

**RESOLUTION 150-2017**  
*Township Healthcare Benefits 2018*

\_\_\_\_\_ Cuyahoga \_\_\_\_\_ County, Ohio

**Be It Resolved** by the Township Trustees of \_\_\_\_\_ Olmsted \_\_\_\_\_ Township that

**WHEREAS**, the Olmsted Township Board of Trustees deems it necessary to continue to provide healthcare benefits to its employees in 2018, and,

**WHEREAS**, it has been determined the professional services of Burnham and Flower Insurance Group will be retained to administer healthcare and other services as defined in their proposal of November 14, 2017,

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Trustees of Olmsted Township, Cuyahoga County, State of Ohio, that:

the following insurance (Aetna OH HNOption 5000 80/50SJ) and administrative services as proposed by the Burnham & Flower Agency to provide COBRA, HRA Administration and Agent of Record Services for Health, Wellness, HRA, Life, Dental and Vision Insurance Coverage for the Township shall take effect midnight, January 1, 2018 and terminate on midnight December 31, 2018 **See Exhibit A and attached hereto and made a part hereof as though fully rewritten herein.**

**BE IT FURTHER RESOLVED** that it is hereby found and determined that all formal actions of this Board of Township Trustees concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and any of its committees that resulted 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.

Adopted the 29<sup>th</sup> day of November, 2017

Attest: Brian W. Kuttel  
Township Fiscal Officer

Tiffany Eisenbach  
Traci J...  
Jeanene M. Ford  
Township Trustees



# OLMSTED TOWNSHIP IN CUYAHOGA COUNTY

## COMPARISON OF KEY BENEFITS – PEBA 1-1-18



Benefits	Aetna 5000 80/50 SJ	NOTES
Employee Deductible Personal / Family	\$5,000/\$10,000 – Save Network \$10,000/\$20,000 – Non-Network	
Network HRA Amount-Admin Type	\$5,000/\$10,000-Base HRA Debit \$1,600/\$3,200- Wellness HRA	\$15 PEPM Admin HRA, Wellness and Teledoc
Co-Insurance	80-% Network 50% Non-Network	
Policy Out-of-Pocket – OOP Personal / Family	\$6,600/\$13,200 – Network \$19,350/\$38,700 – Non-Network	Includes Deductible and Copays and Coinsurance Does not include HRA \$
Office Visits PCP/SPC	Deductible then Co-Insurance	Preventive 100% \$0 Teledoc
Prescription Drug	AFTER DEDUCTIBLE to OOP \$10/\$50/\$90/\$400 Max	Applied to Out of Pocket Limit
Single	\$410	
Couple	\$1,033	
Parent	\$823	
Family	\$1420	
<b>Monthly Ins. Premium</b>	<b>\$27,747</b>	Composite rates for 50+ Employee Underwriting 31 Enrolled
<b>Annual Ins. Premium</b>	<b>\$332,964</b>	Fixed Expense

\*Comparison is for illustration only. Numbers have been rounded. Please see Plan Documents for complete details.

## New Business Medical Benefits

	Relative Value	IN-NETWORK SERVICES						OUT-OF-NETWORK	
		OV.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.
<b>MEDICAL PRODUCTS</b>									
OH HNOOnly 2500 80% MetroHealth Network	0.55	\$25 / \$50	\$2500/5000	20%	Ded20%	\$5500/11000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 3000 80% \$20/20 MetroHealth Network	0.56	\$20	\$3000/6000	20%	Ded20%	\$6000/12000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 2000 90% MetroHealth Network	0.58	\$40 / \$50	\$2000/4000	10%	Ded10%	\$6000/12000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 1500 80% \$35/50 MetroHealth Network	0.58	\$35 / \$50	\$1500/3000	20%	Ded20%	\$5500/11000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 2500 100% MetroHealth Network	0.59	\$35 / \$50	\$2500/5000	0%	Ded0%	\$5500/11000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 1500 80% \$75 UC MetroHealth Network	0.60	\$25 / \$50	\$1500/3000	20%	Ded20%	\$3500/7000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 1500 80% \$25/50 MetroHealth Network	0.60	\$25 / \$50	\$1500/3000	20%	Ded20%	\$3500/7000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 2000 90% \$10/20 MetroHealth Network	0.61	\$10 / \$20	\$2000/4000	10%	Ded10%	\$6000/12000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 2000 90% \$15/15 MetroHealth Network	0.62	\$15	\$2000/4000	10%	Ded10%	\$6000/12000	10/50/90/30% up to 250/40% up to 400	-	-
OH HNOOnly 1000 80% MetroHealth Network	0.62	\$20 / \$50	\$1000/2000	20%	Ded20%	\$3500/7000	10/50/90/30% up to 250/40% up to 400	-	-
X OH HNOOption 5000 80/50 SJ	0.42	\$40 / Ded\$50	\$5000/10000	20%	Ded20%	\$6600/13200	10/50/90/30% up to 250/40% up to 400 Med Ded Applies Tiers 2-5	\$10000/20000	\$20000/40000
OH OAMC 5000 80/50 SJ	0.42	\$40 / Ded\$50	\$5000/10000	20%	Ded20%	\$6600/13200	10/50/90/30% up to 250/40% up to 400 Med Ded Applies Tiers 2-5	\$10000/20000	\$20000/40000



Proposal Type: PreSale  
Group name: OLMSTED TOWNSHIP

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