

ORDINANCE NO. 2024-46

INTRODUCED BY MAYOR AND COUNCIL AS A WHOLE

AN ORDINANCE AUTHORIZING AND RATIFYING A HEALTH INSURANCE PLAN FOR VILLAGE EMPLOYEES EFFECTIVE JANUARY 1, 2024, APPROPRIATING FUNDING FOR SAID PLAN AND DECLARING AN EMERGENCY

WHEREAS, the cost of health insurance for Village employees increased substantially for the year 2024 under the plan previously in effect; and,

WHEREAS, after investigation by the Finance Director and the Village's insurance agent, a plan offered by Anthem Blue Access PPO with a significant increase in employee deductibles and co-pays offset by a health savings account plan offers the most cost-effective option for the Village while maintaining equivalent coverage for employees;

WHEREAS, the contract for said plan was signed by the Finance Director in December of 2023 without the review, approval or input of Council and consequently the HSA payments to date in 2024 were effectively paid without prior authorization of Council;

NOW THEREFORE, BE IT RESOLVED by the Council of the Village of Oakwood, County of Cuyahoga, and State of Ohio that:

SECTION 1. The health insurance program effective January 1, 2024 described in Exhibits A, B, C, D and E attached hereto and incorporated herein is hereby approved and ratified by Council.

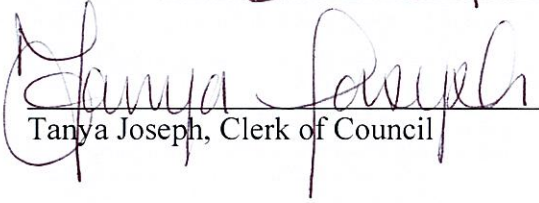
SECTION 2. Council hereby appropriates and authorizes the expenditure of the funds described in Exhibit F attached hereto and incorporated herein for the implementation and maintenance of said health insurance program.

SECTION 3. The Finance Director shall present any future quotes for renewal of health insurance contracts to Council on or before October 30 of each year and shall not enter any future health insurance contracts or make any expenditures for such contracts without prior consultation with and authorization of Council. Any contracts or expenditures for any contracts entered in violation of the prohibitions contained in this paragraph shall be deemed to be unauthorized and reported to the Ohio Auditor and/or other appropriate authorities and considered to be grounds for potential recovery pursuant to the provisions of the Ohio Revised Code.

SECTION 4. This Ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health, safety and welfare of the inhabitants of the Village, the reason for the emergency being that it is necessary to Village operations to provide for the health and welfare of Village employees, therefore, provided it receives two-thirds ($\frac{2}{3}$) of the vote of all members of Council elected thereto, said Ordinance shall be in full force and effect immediately upon its adoption by this Council and approval by the Mayor, otherwise from and after the earliest period allowed by law.

PASSED:

8-6-24


Tanya Joseph, Clerk of Council

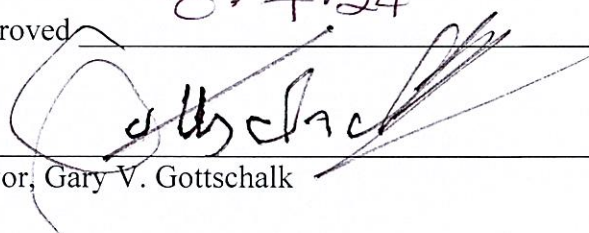

Erica Nikolic, President of Council

Presented to the
Mayor

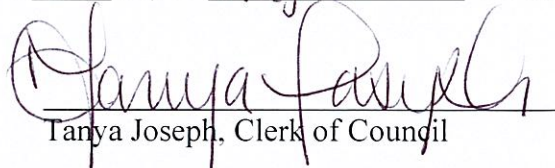
8-7-24

Approved

8-7-24

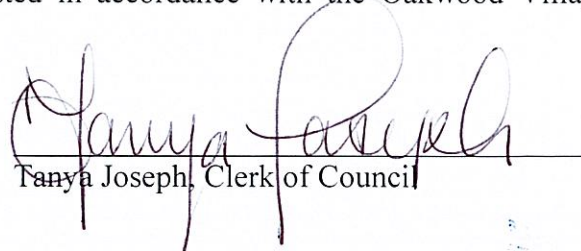

Mayor, Gary V. Gottschalk

I, Tanya Joseph, Clerk of Council of the Village of Oakwood, County of Cuyahoga, and State of Ohio, do hereby certify that the foregoing Ordinance No. 2024 - ⁴⁶ was duly and regularly passed by this Council at the meeting held on the 10th day of August, 2024.


Tanya Joseph, Clerk of Council

POSTING CERTIFICATE

I, Tanya Joseph, Clerk of Council of the Village of Oakwood, County of Cuyahoga, and State of Ohio, do hereby certify that Ordinance No. 2024 - ⁴⁶ was duly posted on the 7th day of August, 2024, and will remain posted in accordance with the Oakwood Village Charter.


Tanya Joseph, Clerk of Council

DATED:

8-7-24

Hold Harmless Agreement**Anthem[®]Life**

This ADMINISTRATIVE AGREEMENT (this "Agreement"), effective as of 12:01 a.m., Eastern Daylight Time, on the Closing Date (01-01-2024), is entered into by and between: Village of Oakwood (The Policyholder), and Anthem Life Insurance Company (The Insurer).

RECITALS

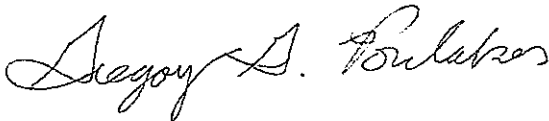
Whereas, The Policyholder has requested that The Insurer accept beneficiary designations (if applicable), and other personal information from certificateholders that the Policyholder has obtained through the enrollment forms of the group's prior carrier, email, census data, or other electronic process.

Whereas, The Insurer has agreed to permit the Policyholder and its certificateholders to use such electronic processes to make beneficiary designations (if applicable), and to obtain personal information, provided the Policyholder indemnifies and holds The Insurer harmless if the information is not accurate or has been tampered with.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual agreements and covenants contained herein and upon the terms and conditions set forth herein, the parties hereto agree as follows

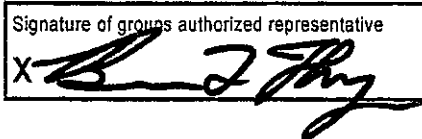
1. The Insurer hereby agrees that Policyholder may accept beneficiary designations (if applicable), and other personal information from certificateholders that the Policyholder has obtained through enrollment forms of the group's prior carrier(s), email, census data, or other electronic process.
2. Policyholder agrees to indemnify and hold harmless The Insurer and each of its directors, officers, employees, agents or affiliates (and the directors, officers, employees and agents of such affiliates) from any and all losses, liabilities, costs, claims, demands, compensatory, extra contractual and/or punitive damages, fines, penalties and expenses (including reasonable attorneys' fees and expenses) arising out of or caused by any inaccuracy or other issues with such designations or other personal information obtained using enrollment forms of the group's prior carrier, email, census data, or other electronic means.
3. The Insurer agrees to immediately contact the Policyholder in writing if any claim or suit is filed against The Insurer as a result of The Insurer paying benefits in accordance with the beneficiary designations (if applicable), provided in the prior carriers' enrollment forms or otherwise based on said personal information. The Policyholder reserves the right, and The Insurer specifically agrees that the Policyholder may retain its own attorneys to defend both the Policyholder and The Insurer in any action resulting from a beneficiary designation (if applicable), provided in the prior carrier's enrollment forms or otherwise based on said personal information. If the Policyholder elects to retain counsel in any action resulting from a beneficiary designation (if applicable), provided in the prior carrier's enrollment forms or otherwise based on said personal information, and The Insurer elects to retain its own counsel, the Policyholder will not be responsible for any legal fees incurred by The Insurer.
4. The Insurer may terminate this Agreement upon written notice of such termination to the Policyholder.

On behalf of Anthem Life Insurance Company:



Gregory G. Poulakos, President

On behalf of The Policyholder:

Group name Village of Oakwood	Name and title of groups authorized representative IBrian Thompson
Signature of groups authorized representative X 	Date signed 12-22-2023



Group Life and Disability Insurance

Employees not actively at work

Group applicant/policyholder name Village of Oakwood	Proposed effective date 01-01-2024
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The employees listed below are not presently actively at work and/or are not expected to be actively at work on the requested group effective date. Actively at work means an employee is performing their normal job duties at their normal place of work and working the minimum number of hours per week to be considered eligible for coverage.

We may consider coverage for these employees on a no loss/no gain basis if all of the following conditions are satisfied: 1) The employee's absence must be due to illness or injury or leave of absence. 2) The employee must be covered by the prior carrier on the day immediately prior to Anthem Life's effective date of coverage for your group. 3) The employee must not be eligible to have coverage continued or extended by the prior carrier after that policy/contract terminates. 4) With respect to Disability coverage, the employee must not be absent from work due to a disability: a) that began prior to Anthem Life's effective date of coverage for your group; b) for which benefits are payable or being paid under the prior plan in the absence of this provision.

To submit this information electronically, sign and date this form and provide a spreadsheet containing the same information.

Employee name	Amount of insurance	Date of birth	Last date worked	Reason not working (e.g., injured, sick, FMLA, or approved leave)	Date expected to return	Insured by prior carrier	Date applied for waiver of premium with prior carrier	Date applied for conversion with prior carrier
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

I believe that the information above is true and correct to the best of my knowledge.

Signature 	Title Fin Dir	Date 12-26-23
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Life and Disability Administration Services Registration Form and User Agreement

Select all that apply for user access to and complete all details for each user below:

- ☐ **Compassi Employer Self Service** – for assistance email compassicustomersupp@anthem.com
- ☐ **Automatic bill payments (EFT)** (only available for list billed groups) – for assistance email mypayment@anthem.com. Complete this page and page 5, Premium Authorization.
- ☐ **Employer Claims Reporting/Status Check Application**. This form must be signed by an officer of the client (CEO, CFO, President, Vice President, etc.). For assistance email dl-soccerreporting@anthem.com
- ☐ **Evidence of Insurability (EOI)/Medical Evidence Underwriting Communications and Reports** – for assistance email lifedisuw_meu@anthem.com

Company Name REQUIRED	Village of Oakwood
Group Number(s) REQUIRED	
Bill Group/Sub Group	
Address	24800 Broadway
City	Oakwood
State	Ohio
Zip	44146

Email this completed, signed agreement to:

- For Compassi Access and/or Online Bill Pay Access compassicustomersupp@anthem.com
- For Claims Reporting Access dl-soccerreporting@anthem.com
- For Evidence of Insurability (EOI)/Medical Evidence Underwriting Communications and Reports lifedisuw_meu@anthem.com

Please list users/operators in your groups who will have access. Fill out all information for each user. To deactivate a user, fill out information and choose *Deactivate user*.

First Name/Last Name Brian Thompson		Title Fin Director	
Email bthompson@OAKWOOD.VillageOH.com		Daytime Phone 440-232-9988	
Compassi Access Details			
Requested Action		Give access to Compassi <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deactivate user	
<input type="checkbox"/> This user should have the same access for all Bill Groups (please only fill out one Bill Group section below)			
Select only one level of access (Full Member Access, View Member Access, or Self-bill Access)			
Bill Group	<input type="checkbox"/> Full Member Access Full edit access to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> View Member Access No ability to make any changes to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> Self-bill Access Self-bill groups only have the ability to upload self-bill worksheets to the portal
Bill Group	<input type="checkbox"/> Full Member Access Full edit access to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> View Member Only No ability to make any changes to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> Self-bill Self-bill groups only have the ability to upload self-bill worksheets to the portal
Bill Group	<input type="checkbox"/> Full Member Access Full edit access to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> View Member Only No ability to make any changes to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> Self-bill Self-bill groups only have the ability to upload self-bill worksheets to the portal

Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application <input type="checkbox"/> Yes <input type="checkbox"/> No To deactivate a user, email dl-soccerreporting@anthem.com	Give this User access to Tax Reports <input type="checkbox"/> Yes <input type="checkbox"/> No	We will provide a unique User Name for Claims Reporting Access.
Evidence of Insurability (EOI)/Medical Evidence Underwriting	Receive copies of letters sent to employees and dependents <input type="checkbox"/> All <input type="checkbox"/> Final Status Only <input type="checkbox"/> None <input type="checkbox"/> Deactivate user	MEU Status Reports <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> None <input type="checkbox"/> Deactivate user	
First Name/Last Name Brian Thompson		Title Fin Dir	
Email bthompson@OAKWOODVILLAGE.com		Daytime Phone 440-232-9988	
Compassi Access Details			
Requested Action Give access to Compassi <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deactivate user			
<input type="checkbox"/> This user should have the same access for all Bill Groups (please only fill out one Bill Group section below)			
Select only one level of access (Full Member Access, View Member Access, or Self-bill Access)			
Bill Group	<input type="checkbox"/> Full Member Access Full edit access to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> View Member Access No ability to make any changes to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> Self-bill Access Self-bill groups only have the ability to upload self-bill worksheets to the portal
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Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application <input type="checkbox"/> Yes <input type="checkbox"/> No To deactivate a user, email dl-soccerreporting@anthem.com	Give this User access to Tax Reports <input type="checkbox"/> Yes <input type="checkbox"/> No	We will provide a unique User Name for Claims Reporting Access.
Evidence of Insurability (EOI)/Medical Evidence Underwriting	Receive copies of letters sent to employees and dependents <input type="checkbox"/> All <input type="checkbox"/> Final Status Only <input type="checkbox"/> None <input type="checkbox"/> Deactivate user	MEU Status Reports <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> None <input type="checkbox"/> Deactivate user	
First Name/Last Name		Title	
Email		Daytime Phone	
Compassi Access Details			
Requested Action Give access to Compassi <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deactivate user			
<input type="checkbox"/> This user should have the same access for all Bill Groups (please only fill out one Bill Group section below)			
Select only one level of access (Full Member Access, View Member Access, or Self-bill Access)			
Bill Group	<input type="checkbox"/> Full Member Access Full edit access to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> View Member Access No ability to make any changes to member data Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> Self-bill Access Self-bill groups only have the ability to upload self-bill worksheets to the portal
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Bill Group	<input type="checkbox"/> Full Member Access <i>Full edit access to member data</i> Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> View Member Only <i>No ability to make any changes to member data</i> Options: <input type="checkbox"/> Hide Bills	<input type="checkbox"/> Self-bill <i>Self-bill groups only have the ability to upload self-bill worksheets to the portal</i>
Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application <input type="checkbox"/> Yes <input type="checkbox"/> No To deactivate a user, email dl-soccerreporting@anthem.com	Give this User access to Tax Reports <input type="checkbox"/> Yes <input type="checkbox"/> No	We will provide a unique User Name for Claims Reporting Access.
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User Agreement between Anthem and End User of Anthem Application Compassi Employer Self Service and Employer Claims Reporting/Status Check Application

1. Definitions

- 1.1. Affiliate means any entity which owns or is owned by Anthem, directly or indirectly, and any entity which is under common ownership directly or indirectly, by or with Anthem.
- 1.2. Agreement means this End User Agreement.
- 1.3. Application means any of the on-line bill pay, claims reporting or status check services offered to Employers by Anthem to assist Employers in submitting, viewing, creating or changing membership information or similar functions and submitting, viewing or checking status on member claims information or similar functions.
- 1.4. Documentation means the Application(s) and the written and printed materials in all media pertaining to such Application.
- 1.5. End User means a Employer or their designated agent, who desires to access an Application pursuant to the terms of this Agreement.
- 1.6. Member means those individuals who are eligible to receive covered services under a group life and/or disability benefit plan issued or administered in whole or in part by Anthem or an Affiliate.
- 1.7. Operators means those individuals who are employees or agents or are otherwise acting exclusively on behalf of an End User accessing an Application(s).
- 1.8. Operator Keys means the security protocols of Anthem used to identify Operators and control access to an Application(s).
- 1.9. Designated Agents means those persons accessing an Application(s) for more than one End User (e.g., clearinghouses, practice management vendors or billing agents). A Designated Agent can be an individual or it can be a processing center employing several individuals, each of whom would be considered an Operator of the Designated Agent. Designated Agents must be separately designated by each End User on whose behalf the Designated Agent is accessing an Application.
- 1.10. Recognized Devices means those computers under the exclusive control of the End User (and/or its Designated Agent).
- 1.11. Site Administrators means those persons employed by, agents for or otherwise acting on behalf of the End User who are responsible for administration at the End User's site.
- 1.12. Anthem means Anthem Life Insurance Company and its affiliates.

2. Scope of Agreement

- 2.1. Parties. This Agreement is by and between Anthem (on behalf of itself and its Affiliates) and End User. Anthem grants End User a non-exclusive, non-transferable, revocable, limited-use license to access the selected Application(s) set forth in this Agreement, including the online bill pay, Compassi Employer Self Service Application and the Application(s) set forth in the *Life and Disability Claims Employer Manual* for End User's legitimate business purposes in providing services to Members. End User may request access for its Operators and/or its Designated Agents (e.g., clearinghouses, practice management vendors or billing agents), which access shall be provided and utilized in accordance with this Agreement.
- 2.2. Protecting Confidential Information. Member information, of any nature and in any format, along with all other sensitive or proprietary information obtained from Anthem is confidential information. End User represents and warrants that it has implemented and will enforce adequate policies and procedures to protect the confidentiality of Confidential Information as required by applicable laws, rules, and regulations. End User shall not use or disclose any Confidential Information except as expressly authorized in this Agreement or as required by applicable law. End User further represents and warrants that it shall comply with all applicable privacy and confidentiality laws, regulations and rules pertaining to the use, disclosure and transmission of Confidential Information. End User must notify Anthem as soon as possible, but no later than the next business day, after learning of any unauthorized access to, disclosure of or use of any Confidential Information and cooperate with Anthem to regain possession of the information.
- 2.3. Restricting Access. End User (and/or its Designated Agent) shall, directly, or through its Designated Agent, if applicable, restrict access to an Application to its authorized Operators. End User (and/or its Designated Agent) shall ensure that each Operator has access to only those records of the End User which such Operator must access for legitimate business purposes of the End User in serving End User's Members/patients who are enrolled in a health care plan offered or administered by Anthem or one of its affiliates. Operators shall access an Application(s) solely on behalf of End User's Members/patients. Such access shall be on a need-to-know basis and only in accordance with this Agreement, applicable laws, rules, and regulations.
- 2.4. Indemnification. End User directly or through its Designated Agent shall defend, indemnify, and hold harmless Anthem, Anthem, Inc., Affiliates, and their respective direct and indirect subsidiaries, joint ventures, partnerships and other corporate arrangements, and each of their officers, directors, shareholders, agents and assigns from and against all claims, expenses (including reasonable attorneys' fees), damages, and liabilities arising or alleged to arise from End Users, Designated Agents, and their respective Operators and agents access of Application(s) or wrongful, unlawful or unauthorized access of an Application(s), or any breach of this Agreement. In addition, End User agrees on behalf of itself and its Designated Agent that Anthem shall have the right to obtain equitable relief from a court of competent jurisdiction as Anthem may deem necessary or appropriate to prevent or stop any unlawful or unauthorized actions.

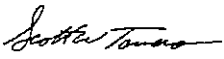
- 2.5. Internet Connectivity. End User must provide its own Internet Service connectivity directly, or through its Designated Agent.
- 2.6. Non-disclosure of Proprietary Information. End User acknowledges and agrees that Documentation is the proprietary and intellectual property of Anthem. Except for disclosure to Site Administrators and Operators necessary to the End User's use of an Application(s), End User shall not disclose, sell, use, reengineer or re-license the Documentation for any purpose. End User acknowledges and agrees that any unauthorized use or disclosure of Anthem's proprietary and intellectual property would cause Anthem irreparable harm that could not be fully remedied by monetary damages. End User, therefore, agrees that Anthem shall have the right to obtain such injunctive or other equitable relief as may be necessary to prevent unauthorized or unlawful action.
- 2.7. Appointment of Site Administrators. End User agrees to appoint one or more Site Administrator(s) as Anthem and End User mutually agree are necessary for the administration by End User. The initial Site Administrator(s) shall be specified on this Access Request Form. End User shall notify Anthem immediately when End User must change the initial Site Administrator(s) information by completing and submitting the applicable sections of the Access Change Form to Anthem. End User agrees to provide any information regarding Site Administrators reasonably requested by Anthem. End User represents that each Site Administrator shall have the authority to make decisions on behalf of the End User.
- 2.8. Responsibility of Site Administrator. End User acknowledges and agrees that, as between it and Anthem, End User is solely responsible for any and all actions of its Site Administrators, Operators and Designated Agent(s) and its/their Operators.
- 2.9. Canceling Operator Keys. End User shall ensure that the Site Administrator(s) notify Anthem in writing within two business days to cancel an Operator Key when the Operator to whom it was assigned has been dismissed, transferred, or is otherwise no longer authorized to access one or more Applications.
- 2.10. Notification of Change in Designated Agent/s. End User must promptly notify Anthem in writing upon appointing a Designated Agent, changing its Designated Agent or upon discontinuing its use of its Designated Agent, and must supply all information requested by Anthem pursuant to such appointment, change, or discontinuance.
- 2.11. Notice of Change in Operator, Site Administrator or Designated Agents. If at any time during the term of this Agreement the End User elects to: (a) change its Operator(s) (including hiring new employees who will be Operators or terminating one of its Operators or canceling the access of one of its Operators); (b) change any of its Site Administrator(s) information; or (iii) change its Designated Agent (including the retaining of a different Designated Agent or the cancellation of the Designated Agent), the End User must agree to the applicable portions of the User Agreement and notify Anthem. No Designated Agent may access an Application until such forms are accepted and approved by Anthem and all applicable Operator Keys are issued.
- 2.12. Proper Use and Non-Transferability of Operator Keys. End User acknowledges Operator Keys are unique to each individual Operator and agrees it must ensure proper use of all Operator Keys assigned to its Operators. Operator Keys are nontransferable. End User must request a separate Operator Key for each Operator by submitting each Operator's contact information to Anthem in writing in a manner acceptable to Anthem. End User agrees to implement and enforce policies and procedures to ensure that Operator Keys are disclosed only to the individual Operator to whom such Operator Key is assigned. End User also shall implement policies and procedures to ensure that no person other than Site Administrators and Operators have access to an Application(s).
- 2.13. Use of Anthem Group Number. End User shall implement and enforce policies and procedures to ensure that all End User's transactions and all communications from End User to Anthem include the End User's Anthem Group Number(s). The End User's tax identification number(s) is/are set forth as part of this Agreement.
- 2.14. Anthem Provides Applications "AS IS" without warranties of any kind. All implied warranties are hereby disclaimed to the fullest extent permitted by law. Under no circumstances shall Anthem be liable to End User (including, but not limited to, its Site Administrators, Operators or its Designated Agent and its Operators) or any third party for damages of any kind.


3. General Provisions

- 3.1. Assignment. This Agreement is binding upon the parties, their successors and assignees.
- 3.2. Termination. This Agreement may not be assigned without Anthem's written consent. Anthem has the right to terminate access to an Application(s) by End User, any Operators, and/or End User's Designated Agent and its Operators immediately and without notice if Anthem reasonably believes that any of them breaches the terms of his or her respective agreements or if necessitated by concerns for the security of Application(s). Anthem may otherwise terminate this Agreement upon 10 days' written Notice. Any liabilities or obligations set forth in this Agreement that remain to be performed, or by their nature would be intended to be applicable following any such termination will survive termination of the Agreement.
- 3.3. Entire Agreement. This Agreement, together with all of the Forms and Attachments hereto, which are deemed incorporated by reference herein, represents the entire agreement between End User and Anthem and supersedes all prior and contemporaneous agreements or representations between the parties regarding the subject matter hereof.
- 3.4. Modifying the Agreement. Anthem reserves the right to modify this Agreement upon 15 days' notice to End User (Anthem may modify this Agreement by only the posting of modification(s) to this Agreement to its site, although Anthem may provide notice by other means as well); however, End User may notify Anthem within the 15 day period that the modification is unacceptable, and Anthem will discontinue End User's access to Applications. End User may not modify this Agreement unless the modification is in writing and signed by Anthem.

- 3.5. **Governing Law.** This Agreement will be construed in accordance with and governed by the laws of the State of Indiana without regard to its conflict of laws rules.
- 3.6. **Waiver.** All disputes arising from or relating to this Agreement shall be litigated only in the state courts in Marion County, Indiana, or in the United States District Court for the Southern District of Indiana. Anthem's waiver or failure to claim breach of any provision of this Agreement will not be a waiver of a breach of any other provision or subsequent breach of the same provision.
- 3.7. **Descriptive Headings.** The headings contained in this agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- 3.8. **Accuracy of Data.** End User represents that all data submitted through the application is true and accurate to the best of their knowledge and understands that it is being relied on by Anthem in accepting, creating or updating membership information. Any misstatements or failure to report medical information prior to effective dates may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found may result in denial of benefits or rescission or cancellation of coverage.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective as of the day and year stated below.

Anthem	
Authorized Representative	Scott Towers
Signature	
Title	President
Date	

Employer Group Name	VILLAGE OF OAKWOOD
Authorized Officer CEO, CFO, President, Vice President, etc.	
Signature	
Title	Fin Director
Date	12-26-03

In California, Life and Disability products are underwritten by Anthem Blue Cross Life and Health Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. In New York, Life and Disability products are underwritten by Anthem Life & Disability Insurance Company. In all other states: Life and Disability products are underwritten by Anthem Life Insurance Company. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Carrier and Plan Information

Instructions: Complete form for each employer-sponsored group health plan subject to COBRA. Use a separate form for each plan with a unique set of rates and/or group number. When DeCare is selected as the Plan type, section 2 and section 3 do not need to be completed. Please also attach the Group Structure with this form to ensure accurate group set up. Return this form with all the completed COBRA Administration Implementation forms.

Section 1: Plan information

Employer name Village of Oakwood		Carrier name Anthem		Group no.	Regional indicator code
Plan effective date 01012024	Plan renewal date 01012025	Dependent children age limit 26		Full-time student age limit 26	
Is there a waiting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how long? _____ <input type="checkbox"/> Days <input type="checkbox"/> Months					
Following the waiting period coverage is effective: <input checked="" type="checkbox"/> Immediately <input type="checkbox"/> Next day <input type="checkbox"/> First of the month					
Coverage ceases: <input type="checkbox"/> Date of termination <input type="checkbox"/> End of month <input type="checkbox"/> Next day after termination <input type="checkbox"/> 15th of month <input type="checkbox"/> Other: _____					
Is this plan "bundled" together with other plans (participants are required to elect all plans to continue coverage)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, list plan names: _____					
Plan type - Mark all that apply. <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision <input checked="" type="checkbox"/> Rx <input type="checkbox"/> DeCare* <input type="checkbox"/> Prime and Complete <input type="checkbox"/> Self funded <input type="checkbox"/> Fully insured <input type="checkbox"/> HMO <input checked="" type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Indemnity * If DeCare is selected, then section 2 and section 3 are not required.					

Section 2: Carrier eligibility contact **Anthem**

Complete only if Anthem will communicate eligibility to your carriers. If the eligibility and billing contact information has been provided for this carrier on a separate form, mark "Previously Provided" in the contact name field.			
Eligibility contact name		Customer service toll-free no.	
Address		City	State ZIP code
Phone no.	Fax no.	Email address	

Section 3: Carrier billing contact - Carrier billing contact is the primary COBRA contact unless otherwise specified below.

Eligibility contact name		Customer service toll-free no.	
Address		City	State ZIP code
Phone no.	Fax no.	Email address	

Section 4: Rates **NA**

This section does not need to be completed for fully-insured Anthem health plans as the rate information will be provided internally in Anthem. However, this section is required for all Anthem self-funded (ASO) health plans and for any non-Anthem health plans. Rates do not include the 2% COBRA administrative fee.							
Employee	Employee + Spouse	Employee + Child(ren)	Spouse only	Spouse + Child(ren)	Children only	Child only	Family
3-tier structure rates - Do not include 2% COBRA admin fee							
Individual only: _____		Individual + 1: _____		Individual + 2 or more: _____			

Section 5: Employer representative - Signature below is required and represents confirmation of all information submitted.

Employer representative signature X [Signature]	Title Fina D.R.	Phone no. 740-212-9988	Date 12-26-23
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COBRA Qualifying Event Report Acknowledgment

To be completed by the employer

Instructions: Please sign, date and return this form with all the completed COBRA Administration Implementation forms.

Section 1: Authorization

Anthem's Web-based COBRA Qualify Event Reporting Process & Acknowledgment of Eligibility Submission

Anthem Blue Cross and Blue Shield's (Anthem's) COBRA Administration offers a web-based platform for employers and participants. This service provides real-time qualifying event processing that provides instant access to all COBRA eligibility information, including payment status, images of mailed notices, mail documentation, and an activity record for every participant. Web-based COBRA qualifying event reporting significantly reduces the time required for processing COBRA participant notifications from approximately 8-10 business days, to real-time entry with notifications being mailed within 24 hours of entering the event online.

I choose to submit my group's COBRA eligible qualifying events via Anthem's web-based COBRA qualifying event reporting platform. I understand that I will report both Anthem and non-Anthem COBRA eligibility via the web-based reporting platform. This will eliminate duplicate COBRA notifications from being sent to COBRA members. I understand that upon entering a qualifying event into this system, a COBRA notification will be systematically generated and mailed to the eligible participant within 24 hours. If an event is entered in error, I understand that I must contact the Anthem COBRA unit immediately to have the entry corrected. Also, I agree that all COBRA qualifying events must be entered into the system within thirty (30) days of the qualifying event date.

Acknowledgment of Eligibility Submission:

I acknowledge that this web-based service is not a single sign-on entry of Anthem membership reporting I further acknowledge that by utilizing this web-based entry, I will be required to separately submit my group's membership to the Anthem enrollment area in addition to reporting the COBRA qualifying event via this web-based platform.

Section 2: Signature -- Please complete and sign below to complete the authorization.

Group name <i>Village of Oakwood</i>	Printed name <i>Bryan Thompson</i>	Title <i>Treasurer</i>
Signature <i>X [Signature]</i>		Date <i>12-26-23</i>

Client Profile

Instructions: Complete form in its entirety and return with all the completed COBRA Administration Implementation forms.

Section 1: Employer information

Company name Village of OAKWOOD		DBA (Doing Business As)		Federal tax ID no. - FEIN 34-6003713	Requested effective date 01012024	
Address 24800 Broadway			City Village of OAKWOOD	State OH	ZIP code 44146	
Phone no. 440-232-9988	Fax no. 440-232-9505	Regional indicator code				
No. of eligible employees	No. of covered employees	No. of current COBRA continuants			<input type="checkbox"/> ASD <input checked="" type="checkbox"/> Fully insured	

Section 2: Contact information

The following Named Contacts List identifies all individuals to whom Anthem may provide protected health information (PHI) in the performance of its duties as set forth in the Confidentiality Exhibit of the Administrative Services Agreement. Client may use additional pages if needed, provided they reference the Confidentiality Exhibit and the effective date.

Contact type - Primary COBRA

Contact name Brian Thompson	Title Treasurer	Phone no. 440-232-9988	Fax no. 440-232-9505
Email address bthompson@oakwoodvillageoh.com		Web access <input type="checkbox"/> Read only <input type="checkbox"/> Update <input type="checkbox"/> No access	
		HIPAA authorization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Contact type - Primary finance

Contact name Brian Thompson	Title Treasurer	Phone no. 440-232-9988	Fax no. 440-232-9505
Email address bthompson@oakwoodvillageoh.com		Web access <input type="checkbox"/> Read only <input type="checkbox"/> Update <input type="checkbox"/> No access	
		HIPAA authorization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Contact type - Other

Contact name	Title	Phone no.	Fax no.
Email address		Web access <input type="checkbox"/> Read only <input type="checkbox"/> Update <input type="checkbox"/> No access	
		HIPAA authorization <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact type - Other

Contact name	Title	Phone no.	Fax no.
Email address		Web access <input type="checkbox"/> Read only <input type="checkbox"/> Update <input type="checkbox"/> No access	
		HIPAA authorization <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: Divisional requirements - The following section will assist in determining the client model set-up in the Anthem COBRA system.

Is benefit administration segregated by division? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g., union, non-union, corporate, full-time, part-time)	
Is the remittance of COBRA eligibility and/or premium required to be separated by division? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Premium allocation <input type="checkbox"/> Eligibility <input type="checkbox"/> Group billing <input type="checkbox"/> Reporting <input type="checkbox"/> Other:	If yes, select appropriate boxes below.

Memorandum of Understanding for COBRA Administration

To be completed by the employer

Instructions: Please complete, sign and return this form with all the completed COBRA Administration Implementation forms

Section 1: Explanations

The Memorandum of Understanding is an agreement between the employer and Anthem COBRA that permits Anthem to immediately begin administering COBRA according to the terms and conditions outlined in the Standard Administrative Service Agreement until such time as a mutually agreed upon contract can be finalized. We encourage employers to sign the Anthem COBRA Administrative Service Agreement (provided separately from this packet) and return it with the Anthem COBRA Administration Implementation forms; however, it is important to note that Anthem may not begin providing COBRA Administrative services until, at minimum, this Memorandum of Understanding is complete, signed and returned with all of the additional COBRA Administration Implementation forms.

Section 2: Memorandum of Understanding

Group name (referred to as Plan Sponsor) Village of Oakwood		Contact name Brian Thompson		Treasurer	
Address 24800 Broadway		City Village of Oakwood	State OH	ZIP code 44146	

RE: Memorandum of Understanding

This letter confirms that the Plan Sponsor has engaged Anthem Blue Cross and Blue Shield, doing business as ("Anthem") for purposes of assisting it in complying with COBRA administration. Anthem is willing to provide such services in return for certain fees and consideration. Pending the review and execution of a COBRA Administrative Services Agreement between both parties attached hereto, Anthem and the Plan Sponsor agree that Anthem shall rely on its standard COBRA administrative services procedures and processes to perform the COBRA administration services for the Plan Sponsor. Performance by Anthem pursuant to its policies and procedures shall meet its obligations under this engagement. This letter of understanding shall continue in full force and effect until the execution of the actual COBRA Administrative Services Agreement. If an administrative services agreement is not executed within 30 days of the date of this letter, the parties agree that the terms of the attached COBRA Administrative Services Agreement shall govern the relationship between the parties, as if the attached agreement itself were executed.

If my understanding of the above is correct, please so indicate by signing this letter below, where indicated. Otherwise please let me know if you have any questions or comments. Thank you for your attention to this matter.

Sincerely,

Director of COBRA & Billing Administration
Anthem Blue Cross and Blue Shield

Signature X 	Printed group contact name Brian Thompson	Date 12-26-23
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Section 4: General information

No. of pending COBRA participants	No. of current COBRA takeover continuants
Does your employer group offer a severance package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, is the COBRA participant required to elect or are they automatically enrolled? <input type="checkbox"/> Must elect <input type="checkbox"/> Automatically enrolled	
Are there any members whose Qualifying Event Date is prior to the COBRA effective date that needs to be sent a COBRA notice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please complete Notice of Qualifying Event Form.	
Do you offer an HRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If eligible, a participant may continue an HRA through COBRA.	
Are any of your COBRA continuants subject to the Health Coverage Tax Credit (HCTC)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you want to charge the allowable 150% for COBRA participants on the 11-month disability extension? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Note: This charge is mandatory for fully-insured plans.	

Section 5: COBRA premium and eligibility reporting

If applicable, which contact person listed in section 2 is the recipient of the monthly ASO and non-Anthem COBRA premiums? (Unless otherwise specified, the primary COBRA contact will be the default ASO and non-Anthem carrier premium remit contact.)			
Will Anthem communicate/distribute eligibility to carriers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to any, please fill out the appropriate contact information on the Carrier and Plan Information Form. Note: This is an optional service.			
List below client contacts to receive copies of the COBRA eligibility reports (you will be contacted to determine type and frequency).			
Contact 1			
Contact name Brim Thompson	Email address b.thompson@arkwoodvillega.com	Phone no. 440-232-9488	Fax no. 440-232-9505
Contact 2			
Contact name	Email address	Phone no.	Fax no.
Contact 3			
Contact name	Email address	Phone no.	Fax no.
Contact 4			
Contact name	Email address	Phone no.	Fax no.
Contact 5			
Contact name	Email address	Phone no.	Fax no.
Contact 6			
Contact name	Email address	Phone no.	Fax no.

Section 6: Employer representative – Signature below is required and represents confirmation of all information submitted.

Employer representative signature X <i>Brim Thompson</i>	Title Fin Dir	Phone no. 440-232-7900	Date 12-26-23
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COBRA Takeover Continuant Notification Form

Explanation for Use and Instructions for Completion



EXPLANATION FOR USE

Employers are required to provide Anthem with information on any members who (1) are continuing their COBRA coverage, or (2) are pending election. When Anthem receives notification of such a continuant, Anthem will take over the administration of the continuant's COBRA coverage according to the group's COBRA administration agreements with Anthem.

This form is intended only for groups that do not have the ability to report COBRA Continuant Information via an electronic file at the time of implementation. Please note, for groups with a large amount of eligibility to report, Anthem prefers that the COBRA eligibility be reported on the Anthem COBRA Takeover Continuant Excel File to expedite the takeover process; or, groups may directly enter their continuant information into the web-based reporting platform if this COBRA Qualifying Event reporting option is selected, and once their web account has been established.

This form is *not* intended for groups to report ongoing COBRA Qualifying Events for employees and/or dependents. Please refer to the COBRA Qualifying Event Reporting process for details on how to report COBRA Qualifying Events.

- **COBRA Qualifying Event:** An event in which an Active Employee (not a COBRA Continuant) loses coverage under their active Health Plan coverage due to retirement, voluntary/involuntary termination, reduction of hours, layoff, leave of absence, etc.
- **Severance Agreements:** The standard procedure in a severance agreement is for employers to make both the former employee and insurance carrier aware of whether the severance agreement is to be made part of, or separate from, COBRA continuation coverage. The terms of the severance agreement would govern the method and form of premium payments (employer-subsidized premiums) for the period of severance. Please specify if severance agreement is for a specified period or amount.

INSTRUCTIONS FOR COMPLETION

Complete one form for each participant at the time of implementation to report participants who (1) are continuing their COBRA coverage, or (2) are pending election of COBRA coverage. All completed Notification Forms must be submitted with the Anthem COBRA Administration Implementation Forms.

The group will be required to complete a separate form for each participant. Anthem will begin billing these participants according to the date indicated on the form.

All fields are required and should be completed as directed. Additional instructions are provided below for those fields that may require additional clarification:

- **COBRA Continuant** - select COBRA Continuant when the participant has active COBRA coverage that will be continued at the time Anthem becomes the COBRA Administrator.
- **Pending** - select Pending when participants are within their COBRA election period, and the participant's COBRA Notification was mailed by the previous administrator.
- **Date Anthem Starts Billing** - the date that Anthem will need to resume billing the COBRA participant's monthly premium. This field may also be referred to as the "Paid Through Date."
- **Date of Hire** - the Continuant's hire date.
- **Original Coverage Begin Date** - the date the Continuant began receiving active health coverage.
- **Original Qualifying Event Date** - the date of the Continuant's qualifying event (termination).
- **Last Day of Pre-COBRA Coverage** - the date the Continuant lost active health coverage.
- **Reason for Qualifying Event** - select only one reason as described.
- **Covered Dependents and Dates Covered** - enter all dependent data into this section as directed.
- **Current Coverage** - enter all current coverage data as directed. Current coverage is the Health Plan coverage the Continuant is/was actively covered on. Please include all COBRA eligible plans, including HRA plans when applicable.
- **If Participant in a Pending Status, Enter Date Notification was Sent** - this is the date that the previous carrier or employer mailed the COBRA Notification to the participant.

☐ COBRA Continuant (continuing active COBRA participant) ☐ Pending (participant was notified, but pending election)

This form should be used for those participants who (1) are currently continuing their coverage under COBRA, or (2) are pending election. Anthem COBRA will begin billing these participants according to the date indicated below.

SECTION 1: REASON FOR APPLICATION - Attach additional information if necessary.

Group name		FEIN (Federal employee identification no.)		Social security no.	
Participant last name, first name, M.I.		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Alt. ID/Employee ID		Division		Class	
Street address		City		State	ZIP code
Original coverage begin date (required for HIPAA)	Date of hire (required for HIPAA)	Qualifying event date		Last day for pre-COBRA coverage	
Date Anthem starts billing (only applicable if COBRA has been elected)		If participant is a Pending status, enter date notification was sent			

SECTION 2: REASON FOR QUALIFYING EVENT (check only one)

18-Month Coverage Continuation

- ☐ Employee's retirement
- ☐ Employee's resignation
- ☐ Employee's involuntary termination
- ☐ Reduction of hours
- ☐ Layoff
- ☐ Employee begins leave of absence
- ☐ Leave of absence
- ☐ Disability extension (11 months)
- ☐ Civil court award

36-Month Coverage Continuation

- ☐ Spouse or child to receive separate COBRA election form and to be billed separate from primary participant
- ☐ Divorce/Legal separation
- ☐ Ineligibility of dependent child
- ☐ Employee retiree medicare eligibility
- ☐ Death of covered employee retiree
- ☐ Retiree, spouse or child of retiree loses coverage within one year of commencement of title 11 bankruptcy proceedings

SECTION 3: CURRENT COVERAGE

Plan name	Employee only	Employee + spouse	Employee + Child(ren)	Family	Individual only	Individual + one	Individual + Two or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Severance:

Was insurance coverage included in a severance package to this continuant? ☐ No ☐ Yes

If Yes, please provide:

Severance through date _____ Employer paid % _____ OR Amount of severance \$ _____

Other: _____

SECTION 4: COVERED DEPENDENTS AND DATE(S) COVERED**Dependent #1**

Last name		First name		Coverage start date	
Date of birth (required)	Social security no.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship (eg: spouse, child)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address (if different)		City		State	ZIP code

Dependent #2

Last name		First name		Coverage start date	
Date of birth (required)	Social security no.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship (eg: spouse, child)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address (if different)		City		State	ZIP code

Dependent #3

Last name		First name		Coverage start date	
Date of birth (required)	Social security no.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship (eg: spouse, child)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address (if different)		City		State	ZIP code

Dependent #4

Last name		First name		Coverage start date	
Date of birth (required)	Social security no.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship (eg: spouse, child)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address (if different)		City		State	ZIP code

Dependent #5

Last name		First name		Coverage start date	
Date of birth (required)	Social security no.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship (eg: spouse, child)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address (if different)		City		State	ZIP code

Prepared by	Signature X	Date
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Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO HSA Option 1 with Rx Option T8

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,500 person / \$5,000 family	\$7,500 person / \$15,000 family
Overall Out-of-Pocket Limit	\$3,675 person / \$7,350 family	\$11,025 person / \$22,050 family
<p>The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	No charge after deductible is met	30% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Services in an Office</u>		
Allergy Testing	No charge after deductible is met	30% coinsurance after deductible is met
Prescription Drugs Dispensed in the office	No charge after deductible is met	30% coinsurance after deductible is met
Surgery	No charge after deductible is met	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions per IRS guidelines	No charge	30% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
X-Ray		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging for example: MRI, PET and CAT scans		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care	No charge after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services	No charge after deductible is met	Covered as In-Network

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Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Doctor and Other Services	No charge after deductible is met	Covered as In-Network
Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility Facility Fees Doctor Services	No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees Hospital Physician and other services including surgeon fees Hospital	No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i> Physician and other services including surgeon fees	No charge after deductible is met No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Rehabilitation and Habilitation services including physical, occupational and speech therapies. <i>Coverage for occupational therapy is limited to 20 visits per benefit period, physical therapy is limited to 20 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i> Office	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation office and outpatient hospital <i>Coverage is limited to 20 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation office and outpatient hospital <i>Coverage is limited to 36 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis office and outpatient hospital	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy office and outpatient hospital	No charge after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: Rx Choice Tiered Network Drug List: Essential Drugs not included on the Essential drug list will not be covered.			
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network			

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<i>Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
Tier 1 - Typically Generic	\$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery)	\$20 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$40 copay per prescription after deductible is met (retail) and \$100 copay per prescription after deductible is met (home delivery)	\$50 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$70 copay per prescription after deductible is met (retail) and \$175 copay per prescription after deductible is met (home delivery)	\$80 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to \$350 per prescription after deductible is met (retail and home delivery)	25% coinsurance up to \$450 per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>		
Children’s Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan’s Maximum Allowed Amount
Adult Vision exam (age 19 and older)	No charge	Reimbursed Up to \$42

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Limited to 1 exam per benefit period.		

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Non-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Non-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Non-Network Providers.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Questions: (833) 639-1634 or visit us at www.anthem.com

Your summary of benefits

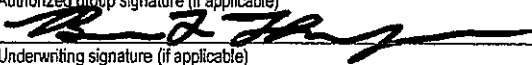


Your Plan: Anthem Blue Access PPO HSA Option 1 with Rx Option T8

Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable) 	Date 12-26-23
Underwriting signature (if applicable)	Date

Brian Thompson

From: director@allaboutaurora.com
Sent: Tuesday, December 19, 2023 3:34 PM
Subject: Online Payment Confirmation

Your online payment request has been received by Aurora Chamber of Commerce.

Payment Confirmation

Name: Brian Thompson
Company: Oakwood City Hall, Village of
Transaction Number: ch_2OP9zVOaiKbG3VYI0bTA3bSk
Last 4 of Acct Number: 1072
Amount: \$570.00

Description	Item(s)	Quantity	Total Amount
New Membership Application	New Membership Application for Village of Oakwood	1	\$570.00
Grand Total:			\$570.00

This Email was automatically generated. For questions or feedback, please contact us at:

Aurora Chamber of Commerce

9 East Garfield Road #101 Aurora, OH 44202

(330) 562-3355

director@allaboutaurora.com

<https://www.allaboutaurora.com/>

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Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO HSA Option 1 with Rx Option T8

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,500 person / \$5,000 family	\$7,500 person / \$15,000 family
Overall Out-of-Pocket Limit	\$3,675 person / \$7,350 family	\$11,025 person / \$22,050 family
<p>The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	No charge after deductible is met	30% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Services in an Office</u>		
Allergy Testing	No charge after deductible is met	30% coinsurance after deductible is met
Prescription Drugs Dispensed in the office	No charge after deductible is met	30% coinsurance after deductible is met
Surgery	No charge after deductible is met	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
X-Ray		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care	No charge after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services	No charge after deductible is met	Covered as In-Network

6

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Doctor and Other Services	No charge after deductible is met	Covered as In-Network
Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility	No charge after deductible is met	30% coinsurance after deductible is met
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met
Doctor Services	No charge after deductible is met	30% coinsurance after deductible is met
<u>Outpatient Surgery</u>	No charge after deductible is met	30% coinsurance after deductible is met
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services including surgeon fees	No charge after deductible is met	30% coinsurance after deductible is met
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u>	No charge after deductible is met	30% coinsurance after deductible is met
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services including surgeon fees	No charge after deductible is met	30% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Rehabilitation and Habilitation services including physical, occupational and speech therapies. <i>Coverage for occupational therapy is limited to 20 visits per benefit period, physical therapy is limited to 20 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Office	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation office and outpatient hospital <i>Coverage is limited to 20 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation office and outpatient hospital <i>Coverage is limited to 36 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis office and outpatient hospital	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy office and outpatient hospital	No charge after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: Rx Choice Tiered Network Drug List: Essential Drugs not included on the Essential drug list will not be covered.			
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network			

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<i>Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
Tier 1 - Typically Generic	\$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery)	\$20 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$40 copay per prescription after deductible is met (retail) and \$100 copay per prescription after deductible is met (home delivery)	\$50 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$70 copay per prescription after deductible is met (retail) and \$175 copay per prescription after deductible is met (home delivery)	\$80 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to \$350 per prescription after deductible is met (retail and home delivery)	25% coinsurance up to \$450 per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Covered Vision Benefits	Cost if you use an In-Network Provider		Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
Children’s Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>	No charge		\$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older)	No charge		Reimbursed Up to \$42

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Limited to 1 exam per benefit period.		

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Non-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Non-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Non-Network Providers.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

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Questions: (833) 639-1634 or visit us at www.anthem.com

Your summary of benefits



Your Plan: Anthem Blue Access PPO HSA Option 1 with Rx Option T8

Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable) 	Date 12.26.23
Underwriting signature (if applicable)	Date

Brian Thompson

From: director@allaboutaurora.com
Sent: Tuesday, December 19, 2023 3:34 PM
Subject: Online Payment Confirmation

Your online payment request has been received by Aurora Chamber of Commerce.

Payment Confirmation

Name: Brian Thompson
Company: Oakwood City Hall, Village of
Transaction Number: ch_2OP9zVOaiKbG3VYI0bTA3bSk
Last 4 of Acct Number: 1072
Amount: \$570.00

Description	Item(s)	Quantity	Total Amount
New Membership Application	New Membership Application for Village of Oakwood	1	\$570.00
Grand Total:			\$570.00

This Email was automatically generated. For questions or feedback, please contact us at:

Aurora Chamber of Commerce
9 East Garfield Road #101 Aurora, OH 44202
(330) 562-3355
director@allaboutaurora.com
<https://www.allaboutaurora.com/>

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[illegible]

Accepted By: [Signature] Date: 12-15-23

Signature: Finance Director

Title: _____

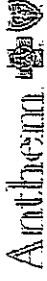
Underwriter:
Sales Rep: Lindsey Chesser

Annual Deductible	Annual Maximum	Out of Pocket Maximum	Out of Pocket Maximum Individual/Family	Life Time Orthodontic Maximum
\$500	\$500	\$500	\$500	\$500
Dependent Children Only	Dependent Children Only	Dependent Children Only	Dependent Children Only	Dependent Children Only
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$1000	\$1000	\$1000	\$1000	\$1000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$1500	\$1500	\$1500	\$1500	\$1500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$2000	\$2000	\$2000	\$2000	\$2000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$2500	\$2500	\$2500	\$2500	\$2500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$3000	\$3000	\$3000	\$3000	\$3000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$3500	\$3500	\$3500	\$3500	\$3500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$4000	\$4000	\$4000	\$4000	\$4000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$4500	\$4500	\$4500	\$4500	\$4500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$5000	\$5000	\$5000	\$5000	\$5000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$5500	\$5500	\$5500	\$5500	\$5500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$6000	\$6000	\$6000	\$6000	\$6000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$6500	\$6500	\$6500	\$6500	\$6500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$7000	\$7000	\$7000	\$7000	\$7000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$7500	\$7500	\$7500	\$7500	\$7500
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\$8000	\$8000	\$8000	\$8000	\$8000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$8500	\$8500	\$8500	\$8500	\$8500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$9000	\$9000	\$9000	\$9000	\$9000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$9500	\$9500	\$9500	\$9500	\$9500
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$10000	\$10000	\$10000	\$10000	\$10000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Exhibit D

Preferred Plans and Rates

Village Of Oakwood
Effective January 01, 2024 through December 31, 2026 (Rates are guaranteed for 36 months)
Total Eligible Employees: 54



Select SOLD PLAN



Standard INN

Plan Type	Participation Type	Plan Type
Exam Copy and Frequency	Exam Copy and Frequency	Full Service
Exam (PLUS) Copy and Frequency	Exam (PLUS) Copy and Frequency	Non Voluntary
Prescription Lens Copy and Frequency	Prescription Lens Copy and Frequency	\$10 Once every calendar year
Frame Benefit and Frequency	Frame Benefit and Frequency	Not Applicable
Frame (PLUS) Benefit and Frequency	Frame (PLUS) Benefit and Frequency	\$25 Once every calendar year
Elective Contact Lens Benefit and Frequency	Elective Contact Lens Benefit and Frequency	\$130 Once every other calendar year
Non Elective Contact Lens Benefit and Frequency	Non Elective Contact Lens Benefit and Frequency	Not Applicable
		\$130 Once every calendar year
		Covered in Full Once every calendar year

Standard ONN

Plan Type	Participation Type	Plan Type
Exam Reimbursement	Exam Reimbursement	Up to \$42
Exam (PLUS) Reimbursement	Exam (PLUS) Reimbursement	Not Applicable
Eyeglass Lens Single Reimbursement	Eyeglass Lens Single Reimbursement	Up to \$40
Eyeglass Lens Bifocal Reimbursement	Eyeglass Lens Bifocal Reimbursement	Up to \$60
Eyeglass Lens Trifocal Reimbursement	Eyeglass Lens Trifocal Reimbursement	Up to \$80
Frame Reimbursement	Frame Reimbursement	Up to \$45
Frame (PLUS) Reimbursement	Frame (PLUS) Reimbursement	Not Applicable
Elective Contact Lens Reimbursement	Elective Contact Lens Reimbursement	Up to \$105
Non Elective Contact Lens Reimbursement	Non Elective Contact Lens Reimbursement	Up to \$210

Commission (Percent)
Funding

10.00%
Fully Insured

Employee
Employee+Family
Total Employees

13
27
40

\$478.73
\$5,744.76

Authorized Signature:

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title:

Date:

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Exhibit E

Anthem Single-case Agreement Addendum to Producer Agreement



This Addendum ("Addendum") dated 01/01/2024, is agreed to by and among Anthem Blue Cross and Blue Shield ("Anthem"); Village of Oakwood ("Group") and Insurance Specialists Group Inc / James P. Love ("Producer").

This Addendum shall be effective as of 01/01/2024 and supersedes and replaces any prior Addendum, Single Case Agreement, or other agreements regarding the compensation between the parties with respect to the Group provided in Section 3 below.

Section 1: Effect of Addendum

This Addendum constitutes an amendment and supplement to the Producer Agreement between Anthem and Producer in effect as of the date hereof (the "Producer Agreement") in accordance with the terms thereof, and supersedes and replaces the Commission portion of the Compensation Schedules attached to the Producer Agreement.

Except as expressly set forth herein, the Producer Agreement shall continue in full force and effect in accordance with its original terms, which terms shall also apply herein.

Section 2: Term and termination

This addendum shall automatically renew annually unless earlier terminated as provided herein:

Either party may terminate this Addendum with at least thirty- (30) days advance written notice to the other party without cause ("Termination without Cause").

Anthem may terminate this Addendum effective upon mailing of written notice to Producer in the event of any breach of the terms hereof by Producer, or for any of the reasons set forth in the Producer Agreement, or any other provision thereof providing for termination for cause.

This Addendum shall terminate automatically and without notice in the event that the Producer Agreement is terminated pursuant to its terms.

Termination of this Addendum will result in the cessation of payments by Anthem of any Non-standard commission authorized hereunder.

Section 3: Group/agent information

Group name Village of Oakwood		Group ID no. L10357
Group <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal – Renewal date: _____ MMDDYYYY	Association name N/A	
Contracted state OH	Current health contracts 41	
Writing agent James P. Love / Insurance Specialists Group Inc.		Split 100 %
Agency to be paid (if applicable) Insurance Specialists Group Inc.		
Writing agent [Redacted]		SSN or Encrypted TIN
Agency to be paid (if applicable)		TIN or Encrypted TIN
General agent to be paid (if applicable) One Digital Expresslink		SSN or Encrypted TIN 83-2652097
Agency to be paid (if applicable)		TIN or Encrypted TIN
General agent to be paid (if applicable)		SSN or Encrypted TIN
Agency to be paid (if applicable)		TIN or Encrypted TIN

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. (RMO) products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Massachusetts: Anthem Health Plans of Massachusetts, Inc. In Michigan: Anthem Health Plans of Michigan, Inc. In Minnesota: Anthem Health Plans of Minnesota, Inc. In Missouri: Anthem Health Plans of Missouri, Inc. In Nevada: Anthem Health Plans of Nevada, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In New Jersey: Anthem Health Plans of New Jersey, Inc. In New York: Anthem Health Plans of New York, Inc. In Ohio: Anthem Health Plans of Ohio, Inc. In Oregon: Anthem Health Plans of Oregon, Inc. In Pennsylvania: Anthem Health Plans of Pennsylvania, Inc. In Rhode Island: Anthem Health Plans of Rhode Island, Inc. In South Carolina: Anthem Health Plans of South Carolina, Inc. In South Dakota: Anthem Health Plans of South Dakota, Inc. In Tennessee: Anthem Health Plans of Tennessee, Inc. In Texas: Anthem Health Plans of Texas, Inc. In Utah: Anthem Health Plans of Utah, Inc. In Vermont: Anthem Health Plans of Vermont, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. In Washington: Anthem Health Plans of Washington, Inc. In Wisconsin: Anthem Health Plans of Wisconsin, Inc. In Wyoming: Anthem Health Plans of Wyoming, Inc. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

This addendum authorizes Anthem to remit Non-standard commission payments from premium amounts or administrative retention paid by Group in the manner outlined below.

1. Per Capita Commission Rate for Fully Insured (FI) per Contract per Month (PCPM):

2. Per Capita Commission Rate for Administrative Services Only (ASO) Group per Contract per Month (PCPM):

*A PCPM equivalent must be provided for Stop Loss.

4. Flat Monthly Commission Rate of Per Month FI or ASO and Specialty

5. Per Capita CCMU Oversight Fee per Contract per Month (PCPM): \$ _____

6. Per Capita MHA (Mercer Health Advantage) Oversight Fee per Contract per Month (PCPM): \$_____

An estimated calculation of the "Non-standard commission" that will be paid based on the above options is: \$_____ (optional)

Section 5: Special instructions

Page 1 of 1

2122

Section 6: Acceptance of Addendum

Anthem may modify or amend this Addendum upon thirty (30) days' written notice to Producer.

By executing this Addendum below, the Producer attests that all compensation requested by this Addendum has been fully disclosed by the Producer to the Group. Further, by executing this Addendum, the parties agree to the terms hereof.

Anthem Blue Cross and Blue Shield

Regional Vice President or Regional Sales Director name	
Regional Vice President or Regional Sales Director signature X	Date
Sales representative name	
Sales representative signature X	Date
Underwriting approval name	
Underwriting approval signature X	Date

Producer/General Agency

Producer 1 name JAMES P. LOVE	
Producer 1 signature X [Signature]	Date 1-9-24
Producer 2 name (required for split arrangements)	
Producer 2 signature X	Date
General agent 1 name (required for general agent arrangements)	
General agent signature X	Date
General agent 2 name (required for general agent arrangements)	
General agent signature X	Date

Group name: Village of Oakwood Group no. L10357, through its authorized representative hereby certifies that Broker name(s) Insurance Specialists Group Inc. / James P. Love is authorized to receive commission as described in Section 4 above.

Group

Group representative name Brian Thompson	
Group representative title Finance Director	
Group representative signature X [Signature]	Date 1-9-24

How to properly complete and submit a Single Case Agreement

Completing page one

- A. All appropriate blanks appearing at the top of the page before Section 1 shall be completed including the SCA origin date, the Broker entering into the SCA, and the effective date of SCA.
- B. Section 3 contains the information pertinent to the group in which the SCA is being submitted along with the broker who is to receive commissions for the group listed. All information should be provided and if information is not applicable, please indicate N/A in the appropriate area.
- C. If information in Section 3 is not complete or if the broker listed does not meet all Licensing and Credentialing guidelines, the SCA will not be accepted and will need to be re-submitted once additional information is provided or guidelines have been met.
- D. For an Override to be paid to a General Agent, the General Agent must be listed and must also meet all Licensing and Credentialing guidelines.

Completing section 4

- A. The appropriate commission line is to be used dependent on the type of commission to be paid. Multiple lines should not be used unless group has multiple funding arrangements for different lines of business.
- B. The specific commission rate to be paid on all lines of business needs to be indicated on the SCA, even if one or more lines of business are deemed to be standard. "Standard" is not an appropriate answer as multiple "standard" rates exist dependent upon state and size of business. If there is a line of business not listed, please use the Other category to define the line of business and commission rate.
- C. Per contract per month (PCPM) commissions are to be paid based on a flat dollar amount per line of business.
- D. For an Administrative Service Only (ASO) group, if the commission rate includes a percentage of stop loss premium, the stop loss premium needs to be converted to a PCPM amount. If stop loss premium is not included in the commission rate, the stop loss percentage should be 0%.
- E. Attention Sales and Underwriting: For all ASO and National Groups, Funding Documents are required to be submitted with the SCA. The commission section of the Funding Document should clearly show all commissions to be paid with all percentages converted to PSPM rates.
- F. If a flat monthly dollar amount is to be paid on an ASO group, indicate the monthly amount to be paid in Option 4.
- G. Percent of premium commissions are not applicable for Indiana, Kentucky, or Ohio business. Effective April 2003, all Ohio commission transitioned from percent of premium to per subscriber per month or per capita. Effective April 2004, all Indiana and Kentucky commissions transitioned from percent of premium to per capita.
- H. Missouri and Wisconsin business only: If a percent of premium is to be paid, all lines of business to be paid need to be populated with the specific percentage to be paid. If there is a line of business not listed, please use the Other category to define the line of business and the commission percentage.

Completing section 6

- A. All SCAs require internal signatures by a Regional Vice President or Regional Sales Director of the state in which the policy is enforced, as well as the Sales representative and Underwriter for that group.
- B. All SCAs require broker's signature by all brokers listed to be paid to acknowledge that the information listed on the SCA is correct.
- C. All SCAs require the group signature if any of the listed commission rates for any line of business is above the standard commission rate for the state and segment of business that the group is categorized.
- D. If a flat monthly dollar amount is indicated for an ASO group, the group signature is required if the monthly amount divided by the number of subscribers for the group equals a commission rate above the standard commission rate.

Completing the SCA

- A. Submit all SCA's for new or renewal business to the following Sales Compensation mailbox: producers@alevancehealth.com.
- B. While the existence of a Single Case Agreement is a prerequisite to any non-standard payment obligation by Company, the Single Case Agreement will only be honored if completely and properly submitted.
- C. An SCA shall only be submitted when at least one line of business is to be paid at a non-standard commission rate. If a group is to be NET of commissions, meaning no commissions are to be paid, an SCA is not needed.
- D. Email notification of a group being NET of commission shall be forwarded to the above shared mailbox by both the appropriate Sales Representative and Underwriter in lieu of the SCA.

Exhibit F

Village of Oakwood Estimated Annual Life, Vision, Medical, Prescription Health Costs 2024

MHS Claims Run Out	\$ 100,000.00	ESTIMATED Run Off from MHS
MHS Administrative Cost	\$ 6,253.45	
Medical/Prescriptions	\$ 703,516.68	
Dental	\$ 39,120.96	
Vision	\$ 5,937.72	
Life	\$ 3,948.00	
HSA Costs Union-Annual		
Single	\$ 38,100.00	
Single + 1	\$ 76,200.00	
HSA Costs Non Union-Annual		
Single	\$ 15,000.00	
Single +1	\$ 24,000.00	
Jim Love Commision per Year	\$ 15,120.00	
TOTAL ANNUAL	\$ 1,027,196.81	

*Subject to current Enrollment



Brian L. Thompson
Finance Director

FISCAL OFFICER'S CERTIFICATE

The undersigned fiscal officer of the Village of Oakwood, Ohio, hereby certifies that the money required to meet the obligations, if any, of the Village during the year 2024 under the foregoing Contract/Agreement have been lawfully appropriated by the Council of the Village for such purpose and are in the treasury of the Village or in the process of collection to the credit of an appropriate fund, free from any previous encumbrances. This Certificate is given in compliance with § 5705.41 of the Ohio Revised Code.

Brian Thompson, Finance Director

Village of Oakwood, Ohio August 5, 2024