

VILLAGE OF COVINGTON, OHIO

RESOLUTION R12-24

**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 2024 HSA and MEWA Blue Access 2024 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, insurance benefits for the Village of Covington's employees; and

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

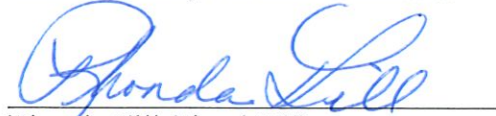
APPROVED: April 1, 2024:



Lee Harmon, Mayor



Derrick Canan, President of Council



Rhonda Gill, Fiscal Officer

Your Renewal Snapshot

Your current medical plan(s) and the renewal plan(s) are reflected in the grid(s) below. A complete listing of benefit details can be found on the Summary of Benefits at sbc.anthem.com. Or click on the plan name in electronic copies, then enter your renewal effective date into the top box of that page.

Renewal Premium Equivalent Rates for your Medical Plan(s)

Plan Name/Contract Code	Ded Ind/Fam	OOP Max	Office Visit PCP/SPC	Inpatient Hospital	ER/UC	Prescription Drugs	EMP	ESP	ECH	FAM	% of Change	
Current Plan 1 SOCA Benefit Plan Blue Access PPO 3500E/20%/6500 w/HSA - 6VJ8	\$3500/ \$7000	\$6500/ \$13000	Ded:20%/ Ded:20%	Ded:20%	Ded:20%/ Ded:20%	Level 1- \$15/ \$45/ \$90/ \$275 Ded Tier(S) All Level 2- \$25/ \$55/ \$100/ \$375 Ded Tier(S) All	\$585.35	\$1288.80	\$989.76	\$1810.05		
Renewal Plan 1 SOCA Benefit Plan Blue Access PPO 3500E/20%/7500 w/HSA - ADHY	\$3500/ \$7000	\$7500/ \$15000	Ded:20%/ Ded:20%	Ded:20%	Ded:20%/ Ded:20%	Level 1- \$15/ \$45/ \$95/ \$350 Ded Tier(S) All Level 2- \$25/ \$60/ \$115/ \$450 Ded Tier(S) All	\$629.33	\$1383.27	\$1062.31	\$1942.74	7.33%	
							Enrolled 5	1	3	0	Total: 9	
Current Plan 2 SOCA Benefit Plan Blue Access PPO 3000/20%/7000 - 6VJ5	\$3000/ \$6000	\$7000/ \$14000	\$30/ \$60	Ded:20%	\$450,20%/ \$75	Level 1- \$15/ \$45/ \$90/ \$275 Level 2- \$25/ \$55/ \$100/ \$375	\$755.34	\$1660.24	\$1275.01	\$2331.73		
Renewal Plan 2 SOCA Benefit Plan Blue Access PPO 3000/20%/8000 - ADHQ	\$3000/ \$6000	\$8000/ \$16000	\$30/ \$60	Ded:20%	Ded:\$500/ \$75	Level 1- \$15/ \$45/ \$95/ \$350 Level 2- \$25/ \$60/ \$115/ \$450	\$805.75	\$1771.04	\$1360.11	\$2487.35	6.67%	
							Enrolled 1	0	2	0	Total: 3	
							Combined Medical Enrolled:	12	Total Monthly Premium Equivalent Rate:		\$11242.82	Combined Medical % of Change: 7.12%

The benefits and rates reflected in this quote have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. If not yet approved by the Department of Insurance, these benefits and rates might need to be adjusted. This coverage has been selected for employees and eligible dependents, subject to the terms and conditions of this proposal and the application to which this is attached.

Coverage Types - EMP=Employee Only, ESP=Employee/Spouse, ECH=Employee/Child(ren), FAM = Family