

ORDINANCE NO. 2007-158

**AUTHORIZING THE CITY MANAGER TO ENTER INTO A  
CONTRACT TO PROVIDE MEDICAL INSURANCE BENEFITS TO ALL  
PART-TIME AND TEMPORARY EMPLOYEES OF THE CITY OF  
MASON**

BE IT ORDAINED by the Council of the City of Mason, Ohio, six members elected thereto concurring:

Section 1. That the City Manager hereby is authorized to enter into a contract to provide medical insurance benefits to all part-time and temporary employees of the City.

Section 2. That the medical insurance benefits will be as generally outlined in the attached Exhibit "A", which is incorporated herein by reference.

Section 3. That all part-time and temporary employees of the City desiring to obtain said medical insurance benefits shall be solely responsible for all costs of premiums of said medical insurance benefits.

Section 4. That this Ordinance shall take effect and be in force from and after the earliest period provided by law.

Dated this 12<sup>th</sup> day of November, 2007.

Attest:

  
Clerk of Council

  
Mayor

# SYMETRA SELECT BENEFITS

## Essential Health Coverage

Select Benefits Coverages	Plan 1	Plan 2
Doctor's Office Visit,	\$45 per visit	\$55 per visit
Urgent Care & Outpatient Hospital Benefit	\$300 pp/pcy <sup>1</sup> max.	\$300 pp/pcy <sup>1</sup> max.
Outpatient Diagnostic X-Ray & Lab Benefit <sup>1</sup>	\$55 per visit	\$55 per visit
Preventive Care Benefit	\$300 pp/pcy max.	\$300 pp/pcy max.
	\$75 per visit	\$75 per visit
	\$150 pp/pcy max.	\$150 pp/pcy max.
Emergency Room Benefit	\$50 per visit	\$100 per visit
	\$150 pp/pcy max.	\$300 pp/pcy max.
Inpatient Hospital Benefit	\$300 daily hospital	\$500 daily hospital
500 days lifetime maximum	\$600 daily ICU <sup>2</sup>	\$1,000 daily ICU <sup>2</sup>
	30 days pp/pcy max.	30 days pp/pcy max.
Surgical Benefit	--	\$1,000 pp/pcy max.
		Schedule A
Accident Benefit	\$30 per visit	\$50 per visit
	\$100 pp/pcy max.	\$150 pp/pcy max.
Employee Life/AD&D <sup>3</sup> Insurance Benefit	\$5,000 / \$5,000	\$10,000 / \$10,000
Dependent Life Insurance Benefit		
Spouse	\$2,500	\$5,000
Child	\$1,250	\$2,500
Infant	\$200	\$400
Pharmacy Discount Program	Included	Included
Survivor Benefit	Included	Included

