

CLEVELAND PUBLIC LIBRARY

Finance Committee

November 15, 2022

**RESOLUTION AUTHORIZING CONTRACT WITH MEDICAL MUTUAL OF OHIO FOR
EMPLOYEE HEALTHCARE BENEFITS**

WHEREAS, The Cleveland Public Library has purchased employee health insurance from Medical Mutual of Ohio since October 2012; and

WHEREAS, The Library's current contract with Medical Mutual provides for employee healthcare coverage from January 1, 2022 through December 31, 2022 under the National and CleCare plans; and

WHEREAS, Medical Mutual's renewal premium effective January 1, 2023 through December 31, 2023 is two percent (2%) higher than the premium paid by the Library for the 2022 calendar year; now therefore be it

RESOLVED, That the Board of Library Trustees hereby authorizes the Executive Director, CEO or his designee to enter into an agreement with Medical Mutual of Ohio for employee health insurance benefits for a 12-month term from January 1, 2023 through December 31, 2023 at the rates reflected in the attached proposal, which agreement shall be subject to the review and approval of the Director of Legal Affairs.



Prepared For:
CLEVELAND PUBLIC LIBRARY (COSE)

Effective Date: 1/1/2023
End Date: 12/31/2023
County: Cuyahoga
State: Ohio

Quote ID: 0103445-02

Tuesday, October 11, 2022
4:51 PM



MEDICAL MUTUAL®

As part of the Affordable Care Act, health insurance issuers and group health plans are required to provide a Summary of Benefits and Coverage (SBC) to all participants (and their dependents if they reside at a different address).

The SBC(s) applicable to your current plan(s) will be available on EmployerLink or from your sales representative or broker. As the plan sponsor, you are responsible for distributing SBCs to your participants with other written application materials during open enrollment. An SBC must be provided for each benefit package in which a participant or dependent is eligible. If you do not require a written application from your participants to renew, you must provide each participant with the SBC specific to the plan in which he or she is enrolled no later than 30 days prior to the first day of the new plan or policy year.

Please review your applicable SBC(s) carefully. If you make a change that affects the information in your SBC, please contact your sales representative or broker to initiate the change and ensure new SBCs are available for your open enrollment period.



MEDICAL MUTUAL®

Renewal Form

To comply with various new components of healthcare reform, Medical Mutual needs to gather the following information in order to correctly process your group's renewal. Please review the definitions section before completing the form.

Please complete the following information for the renewing group policy:

Group Information

Group Name: CLEVELAND PUBLIC LIBRARY (COSE)

Group Numbe # 227377

Group Certification

1. Total number of people employed by your company (exclude COBRA/retirees):
 - a. _____ # of full-time
 - b. _____ # of part-time
 - c. _____ # of FTEs (full-time equivalent employees)
2. Total number of covered persons:
 - a. _____ # electing COBRA
 - b. _____ # who are retired
3. Minimum work hours per week:
 - a. _____ # of employees working 25 or more hours per week
 - b. _____ # of hours an employee must work to be eligible for coverage under this renewing group policy
 - c. _____ # of employees working the minimum number of hours disclosed in statement 3-b
4. Total number of eligible employees residing outside of Ohio: _____
5. Total number of eligible waivers (ie: employees not applying for coverage): _____
 - Examples of waivers include employees covered:
 - in a spouse's employer sponsored health plan
 - as an active eligible employee or retiree in another health plan sponsored by a second employer
 - covered under a parent's plan
 - covered by Medicare and/or a Medicare Supplement plan
 - in a government-sponsored plan such as: TRICARE, Medicaid or Veteran's Administration (VA) coverage
 - in subsidy-eligible individual coverage
6. Do you offer spousal coverage:
 - a. Yes
 - b. Yes, only if no other coverage is available
 - c. No



MEDICAL MUTUAL®

Renewal Form

Outside Vendor Information

1. Health Savings Account (HSA)
 - A. _____ Not applicable
 - B. _____ Name of administrator
 - C. \$ / % _____ Employer contribution toward single coverage
 - D. \$ / % _____ Employer contribution toward family coverage

2. Health Reimbursement Account (HRA)
 - A. _____ Not applicable
 - B. _____ Name of administrator
 - C. \$ _____ Employer contribution toward single coverage
 - D. \$ _____ Employer contribution toward family coverage
 - E. Who pays first? Employee Employer Other

3. Name of Pharmacy Benefit Manager (PBM): _____

4. Name of Stop Loss Carrier: _____

Employer Contribution

1. Employer contribution toward employee coverage: \$ _____

2. Employer contribution toward family/dependent coverage: \$ _____

3. Has your company decreased its level of contributions toward health premium by more than 5 percent below the contribution rate on March 23, 2010, for any tier of coverage and any class of similarly situated individuals?
Yes No

Renewal Acceptance

Group Official/Broker/Consultant/Medical Mutual Rep signature: _____

Title: _____

Date: _____

This form must be returned no later than five business days before the effective date of the group's renewal



CLEVELAND PUBLIC LIBRARY (COSE)
ALL SECTIONS
 INSURED RENEWAL DEVELOPMENT

Effective January 1, 2023, through December 31, 2023

Experience Period: July 1, 2021, through June 30, 2022		Medical	Rx	Medical + Rx Total
Estimated Incurred Claims		\$4,085,571	\$1,106,537	
+ Pooling Adjustment*	\$155,000	(\$432,869)	\$103,807	
+ Claims to Annualize		\$0	\$0	
+ Benefit/Enrollment Changes		\$4,982	\$0	
+ Credibility & Risk Adjustments		(\$119,345)	(\$14,572)	
*Applicable Trend		1.1553	1.2108	
	# months	18	18	
	Annual	10.10%	13.60%	
= Projected Incurred Claims		\$4,087,843	\$1,447,841	\$5,535,684
+ Administration & Commission				\$552,301
+ Premium Tax				\$0
+ Mandated Fees				\$3,591
= Renewal Premium				\$6,091,576
Revised Renewal Premium				\$5,759,213
Premium at Current Rates				\$5,646,287
Change in Premium				7.89%
Revised Changed in Premium				2.00%
Non Experience Rated Premium				

Based on Average Enrollment of:

Single	281
Family	154

* Pooling applies only to the Medical and Rx lines of business.



CLEVELAND PUBLIC LIBRARY (COSE)

Rates Effective: 01/01/2023 through 12/31/2023

227377

BENEFIT HIGHLIGHTS	
Network Medical Deductible - Single / Family	
Network Coinsurance	
Maximum Out of Pocket - Single / Family	
Plan Includes H.S.A.	
Rx retail copay - Generic/Formulary/Non-Formulary/Specialty	
Other Description	

\$450 / \$900
80%
\$2,700 / \$5,400
No
\$10 / \$20 / \$40 / \$70

\$450 / \$900
80%
\$2,700 / \$5,400
No
\$8 / \$15 / \$30 / \$70

Line of Business
Network

CMM I & DRUG I
SM Plus

HMO I & DRUG II
MetroHealth HMO

Fully Insured Renewal Rates	
Single	
Family	

Enrollment	Current Rates	Renewal Rates
237	\$700.72	\$714.73
135	\$1,820.80	\$1,857.22

Enrollment	Current Rates	Renewal Rates
44	\$625.04	\$637.54
19	\$1,624.16	\$1,656.64

Rate Acceptance				
Group Official Initial: <i>Please initial in box under the option selected -----></i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group Official Signature: _____	Title: _____	Date: _____		
<ul style="list-style-type: none"> - Rates and terms shown above are subject to the disclaimers and contingencies shown on Disclaimers page. - This document shows only a partial listing of in-network benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of benefits and covered services. 				



**CLEVELAND PUBLIC LIBRARY (COSE)
ALL SECTIONS
DISCLAIMERS AND NOTES**

Effective January 1, 2023, through December 31, 2023

- 1 - All rates are subject to the terms and conditions specified in the Group Contract.
- 2 - Change in total enrollment or in any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 3 - In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
- 4 - Employers must disclose any funding of deductibles or coinsurance provided to employees. If funding is not disclosed, Medical Mutual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments.
- 5 - As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification (made other than in conjunction with a renewal) if it impacts the contents of the Summary of Benefits and Coverage (SBC). Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
- 6 Rates include an adjustment for enhanced coverage of Gender Affirming Surgery, Applied Behavioral Analysis and Autism Spectrum Disorder.
- 7 - Covered employees will automatically have access to Medical Mutual's Basics wellness program, which includes online health resources, health assessments, WW (Weight Watchers) discounts, 24/7 nurse line and tobacco cessation programs. If not already enrolled in a buy up program, additional wellness program options are available upon request for an additional fee.
- 8 - This offer includes Wellness Funds in the amount of \$5,000. Wellness Funds must be spent during this contract period and do not carry-over to subsequent contract periods. Medical Mutual reserves the right to adjust the Wellness Fund if the Group's monthly medical enrollment declines by ten percent (10%) or more from the expected medical monthly enrollment of 435 contracts. Any adjustment to the Wellness Fund will be effective as of the date of the change in medical enrollment, however, Medical Mutual will not retroactively take back Wellness Funds already spent as of the change in medical enrollment date. Refer to the contract for more specifics regarding the Wellness Fund.
- 9 If a non-Medical Mutual ancillary carrier, other than Superior Dental, is added for COBRA services, a fee of \$0.34 per employee per month will be charged.

Rate Acceptance	
Group Official Initial: _____	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: _____	
Title: _____	
Date: _____	



CLEVELAND PUBLIC LIBRARY (COSE)
ALL SECTIONS
DISCLAIMERS AND NOTES

Effective January 1, 2023, through December 31, 2023

CLE-Care HMO Disclaimers

- 1 CLE-Care HMO does not include out-of-network benefits, except for emergency care and care confirmed as unavailable within the network. Referral is required for services outside the MetroHealth network.
2 CLE-Care HMO includes all MetroHealth facilities and providers.
3 CLE-Care drug plans may include a separate copay tier when prescriptions are filled at MetroHealth pharmacies. Drug copays described in the benefit descriptions reflect copays at non-MetroHealth pharmacies. Please see the detailed benefit descriptions or contact your Medical Mutual sales representative for further details.
4 CLE-Care requires that both medical and drug benefits be purchased together through MMO.
5 For fully insured plans where MMO is the sole carrier, there is no minimum enrollment in CLE-Care. For fully insured plans where CLE-Care is offered alongside another carrier, a minimum of 51 must be enrolled in CLE-Care.
6 All plans are subject to minimum enrollment as outlined above. Rates are subject to change or withdrawal if minimum
7 Rates include standard reporting and administration.
8 CLE-Care enrollment requires members to select a MetroHealth PCP.
9 CLE-Care rates are subject to revision if quoted as a dual option with a PPO plan and a stand-alone CLE-Care plan is elected.

Rate Acceptance

Group Official Initial: _____ Please initial next to the benefits that have been selected by the group.

Group Official Signature: _____

Title: _____

Date: _____



**CLEVELAND PUBLIC LIBRARY (COSE)
ALL SECTIONS
LEGISLATIVE UPDATES**

Effective January 1, 2023, through December 31, 2023

- Your rates may be adjusted to account for coverage mandated by federal or state law.
- Pursuant to Ohio House Bill 463, based on your current Autism Spectrum Disorder benefits, your renewal (effective 1/1/18 or later) has been adjusted for compliance with the law, where applicable.
- In order to comply with the United State Preventive Task Force final recommendations effective with plan years beginning 12/1/2017, your renewal has been adjusted to reflect changes to your non-grandfathered plan benefits effective with your next plan year on or after 12/1/2017.

- The rates in this proposal may include Patient-Centered Outcomes Research Institute Fee (PCORI), Reinsurance Fee, Exchange Fee, and Market Share Fee when applicable which are federally mandated. Additionally, this policy, Medical Mutual, or you as a Plan Sponsor may become subject to taxes, fees or other charges imposed by State, Local, or Federal governments (collectively, "fees"). Medical Mutual reserves the right to adjust your premium or funding rate (or add the fees to the invoice) consistent with the effective date of the new fees imposed by the government. Adjustments may or may not be noted in a line item on monthly invoices. All fees are subject to change during the contract period.

Rate Acceptance	
Group Official Initial: _____	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: _____	
Title: _____	
Date: _____	