Tuesday, February 18,

20

The Bainbridge Township Board of Trustees met in special session at the Bainbridge Town Hall on February 18, 2020. Those present were Trustees Mrs. Kristina O'Brien, Mr. Jeffrey Markley, and Mrs. Lorrie Benza and Fiscal Officer Janice Sugarman. Mrs. O'Brien presided and called the meeting to order at 10:03 A.M.

The Health Care Committee members in attendance were: Phil Anders, Chief John Bokovitz, Chuck Bolt, John Brett, Leighanna Cawrse, Lori Downs, Kurt Dreger, Karen Endres, AC Bill Lovell, Elaine Marconi, Greg Marous, Ted Seliga, Chris Smith, and Linda Zimmerman.

The purpose of this meeting was for a strategy session with the township's benefits provider on cost-saving suggestions for the future since the renewal with Medical Mutual came in higher than expected. Mr. Brian Feliciano of Oswald Companies presented to the Board of Trustees and the Health Care Committee the 12-month renewal option of a 15% increase. It was initially a 30.4% increase, but Oswald was able to negotiate down to 15%. He reminded everyone that the township had a two-year rate guarantee that will end April 1st with a one-month premium holiday.

Mr. Feliciano discussed three ways the township could save money:

- 1. Flip the \$250.00 deductible responsibility to the front end for employees
- 2. Spousal surcharge
- 3. Wellness Programs

The trustees are seriously considering option #1 at this point. They will need to make a decision this year for the change to take effect in 2021. The committee will discuss wellness programs with Oswald later this year.

The complete presentation is attached to and becomes a permanent part of these minutes. Mr. Feliciano left the meeting at 10:43 A.M.

Mrs. Benza reminded the Health Care Committee of their purpose of helping the trustees get the best possible benefits plan at the most cost effective component. She distributed the minutes from all of the Health Care Committee meetings since 2010. She then asked the members if they wanted to continue to be a committee, and if so, how often they would like to meet. After much discussion, it was determined that it will remain a committee and that Lt. Bob Weir would be the contact person to schedule future meetings. Mrs. Sugarman will share any information she receives from Oswald and will continue to schedule the renewal meetings. The committee will try to meet at least two times a year and more often if necessary.

Since there was no further business to come before this special meeting of the Bainbridge Township Board of Trustees, the meeting was adjourned at 11:32 A.M.

	Respectfully Submitted,
	Janice S. Sugarman, Fiscal Officer, Bainbridge Township
	Date
	Date
	Date
Minutes Read:	<u> </u>
Minutes Approved:	

oswald

BAINBRIDGE TOWNSHIP

PROPOSED EFFECTIVE DATE: 04/01/2020

We See Risk So You See Opportunity

Presented: JANUARY 15, 2020

Plan Summary

GENERAL INFORMATION

Plan Type Funding Type Association (if applicable) Network Indicator Benefit Summary

BENEFIT SUMMARY Annual Deductible/Individual Annual Deductible/Family Employer Funded HRA (Single) Employer Funded HRA (Family) Coinsurance Office Visit/Exam Outpatient Specialist Visit Annual Out-of-Pocket Limit/Individual Annual Out-of-Pocket Limit/Family Deductible Included in Out-of-Pocket Limits Deductible Embedded Inpatient Hospital Services **Outpatient Surgical Services Emergency Services** Urgent Care Prescription Drug Benefits Prescription Drug Deductible Generic / Tier 1 Brand (Formulary/Preferred) / Tier 2 Brand (Non-Formulary/Non-preferred) / Tier 3 Specialty / Tier 4 Mail Order Generic / Tier 1 Brand (Formulary/Preferred) / Tier 2 Brand (Non-Formulary/Non-preferred) / Tier 3 Specialty / Tier 4

PREMIUM SUMMARY

	Enroll #
EE	24
EE & Spouse	9
EE & Child(ren)	5
Family	20

Total Monthly Premium Total Annual Premium Premium Change (%)

Rate Guarantee

Current			
Medical Mutual of Ohio			
HRA	THE RESERVE OF THE PARTY OF THE		
Fully Ins	sured		
cos	SE SE		
SuperMe	ed Plus		
HRA 2	500		
In-Network Out-of-Network			
\$2,500	\$3,000		
\$5,000	\$6,000		
\$2,250	N/A		
\$4,500	N/A		
0%	40%		
0% after deductible	40%		
0% after deductible	40%		
\$2,500	\$7,500		
\$5,000	\$15,000		
Yes			
Yes			
0% after deductible	40%		
0% after deductible	40%		
0% after de			
0% after deductible	40%		
N/A			
100% after deductible	Does not apply		
100% after deductible	Does not apply		
100% after deductible	Does not apply		
100% after deductible	Does not apply		
	- 65		
100% after deductible	Does not apply		
100% after deductible	Does not apply		
100% after deductible	Does not apply		
100% after deductible	Does not apply		
\$643.4			
\$1,413.			
\$1,156.			
\$1,926.	.45		
470.470			
\$72,475.54			
\$869,706.48			

Kenew			
Medical Muti	ual of Ohio		
HRA			
Fully Insured			
COSE			
SuperMed Plus			
HRA 25	00		
In-Network	Out-of-Network		
\$2,500	\$3,000		
\$5,000	\$6,000		
\$2,250	N/A		
\$4,500	N/A		
0%	40%		
0% after deductible	40%		
0% after deductible	40%		
\$2,500	\$7,500		
\$5,000	\$15,000		
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\$94,523.	58		
	\$1,134,284.16		
30.4%			
30.4%			
12 month	ns		

Medical Mutual of Ohio					
HRA					
	nsured				
CC					
SuperN					
HRA	2500				
In-Network Out-of-Network					
\$2,500	\$3,000				
\$5,000	\$6,000				
\$2,250 N/A					
\$4,500 N/A					
0%	40%				
0% after deductible	40%				
0% after deductible 40%					
\$2,500 \$7,500					
\$5,000	\$15,000				
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0% after deductible 40%					
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100% after deductible	Does not apply				
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100% after deductible	Does not apply				
100% after deductible	Does not apply				
100% after deductible	Does not apply				
100% after deductible	Does not apply				
240.94					
Ć740	01				
	\$740.01				
\$1,625.26 \$1,330.17					
\$2,21					
\$83,34					
\$1,000,162.45					
15.0%					
12 months					

Revised Renewal

^{*}Rates illustrated based on MMO verbal offer of a no-shop 15% increase. Actual rates may be different once produced by ммо.



Terms & Conditions

This proposal/summary has been prepared by Oswald Companies based on financial and underwriting information supplied to us by you and/or your current carrier/administrator. In the event that there have been changes or we're missing material data, you must supply the data to us so that we in turn can forward the information to the insuring companies for consideration.

This proposal is intended to be a summary. The actual policies issued by the insuring companies will contain the legally binding terms, conditions and exclusions. Upon receipt of the policies, we urge you to thoroughly review them for accuracy and expected coverage. If you have any questions regarding your understanding or acceptance, please notify us immediately.

The information displayed is intended to be a brief review of limits and coverages. It is not intended to be a complete description of all coverages, exclusions, terms or conditions. Please refer to the policy for a complete explanation of coverages.



AM Best Ratings

Financial Strength Ratings (FSR)

A.M. Best's Financial Strength Rating (FSR) is an opinion of an insurer's ability to meet its obligations to policyholders. Rating Modifiers and Affiliation Codes may also be associated with these ratings. The following list outlines their rating scale and associated descriptions.

Secure	Vulnerable
A++, A+ (Superior)	B, B- (Fair)
A, A- (Excellent)	C++, C+ (Marginal)
B++, B+(Very Good)	C, C- (Weak)
	D (Poor)
	E (Under Regulatory
	F (In Liquidation)
	S (Rating Suspended)

Not Rated Categories (NR)

Not Rated Categories (NR) are assigned to companies reported on by A.M. Best, but not assigned a Best's Rating. The five categories and descriptions are listed below.

NR-1: Insufficient Data

NR-2: Insufficient Size and/or Operating Experience

NR-3: Rating Procedure Inapplicable

NR-4: Company Request NR-5: Not Formally Followed

Rating Modifiers and Affiliation Codes

A rating modifier can be assigned to indicate that a Best's Rating may be subject to near-term change (under review), that a company did not subscribe to Best's interactive rating process (public data) and that the rating is assigned to a syndicate operating at Lloyd's. Affiliation codes (g, p, and r) are added to Best's Ratings to identify companies whose assigned ratings are based on group, pooling or reinsurance affiliation with other insurers.

Rating Modifiers	Affiliation Codes
u - Under Review	g - Group
	p - Pooled
pd - Public Data	r - Reinsured



AM Best Ratings

Rating Outlook

Best's interactive Ratings (A++ to D) are assigned a Rating Outlook that indicates the potential direction of a company's rating for an intermediate period, generally defined as the next 12 to 36 months. Rating Outlooks, which appear in the rating rationale section of a company's Best's Company Report, include Positive, Negative and Stable. View their online Guide to Best's Financial Strength Ratings for complete definitions on Outlooks.

Financial Size Categories (FSC)

To enhance the usefulness of their ratings, A.M. Best assigns each letter rated (A++ through D) insurance company a Financial Size Category (FSC). The FSC is designed to provide a convenient indicator of the size of a company in terms of its statutory surplus and related accounts.

Many insurance buyers only want to consider buying insurance coverage from companies that they believe have sufficient financial capacity to provide the necessary policy limits to insure their risks. Although companies utilize reinsurance to reduce their net retention on the policy limits they underwrite, many buyers still feel more comfortable buying from companies perceived to have greater financial capacity.

FSC	Adjusted	FSC	Adjusted
130	Policyholders Surplus		Policyholders Surplus
ı	Less	IX	250 to
11	1 to 2	Х	500 to
111	2 to 5	XI	750 to
IV	5 to 10	XII	1,000 to
V	10 to 25	XIII	1,250 to
VI	25 to 50	XIV	1,500 to
VII	50 to	XV	Greater
VIII	100 to		

Note: Ranges are in millions of U.S. dollars

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Compensation Disclosure

Historically, firms such as ours have been compensated in a number of ways for the services provided to clients. We regularly review these arrangements and continue to do so with the aim of maintaining a trust-based relationship with our clients. Consistent with that goal, we are open regarding our compensation and are pleased to provide you with the following information:

As an independent insurance agent or broker we may have access to more that one insurance company to place your coverage. Whether acting as an independent insurance agent or broker we have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent agent we may have authority to oblige the insurance company on your behalf and as a result may be required to act within the scope of our contractual agreement with the company.

We do receive contingency revenue from key carriers based on our production, retention, and/or our loss ratio over our entire book of business with the respective carrier. Although the placement of a particular client with a carrier is a factor in the composition of our total book of business with that carrier, individual placements do not significantly impact the contingencies. Furthermore, to assure that our clients' interests are always placed before our own, we do not divulge the terms or status of our contingent agreements to our staff. When requested by the client, we will disclose the total contingent income earned, if any, as a percentage of the total premiums written for the most recent fiscal period on the book of business with the carrier involved.

- * We do not accept over-rides or bonus payments from carriers for client-specific placements with those carriers.
- * We also receive revenue from some business partners, such as finance companies or professional organizations. None of these relationships affect the placement of insurance and our clients are never required to utilize the services provided by any of our business partners as a condition of placing coverage through our firm
- * We may receive non-monetary awards, including trips and other prizes, which are important for professional development and market access.
- * In cases where compensation earned is based on fees rather than standard commission arrangements, we disclose our fee amounts to our clients. In cases where compensation earned is based on commissions, we disclose that fact and will disclose the amount of commission compensation as requested by the client.

Please do not hesitate to contact us if you ever have any questions about our services, or about the premiums or fees you are paying for those services, we will make every effort to assist our clients in their complete and total understanding of our compensation. Upon request, we shall provide information as to our compensation on the selected or unselected policy or policies, as well as any policies that Oswald has presented. We thank you for your continued support and appreciate your trust in our employees and your confidence in the integrity of our firm.

Robert J. Klonk Chief Executive Officer David C. Jacobs President & Chief Operating Officer



Actual Medical Expenses per Department	2017	2018	2019
General Fund	\$ 149,630.87	\$ 165,582.72	\$ 166,190.41
Road and Bridge Fund	\$ 257,984.82	\$ 231,552.45	\$ 202,457.84
Police Fund	\$ 436,809.86	\$ 481,031.70	\$ 508,801.77
Fire Fund *	\$ 123,269.81	\$ 188,645.90	\$ 238,397.38
	\$ 967,695.36	\$1,066,812.77	\$1,115,847.40

2020 15% increase projection - using 2019 figures

\$ 191,118.97	
\$ 232,826.52	
\$ 585,122.04	
\$ 347,505.24	3 new hires
\$ 1,356,572.76	

From 2017- 2018 4% increase in cost

^{*}Fire Fund increased number of employees on insurance so did not use in the % increase