



NEWTON FALLS CITY COUNCIL
EMERGENCY MEETING AGENDA
 Thursday, December 28, 2023; 6:00 PM
 COUNCIL CHAMBERS
 612 WEST BROAD STREET

CITY COUNCIL MEMBERS	
Ward 1	Patricia Benetis
Ward 2	John Baryak
Ward 3	Brenda Persino
Ward 4	Kevin Rufener
At- Large	Julie Stimpert
Acting Mayor	John Baryak

CITY ADMINISTRATION	
City Manager	Pamela Priddy
Law Director	Brad Bryan
Finance Director	Sean Housley
City Clerk	Michael Acomb

- I. Call to Order**
- II. Pledge of Allegiance / Silent Prayer**
- III. Roll Call**
- IV. New Business**

ORDINANCE 2023-56 *Sponsor: Councilperson Stimpert*
 AN EMERGENCY ORDINANCE AUTHORIZING AND DIRECTING THE CITY
 MANAGER TO ENTER INTO AND EXECUTE ANY NECESSARY CONTRACTS WITH
 ANTHEM FOR EMPLOYEE HEALTH CARE INSURANCE AND BENEFITS BASED
 UPON THE COVERAGE PLAN SET FORTH HEREIN

ORDINANCE 2023-57 (VERSION 1) *Sponsor: Councilperson Stimpert*
 AN EMERGENCY ORDINANCE AUTHORIZING AND DIRECTING THE CITY
 MANAGER TO ENTER INTO AND EXECUTE ANY NECESSARY CONTRACTS WITH
 MEDICAL MUTUAL FOR EMPLOYEE HEALTH CARE INSURANCE AND BENEFITS
 BASED UPON THE COVERAGE PLAN SET FORTH HEREIN

ORDINANCE 2023-57 (VERSION 2) *Sponsor: Councilperson Stimpert*
 AN EMERGENCY ORDINANCE AUTHORIZING AND DIRECTING THE CITY
 MANAGER TO ENTER INTO AND EXECUTE ANY NECESSARY CONTRACTS WITH
 MEDICAL MUTUAL FOR EMPLOYEE HEALTH CARE INSURANCE AND BENEFITS
 BASED UPON THE COVERAGE PLAN SET FORTH HEREIN

- V. Adjournment**

VILLAGE OF NEWTON FALLS, OHIO
ORDINANCE NO.: 2023-56
SPONSOR: Councilperson Stimpert

**AN EMERGENCY ORDINANCE AUTHORIZING AND DIRECTING THE CITY
MANAGER TO ENTER INTO AND EXECUTE ANY NECESSARY CONTRACTS WITH
ANTHEM FOR EMPLOYEE HEALTH CARE INSURANCE AND BENEFITS BASED
UPON THE COVERAGE PLAN SET FORTH HEREIN**

WHEREAS, with the assistance of Group Benefits Consultants, the Village obtained quotes for employee health insurance and benefits coverage for 2024 from Anthem and Medical Mutual; and

WHEREAS, Council has determined that the attached rate proposal from Anthem for the Anthem Silver Blue Access PPO 7000/0%/9000 plan provides the best coverage for the best price when taking into account the Village's employee benefit needs and short-term and long-range benefit strategies.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the Village of Newton Falls, Ohio:

SECTION 1. That Council hereby authorizes and directs the City Manager to enter into and execute any necessary agreements with Anthem for the Anthem Silver Blue Access PPO 7000/0%/9000 plan for employee health care insurance and benefits based upon the rate proposal that is attached hereto.

SECTION 2. That all formal actions of this Council concerning and relating to the adoption of this Ordinance were taken in an open meeting of this Council, and all deliberations of this Council or any of its committees that resulted in such formal action were taken in meetings open to the public and/or in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. That this Ordinance is hereby declared to be an emergency measure necessary for the public peace, health, welfare, and safety of the residents of the Village because the Village needs to have its 2024 employee health insurance benefits in place and in effect as of January 1, 2024. Therefore, this Ordinance shall take immediate effect upon its passage, pursuant to Newton Falls Charter Article III, Section 21.

PASSED IN COUNCIL THIS _____ DAY OF _____, 2023.

ORDINANCE NO. 2023-56
PAGE TWO

John Baryak, Acting Mayor

Attest:

Michael Acomb, Clerk of Council

Approved as to Legal Form.

Bradric T. Bryan, Law Director

Proposed medical plans



City of Newton Falls
 Quote ID: 01087659
 Effective Date: January 01, 2024

Contract code	Plan Name	Medical Deductible	Out-of-pocket maximum	Office visit primary care physician copay	Office visit specialist copay	Inpatient hospital copay	Emergency room copay	Urgent care copay	Prescription drugs – network/drug list	Prescription deductible	Deductible applies to tiers	Prescription drugs – retail
A88Q	Anthem Bronze Blue Access PPO 62506704250 Blue Access	\$8,250 per Individual or \$16,500 per Family. Calendar Year / Embedded	\$9,450 per Individual or \$18,900 per Family.	Ded:\$50	Ded:\$80	Ded:\$750	Ded:\$750	Ded:\$75	Select	Medical \$8,250 per Individual or \$16,500 per Family.	1-4**	\$1566081208350
A882	Anthem Bronze Blue Access PPO 68602C16248999 W/HSA Blue Access	\$8,000 per Individual or \$12,000 per Family. Calendar Year / Embedded	\$8,000 per Individual or \$16,000 per Family.	Ded:\$40	Ded:\$75	Ded:\$750	Ded:\$750	Ded:\$75	Select	Medical \$8,000 per Individual or \$12,000 per Family.	1-4**	\$1566081208350
A88N	Anthem Bronze Blue Access PPO 757520747500 W/HSA Blue Access	\$7,500 per Individual or \$15,000 per Family. Calendar Year / Embedded	\$7,500 per Individual or \$15,000 per Family.	Ded:0%	Ded:0%	Ded:0%	Ded:0%	Ded:0%	Select	Medical \$7,500 per Individual or \$15,000 per Family.	1-4**	0% 0% 0% 0%
9TWS	Anthem Silver Blue Access PPO 55070737000 W/HSA Blue Access	\$5,500 per Individual or \$11,000 per Family. Calendar Year / Embedded	\$7,000 per Individual or \$14,000 per Family.	Ded:0%	Ded:0%	Ded:0%	Ded:0%	Ded:0%	Select	Medical \$5,500 per Individual or \$11,000 per Family.	1-4**	\$1566081208350
Proposed total premium												
Rider(s) that are applicable: N/A												

** Deductible must be satisfied before copay/coinsurance is applied.

Anthem rates and benefits are subject to regulatory review or approval. Your total premium may change for various reasons, including but not limited to changes in your employee census and changes to the ACA requirements. The coverage chosen from this proposal has been selected for employees and dependents, subject to the terms and conditions of this proposal and the group application(s) to which this is attached. This proposal by the group is subject to underwriting approval by Health Underwriting and Life Underwriting if applicable; please do not cancel your coverage until the application has been approved in writing in certain states; underwriting will not approve some application allowed on this proposal tool such as retroactive quoting, retroactive effective dates, and issuance of more than one product.

Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at www.atc.anthem.com. Please see SBC for benefit descriptions. The information is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this description, the terms of the Certificate of Coverage will prevail.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Proposed medical plans (continued)

City of Newton Falls

Quote ID: 01087869

Effective Date: January 01, 2024



Contract code	Anthem Silver Blue Access PPO 72000010000 Blue Access		Anthem Silver Blue Access PPO 45600047500 W/HSA Blue Access	
	9TWH	9TWH		
Deductible (Individual, family)	\$7,000 per Individual or \$14,000 per Family, Calendar Year / Embedded	\$4,550 per Individual or \$9,100 per Family, Calendar Year / Embedded		
Coinsurance	0%	0%		
Out-of-pocket maximum (Individual, family)	\$9,000 per Individual or \$18,000 per Family.	\$7,500 per Individual or \$15,000 per Family.		
Office visit primary care physician copay	\$40	Ded:0%		
Office visit specialist copay	\$85	Ded:0%		
Inpatient hospital copay	Ded:0%	Ded:0%		
Emergency room copay	Ded:\$600	Ded:0%		
Urgent care copay	\$75	Ded:0%		
Prescription drugs – network/drug list	Select	Select		
Prescription deductible	na per Individual or na per Family.	Medical \$4,550 per Individual or \$9,100 per Family, 1-4**		
Deductible applies to tiers	na			
Prescription drugs – retail	\$15,800/\$120/\$350	\$15,800/\$120/\$350		
Proposed total premium	\$73,079.94	\$73,079.72		
Rider(s) that are applicable:	N/A			

** Deductible must be satisfied before copay/coinsurance is applied.

Anthem rates and benefits are subject to regulatory review or approval. Your total premium may change for various reasons, including but not limited to changes in your employee census and changes to the ACA requirements. The coverage chosen from this proposal has been selected for employees and dependents, subject to the terms and conditions of this proposal and the group application(s) to which this is attached. This proposal by the group is subject to underwriting approval by Health Underwriting and Life Underwriting if applicable; please do not cancel your coverage until the application has been approved in writing in certain states, underwriting will not approve some application allowed on this proposal tool such as retroactive funding, retroactive effective dates, and issuance of more than one product.

Group signature: _____

Date: _____

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Medical rates - Schedule B

City of Newton Falls

Quote ID: 01087869

Effective Date: January 01, 2024




Effective date of this Addendum is 12:01 a.m. on January 01, 2024

This Addenda applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross and Blue Shield.

The Employer will pay a per Subscriber per month fee calculated by adding the sum of the rates for each of the Member categories (Subscriber, Spouse, up to three oldest Dependents 20 years and younger, and Dependents 21 years and over) set forth in the tables below.

Member Category	Anthem Bronze Blue Access PPO E2530/6/2450 Blue Access A88C	Anthem Bronze Blue Access PPO 6009FC/05/18/00 w/HSA Blue Access A88Z	Anthem Bronze Blue Access PPO 7209E/07/7000 w/HSA Blue Access A88N	Anthem Silver Blue Access PPO 5500E/07/7000 w/HSA Blue Access 9T1W3
Employee	\$890.72	\$941.83	\$939.96	\$1,010.93
Employee - spouse	\$1,761.44	\$1,883.66	\$1,919.92	\$2,021.86
Employee - child(ren)	\$1,629.33	\$1,742.39	\$1,775.93	\$1,870.22
Employee - family	\$2,720.23	\$2,919.67	\$2,975.08	\$3,133.88

ADDITIONAL FEES OR CHARGES
Billing Fee \$25

Anthem Blue Cross and Blue Shield

 Jane Peterson
 President

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Medical rates - Schedule B (Continued)

City of Newton Falls

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	Anthem Silver Blue Access PPO 70007445000 Blue Access ST/1H	Anthem Silver Blue Access PPO 4550E0347550 WITHSA Blue Access ST/1M
Employee	\$1,047.33	\$1,058.87
Employee + spouse	\$2,094.66	\$2,117.74
Employee + (child/en)	\$1,937.56	\$1,958.91
Employee + family	\$3,246.72	\$3,282.50

ADDITIONAL FEES OR CHARGES
Billing Fee \$25

Anthem Blue Cross and Blue Shield

 Jane Peterson
 President

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VILLAGE OF NEWTON FALLS, OHIO
ORDINANCE NO.: 2023-57
SPONSOR: Councilperson Stimpert

VERSION 1

**AN EMERGENCY ORDINANCE AUTHORIZING AND DIRECTING THE CITY
MANAGER TO ENTER INTO AND EXECUTE ANY NECESSARY CONTRACTS WITH
MEDICAL MUTUAL FOR EMPLOYEE HEALTH CARE INSURANCE AND BENEFITS
BASED UPON THE COVERAGE PLAN SET FORTH HEREIN**

WHEREAS, with the assistance of Group Benefits Consultants, the Village obtained quotes for employee health insurance and benefits coverage for 2024 from Anthem and Medical Mutual; and

WHEREAS, Council has determined that the attached rate proposal from Medical Mutual for the MedFlex HMO Gold 2520-1500 plan provides the best coverage for the best price when taking into account the Village's employee benefit needs and short-term and long-range benefit strategies.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the Village of Newton Falls, Ohio:

SECTION 1. That Council hereby authorizes and directs the City Manager to enter into and execute any necessary agreements with Medical Mutual for the MedFlex HMO Gold 2520-1500 plan for employee health care insurance and benefits based upon the rate proposal that is attached hereto.

SECTION 2. That all formal actions of this Council concerning and relating to the adoption of this Ordinance were taken in an open meeting of this Council, and all deliberations of this Council or any of its committees that resulted in such formal action were taken in meetings open to the public and/or in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. That this Ordinance is hereby declared to be an emergency measure necessary for the public peace, health, welfare, and safety of the residents of the Village because the Village needs to have its 2024 employee health insurance benefits in place and in effect as of January 1, 2024. Therefore, this Ordinance shall take immediate effect upon its passage, pursuant to Newton Falls Charter Article III, Section 21.

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ORDINANCE NO. 2023-57
PAGE TWO

John Baryak, Acting Mayor

Attest:

Michael Acomb, Clerk of Council

Approved as to Legal Form.

Bradric T. Bryan, Law Director

VILLAGE OF NEWTON FALLS, OHIO
ORDINANCE NO.: 2023-57
SPONSOR: Councilperson Stimpert

VERSION 2

**AN EMERGENCY ORDINANCE AUTHORIZING AND DIRECTING THE CITY
MANAGER TO ENTER INTO AND EXECUTE ANY NECESSARY CONTRACTS WITH
MEDICAL MUTUAL FOR EMPLOYEE HEALTH CARE INSURANCE AND BENEFITS
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ORDINANCE NO. 2023-57
PAGE TWO

John Baryak, Acting Mayor

Attest:

Michael Acomb, Clerk of Council

Approved as to Legal Form.

Bradric T. Bryan, Law Director



CITY OF NEWTON FALLS
 Proposal Effective Date : 01/01/2024
 Proposal Number : 8093742
 Channel : OHHPOFF
 Zip : 44444

DETERMINE BEST FIT - MEDICAL

Below are the products you selected for a detailed comparison. Premium listed is for comparison purposes only and does not represent the final billed rate. Final billed rate may vary from proposed rate due to rounding.

	MedFlex HMO Gold 2520-1500	PPO Gold 2520-1500
Network	MedFlex HMO	SuperMed Plus PPO
Grandfathered Plan	N	N
Benefit Period Deductible (Single/Family)	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance (member liability)	20%	20%
Maximum Out of Pocket Including Deductible	\$7,100/\$14,200	\$7,100/\$14,200
Office Visit Copay	\$25	\$25
Specialist Copay	\$50	\$50
Urgent Care Copay	\$50	\$50
Emergency Room Copay	\$250	\$250
Prescription Drugs	Retail: \$15/\$30/\$90/50% and up to \$350 copay per script, Mail: \$45/\$90/\$270 per script; Generic Incentive, Mail Order Incentive	Retail: \$15/\$30/\$90/50% and up to \$350 copay per script, Mail: \$45/\$90/\$270 per script; Generic Incentive, Mail Order Incentive
Total Billed Amount	\$67,574.52	\$71,872.15

*If a copay is listed as "N/A", no copay applies. However, deductible and/or coinsurance may still apply.

Glossary of Terms

Benefit Period - the period of time specified in the Schedule of Benefits during which Covered Services are rendered, and benefit maximums, Deductibles, Coinsurance Limits and Non-PPO Network Coinsurance Limits are accumulated. The first and/or last Benefit Periods may be less than 12 months depending on the Effective Date and the date your coverage terminates.

Deductible - an amount, usually stated in dollars, for which you are responsible each Benefit Period before benefits are provided.

Copayment - a dollar amount, if specified in the Schedule of Benefits, that you may or may not be required to pay at the time Covered Services are rendered.

Coinsurance - the arrangement by which the insurer and the insured share a percentage of covered expenses after the deductible is met.

Maximum Out of Pocket Including Deductible - the sum of any applicable deductible, copays, coinsurance for medical and Rx services.

PCP - a primary care physician (PCP) is a doctor who is usually trained in pediatrics, internal medicine, obstetrics/gynecology, family practice or general medicine.

Specialist - a specialist is a physician who specializes in other areas of medicine. Some medical plans offer different copay amounts for primary care physicians versus specialists.



MEDICAL MUTUAL

CITY OF NEWTON FALLS
 Proposal Effective Date : 01/01/2024
 Proposal Number : 8093742
 Channel : OHHPPOFF
 Zip : 44444

PLAN DETAILS

The rates below are subject to the conditions disclosed on the appendix page at the end of this proposal.
 Final billed rate may vary from proposed rate due to rounding.

Group Classification: ALL EMPLOYEES

MedFlex HMO Gold 2520-1500	IN-NETWORK
Network	MedFlex HMO
Grandfathered Plan	N
Benefit Period Deductible (Single/Family)	\$1,500/\$3,000
Coinsurance (member liability)	20%
Maximum Out of Pocket Including Deductible	\$7,100/\$14,200
Office Visit Copay	\$25
Specialist Copay	\$50
Urgent Care Copay	\$50
Emergency Room Copay	\$250
Prescription Drugs	Retail: \$15/\$30/\$90/50% and up to \$350 copay per script, Mail: \$45/\$90/\$270 per script; Generic Incentive, Mail Order Incentive
INSURANCE PREMIUM	\$67,535.52
MANDATED FEES	\$39.00
TOTAL BILLED AMOUNT	\$67,574.52

*If a copay is listed as "N/A", no copay applies. However, deductible and/or coinsurance may still apply.

RATE TABLE											
Age	Non Tobacco	Tobacco	Age	Non Tobacco	Tobacco	Age	Non Tobacco	Tobacco	Age	Non Tobacco	Tobacco
000 TO 014	\$459.85	\$459.85	027	\$629.96	\$680.99	040	\$768.22	\$943.37	053	\$1,226.27	\$1,827.14
015	\$500.73	\$500.73	028	\$653.41	\$710.91	041	\$782.65	\$975.96	054	\$1,283.37	\$1,912.23
016	\$516.35	\$516.35	029	\$672.64	\$736.55	042	\$796.47	\$1,009.13	055	\$1,340.48	\$1,997.31
017	\$531.98	\$531.98	030	\$682.26	\$752.53	043	\$815.71	\$1,051.45	056	\$1,402.39	\$2,089.57
018	\$548.81	\$548.81	031	\$696.69	\$774.72	044	\$839.75	\$1,102.60	057	\$1,464.91	\$2,182.71
019	\$565.65	\$565.65	032	\$711.11	\$797.16	045	\$868.01	\$1,162.26	058	\$1,531.63	\$2,282.13
020	\$583.08	\$583.08	033	\$720.13	\$814.47	046	\$901.67	\$1,232.58	059	\$1,564.69	\$2,331.39
021	\$601.11	\$631.17	034	\$729.75	\$833.37	047	\$939.54	\$1,312.53	060	\$1,631.42	\$2,430.81
022	\$601.11	\$633.57	035	\$734.56	\$847.68	048	\$982.82	\$1,404.45	061	\$1,689.12	\$2,516.79
023	\$601.11	\$636.58	036	\$739.37	\$862.10	049	\$1,025.50	\$1,501.33	062	\$1,726.99	\$2,573.22
024	\$601.11	\$639.58	037	\$744.18	\$878.13	050	\$1,073.59	\$1,599.64	063	\$1,774.48	\$2,643.98
025	\$603.52	\$645.16	038	\$748.98	\$895.04	051	\$1,121.07	\$1,670.40	064	\$1,803.33	\$2,686.97
026	\$615.54	\$661.70	039	\$758.60	\$918.67	052	\$1,173.37	\$1,748.32	065 TO 999	\$1,803.33	\$2,686.97

Mandated Fees*	
PCORI	\$22.62
Risk Adjustment	\$16.38
Public Exchange	\$0.00
Market Share	\$0.00
Fees Total	\$39.00

*Mandated Fees are included in the rate table above



MEDICAL MUTUAL®

CITY OF NEWTON FALLS
 Proposal Effective Date : 01/01/2024
 Proposal Number : 8093742
 Channel : OHHPOFF
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PLAN DETAILS

The rates below are subject to the conditions disclosed on the appendix page at the end of this proposal.
 Final billed rate may vary from proposed rate due to rounding.

Group Classification: ALL EMPLOYEES

PPO Gold 2520-1500		IN-NETWORK
Network		SuperMed Plus PPO
Grandfathered Plan		N
Benefit Period Deductible (Single/Family)		\$1,500/\$3,000
Coinsurance (member liability)		20%
Maximum Out of Pocket Including Deductible		\$7,100/\$14,200
Office Visit Copay		\$25
Specialist Copay		\$50
Urgent Care Copay		\$50
Emergency Room Copay		\$250
Prescription Drugs	Retail: \$15/\$30/\$90/50% and up to \$350 copay per script, Mail: \$45/\$90/\$270 per script; Generic Incentive, Mail Order Incentive	
INSURANCE PREMIUM		\$71,833.15
MANDATED FEES		\$39.00
TOTAL BILLED AMOUNT		\$71,872.15

*If a copay is listed as "N/A", no copay applies. However, deductible and/or coinsurance may still apply.

RATE TABLE											
Age	Non Tobacco	Tobacco	Age	Non Tobacco	Tobacco	Age	Non Tobacco	Tobacco	Age	Non Tobacco	Tobacco
000 TO 014	\$489.10	\$489.10	027	\$670.03	\$724.30	040	\$817.08	\$1,003.37	053	\$1,304.26	\$1,943.34
015	\$532.57	\$532.57	028	\$694.96	\$756.12	041	\$832.42	\$1,038.03	054	\$1,364.99	\$2,033.84
016	\$549.19	\$549.19	029	\$715.42	\$783.39	042	\$847.13	\$1,073.31	055	\$1,425.73	\$2,124.34
017	\$565.82	\$565.82	030	\$725.65	\$800.39	043	\$867.59	\$1,118.32	056	\$1,491.58	\$2,222.46
018	\$583.72	\$583.72	031	\$741.00	\$823.99	044	\$893.16	\$1,172.72	057	\$1,558.07	\$2,321.53
019	\$601.62	\$601.62	032	\$756.34	\$847.86	045	\$923.21	\$1,236.18	058	\$1,629.04	\$2,427.27
020	\$620.16	\$620.16	033	\$765.93	\$866.27	046	\$959.01	\$1,310.97	059	\$1,664.21	\$2,479.67
021	\$639.34	\$671.31	034	\$776.16	\$886.37	047	\$999.29	\$1,396.01	060	\$1,735.17	\$2,585.41
022	\$639.34	\$673.87	035	\$781.27	\$901.59	048	\$1,045.32	\$1,493.77	061	\$1,796.55	\$2,676.86
023	\$639.34	\$677.06	036	\$788.39	\$916.93	049	\$1,090.72	\$1,596.81	062	\$1,836.83	\$2,736.87
024	\$639.34	\$680.26	037	\$791.50	\$933.98	050	\$1,141.86	\$1,701.38	063	\$1,887.34	\$2,812.13
025	\$641.90	\$686.19	038	\$796.62	\$951.96	051	\$1,192.37	\$1,776.63	064	\$1,918.02	\$2,857.86
026	\$654.69	\$703.79	039	\$806.85	\$977.09	052	\$1,247.99	\$1,859.51	065 TO 999	\$1,918.02	\$2,857.86

Mandated Fees*	
PCORI	\$22.62
Risk Adjustment	\$16.38
Public Exchange	\$0.00
Market Share	\$0.00
Fees Total	\$39.00

*Mandated Fees are included in the rate table above