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, 2023 through December 31, 2023 under the National and CleCare plans; and

WHEREAS, Medical Mutual’s renewal premium effective January 1, 2024 through December 31, 2024 is fourteen and 9/10ths percent (14.90%) higher than the premium paid by the Library for the 2023 calendar year; and

WHEREAS, The Library was able to go three (3) years without an increase in the medical benefit rates and only had a two percent (2%) increase last year; and

WHEREAS, The Library will be keeping the employee’s percentage cost the same as in prior years and finds this increase to be reasonable and within market conditions; 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, 2024 through December 31, 2024 at the rates reflected in the attached proposal, which agreement shall be subject to the review and approval of the Director of Legal Affairs.
Coverage (SBC). Please be aware of the requirement when considering an off-renewal plan change or a change in carrier.

As required by the Affordable Care Act, employers must be notified at least 60 days before the effective date of a material modification (made other than in connection with a renewal) if it impacts the contents of the Summary of Benefits and Coverage (SBC). Please contact your TEG representative or broker to initiate the change and ensure new SBCs are available for your open enrollment period.

Please review your applicable SBC(s) carefully if you make a change that affects the information in your SBC. Please refer to your applicable SBC(s) for policy year.

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

MEDICAL MUTUAL
CLE-Care HMO Disclaimers

Effective January 1, 2024, through December 31, 2024

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. Drug prescriptions are filled at MetroHealth pharmacies. Please see the detailed benefit descriptions or contact your provider for more information.

3. CLE-Care HMO includes all MetroHealth facilities and providers. Drug prescriptions are filled at MetroHealth pharmacies. Please see the detailed benefit descriptions or contact your provider for more information.

4. CLE-Care requires that both medical and drug benefits be purchased together.

5. For fully insured plans, CLE-Care offers two carrier options: MCO and PPO. Contact the carrier to discuss enrollment in CLE-Care.

6. CLE-Care enrollment requires members to select a MetroHealth PPO plan and a stand-alone CLE-Care plan. Please refer to the benefits for more information.

7. Rates are subject to change or withdrawal if minimum enrollment is not met. Rates are subject to change or withdrawal if minimum enrollment is not met. Rates are subject to change or withdrawal if minimum enrollment is not met.

8. Rates are subject to change or withdrawal if minimum enrollment is not met. Rates are subject to change or withdrawal if minimum enrollment is not met. Rates are subject to change or withdrawal if minimum enrollment is not met.

Rate Acceptance

Group Official Initial: ____________________
Group Official Signature: ____________________
Title: ____________________
Date: ____________________
Effective January 1, 2024, through December 31, 2024

LEGISLATIVE UPDATES
ALL SECTIONS
CLEVELAND PUBLIC LIBRARY (CASE)
### Employee Contribution Formulas

For more information regarding the elections, please see the instructions from the Consolidated Application Act.

<table>
<thead>
<tr>
<th>Class</th>
<th>% of Employee Contribution</th>
<th>% of Employer Contribution</th>
<th>Annual Premium Employee</th>
<th>Annual Premium Employer</th>
<th>200% of Annual Premium Employee</th>
<th>300% of Annual Premium Employee</th>
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</thead>
<tbody>
<tr>
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<td>5%</td>
<td>5%</td>
<td>$560.00</td>
<td>$330.00</td>
<td>$1,000.00</td>
<td>$1,500.00</td>
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<td>15%</td>
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<td>20%</td>
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<tr>
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<td>30%</td>
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<td>$2,100.00</td>
<td>$7,200.00</td>
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<td>$9,760.00</td>
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</table>

### Required Information

- **Group Number:** 222717
- **Group Name:** MEDICAL MUTUAL
- **Group Issuer:** CLEVELAND PUBLIC LIBRARY (CPL)
- **Date:** 1/2024

### Additional Information

In order to comply with these reporting requirements, Medical Mutual must gather the following information:

- Protection under Ohio law is limited to the federal government's Section 204 or the Consolidated Applications Act (CAA).
- Notices issued by agents are not considered to be claims, claims and

### Medical Mutual

[Logo and link to Medical Mutual website]