

City of Twinsburg 2013 Health Insurance Plan Options

MMOH network is exactly the same for all plans:
same doctors, hospitals, etc.

Service Categories	PLAN A		PLAN B		HSA Plan	
	Employee Pays 12%		Employee Pays 8%			
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible	\$100/\$200	\$100/\$200	\$500/\$1,000	\$500/\$1,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit	\$10	60%	\$20	60%	100% after Deductible	60%
Annual Physical	\$10	60%	\$0	60%	\$0	60%
Coinurance %	80%	60%	80%	60%	100% after Deductible	60%
Emergency Room	80%	80%	80%	80%	100% after Deductible	100% after Deductible
Urgent Care	\$10	60%	\$20	60%	100% after Deductible	60%
Coinurance Limit	\$400/\$800	\$900/\$1,800	\$1,000/\$2,000	\$1,500/\$3,000	\$0	\$5,000/\$10,000
Prescription Drug	\$5/\$10/\$20 *	\$5/\$10/\$20 *	\$5/\$10/\$20 *	\$5/\$10/\$20 *	100% after Deductible	
Mail Order Drug	\$10/\$20/\$40 *	\$10/\$20/\$40 *	\$10/\$20/\$40 *	\$10/\$20/\$40 *	100% after Deductible	
Monthly Rates	Single	\$696.26	Employee Cost:	Employee Cost:	Employee Cost:	
	Family	\$1,790.44	\$83.55 \$214.85	\$652.29 \$1,676.98	\$52.18 \$134.16	
* Prescription coverage includes home delivery and generic incentive						
Single Family	Dental Coverage		Vision Coverage			
	Employee Cost:		Employee Cost:			
	\$35.68 \$108.40		\$8.88 \$19.12			

I have reviewed the above plan options and I choose the following:

Select One Medical Plan
 ___ Plan A Family
 ___ Plan A Single
 ___ Plan B Family
 ___ Plan B Single
 ___ Health Savings Account Plan
 ___ Opt-Out

Select One Dental Plan
 ___ Dental Family
 ___ Dental Single
 ___ Opt-Out

Select One Vision Plan
 ___ Vision Family
 ___ Vision Single
 ___ Opt-Out

Print Name

Department

Signature

Date

YOUR 2013 ANNUAL BENEFITS OVERVIEW

YOUR CORE BENEFITS

BENEFITS / PROVIDER	DESCRIPTION / COVERAGE	YOU PAY	CITY PAYS
Medical / MMOH Group # 334370 150 (A) 151 (B) 1-800-525-5957	MMOH offers two types of plans each allowing for both single and family coverage. Both plans have exactly the same network. * PLAN A : Employee Pays 12% of Premium PLAN B : Employee Pays 8% of Premium In addition to the Premiums, the City pays up to the Max on all claims.	Single: \$1,002.60 (A) \$626.16 (B) Family: \$2,578.20 (A) \$1,609.92 (B)	Single: \$8,355.12 (A) \$7,827.48 (B) +\$1,900.00 Max Family: \$21,485.28 (A) \$20,123.76 (B) +\$3,800.00 Max
Dental / Ameritas Group 010-383026 #361 1-800-487-5553	This PPO dental plan covers 100% of Type 1 Procedures, and 80% of both Type 2 and Type 3 Procedures. A Sample Procedure List can be found of the City of Twinsburg Dental Highlight Sheet. * All plans have a \$1,000 per calendar year maximum per person.	Single: \$0 Family: \$0	Single: \$428.18 Family: \$1,242.72
Vision / Ameritas Group 010-383026 #361 1-800-877-7195	Employees are given the opportunity to pay \$20 for an annual eye exam with plan allowances for glasses frames, lenses, and contacts. *	Single: \$0 Family: \$0	Single: \$106.56 Family: \$229.44
Lifestyle EAP / Wellness 1-216-297-8170	This program offers professional and confidential support. EAP provides life-balancing services, solution-oriented counseling, childcare and adoption services, financial and legal consulting, eldercare support, and runs an interactive website. Effective on date of hire.	\$0	\$25.97
Life Insurance / Consumers Group # 334370 1-866-925-2542	Consumers Life Insurance offers two types of life insurance in which both provide \$75,000 coverage if something were to happen. * Basic Life Basic Life with Accidental Death and Dismemberment	\$0	\$171
Government Mandated	OPERS Police Fire FICA (PT Fire) Medicare Workers Compensation	10% 10% 10% 6.2% 0 0	14% 19.5% 24% 6.2% 1.45% 2.85%

YOUR ADDITIONAL BENEFITS

Wellness Program	A free, comprehensive and confidential wellness program to assist employees in identifying critical health risk factors and improving overall health status.
Deferred Compensation Savings	Savings or investment plan that allows an individual to set aside a portion of current income in a designated savings plan, and defer payment of income taxes on principal amount and earned interest. *
BFG Credit Union	Full service financial institution established in 1935. BFG Federal Credit Union is one of Ohio's largest credit unions with more than 27,000 members and over \$180 million in assets. Employee is eligible on date of hire.
Vacation	Vacation seniority will include previous fulltime employment with a qualifying Ohio public employer. Vacation will be as follows: 1-4 years – 10 days; 5-9 years – 15 days; 10-19 years – 20 days; 20+ years – 25 days. Is effective after twelve consecutive months of employment following date of hire.
Holidays	Paid holidays include: New Years' Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day.
Personal Days	Two Paid personal days during the calendar year. Is effective after six months of employment following date of hire.
Sick Leave	10 hours per month. Sick Leave hours carried – over from previous public employment will be added to your Sick Leave accrual upon receipt of proof of previous Ohio public employment. Accrual is effective on the first day of the month following date of hire. Usage is effective on the first day of the second month following date of hire.

* Indicates benefit offered to employee is effective on the first day of the month following date of hire.