

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 25-142**

**RESOLUTION AUTHORIZING THE ADMINISTRATOR TO SIGN THE CONTRACT WITH
MEDBEN AS A THIRD-PARTY ADMINISTRATOR FOR HEALTHCARE BENEFITS.**

WHEREAS: Fairfield Township currently offers healthcare benefits to its employees and officials; and

WHEREAS: Fairfield Township did receive an increase of 4.58% with Anthem and decided to get quotes from other carriers to see if a better rate could be found; and

WHEREAS: Fairfield Township did also look to see how a self-insured plan would be structured and the costs associated with that new plan design; and

WHEREAS: Fairfield Township initially renewed their existing Anthem plan July 1st, after they revised their renewal rate to 0% but changed their plan designs; and

WHEREAS: Fairfield Township switched Health Brokers and the new Health Broker was able to get an 11% reduction in price for a self-funded plan that will be administered through MedBen which offers reduced copays and lower prescription drug costs; and

WHEREAS: The new plan will take effect on January 1, 2026, and be effective for one year.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby authorizes the Administrator to sign the contract for healthcare for all Fairfield Township full time employees and elected officials that participate along with their covered family members in accordance with the terms set forth in the correspondence attached hereto as Exhibit "A".

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon It's first reading.

SECTION 3: This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: November 12, 2025

Board of Trustees

Michael Berding: _____

Shannon Hartkemeyer: _____

Joe McAbee: _____

Vote of Trustees

yes

yes

yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 12th day of November, 2025.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

Katherine Barbieri
Katherine Barbieri, Township Law Director



	CURRENT	MEDBEN
	Anthem PPO Option 7 Rx Option T2	
In Network Benefits	Blue Access PPO	PPO (MIMO)
Deductible Individual	\$1,500	\$1,500
Deductible Family	\$3,000	\$3,000
Dr.'s Office Visit, pcip / specialist	\$35/\$70	\$30/\$60
Urgent Care Copay	\$75	\$75
Prescription Card	Tier 1 pharmacies \$10/\$40/\$70/25% up to \$350 Tier 2 pharmacies \$20/\$50/\$80/25% up to \$450	\$10/\$40/\$70/25% up to \$350
Durable Medical equipment	Deductible then 20%	Deductible then 20%
Emergency Room Facility Charge	Deductible then \$400	\$350 copay then 20%
Inpatient Hospital Facilities	Deductible then 20%	Deductible then 20%
Inpatient Hospital Professional Svcs.	Deductible then 20%	Deductible then 20%
Out Patient Surgery Hosp. Fees	Deductible then 20%	\$20 office visit copay, deductible then 20%
Outpatient Professional Svcs.	Deductible then 20%	Deductible then 20%
Outpatient advanced imaging Svcs (MRI, CT Scan)	Deductible then 20%	Deductible then 20%
Max Indiv. Out of Pocket, Includes ded.	\$3,800	\$3,800
Max Family Out of Pocket, Includes ded.	\$7,600	\$7,600
Out of Network Benefit		
Out of Network Deductible	\$4,500/\$9,000	\$4,500/\$9,000
Out of Network Co-Insurance	50%	50%
Out of Network Out of Pocket Max (Includes Deductible)	\$11,400/\$22,800	\$11,400/\$22,800
20 Employee	\$648.27	\$612.31
9 EE/Dependent	\$1,112.43	\$1,557.33
9 EE/Spouse	\$1,562.32	\$1,557.33
32 Family	\$2,014.81	\$1,557.33
70 Estimated Monthly Premium:	\$101,512.07	\$90,112.70
Percentage Change from Current:		-11.23%
Rates Assume an Effective Date of:		1/1/2026
		\$101,083.80 -0.42%

This grid is intended for discussion purposes only. It is NOT a complete description of benefits. Please refer to individual plan descriptions for more detailed information. Rates are subject to final enrollment.



Stop Loss Proposal

Name of Group: Fairfield Township
Effective Date: 7/1/2025
Plan Design: PROPOSED COPAY PLAN WITH CURRENT RX COPAYS

Quote Based On:

Number of Single Employees	18
Number of Employees + Spouse	10
Number of Employees + Child	12
Number of Family Employees	30
Total:	70

Individual Lifetime Maximum	Unlimited
Individual Annual/Policy Maximum	Unlimited
Specific Stop Loss Per Individual	\$60,000.00
Stop Loss Carrier	HCC Life
Employee	\$152.56
Employee + Spouse	\$436.88
Employee + Child	\$436.88
Family	\$436.88
Contract Type	12/12
Specific Coverage Includes:	Medical & RX Card

AGGREGATE STOP LOSS

Premium Rate	\$17.25
Is Aggregate Accommodation included?	Yes
Maximum Annual Aggregate Reimbursement	\$1,000,000.00
Attachment Point @ 125%	
Employee	\$447.93
Employee + Spouse	\$1,223.64
Employee + Child	\$1,223.64
Family	\$1,223.64
Contract Type	12/12 TLO
Aggregate Coverage Includes:	Medical & RX Card

ADMINISTRATION FEES

Base Administration	\$28.60
Hires Utilization Review	\$3.85
Zeks Open Access Pricing (RBP)	\$16.00
MedBen RBP Administration	\$5.00
RBP Direct Contracting Fee	\$4.00
No Surprises Act Administration	\$2.00
RX Card/Mail Order	\$4.50
MedBen WellLiving (no nurse coaching)	\$3.25
COBRA	\$1.95
TOTAL FEE P.E.P.M.	\$69.15
One Time Set-up Fee*	\$1,325.00
COBRA Set-up Fee	\$380.00
Run-In Fee (If Elected)	NA

ANNUALIZED COST

FIXED	
Specific Premium	\$305,566.08
Aggregate Premium	\$14,490.00
Administrative Fees (Does Not Include above Set-Up Fees)	\$58,086.00
Total Fixed	\$378,142.08
CLAIM	
Expected	\$688,243.39
Maximum	\$860,304.24
Total Costs	\$1,238,446.32

Run-In Limitation

N/A

Fully Funded Rate:	Single:	\$696.89
	EE + Spouse:	\$1,746.92
	EE + Child:	\$1,746.92
	Family:	\$1,746.92

FSA	\$4.85
Dep Care	\$4.85
Both	\$6.90
Debit Card	\$1.75
Set Up Fee	\$735.00
Debit Card Set Up Fee	\$1.00 per part

COMMENTS:

- *STOP LOSS IS BASED ON NET COMMISSIONS.
- This proposal assumes that Phia Unwrapped will be used to price out-of-network claims at a fee of 25% of savings.
- *If elected, the quoted fee for MedBen WellLiving includes a fee of \$0.50 payable to the broker.
- *Printing of SPD's and Network Booklet costs are on a pass through basis.
- *Proposal assumes that ONE plan design(s) will be administered. If additional plans or manual claims processing are required, MBA reserves the right to adjust our set-up fee accordingly.
- *Proposal assumes that Avande will handle out-of-network claim repricing as well as other select healthcare cost negotiations.
- *Base Utilization Review Fee covers inpatient admissions and outpatient surgeries. Other services are available upon request for additional fees.
- *If elected, there will be a one-time charge for run-in services based on MedBen's administrative fee (PEPM) for products chosen and for the number of employees enrolled. Services can be provided for up to twelve months. If run-in services are not elected, but later needed, there will be a fee of \$8.00 per claim charged for processing.
- *If the number of employees fluctuates by more than 10%, MBA reserves the right to adjust our fees accordingly.
- *If MedBen COBRA administration is elected, MedBen will retain the 2% administrative fee.
- *MBA cannot guarantee PPO fees and/or any outside vendor fees.
- *MBA can mail Employee ID cards direct to the employee for an additional \$0.50 PEPM.
- *GENERAL CONTINGENCIES along with Stop Loss Carrier Contingencies apply.