

**CLEVELAND PUBLIC LIBRARY**

**Finance Committee**

December 14, 2021

**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, 2021 through December 31, 2021 under the National and CleCare plans; and

WHEREAS, Medical Mutual's renewal premium effective January 1, 2022 through December 31, 2022 is the same as the premium paid by the Library for the 2021 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, 2022 through December 31, 2022 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**

Effective Date: 1/1/2022  
End Date: 12/31/2022  
County: Cuyahoga  
State: Ohio

Quote ID: 0094370-01

Thursday, November 11, 2021  
9:44 AM



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

Group Number # 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  
ALL SECTIONS  
INSURED RENEWAL DEVELOPMENT**

Effective January 1, 2022, through December 31, 2022

Experience Period:  
July 1, 2020, through June 30, 2021

		<u>MEDICAL</u>	<u>DRUG</u>	<u>TOTAL</u>
ESTIMATED INCURRED CLAIMS		\$4,754,611	\$1,072,378	\$5,826,989
POOLING ADJUSTMENT	\$155,000	(\$313,610)	N/A	(\$313,610)
CLAIMS TO ANNUALIZE		N/A	N/A	N/A
BENEFIT/ENROLLMENT CHANGES		N/A	N/A	N/A
CREDIBILITY & RISK ADJUSTMENTS		(\$174,855)	(\$7,867)	(\$182,721)
APPLICABLE TREND		1.1553	1.2108	1.1660
	# months	18.0	18.0	
	Annual	10.10%	13.60%	10.78%
PROJECTED INCURRED CLAIMS		\$4,928,679	\$1,288,910	\$6,217,589
ADMINISTRATION & COMMISSION		\$493,789	\$124,523	\$618,312
PREMIUM TAX		\$0	\$0	\$0
MANDATED FEES*		\$3,767	\$0	\$3,767
RENEWAL PREMIUM		\$5,426,235	\$1,413,433	\$6,839,668
REVISED RENEWAL PREMIUM		\$4,877,437	\$972,378	\$5,849,815
PREMIUM AT CURRENT RATES		\$4,877,437	\$972,378	\$5,849,815
CHANGE IN PREMIUM		11.25%	45.36%	16.92%
REVISED CHANGE IN PREMIUM		0.00%	0.00%	0.00%

Based on Average Enrollment of:

Single	293	293
Family	159	159

Rates reflect the federally mandated fees as listed below. All fees are subject to state premium tax. Fees are subject to change. When a contract period spans more than one calendar year, the fees are averaged over the length of the period. See notes for rate details.

Mandated Fees	
PCORI:	\$2,249
Reinsurance:	\$0
Market Share:	\$0
MCO Fee	\$1,518
Total:	\$3,767

Quote ID: 0094370-01, Client Ref #: 03932000001



**CLEVELAND PUBLIC LIBRARY  
ALL SECTIONS  
INSURED RENEWAL RATES**

Effective January 1, 2022, through December 31, 2022

			<u>Monthly Enrollment</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
# 227377					
CMM I	\$450 Ded / 80% Coins / \$2,700 MOOP	Single	247	\$581.56	\$581.56
		Family	139	\$1,522.90	\$1,522.90
HMO I	CleCare -\$450 Ded / 80% Coins / \$2,700 MOC	Single	46	\$518.74	\$518.74
		Family	20	\$1,358.43	\$1,358.43
DRUG I		Single	247	\$119.16	\$119.16
		Family	139	\$297.90	\$297.90
DRUG II	Retail Copays: \$10 / \$20 / \$40 / \$70	Single	46	\$106.30	\$106.30
		Family	20	\$265.73	\$265.73

Rates include PCORI, Reinsurance and Market Share fees, when applicable, which are federally mandated. All fees are subject to premium tax. When a contract spans more than one calendar year, the fees are averaged over the length of the period.

<b>Rate Acceptance</b>	
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  
ALL SECTIONS  
DISCLAIMERS AND NOTES**

Effective January 1, 2022, through December 31, 2022

- 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 - 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.
- 7 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: \_\_\_\_\_ *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_





**CLEVELAND PUBLIC LIBRARY  
ALL SECTIONS  
DISCLAIMERS AND NOTES**

Effective January 1, 2022, through December 31, 2022

**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  
ALL SECTIONS  
LEGISLATIVE UPDATES**

Effective January 1, 2022, through December 31, 2022

- 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: \_\_\_\_\_ *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_