted]

2. Billing Address P.O. BOX 387

3. City	4. State	5. Zip code	6. Phone number
RICHFIELD	OHIO	44286-0387	330-659-9201 (EXT. 224)

7. Fax	8. E-mail
330-659-4906	JMAUPIN@RICHFIELDVILLAGEOHIO.ORG

I hereby certify that the information provided in the Group Application and in the Supplement to Group Application and Benefit Option Checklist for Large Groups is complete and accurate.

Thomas R. Dettling

Sales Representative Signature

Standard Eligibility and Administrative Provisions

⇒ **Dependent Limiting Age:** 19th birthday—end of birthday month
⇒ **Full-Time Student Maximum Age:** Age 23—end of birthday month
⇒ **Effective Date of Termination:** Date of termination
⇒ **Effective Date for Return to Employment:** Date of return
⇒ **Effective Date for Status Change:** Date of change
⇒ **Type of Continuation Coverage:** COBRA/state continuation (based on group size)
⇒ **Billing Frequency:** Monthly
⇒ **Payment Due Date:** First of the month

Company Name

Northeastern Market
1375 East 9th Street, Suite 700
Cleveland, Ohio 44114
216-420-4080
1-800-468-5001
FAX 216-771-1732

Eastern Market
9200 Worthington Road
Westerville, Ohio 43082
614-410-7000
1-800-328-8835
FAX 614-410-7449

Southwestern Market
10560 Ashview Place, Suite 205
Cincinnati, Ohio 45242
513-554-1310
1-800-325-4262
FAX 513-554-1340

Western Market
6601 Centerville Business Parkway
P.O. Box 751090
Dayton, Ohio 45475-1090
937-439-9355
1-800-543-7863
FAX 937-436-8836