

# City of North Royalton

## January 1, 2020 Medical Renewal

Medical/Rx		OGBC Consortium Medical Mutual - HSA Current		OGBC Consortium Medical Mutual - HSA Final Renewal	
Calendar Year Deductible		Network	Non-Network	Network	Non-Network
Single		\$1,350	\$1,350	\$1,400	\$1,400
Family		\$2,700	\$2,700	\$2,800	\$2,800
Coinsurance		Non-Embedded		Non-Embedded	
100%		60%		60%	
Out-of-Pocket Max					
Single		\$1,350	\$5,000	\$1,400	\$5,000
Family		\$2,700	\$10,000	\$2,800	\$10,000
Primary Care Physician/Specialist		Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Inpatient Hospital		Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Diagnostic Lab & X-ray		Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Outpatient Surgery		Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Preventive Office Visits		100%	Ded.-60%	100%	Ded.-60%
Emergency Room		Ded.-100%		Ded.-100%	
Urgent Care		Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Rx Plan		Retail	Mail Order	Retail	Mail Order
Tier 1		Covered under		Covered under	
Tier 2		Major Medical		Major Medical	
Tier 3		n/a	n/a	n/a	n/a
Tier 4		30 Days	90 Days	30 Days	90 Days
Days Supply					
EE		RATES		RATES	
Family		35	\$630.48	35	\$636.78
		121	\$1,694.26	121	\$1,711.20
Monthly		\$227,072.26		\$229,342.50	
Annual		\$2,724,867.12		\$2,752,110.00	
Rate Adjustment				1.00%	
Employer Funding of Deductible		Fixed		Fixed	
Single Funding Amount		\$850		\$900	
Family Funding Amount		\$1,900		\$2,000	
TOTAL Annual HSA Funding		\$259,650.00		\$273,500.00	
TOTAL with Employer HSA Funding		\$2,984,517.12		\$3,025,610.00	
				1.38%	

# City of North Royalton

## January 1, 2020 Vision Renewal

Vision		EyeMed Current		EyeMed Renewal	
		Network	Non-Network	Network	Non-Network
Copays	Exam	\$10	Up to \$40	\$10	Up to \$40
	Lenses	\$10	n/a	\$10	n/a
	Materials	\$10	n/a	\$10	n/a
Lenses	Single	\$10	Up to \$30	\$10	Up to \$30
	Bifocal	\$10	Up to \$50	\$10	Up to \$50
	Trifocal	\$10	Up to \$70	\$10	Up to \$70
Frames		Up to \$130 for frame of choice; 20% off over allowance	Up to \$57	Up to \$130 for frame of choice; 20% off over allowance	Up to \$57
Contact Lenses					
Medically Necessary		\$0 Copay; Covered in Full	Up to \$210	\$0 Copay; Covered in Full	Up to \$210
Elective		\$f0 Copay, \$130 allowance, 15% off balance ove \$130	Up to \$130	\$f0 Copay, \$130 allowance, 15% off balance ove \$130	Up to \$130
Frequency	Exam	12 Months		12 Months	
	Lenses	12 Months		12 Months	
	Frames	12 Months		12 Months	
		RATES		RATES	
EE		\$6.56		\$6.56	
Family		\$16.73		\$16.73	
Monthly		\$2,185		\$2,185	
Annual		\$26,217		\$26,217	
Rate Adjustment				0.00%	

Rate Guarantee until 12/31/2022



# City of North Royalton

## Life & AD&D Renewal - Effective January 1, 2020

Life/AD&D	MetLife Current	MetLife Renewal
Classes	<u><b>Class 1</b></u> Full-time Police & Fire  <u><b>Class 2</b></u> All other Full-time EE's	<u><b>Class 1</b></u> Full-time Police & Fire  <u><b>Class 2</b></u> All other Full-time EE's
Life Benefit	Class 1 = \$15,000 Class 2 = \$15,000	Class 1 = \$15,000 Class 2 = \$15,000
AD&D Benefit	Class 1 = \$30,000 Class 2 = \$15,000	Class 1 = \$30,000 Class 2 = \$15,000
Age Reduction Schedule	To 67% @ Age 70; To 50% @ Age 75	To 67% @ Age 70; To 50% @ Age 75
	<b>RATES</b>	<b>RATES</b>
Life Volume	\$2,230,050	\$2,230,050
AD&D Volume	\$2,230,050	\$2,230,050
Life Rate Per \$1,000	\$0.225	\$0.225
AD&D Rate Per \$1,000	\$0.030	\$0.030
<b>Monthly</b>	<b>\$568.66</b>	<b>\$568.66</b>
<b>Annual</b>	<b>\$6,823.95</b>	<b>\$6,823.95</b>
Rate Guarantee		<b>24 Months</b>

## City of North Royalton

### Dental Renewal - Effective January 1, 2020

Dental		MetLife Current	MetLife Renewal	MetLife REVISED Renewal
Calendar Year Deductible		Network Non-Network	Network Premier/ Non-Network	Network Premier/ Non-Network
Single		\$50	\$50	\$50
Family		\$150	\$150	\$150
Waived for Preventative?		Yes Yes	Yes Yes	Yes Yes
Waived for Orthodontia?		Yes Yes	Yes Yes	Yes Yes
Class I - Preventative		100% 100%	100% 100%	100% 100%
Class II - Basic		80% 80%	80% 80%	80% 80%
Class III - Major		50% 50%	50% 50%	50% 50%
Class IV - Orthodontia		50% 50%	50% 50%	50% 50%
Adult		Not Covered	Not Covered	Not Covered
Benefit		No Waiting	No Waiting	No Waiting
Waiting Periods		Periods	Periods	Periods
Annual Maximum		\$1,500	\$1,500	\$1,500
Lifetime				
Orthodontia Maximum		\$1,000	\$1,000	\$1,000
Non-Network		90th Percentile	Fee Schedule	Fee Schedule
Percentile				
Implants		Class III	Class III	Class III
Endodontics		Class II	Class II	Class II
Periodontics		Class II	Class II	Class II
Maximum Rollover		Not Included	Not Included	Not Included
EE	29	RATES	RATES	RATES
Family	116	\$32.39	\$34.66	\$33.52
Monthly		\$97.38	\$104.20	\$100.79
Annual		\$12,235.39	\$13,092.34	\$12,663.72
Rate Adjustment		\$146,824.68	\$157,108.08	\$151,964.64
			7.00%	3.50%
			Rate Cap through 12/31/2020	Rate Guarantee through 12/31/2020



## OGBC Consortium

### Rate Acceptance

Effective January 1, 2020 through December 31, 2020

Medical/Rx	OGBC Consortium Medical Mutual - HSA Current		OGBC Consortium Medical Mutual - HSA Renewal	
	Network	Non-Network	Network	Non-Network
Calendar Year Deductible				
Single	\$1,350	\$1,350	\$1,400	\$1,400
Family	\$2,700	\$2,700	\$2,800	\$2,800
	Non-Embedded		Non-Embedded	
Coinsurance	100%	60%	100%	60%
Out-of-Pocket Max				
Single	\$1,350	\$5,000	\$1,400	\$5,000
Family	\$2,700	\$10,000	\$2,800	\$10,000
Primary Care Physician/Specialist	Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Inpatient Hospital	Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Diagnostic Lab & X-ray	Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Outpatient Surgery	Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Preventive Office Visits	100%	Ded.-60%	100%	Ded.-60%
Emergency Room	Ded.-100%		Ded.-100%	
Urgent Care	Ded.-100%	Ded.-60%	Ded.-100%	Ded.-60%
Rx Plan	Retail	Mail Order	Retail	Mail Order
Tier 1				
Tier 2				
Tier 3				
Tier 4				
Days Supply				
Notes				
	Covered under Major Medical		Covered under Major Medical	
	n/a	n/a	n/a	n/a
	30 Days	90 Days	30 Days	90 Days
RATES				
EE	35	\$630.48	\$636.78	
Family	121	\$1,694.26	\$1,711.20	
	Monthly	\$227,072.26	\$229,342.50	
	Annual	\$2,724,867.12	\$2,752,110.00	
	2018 HSA Funding	\$259,650.00		
	2019 HSA Funding		\$273,500.00	
Total Annual with HSA Funding		\$2,984,517.12	\$3,025,610.00	
Rate Adjustment			1.38%	

Employer Funding of Deductible	
Single Funding Amount	\$900
Family Funding Amount	\$2,000
2019 TOTAL Annual HSA Funding	\$273,500.00

Authorized Signature

Title

Date