

6/2/23 2:45 p.m.

**RESOLUTION NO. 35-2023 (As Amended 6/2/2023)**

**Offered by Councilmember Hudak**

**A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH MUTUAL OF OMAHA FOR VISION INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES AND DECLARING AN EMERGENCY.**

WHEREAS, the Village's Mayor has recommended entering into an agreement with Mutual of Omaha to be the provider for vision insurance for full-time Village employees during the period July 1, 2023, through June 30, 2025.

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 Mutual of Omaha for the Village's vision insurance effective July 1, 2023 for a two-year period, in accordance with the offer from Mutual of Omaha, a copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.
  
- SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulting in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.
  
- 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 comply with the timing requirements of the program; 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: 6-6-2023

*Steve A. Philipjak*  
President of Council

ATTEST:  
*[Signature]*  
Clerk of Council

*Michael Wheel*  
Mayor

Dated: 6/6/2023



**EXHIBIT A**  
**Village of Richfield**  
**Financial Summary**

<b>Basic Life/AD&amp;D</b>	Current - MetLife		MetLife	Guardian	Lincoln	Mutual of Omaha	Unum	<b>Delta Dental</b>
	current	renewal	REVISED					
Annual Premium	\$9,691	\$12,720	\$12,720	Declined	\$11,306	\$12,114	Declined	N/A
Variance to current		31%	31%	N/A	17%	25%	N/A	N/A
Variance to renewal				N/A	-11%	-5%	N/A	N/A

<b>Dental</b>	Current - MetLife		MetLife	Guardian	Lincoln	Mutual of Omaha	Unum	<b>Delta Dental</b>
	current	renewal	REVISED					
Annual Premium	\$48,712	\$55,532	\$51,843	\$50,469	\$48,166	\$42,430	\$57,877	\$46,923
Variance to current		14%	6%	4%	-1%	-13%	19%	-4%
Variance to renewal				-3%	-7%	-18%	12%	-9%

<b>Vision</b>	Current - MetLife		MetLife	Guardian	Lincoln	Mutual of Omaha	Unum	<b>Delta Dental</b>
	current	renewal	REVISED					
Annual Premium	\$8,269	\$8,601	\$8,269	\$8,269	\$6,231	\$8,049	\$8,285	\$11,890
Variance to current		4%	0%	0%	-23%	-3%	0%	44%
Variance to renewal				0%	-25%	-3%	0%	44%

<b>Total Annual Premium</b>	Current - MetLife		MetLife	Guardian	Lincoln	Mutual of Omaha	Unum	<b>Delta Dental</b>
	current	renewal	REVISED					
	\$66,672	\$76,853	\$72,832	\$58,738	\$65,704	\$62,593	\$66,162	\$58,813
Variance to current		15%	9%	-12%	-1%	-6%	-1%	-12%
Variance to renewal				-19%	-10%	-14%	-9%	-19%



EXHIBIT A

Underwritten by  
United of Omaha Life Insurance Company  
Mutual of Omaha Insurance Company  
Mutual of Omaha Affiliates

# Group Insurance Proposal

*Presented To:*

**Village of Richfield**

*Presented By:*

**Gibson Myers & Associates Inc**

*Includes:*

**Vision**

**May 30, 2023**



Mutual of Omaha

# VISION INSURANCE

Proposal for: Village of Richfield  
Alternate: 10.01

The following Vision plan is being proposed on a fully-insured basis effective 7/01/23. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	Class 1: All Eligible Employees
<b>ELIGIBILITY REQUIREMENT</b>	An employee must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.  Provided an employee is eligible and insured, the spouse and dependent child(ren) of the employee are eligible for insurance. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	Class 1: 30 or more hours each week
<b>CHILD ELIGIBILITY AGES</b>	Child coverage begins at birth and terminates at age 26, unless the child is incapacitated.

## BENEFIT SUMMARY

SERVICES & MATERIALS	In-Network Cost	Out-of-Network Reimbursement
<b>Comprehensive Vision Exam</b>		
Exam	\$10 copay	Up to \$37
<b>Exam Options</b>		
Retinal Imaging	Up to \$39	Not Applicable
Standard Contact Lens Fit & Follow-up	Up to \$40	Not Applicable
Premium Contact Lens Fit & Follow-up	10% off retail price	Not Applicable
<b>Frames</b>		
Allowance	\$0 copay \$130 allowance, 20% off balance over allowance	Up to \$58
<b>Standard Plastic Lenses</b>		
Single Vision	\$20 copay	Up to \$24
Bifocal	\$20 copay	Up to \$40
Trifocal	\$20 copay	Up to \$68
Lenticular	\$20 copay	Up to \$68
<b>Contact Lenses (contact lens allowance includes materials only)</b>		
Conventional	\$0 copay \$130 allowance, 15% off balance over allowance	Up to \$89
Disposable	\$0 copay \$130 allowance	Up to \$104
Medically Necessary	\$0 copay; paid in full	Up to \$210
<b>Lens Options</b>		
Standard Progressive Lenses (add on to Bifocal copay)	\$65 copay	Up to \$40

Premium Progressive Lenses (add on to Bifocal copay)	Tier 1: \$85 copay Tier 2: \$95 copay Tier 3: \$110 copay Tier 4: \$65 copay + 80% of charge, less \$120 allowance	Up to \$40
Polycarbonate Lenses (Adults)	\$40	Not Applicable
Polycarbonate Lenses (Children under age 19)	\$40	Not Applicable
UV Treatment	\$15	Not Applicable
Tint	\$15	Not Applicable
Scratch Coating	\$15	Not Applicable
Anti-Reflective	\$45	Not Applicable
Photochromic-Transitions	\$75	Not Applicable
Other Add-ons	20% off retail price	Not Applicable
<b>Benefit Frequency</b>		
Examination		Once every 12 months
Lenses or Contact Lenses		Once every 12 months
Frame		Once every 24 months

## FEATURES

<b>NETWORK</b>	Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers.
<b>ADDITIONAL PAIRS – EYEGLASSES OR CONTACT LENSES</b>	Employees and any dependent(s) covered under the plan receive up to a 40% discount off an additional complete pair of eyeglasses and up to a 15% discount off conventional contact lenses once the materials funded benefit has been used. These discounts only apply to services received from an in-network provider and may not be combined with any other discounts or promotional offers.
<b>LASER VISION CORRECTION</b>	Employees and any dependent(s) covered under the plan receive up to a 15% discount off the retail price or up to a 5% discount off the promotional price for LASIK or PRK from a provider in the U.S. Laser Network. These discounts may not be combined with any other discounts or promotional offers.
<b>ADDED DISCOUNTS</b>	Employees and any dependent(s) covered under the plan receive discounted fixed pricing on lenses and lens options not covered by the plan and up to a 20% discount off other add-ons and services. These discounts only apply to services from an in-network provider and may not be combined with any other discounts or promotional offers.
<b>ANNUAL OPEN ENROLLMENT</b>	<b>Included</b> – An open enrollment is available for a period of up to 30 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee may elect insurance for the first time for the employee and any dependents, if applicable.
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee and any dependent(s), if applicable. This provision applies to employer and union groups only, subject to certain conditions.

## PARTICIPATION AND PREMIUM

### PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
Greater of 10 enrolled employees or 97%	69	Contributory

**PREMIUM CONTRIBUTIONS** The employer contributes 100% of the premium for the employee's insurance. The employer contributes 100% of the premium for any dependent insurance (if elected).

**VISION PREMIUM RATES**  
**CLASS 1**  
Employee Only  
Employee + Family

Assumed Lives	Monthly Rates	Monthly Premium	Annual Premium
20	\$5.29	\$105.80	\$1,269.60
47	\$12.41	\$583.27	\$6,999.24

**RATE GUARANTEE** 2 Years

**RATE GUARANTEE DATE** 7/01/2025



Mutual of Omaha

## REQUIREMENTS AND ASSUMPTIONS

---

<b>SIC CODE</b>	9111
<b>SITUS STATE</b>	OH
<b>ACCEPTANCE</b>	This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification of acceptance from Mutual of Omaha is received.
<b>LIMITATIONS &amp; STANDARD CONTRACT NOTICE</b>	<p>This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.</p> <p>This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.</p> <p>Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.</p>
<b>ERISA</b>	Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).
<b>PROPOSAL CONDITIONS</b>	<p>Mutual of Omaha reserves the right to re-rate or withdraw this proposal <i>prior</i> to the effective date if any of the following changes:</p> <ul style="list-style-type: none"><li>▪ SIC code</li><li>▪ Employer contributions</li><li>▪ Information regarding disabled or COBRA participants</li><li>▪ For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims</li><li>▪ Demographics (age, gender, occupation, earnings, location and size)</li><li>▪ Plan participation - increase or decrease of 10% or more lives</li><li>▪ Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services</li><li>▪ If employees are residing in extraterritorial jurisdictions that were not otherwise disclosed</li><li>▪ Proposed effective date</li><li>▪ Benefits or eligibility</li><li>▪ Premium tax</li></ul> <p>On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.</p>
<b>VISION BID QUALIFICATIONS</b>	The rates and benefits quoted are based on preliminary enrollment data and subject to adjustments if final enrollment varies from preliminary enrollment data.

**VISION ENROLLMENT** Eligible employees may elect coverage for themselves and any dependents during the initial enrollment period or any subsequent enrollment period.

Once an employee and any dependents are enrolled under the plan they must remain enrolled until the next annual enrollment period.

This proposal assumes annual enrollments take place 30 days prior to the renewal date of the plan.

**PROPOSAL EXPIRATION** This proposal is good for 90 days after 05/30/2023, or the assumed effective date of the plan, whichever comes first.

