

VILLAGE OF COVINGTON, OHIO

RESOLUTION R12-23

**A RESOLUTION AUTHORIZING THE RENEWAL OF HEALTH INSURANCE FOR
VILLAGE EMPLOYEES**

WHEREAS, the Village of Covington deems it appropriate and necessary to maintain health insurance benefits for the Village of Covington's employees; and

WHEREAS, the Village of Covington has been presented a renewal from Anthem Blue Cross and Blue Shield and Council has determined that Anthem Blue Cross and Blue Shield will provide insurance benefits at the most economical cost and service to the Village; and

WHEREAS, the Village of Covington wishes provide employees the following plans with the following requirements:

- Employee. For the employee's coverage only.
- Employee + Spouse. For the employee and their spouse (must be legally married), only if the spouse is unable to receive health insurance through their employer. A form stating that the employee's spouse is unable to receive insurance or is not employed where insurance is offered, is required. Employees, where both are employees are able to utilize the Employee + Spouse plan if they choose.
- Employee + Children. For the employee and their children. Children are defined as a dependent that is below the age of 26 and may include biological and stepchildren. Grandchildren are not permitted to be covered.
- Employee + Family. For the employee, spouse, and children of which are all defined above.

WHEREAS, the Village of Covington wishes to provide two options to its employees – MEWA Blue Access 2023 HSA and MEWA Blue Access 2023 PPO; and

WHEREAS, the Village of Covington wishes provide employees whom choose the HSA option additional funding for their HSA as follows, broken down equally into each month over the plan year.

- \$2,000 for an Employee plan (\$166.67 / month),
- \$4,000 for all other plans including Employee + Spouse, Employee + Children, and Employee + Family (\$333.33 / month); and

NOW THEREFORE, pursuant to the forgoing, be it resolved by the Council of the Village of Covington, State of Ohio, as follows:


SECTION 1: That the Village Administrator along with Fiscal Officer shall be authorized to entering to contracts with Anthem Blue Cross and Blue Shield to provide health, dental, and vision insurance benefits for the Village of Covington's employees; and

SECTION 2: This Resolution shall take effect at the earliest period allowed by law.

APPROVED: April 10, 2023:



Edward L. McCord, Mayor



Jesse Reynolds, President of Council



Rhonda Gill, Fiscal Officer

Village of Covington

Effective Date: May 1, 2023
 Date Prepared: March 28, 2023

CARRIER		RENEWAL PLAN		ANTHEM BLUE CROSS BLUE SHIELD	
PLAN TYPE		MEWA Blue Access 2022 HSA 3000E/20%/6500		MEWA Blue Access 2023 PPO 3000D/20%/7000	
		NON-NETWORK	NON-NETWORK	NON-NETWORK	NON-NETWORK
DEDUCTIBLE		\$3,500 Ind / \$7,000 Fam	\$10,500 Ind / \$21,000 Fam	\$3,000 Ind / \$6,000 Fam	\$9,000 Ind / \$18,000 Fam
TYPE		Embedded	Embedded	Embedded	Embedded
CO-INSURANCE		80/20%	50/50%	80/20%	50/50%
OUT-OF-POCKET WITH DEDUCTIBLE & CO-PAYS		\$6,500 Ind / \$13,000 Fam	\$19,500 Ind / \$39,000 Fam	\$7,000 Ind / \$14,000 Fam	\$21,000 Ind / \$42,000 Fam
PHYSICIAN		DED. & CO-INS.	DED. & CO-INS.	\$30 Co-Pay - PCP \$60 Co-Pay - Specialist Covered in Full	DED. & CO-INS.
OFFICE VISITS		Covered in Full	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
PREVENTIVE CARE		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
FACILITY		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
PROFESSIONAL SERVICES		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
INPATIENT HOSPITAL		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
OUTPATIENT FACILITY		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
EMERGENCY ROOM		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
URGENT CARE		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
PRESCRIPTION DRUGS		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
RETAIL		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
MAIL ORDER		DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.	DED. & CO-INS.
LIFETIME MAXIMUM PER INDIVIDUAL		Unlimited	Unlimited	Unlimited	Unlimited
BENEFIT PERIOD		Calendar Year	Calendar Year	Calendar Year	Calendar Year
PRE-EXISTING CONDITION CLAUSE		None	None	None	None
PLAN COSTS:	CORE BUYPUP	CURRENT RATES	CURRENT RATES	CURRENT RATES	CURRENT RATES
Employee	7	\$594.14	\$587.05	\$594.14	\$587.05
Employee + Spouse	1	\$1,174.04	\$1,510.16	\$1,174.04	\$1,510.16
Employee + Child(ren)	4	\$901.83	\$1,156.75	\$901.83	\$1,156.75
Employee + Spouse + Child(ren)	0	\$1,648.89	\$2,120.85	\$1,648.89	\$2,120.85
Total Lives	12				
MONTHLY PREMIUM		\$9,519.84	\$5,203.80	\$9,519.84	\$5,203.80
ANNUAL PREMIUM TO CARRIER		\$102,234	\$62,446	\$102,234	\$62,446
COMBINED COST					
ANNUAL TOTAL COST		\$164,680	\$164,680	\$164,680	\$164,680
\$ CHANGE FROM CURRENT		N/A	N/A	N/A	N/A
MONTHLY COST PER EMPLOYEE		\$807	\$807	\$807	\$807
ANNUAL COST PER EMPLOYEE		\$9,687	\$9,687	\$9,687	\$9,687

1) This benefit description is intended to be a tier outline of benefits. Certain services may have limits on the number of visits, days or dollar amounts that will be covered.
 2) Please refer to the Summary of Benefits-Certificate of Coverage for a complete listing of benefits. In the event of a conflict between this description and the group contract, the terms of the group contract will prevail.
 3) Final rates are conditional and are based on each carrier's underwriting guidelines (current carrier renewal), medical conditions, premium contribution requirements, census demographics, effective date, actual enrollment, participation and SIC code validation.
 4) Rates include broker compensation.
 5) Final rates and plan design are subject to Healthcare Reform.

