

**MEDINA TOWNSHIP TRUSTEES  
REGULAR MEETING - 7:00 PM  
NOVEMBER 12, 2020**

- I. ROLL CALL - PLEDGE - MOMENT OF SILENCE**
- II. APPROVAL OF PAYROLL**
- III. 2021 MEDICAL MUTUAL RENEWAL PACKET DISCUSSION**
- IV. APPROVAL OF SUPPLEMENTAL APPROPRIATIONS**
- V. PURCHASE ORDERS AND TRAINING REQUESTS**
- VI. APPROVAL OF ACCOUNTS PAYABLE**
- VII. CREDIT CARD ATTESTATION**

**NEW BUSINESS**

- VIII. APPROVAL OF PREVIOUS MINUTES**
- IX. CARES ACT EMPLOYEES PAYROLL  
RESOLUTION 11122020-038**
- X. SPCA ANNUAL CONTRIBUTION DISCUSSION**

**OLD BUSINESS**

- XI. FIRE SERVICES CONTRACT PROPOSALS**
- XII. PUBLIC COMMENT**
- XIII. ADJOURN**

R 11-12-2020

**ENTITY NAME: Medina Township**

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**MINUTES TITLE: November 12, 2020 Regular Meeting**

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**BOARD NAME: Board of Trustees**

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**TYPE OF MEETING: Regular**

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**VOTING SESSION: Yes**

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**DATE: 11/12/2020**

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**START TIME: 7:00 pm**

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**END TIME: 7:37 pm**

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**MEETING LOCATION: Medina Township Townhall**

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**RECORD OF PROCEEDINGS:**

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**CALLED TO ORDER BY: Mr. Mark Radice**

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# RECORD OF PROCEEDINGS

## BOARD/COUNCILMEMBERS ROLL CALL

NAME	PRESENT
Mr. Michael Stopa	Not Present
Mr. Mark Radice	Present
Mr. Chuck Johnson	Present
Mrs. Angela Ventura	Present

## IN ATTENDANCE

NAME	VISITOR/EMPLOYEE	COMMENTS
Mrs. Yvonne Rodman-Sopata	Employee	
Sign in sheet for visitors	Visitor	Attached to Minutes

**There was a moment of silence for our military and first responders.**

**The Pledge of Allegiance was recited.**

## APPROVAL OF PAYROLL

MOTION BY <b>1:12 minutes</b>	<b>Mr. Radice:</b> A motion was made to approve payroll, with a check date of 11/13/2020. The total amount is \$37,762.70, with \$8,970.60 for withholdings. A nine (9) page document was presented with the motion for approval.
MOTION SECONDED BY	Mr. Johnson
DISCUSSION	Mrs. Ventura noted that the Payroll Journal was attached to the Payroll document just approved.
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**2021 MEDICAL MUTUAL RENEWAL PACKET DISCUSSION**

DISCUSSION	Mr. Radice introduced Mark Herwick of the Homestead Insurance Agency. Mr. Herwick provided copies of the Medical Mutual renewal packet to the Board members and went on to discuss the medical, dental, vision and life insurance features of the renewal packet. Mr. Herwick also provided a comparison of the renewal packet to previous year offerings. Mr. Herwick discussed the open enrollment process and how changes made by employees could change the costs. Mrs. Ventura asked if enrollment data could be provided to her for payroll purposes and Mr. Herwick said that it could be done.
MOTION BY <b>9:34 minutes</b>	<b>Mr. Radice:</b> A motion was made accept the Medical Mutual renewal packet for 2021.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**APPROVAL OF SUPPLEMENTAL APPROPRIATIONS**

MOTION BY <b>10:03 minutes</b>	<b>Mr. Radice:</b> A motion was made to approve Supplemental Appropriations, dated 11/12/2020. A one (1) page document was presented with the motion for approval.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**APPROVAL OF PURCHASE ORDERS AND TRAINING REQUESTS – HIGH TOUCH BUSINESS SERVICES**

MOTION BY <b>10:55 minutes</b>	<b>Mr. Johnson:</b> A motion was made to approve a purchase order requisition for the Service Department. The vendor is High Touch Business Services. It is for the purchase of steel lockers on casters and includes the freight. The cost is (\$4,820.00. This will provide for the Service Department employees to have a separate space to store their gear.
MOTION SECONDED BY	Mr. Radice
DISCUSSION	Mrs. Ventura asked if this purchase was being made out of the COVID fund. Mr. Johnson stated yes.
VOTING ROLL CALL	VOTE
Mr. Johnson	Yes
Mr. Radice	Yes
VOTING RESULTS	YES: 2      NO: 0

**APPROVAL OF PURCHASE ORDERS AND TRAINING REQUESTS – 3R SALES AND SERVICES**

MOTION BY <b>11:54 minutes</b>	<b>Mr. Johnson:</b> A motion was made to approve a purchase order requisition for the Service Department. The vendor is 3R Sales and Services. It is for the purchase two (2) new pressure washers for the Service Department and parks and buildings for sanitizing use. All equipment is included. The cost is \$11,815.00.
MOTION SECONDED BY	Mr. Radice
DISCUSSION	Mr. Radice and Mr. Johnson stated that this purchase is also being made out of the COVID fund. Mrs. Ventura stated that these pressure washers are not replacing existing equipment and that they are new purchases for COVID purposes.
VOTING ROLL CALL	VOTE
Mr. Johnson	Yes
Mr. Radice	Yes
VOTING RESULTS	YES: 2      NO: 0

**APPROVAL OF PURCHASE ORDERS AND TRAINING REQUESTS – AMAZON**

MOTION BY <b>13:06 minutes</b>	<b>Mr. Radice:</b> A motion was made to approve a purchase order requisition for the Police Department. The vendor is Amazon. It is to purchase 5 air filters for the Police Department central air system. The total is \$1,088.75 and this is a COVID purchase.
MOTION SECONDED BY	Mr. Johnson
DISCUSSION	Mr. Radice stated that these filters go along with the built-in sanitation system that is part of the new central air system at the Police Department. Mrs. Ventura and Mr. Radice discussed the quantity of filters being purchased and how many are in each pack.
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**APPROVAL OF PURCHASE ORDERS AND TRAINING REQUESTS – GUARDIAN TRACKING**

MOTION BY <b>14:13 minutes</b>	<b>Mr. Radice:</b> A motion was made to approve a purchase order requisition. The vendor is Guardian Tracking. This is for the Police Department. The total is \$816.00, and this is an annual service fee.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**APPROVAL OF ACCOUNTS PAYABLE**

MOTION BY <b>14:40 minutes</b>	<b>Mr. Radice:</b> A motion was made to approve Accounts Payable, dated 11/12/2020. The electronic payments are 70-2020 to 71-2020 and the rest starting with check number 31082 to check number 31110. The total amount is \$110,242.15.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0
UNSTATED INFORMATION	A one (1) page document was presented with the motion for approval.

**CREDIT CARD ATTESTATION**

TOPIC	<b>Credit Card Attestation</b>
ATTESTED TO BY <b>15:55 minutes</b>	<b>Mr. Radice:</b> I, Mark Radice, second Board Chair of the Medina Township Trustees, of Medina Township Ohio, hereby attest that pursuant to Section 505.64 of the Ohio Revised Code, at its meeting on November 12, 2020, the Board reviewed the Credit Card Account transaction detail for each account listed below for the dates October 1, 2020 through November 6, 2020 as provided by the Fiscal Officer. The credit card accounts are Amazon, E&H - ACE Hardware, Home Depot, Lowes, PNC, Staples, Tractor Supply and Wal-Mart.

**NEW BUSINESS****APPROVAL OF PREVIOUS MINUTES**

MOTION TO APPROVE MINUTES OF	<b>October 15, 2020</b>
TYPE OF MEETING	Regular Trustee Meeting
MOTION BY <b>16:44 minutes</b>	<b>Mr. Radice:</b> A motion was made to accept the October 15, 2020 Regular Trustee Meeting Minutes at which all three (3) Trustees were in attendance.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**CARES ACT EMPLOYEES PAYROLL RESOLUTION # 11122020-038**

MOTION TO APPROVE RESOLUTION	<b>CARES ACT FUNDS USED FOR EMPLOYEES PAYROLL</b>
RESOLUTION NUMBER	<b>11122020-038</b>
DISCUSSION	The Trustees and Mrs. Ventura discussed employee payroll and the 11/20/2020 deadline for encumbering COVID Relief Funds. Mrs. Ventura stated that direct charges such as payroll are not normally encumbered. Mr. Radice asked that other municipalities be looked at to see how they are using COVID Relief Funds for employee salaries. The Trustees and Mrs. Ventura also discussed other areas where COVID Relief Funds could be utilized other than for payroll and funds that must be spent on supplies and materials. Mrs. Ventura asked that the Trustees determine what the Township should consider to be supplies and materials at the next Trustee meeting.
MOTION TO APPROVE BY <b>26:14 minutes</b>	<b>Mr. Radice:</b> a motion was made to accept resolution number 11122020-038, to approve use of Federal CARES Act Coronavirus Relief Fund (CRF) distributions for Substantially Dedicated Fire & EMS Employees Payroll and Police. A two (2) page resolution document and twenty-seven (27) pages of reference documentation was presented with the resolution for approval.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**SPCA ANNUAL CONTRIBUTION DISCUSSION**

DISCUSSION <b>27:33 minutes</b>	Mr. Radice tabled the SPCA annual contribution discussion until the next Trustee meeting.
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**OLD BUSINESS****FIRE CONTRACT DISCUSSION**

DISCUSSION	Mr. Johnson reviewed the current status of the Fire Services Proposals and the recent ballot levy issue not passing and stated that he would like the Township to move forward in letting the City of Medina know that the Township will be negotiating with them for Fire Services.
MOTION BY <b>29:37 minutes</b>	<b>Mr. Johnson:</b> A motion was made to move forward with Medina City's fire Services.
MOTION SECONDED BY	Mr. Radice
DISCUSSION	Mr. Radice stated that he agrees to moving ahead with contracting with Medina City and that the goal in all of this was to get better coverage for the Township. Mr. Johnson stated that this is a first step in planning for the future of a growing community. Mrs. Ventura asked if the motion was to move ahead with 24/7 coverage. Mr. Johnson stated that the motion was to move forward with the current coverage and negotiate for the same or better coverage. The Board agreed that the motion is to start negotiations with Medina City on a final contract.
VOTING ROLL CALL	VOTE
Mr. Johnson	Yes
Mr. Radice	Yes
VOTING RESULTS	YES: 2      NO: 0
MOTION TO APPROVE BY <b>32:00 minutes</b>	<b>Mr. Radice:</b> a motion was made to have Chuck Johnson work on the behalf of Medina Township towards a Fire Contract with Medina City and move forward, letting the past be the past.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**PUBLIC COMMENT**

MOTION BY <b>32:37 minutes</b>	<b>Mr. Radice:</b> A motion was made to open the floor for public comment and those making public comment to state their name and address. The time being 7:35.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0
PUBLIC COMMENT	Public comment was made.



**PUBLIC COMMENT (continued)**

MOTION BY <b>34:53 minutes</b>	<b>Mr. Radice:</b> A motion was made to close the floor for public comment.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0

**MEETING ADJOURN**

MOTION BY <b>35:08 minutes</b>	<b>Mr. Stopa:</b> A motion was made to adjourn the Medina Township Trustees' Board meeting.
MOTION SECONDED BY	Mr. Johnson
VOTING ROLL CALL	VOTE
Mr. Radice	Yes
Mr. Johnson	Yes
VOTING RESULTS	YES: 2      NO: 0
	Meeting adjourned at 7:37 pm

**NEXT SCHEDULED MEETING**

TYPE OF MEETING	Special
DATE	11/18/2020
TIME	6:45 pm
LOCATION	Township Hall
COMMENTS	Agenda - General Business Purposes

**MINUTES PREPARED BY**

NAME	TITLE	DATE
Nick Dominguez	Office Assistant	11/17/2020

**ATTESTED BY**

SIGNATURE	TITLE	DATE
	Fiscal Officer	11/25/2020

**BOARD/COUNCIL CERTIFIED**

SIGNATURE	TITLE	DATE
	Chairman	11/25/2020
	Vice Chairman	11/25/2020
	Trustee	11/25/2020



0943 0049-H166 Medina Township Trustees

(Prior to Processing)

# CASH REQUIREMENTS

THIS REPORT SUMMARIZES YOUR PAYROLL TRANSACTIONS FOR THE CHECK DATE 11/13/20. IT DOES NOT REFLECT MISCELLANEOUS ADMINISTRATIVE CHARGES. PLEASE REFER TO YOUR INVOICE(S) FOR THE TOTAL CASH REQUIRED FOR THIS CHECK DATE.

IMPORTANT COVID-19 INFORMATION: If you filed IRS Form 7200, please notify your Paychex representative to avoid owing a balance at the end of the quarter and ensure your Form 941 is accurate.

## TRANSACTION DETAIL

ELECTRONIC FUNDS TRANSFER - Your financial institution will initiate transfer to Paychex at or after 12:01 A.M. on transaction date.

TRANS. DATE	BANK NAME	ACCOUNT NUMBER	PRODUCT	DESCRIPTION	BANK DRAFT AMOUNTS & OTHER TOTALS
11/12/20	WESTFIELD BANK, FSB	xxxxx7175	Direct Deposit	Net Pay Allocations	31,794.03
11/12/20	WESTFIELD BANK, FSB	xxxxx7175	Taxpay®	Employee Withholdings	
				Medicare	641.22
				Fed Income Tax	3,643.09
				OH Income Tax	910.85
				OH BRUNS CTY Inc	85.17
				OH CVRSD SD Inc	47.13
				Total Withholdings	5,327.46
				Employer Liabilities	
				Medicare	641.21
				Total Liabilities	5,968.67
				EFT FOR 11/12/20	37,762.70
				TOTAL EFT (Does not reflect administrative charges)	37,762.70

REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES - Paychex does not remit these funds. You must ensure accurate and timely payment of applicable items.

TRANS. DATE	BANK NAME	ACCOUNT NUMBER	PRODUCT	DESCRIPTION	TOTAL
11/13/20	Refer to your records for account information		Payroll	Employee Deductions	1,540.00
				457 plan EE pretax	12.42
				AFLAC EE Post Tax	18.78
				AFLAC EE Pretax	3,368.44
				Opers Police EE cont	2,018.11
				Opers np EE Cont	1,850.85
				PXCMP PRETAX Health	162.00
				Union Dues	8,970.60
				Total Deductions	8,970.60

TOTAL REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES (Does not reflect administrative charges)

8,970.60

APPROVED BY MEDINA TWP. TRUSTEES

Date 11-12-2020

Trustee Chm.

Trustee

Trustee

THIS REPORT SUMMARIZES YOUR PAYROLL TRANSACTIONS FOR THE CHECK DATE 11/13/20. IT DOES NOT REFLECT MISCELLANEOUS ADMINISTRATIVE CHARGES. PLEASE REFER TO YOUR INVOICE(S) FOR THE TOTAL CASH REQUIRED FOR THIS CHECK DATE.

CASH REQUIREMENTS

PAYCHEX WILL MAKE THESE TAX DEPOSIT(S) ON YOUR BEHALF - This information serves as a record of payment.

DUE DATE	PRODUCT	DESCRIPTION	
11/18/20	Taxpay@	FED IT PMT Group	4,925.52

COPY



MEDINA TOWNSHIP  
Group Number : 906270  
Renewal Date : 01/01/2021  
Proposal Number : 1882293  
Channel : COSE

October 2020

ANGELA VENTURA  
MEDINA TOWNSHIP  
3799 HUFFMAN RD  
MEDINA OH 44256

Medina Township

NOV 02 2020

Received *NP*

Dear Angela Ventura ,

Your 2021 health coverage renewal packet is enclosed. Thank you for choosing Medical Mutual for your health insurance needs. We appreciate the trust you put in us to provide the best benefit solutions for your business. You can be confident that by renewing your plan, you will continue to receive the support, value and peace of mind you have come to expect from COSE and Medical Mutual.

**Your current renewal**

Because your group has a grandfathered plan, you have been able to delay moving to an Affordable Care Act (ACA) plan due to the transitional relief period granted by the federal government. This relief has been extended through Dec. 31, 2021. Therefore, we are opting to provide you with a transitional relief renewal that allows you to maintain your renewal rates and benefits for 12 months or until transitional relief expires (subject to legislative changes).

If your current coverage is working for you, we recommend you keep what you have. You will continue to have competitive coverage with access to one of the broadest provider networks in Ohio. Please refer to the following pages for specific information about your current renewal.

**What you can count on**

As healthcare costs continue to rise, we want to help you control how those costs impact your business. To do this, Medical Mutual offers online tools that help members find doctors and hospitals included in their network and compare costs for a variety of medical services. All online tools are available by logging in to My Health Plan at [MedMutual.com/member](http://MedMutual.com/member).

If you have any questions, please contact your broker or Medical Mutual Sales representative. As always, we value your business and look forward to serving you for many years to come.

Sincerely,

Dan Polk

Vice President, Small Employer Solutions



MEDICAL MUTUAL



Greater Cleveland  
Partnership  
COSE

MEDINA TOWNSHIP  
Group Number : 906270  
Renewal Date : 01/01/2021  
Proposal Number : 1882293  
Channel : COSE

## YOUR PLAN OVERVIEW

Here's an overview of the benefits proposed for your renewal. No action is needed to accept this coverage. You will renew automatically unless you notify your agent that you want to make a change.

### Current Plans

Plan Name	Benefit Period Deductible (Single/Family)	Coinsurance (member liability)	Emergency Room Copay	Grandfathered Plan	Maximum Out of Pocket Including Deductible	Office Visit Copay	Prescription Drugs	Specialist Copay	Urgent Care Copay
HSA P3000/100 Embedded MM Rx	\$3,000/\$6,000	0%	N/A	N	\$3,000/\$6,000	N/A	0% after deductible	N/A	N/A

### Renewal Plans

Plan Name	Benefit Period Deductible (Single/Family)	Coinsurance (member liability)	Emergency Room Copay	Grandfathered Plan	Maximum Out of Pocket Including Deductible	Office Visit Copay	Prescription Drugs	Specialist Copay	Urgent Care Copay
HSA P3000/100 Embedded MM Rx	\$3,000/\$6,000	0%	N/A	N	\$3,000/\$6,000	N/A	0% after deductible	N/A	N/A

Total Current Premium: \$19,618.83 (includes ancillary products)

Total Renewing Premium: \$20,977.96 (includes ancillary products)

Percent Change: 6.93%



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MEDINA TOWNSHIP  
Group Number : 906270  
Renewal Date : 01/01/2021  
Proposal Number : 1882293  
Channel : COSE

# ANNUAL ENROLLMENT INFORMATION

## Healthcare Reform

### Summary of Benefits and Coverage

As part of the Affordable Care Act (ACA), health insurance issuers and group health plans are required to provide a Summary of Benefits and Coverage (SBC) to all participants (and their dependents if they reside at a different address).

The SBC(s) applicable to your current plan(s) will be available on EmployerLink or from your Medical Mutual representative or broker. As the plan sponsor, you are responsible for distributing SBCs to your participants with other written application materials during open enrollment. An SBC must be provided for each benefit package in which a participant or dependent is eligible. If you do not require a written application from your participants to renew, you must provide each participant with the SBC specific to the plan in which he or she is enrolled no later than 30 days prior to the first day of the new plan or policy year.

Please review your applicable SBC(s) carefully. If you make a change that affects the information in your SBC, please contact your Medical Mutual representative or broker to initiate the change and ensure new SBCs are available for your open enrollment period.

### Grandfathered Plans

The healthcare reform legislation enacted in early 2010 includes a grandfathering provision that permits groups to keep the coverage they had in place as of March 23, 2010. Federal law allows grandfathered plans to make limited benefit changes while still maintaining their grandfathered status.

In general, a group health plan is considered "grandfathered" if it had members enrolled before March 23, 2010.

Some changes that will cause the loss of grandfathered status include:

- Increasing coinsurance by any amount above the level at which it was set on March 23, 2010.
- Increasing fixed amount cost-sharing requirements (for example, deductibles and out-of-pocket maximums, but not copayments) in effect on March 23, 2010, by more than the sum of medical inflation plus 15 percent. **We have performed this calculation for you, and if available a grandfathered "T" and/or "V" plan option is displayed on the "Determine Best Fit" page of this exhibit.**
- Increasing copayments above the level in effect on March 23, 2010, by an amount that exceeds the greater of: (1) the sum of medical inflation plus 15 percent, or (2) \$5 increased by medical inflation. **We have performed this calculation for you, and if available a grandfathered "T" and/or "V" plan option is displayed on the "Determine Best Fit" page of this exhibit.**
- Reducing employer or employee organization contributions based on the cost of coverage or a formula by more than 5 percent below the contribution rate on March 23, 2010.
- Switching consumers to a grandfathered plan that, compared with the current plan, has fewer benefits or higher cost sharing as a means of avoiding new consumer protections.

**You are required to notify us immediately if you reduce the employer contributions to your coverage by more than 5%. Such a change will cause you to lose your grandfathered status and changes to your coverage may be required as a result. If you do not notify us, Medical Mutual will assume your plan remains grandfathered. Medical Mutual will accept no liability resulting from your failure to notify us as required above.**



<b>MEDINA TOWNSHIP</b> <b>Group Number : 906270</b> <b>Renewal Date : 01/01/2021</b> <b>Proposal Number : 1882293</b> <b>Channel : COSE</b>
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Some changes that will not result in a plan or coverage losing its grandfathered status include:

- The addition of family members of an individual who is enrolled in a grandfathered plan.
- The addition of new employees into an employer's grandfathered plan.
- The termination from the plan of one or more individuals enrolled on March 23, 2010 (provided that the plan or coverage has continuously covered someone since March 23, 2010).
- Voluntary changes to increase benefits.

### **The "Keep Your Plan" Provision**

In November 2013, President Obama announced a transition policy that allowed existing non-grandfathered individuals and small businesses to keep the plan they had in place as of October 1, 2013. These transitional policies will not experience benefit changes other than those required by state and/or federal law.

Transitional plans do not receive the following ACA requirements:

- Additional preventive and EHB coverage
- Compliance with ACA cost-sharing and maximum out-of-pocket amount requirements
- Modified community rating
- Increased ACA requirements for guaranteed availability and renewability of coverage
- Provider non-discrimination requirements
- Increased coverage for participants in clinical trials

### **Open Enrollment/Annual Election Period**

Group's open enrollment period, to add late entrants and allow enrolled employees to change available health plan option elections, is the month prior to and after the renewal effective date. Requests received by Medical Mutual in the month prior to the renewal effective date will be effective on the renewal date. Requests received in the month after the renewal effective date will be accepted, but will not be effective until the 1st of the month following receipt of the paperwork by Medical Mutual. Applications received after this time period are considered to be outside the open enrollment period and may not be processed.

### **Determination of Group Size**

The rates in this proposal are based on this group averaging 50 or fewer total employees on a monthly basis in the prior calendar year. If you believe that your group, including any employee working for any business that may be considered a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code, averaged more than 50 employees please contact your Medical Mutual representative or broker.

### **Legislation-Based Changes**

Your rates may be adjusted to account for coverage mandated by federal or state law.

### **Mandated Fees**

The rates in this proposal may include Patient-Centered Outcomes Research Institute (PCORI) Fee, Risk Adjustment Fee and Exchange Fee when applicable which are federally mandated. Additionally, this policy, Medical Mutual, or you as a Plan Sponsor may become subject to taxes, fees or other charges imposed by State, Local, or Federal governments (collectively, "fees"). Medical Mutual reserves the right to adjust your premium or funding rate (or add the fees to the invoice) consistent with the effective date of the new fees imposed by the government. Adjustments may or may not be noted in a line item on monthly invoices. As allowable by law, all fees are subject to change during the contract period.



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**MEDINA TOWNSHIP**

**Group Number : 906270**

**Renewal Date : 01/01/2021**

**Proposal Number : 1882293**

**Channel : COSE**

**Questions?**

- Call your broker or Medical Mutual Sales representative.





**MEDINA TOWNSHIP**  
**Group Number : 906270**  
**Renewal Date : 01/01/2021**  
**Proposal Number : 1882293**  
**Channel : COSE**

## EVALUATE YOUR PLAN

The chart below is an overview of your renewal medical coverage and rates.

HSA P3000/100 Embedded MM Rx	IN-NETWORK	
<b>Grandfathered Plan</b>	N	
<b>Network</b>	SuperMed Plus	
<b>Benefit Period Deductible (Single/Family)</b>	\$3,000/\$6,000	
<b>Maximum Out of Pocket Including Deductible</b>	\$3,000/\$6,000	
<b>Office Visit Copay</b>	N/A	
<b>Urgent Care Copay</b>	N/A	
<b>Specialist Copay</b>	N/A	
<b>Coinsurance (member liability)</b>	0%	
<b>Emergency Room Copay</b>	N/A	
<b>Prescription Drugs</b>	0% after deductible	
<b>Monthly Premium</b>	<b>Current: \$17,403.76</b>	<b>Renewing: \$18,762.89</b>
	<b>Change from current: 7.81%</b>	
<b>INSURANCE PREMIUM</b>	<b>\$18,751.45</b>	
<b>MANDATED FEES</b>	<b>\$11.44</b>	
<b>TOTAL BILLED AMOUNT</b>	<b>\$18,762.89</b>	

Final billed rate may vary from proposed rate due to rounding. All premiums are based on group enrollment at the time this renewal was processed. Actual monthly premiums may vary due to changes in enrollment.

Contract Type	Medical and Drug		
	# of Units	Unit Price	Total
Employee	2	\$493.04	\$986.08
Employee + Spouse	3	\$981.08	\$2,943.24
Employee + Child	1	\$677.19	\$677.19
Employee + Two Children		\$861.34	\$0.00
Employee + Three or More Children		\$1,119.06	\$0.00
Employee + Spouse + Child	2	\$1,165.23	\$2,330.46
Employee + Spouse + Two Children	4	\$1,349.38	\$5,397.52
Employee + Spouse + Three or More Children	4	\$1,607.10	\$6,428.40

Final billed rate may vary from proposed rate due to rounding. Group employees residing in the State of California may enroll their domestic partners as eligible dependents.

**Rates on this page include the following mandated fees:**

<b>PCORI</b>	<b>\$11.44</b>
<b>Risk Adjustment</b>	<b>\$0.00</b>
<b>Public Exchange</b>	<b>\$0.00</b>
<b>Market Share</b>	<b>\$0.00</b>
<b>Fees Total</b>	<b>\$11.44</b>



**MEDINA TOWNSHIP**  
**Group Number : 906270**  
**Renewal Date : 01/01/2021**  
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## EVALUATE YOUR PLAN

The chart below is an overview of your renewal medical coverage and rates.

<b>Super Dental Advanced PPO (With Ortho)</b>	<b>IN-NETWORK</b>	
<b>Benefit Period Maximum</b>	\$1,500	
<b>Benefit Period Deductible</b>	\$25 / \$75 (Single/Family)	
<b>Preventive Services</b>	0%	
<b>Essential Services</b>	15% after deductible	
<b>Complex Services</b>	45% after deductible	
<b>Orthodontic lifetime maximum (per member)</b>	\$2,000 per member	
<b>Orthodontic benefit period deductible</b>	\$25 / \$75 (Single/Family)	
<b>Orthodontic diagnostic services and treatment</b>	50% after deductible	
<b>Monthly Premium</b>	<b>Current: \$1,919.48</b>	<b>Renewing: \$1,919.48</b>
	<b>Change from current: 0%</b>	
<b>INSURANCE PREMIUM</b>	<b>\$1,919.48</b>	
<b>MANDATED FEES</b>	<b>\$0.00</b>	
<b>TOTAL BILLED AMOUNT</b>	<b>\$1,919.48</b>	

Final billed rate may vary from proposed rate due to rounding. All premiums are based on group enrollment at the time this renewal was processed. Actual monthly premiums may vary due to changes in enrollment.

	<b>Dental</b>		
<b>Contract Type</b>	<b># of Units</b>	<b>Unit Price</b>	<b>Total</b>
Employee	2	\$35.15	\$70.30
Employee + Spouse	4	\$70.30	\$281.20
Employee + Child	1	\$68.88	\$68.88
Employee + Two Children		\$102.61	\$0.00
Employee + Three or More Children		\$149.85	\$0.00
Employee + Spouse + Child	2	\$104.03	\$208.06
Employee + Spouse + Two Children	4	\$137.76	\$551.04
Employee + Spouse + Three or More Children	4	\$185.00	\$740.00

Final billed rate may vary from proposed rate due to rounding. Group employees residing in the State of California may enroll their domestic partners as eligible dependents.

**Rates on this page include the following mandated fees:**

<b>PCORI</b>	<b>\$0.00</b>
<b>Risk Adjustment</b>	<b>\$0.00</b>
<b>Public Exchange</b>	<b>\$0.00</b>
<b>Market Share</b>	<b>\$0.00</b>
<b>Fees Total</b>	<b>\$0.00</b>



**MEDINA TOWNSHIP**  
**Group Number : 906270**  
**Renewal Date : 01/01/2021**  
**Proposal Number : 1882293**  
**Channel : COSE**

## EVALUATE YOUR PLAN

The chart below is an overview of your renewal medical coverage and rates.

VSP Option 1	IN-NETWORK	
<b>Participation/Contribution</b>	100% employer paid and all full time eligibles are required to enroll	
<b>Comprehensive Examination</b>	Covered in full after \$10 copayment	
<b>Examination for Contact lenses</b>	\$120 Reimbursement (exam and lenses combined)	
<b>Lenses</b>	Covered in full after \$15 copayment	
<b>Frames</b>	\$15 copayment (Up to \$130 Allowance. 20% off anything more than \$130)	
<b>Medically Necessary Contact Lenses</b>	Covered in full after \$15 copayment	
<b>Elective Contact Lenses</b>	\$120 Reimbursement (exam and lenses combined)	
<b>Monthly Premium</b>	<b>Current: \$295.59</b>	<b>Renewing: \$295.59</b>
	<b>Change from current: 0%</b>	
<b>INSURANCE PREMIUM</b>	<b>\$295.59</b>	
<b>MANDATED FEES</b>	<b>\$0.00</b>	
<b>TOTAL BILLED AMOUNT</b>	<b>\$295.59</b>	

Final billed rate may vary from proposed rate due to rounding. All premiums are based on group enrollment at the time this renewal was processed. Actual monthly premiums may vary due to changes in enrollment.

Contract Type	Vision		
	# of Units	Unit Price	Total
Employee	2	\$6.32	\$12.64
Employee + Spouse	4	\$12.64	\$50.56
Employee + Child	1	\$10.37	\$10.37
Employee + Two Children		\$14.42	\$0.00
Employee + Three or More Children		\$20.10	\$0.00
Employee + Spouse + Child	2	\$16.69	\$33.38
Employee + Spouse + Two Children	4	\$20.74	\$82.96
Employee + Spouse + Three or More Children	4	\$26.42	\$105.68

Final billed rate may vary from proposed rate due to rounding. Group employees residing in the State of California may enroll their domestic partners as eligible dependents.

**Rates on this page include the following mandated fees:**

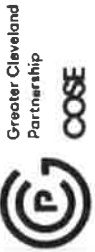
<b>PCORI</b>	<b>\$0.00</b>
<b>Risk Adjustment</b>	<b>\$0.00</b>
<b>Public Exchange</b>	<b>\$0.00</b>
<b>Market Share</b>	<b>\$0.00</b>
<b>Fees Total</b>	<b>\$0.00</b>



MEDINA TOWNSHIP  
Group Number : 906270  
Renewal Date : 01/01/2021  
Proposal Number : 1882293  
Channel : COSE

## EMPLOYEE ENROLLMENT DETAIL AND RATES

Employee Name	Census					Medical and Drug			Dental			Vision			Total	
	Employee Sex	Employee Age	Employee DOB	Spouse Age	Spouse DOB	Number of Dependents	Medicare Primary	Contract Type	Current Rate	New Rate	Contract Type	Current Rate	New Rate	Contract Type	Current Rate	New Rate
BEARDSWORTH, HALLIE M	F	34	07/28/1986			0		S	\$451.67	\$493.04	S	\$35.15	\$35.15	S	\$6.32	\$534.51
BRENENSTUHL, MORLEY J	M	26	02/23/1994	33	03/22/1987	0		TA	\$985.20	\$981.08	TA	\$70.30	\$70.30	TA	\$12.64	\$1,064.02
COLONIUS, TRAVIS L	M	51	02/24/1969	51	09/06/1969	2		F2	\$1,253.66	\$1,349.38	F2	\$137.76	\$137.76	F2	\$20.74	\$1,507.88
GETTO, JACOB D	M	30	08/05/1990	28	03/27/1992	2		F2	\$1,253.66	\$1,349.38	F2	\$137.76	\$137.76	F2	\$20.74	\$1,507.88
GOE, CECELIA A	F	76	11/07/1944	74	08/09/1946	0			N/A	N/A	TA	\$70.30	\$70.30	TA	\$12.64	\$82.94
HARVEY, JUSTIN G	M	33	10/12/1987	32	07/27/1988	3		F	\$1,502.48	\$1,607.10	F	\$185.00	\$185.00	F	\$26.42	\$1,818.52
JOHNSON, CHARLES L	M	47	02/22/1973	44	03/04/1976	3		F	\$1,502.48	\$1,607.10	F	\$185.00	\$185.00	F	\$26.42	\$1,818.52
KESSLER, JEFFREY D	M	53	08/01/1967	50	04/07/1970	1		F1	\$1,075.93	\$1,165.23	F1	\$104.03	\$104.03	F1	\$16.69	\$1,285.95
MANGEL, SHARI M	F	48	11/12/1972	56	02/02/1964	0		TA	\$898.20	\$981.08	TA	\$70.30	\$70.30	TA	\$12.64	\$1,064.02
MILLER, DENNIS M	M	49	09/10/1971			1		TC	\$629.40	\$677.19	TC	\$68.88	\$68.88	TC	\$10.37	\$756.44
MOHLER, MARTIN L	M	30	03/05/1990			0		S	\$451.67	\$493.04	S	\$35.15	\$35.15	S	\$6.32	\$534.51
NICHOLSON, CLIFF A	M	44	05/04/1976	42	11/16/1978	2		F2	\$1,253.66	\$1,349.38	F2	\$137.76	\$137.76	F2	\$20.74	\$1,507.88
OYLER, MICHAEL J	M	47	05/15/1973	45	09/09/1975	2		F2	\$1,253.66	\$1,349.38	F2	\$137.76	\$137.76	F2	\$20.74	\$1,507.88
PLUTE, CRAIG D	M	48	09/12/1972	46	10/17/1974	0		TA	\$898.20	\$981.08	TA	\$70.30	\$70.30	TA	\$12.64	\$1,064.02
RADICE, MARK S	M	58	09/06/1962	50	05/14/1970	3		F	\$1,502.48	\$1,607.10	F	\$185.00	\$185.00	F	\$26.42	\$1,818.52
RIDGLEY, ELAINE S	F	58	02/23/1962	62	12/19/1958	1		F1	\$1,075.93	\$1,165.23	F1	\$104.03	\$104.03	F1	\$16.69	\$1,285.95
VENTURA, ANGELA	F	42	05/31/1978	50	08/13/1970	3		F	\$1,502.48	\$1,607.10	F	\$185.00	\$185.00	F	\$26.42	\$1,818.52
Total Premium									\$17,403.76	\$18,762.89		\$1,919.48	\$1,919.48		\$295.59	\$20,977.96



MEDINA TOWNSHIP  
Group Number : 906270  
Renewal Date : 01/01/2021  
Proposal Number : 1882293  
Channel : COSE

## EMPLOYEE ENROLLMENT DETAIL AND RATES

Census							Medical and Drug			Dental			Vision			Total	
Employee Name	Employee Sex	Employee Age	Employee DOB	Spouse Age	Spouse DOB	Number of Dependents	Medicare Primary	Contract Type	Current Rate	New Rate	Contract Type	Current Rate	New Rate	Contract Type	Current Rate	New Rate	Total
Total % Change									7.61%			.00%			.00%		6.93%

A \$.00 per employee per month HRA administrative fee is added to the employee rate for all HRA plans.  
Final billed rate may vary from proposed rate due to rounding.  
Group employees residing in the State of California may enroll their domestic partners as eligible dependents.  
All premiums are based on group enrollment at the time this renewal was processed.  
Actual monthly premiums may vary due to changes in enrollment.

Contract Type(s)	
F	Employee + Spouse + Three or More Children
F1	Employee + Spouse + Child
F2	Employee + Spouse + Two Children
S	Employee
TA	Employee + Spouse
TC	Employee + Child



**MEDINA TOWNSHIP**  
**Group Number : 906270**  
**Renewal Date : 01/01/2021**  
**Proposal Number : 1882293**  
**Channel : COSE**

## ALTERNATE SUMMARY

Monthly Premium										
Product Name	RX Option 1	% Change	RX Option 2	% Change	RX Option 3	% Change	RX Option 4	% Change	No RX Card	% Change
<b>SuperMed Plus</b>										
Multiple Option P100 Embedded	\$34,521.11	84%	\$34,100.72	82%						
Multiple Option P80 Embedded	\$29,767.34	59%	\$29,346.95	56%						
Multiple Option P90 Embedded	\$31,647.05	69%	\$31,226.66	66%						
HRA P1000/3000	\$29,582.43	58%	\$29,162.04	55%						
HRA P2000/6000	\$26,796.44	43%	\$26,376.05	41%						
HRA P2500 MM Rx									\$19,223.27	2%
HRA P3000/9000	\$22,948.25	22%	\$22,527.86	20%						
HSA P1500 Aggregate MM Rx, HSAComp									\$23,360.48	25%
HSA P3000/100 Embedded MM Rx, HSAComp									\$18,762.89	<b>Current Product</b>
HSA P4000/100 Embedded MM Rx, HSAComp									\$16,698.29	-11%
HSA P5000/100 Embedded MM Rx, HSAComp									\$14,190.84	-24%
P1000/2000 Embedded MM Rx									\$24,891.50	33%
P1000/3000 Embedded	\$29,502.43	57%	\$29,082.04	55%						
P2000/4000 Aggregate MM Rx									\$24,406.16	30%
P2000/6000 Embedded	\$26,716.44	42%	\$26,296.05	40%						
P2080-1000 Embedded	\$25,809.43	38%	\$25,389.04	35%						
P2080-250 Embedded	\$28,639.01	53%	\$28,218.62	50%						
P2080-500 Embedded	\$27,334.29	46%	\$26,913.90	43%						
P2080-750 Embedded	\$26,251.10	40%	\$25,830.71	38%						
P250/500 Embedded	\$29,767.34	59%	\$29,346.95	56%						
P250/500 Embedded MM Rx									\$28,186.17	50%
P3000/9000 Embedded	\$22,868.25	22%	\$22,447.86	20%						
P500/1000 Embedded	\$28,772.66	53%	\$28,352.27	51%						
P500/1000 Embedded MM Rx									\$26,815.21	43%



**MEDINA TOWNSHIP**  
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Monthly Premium										
Product Name	RX Option 1	% Change	RX Option 2	% Change	RX Option 3	% Change	RX Option 4	% Change	No RX Card	% Change
P750/1500 Embedded	\$27,445.70	46%	\$27,025.31	44%						
P750/1500 Embedded MM Rx									\$25,090.06	34%
P7500/15000 Embedded MM Rx									\$11,537.27	-39%
<b>SuperMed Classic</b>										
Gold P1000/2000 Embedded MM Rx									\$28,439.90	52%
Gold P250/500 Embedded	\$33,594.10	79%	\$33,173.71	77%						
Gold P250/500 Embedded MM Rx									\$32,954.13	76%
Gold P500/1000 Embedded	\$32,390.83	73%	\$31,970.44	70%						
Gold P500/1000 Embedded MM Rx									\$31,040.38	65%
Gold P750/1500 Embedded	\$30,919.12	65%	\$30,498.73	63%						
Gold P750/1500 Embedded MM Rx									\$28,906.20	54%
<b>Ancillary</b>										
Dent PPO #1 \$1000 CYMax - Emp Spnsrd No Ortho	\$1,233.61									
Dent PPO #1 \$1000 CYMax - Emp Spnsrd w/Ortho	\$1,337.93									
Dent PPO #1 \$1000 CYMax - Voluntary No Ortho	\$1,356.57									
Dent PPO #1 \$1500 CYMax - Emp Spnsrd No Ortho	\$1,441.52									
Dent PPO #1 \$1500 CYMax - Emp Spnsrd w/Ortho	\$1,545.84									
Dent PPO #1 \$1500 CYMax - Voluntary No Ortho	\$1,607.78									
Dent PPO #2 \$1000 CYMax - Emp Spnsrd No Ortho	\$1,110.28									
Dent PPO #2 \$1000 CYMax - Emp Spnsrd w/Ortho	\$1,203.80									
Dent PPO #2 \$1000 CYMax - Voluntary No Ortho	\$1,221.23									
Dent PPO #2 \$1500 CYMax - Emp Spnsrd w/Ortho	\$1,353.15									
Dent PPO #2 \$1500 CYMax - Emp Spnsrd No Ortho	\$1,259.05									
Dent PPO #2 \$1500 CYMax - Voluntary No Ortho	\$1,408.96									



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**COSE**

**MEDINA TOWNSHIP**  
**Group Number : 906270**  
**Renewal Date : 01/01/2021**  
**Proposal Number : 1882293**  
**Channel : COSE**

Monthly Premium										
Product Name	RX Option 1	% Change	RX Option 2	% Change	RX Option 3	% Change	RX Option 4	% Change	No RX Card	% Change
Dent Value PPO #1 \$1000 CYMax - Emp Spnsrd w/Ortho					\$1,136.68					
Dent Value PPO #1 \$1000 CYMax -Voluntary No Ortho					\$1,153.41					
Dent Value PPO #1 \$1000 CYMax- Emp Spnsrd No Ortho					\$1,048.58					
Dent Value PPO #1 \$1500 CYMax - Emp Spnsrd w/Ortho					\$1,286.97					
Dent Value PPO #1 \$1500 CYMax-Emp Spnsrd No Ortho					\$1,198.68					
Dent Value PPO #1 \$1500 CYMax-Voluntary No Ortho					\$1,341.70					
Dent Value PPO #2 \$1000 CYMax - Voluntary No Ortho					\$1,038.24					
Dent Value PPO #2 \$1000 CYMax -Emp Spnsrd w/Ortho					\$1,023.16					
Dent Value PPO #2 \$1000 CYMax-Emp Spnsrd No Ortho					\$943.98					
Dent Value PPO #2 \$1500 CYMax - Emp Spnsrd w/Ortho					\$1,121.38					
Dent Value PPO #2 \$1500 CYMax - Voluntary No Ortho					\$1,167.76					
Dent Value PPO #2 \$1500 CYMax -Emp Spnsrd No Ortho					\$1,042.54					
VSP Option 1					\$282.95					
VSP Option 2					\$414.97					





**MEDINA TOWNSHIP**  
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Monthly Premium										
Product Name	RX Option 1	% Change	RX Option 2	% Change	RX Option 3	% Change	RX Option 4	% Change	No RX Card	% Change
<b>Ancillary</b>										
Dent PPO #1 \$1000 CYMax - Emp Spnsrd No Ortho					\$1,285.23					-33%
Dent PPO #1 \$1000 CYMax - Emp Spnsrd w/Ortho					\$1,389.55					-28%
Dent PPO #1 \$1000 CYMax - Voluntary No Ortho					\$1,413.33					-26%
Dent PPO #1 \$1500 CYMax - Emp Spnsrd No Ortho					\$1,501.84					-22%
Dent PPO #1 \$1500 CYMax - Emp Spnsrd w/Ortho					\$1,606.16					-16%
Dent PPO #1 \$1500 CYMax - Voluntary No Ortho					\$1,675.06					-13%
Dent PPO #2 \$1000 CYMax - Emp Spnsrd No Ortho					\$1,156.74					-40%
Dent PPO #2 \$1000 CYMax - Emp Spnsrd w/Ortho					\$1,250.26					-35%
Dent PPO #2 \$1000 CYMax - Voluntary No Ortho					\$1,272.33					-34%
Dent PPO #2 \$1500 CYMax - Emp Spnsrd w/Ortho					\$1,405.83					-27%
Dent PPO #2 \$1500 CYMax - Emp Spnsrd No Ortho					\$1,311.73					-32%
Dent PPO #2 \$1500 CYMax - Voluntary No Ortho					\$1,467.92					-24%
Dent Value PPO #1 \$1000 CYMax - Emp Spnsrd w/Ortho					\$1,180.56					-38%
Dent Value PPO #1 \$1000 CYMax -Voluntary No Ortho					\$1,201.67					-37%
Dent Value PPO #1 \$1000 CYMax- Emp Spnsrd No Ortho					\$1,092.46					-43%
Dent Value PPO #1 \$1500 CYMax - Emp Spnsrd w/Ortho					\$1,337.13					-30%
Dent Value PPO #1 \$1500 CYMax-Emp Spnsrd No Ortho					\$1,248.84					-35%
Dent Value PPO #1 \$1500 CYMax-Voluntary No Ortho					\$1,397.84					-27%
Dent Value PPO #2 \$1000 CYMax - Voluntary No Ortho					\$1,081.68					-44%
Dent Value PPO #2 \$1000 CYMax -Emp Spnsrd w/Ortho					\$1,062.66					-45%



**MEDINA TOWNSHIP**  
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Monthly Premium										
Product Name	RX Option 1	% Change	RX Option 2	% Change	RX Option 3	% Change	RX Option 4	% Change	No RX Card	% Change
Dent Value PPO #2 \$1000 CYMax-Emp Spnsrd No Ortho					\$983.48					-49%
Dent Value PPO #2 \$1500 CYMax - Emp Spnsrd w/Ortho					\$1,165.00					-39%
Dent Value PPO #2 \$1500 CYMax - Voluntary No Ortho					\$1,216.62					-37%
Dent Value PPO #2 \$1500 CYMax -Emp Spnsrd No Ortho					\$1,086.16					-43%



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MEDINA TOWNSHIP  
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Monthly Premium										
Product Name	RX Option 1	% Change	RX Option 2	% Change	RX Option 3	% Change	RX Option 4	% Change	No RX Card	% Change
<b>Ancillary</b>										
VSP Option 1	\$295.59									<b>Current Product</b>
VSP Option 2	\$433.51									47%

A \$5.00 per employee per month HRA administrative fee is added to the employee rate for all HRA plans.

Final billed rate may vary from proposed rate due to rounding.

Group employees residing in the State of California may enroll their domestic partners as eligible dependents.

All premiums are based on group enrollment at the time this renewal was processed.

Actual monthly premiums may vary due to changes in enrollment.

If your group requires Federal Mental Health Parity (FMHP) benefits, the FMHP-adjusted rates are not included in this exhibit. Please contact your broker or Medical Mutual Sales representative for FMHP-adjusted rates.



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**MEDINA TOWNSHIP**

**Group Number : 906270**

Renewal Date : 01/01/2021

**Proposal Number : 1882293**

**Channel : COSE**

## FINALIZE YOUR RENEWAL

### No changes to your plan?

There is nothing for you to do!

### Changing your current plan?

- If your group is grandfathered and you want to maintain grandfathered status, your group must remain on the current benefit(s) or may elect a grandfathered "S", "T" or "V" plan option if one is available. Benefit changes desired outside of the grandfathered "S", "T" or "V" plan offering may require you to move to our ACA-compliant rating structure. Please consult your Medical Mutual representative or broker for more information on ACA plan options.
- If your group is non-grandfathered, your group will keep its current benefit(s) unless you direct Medical Mutual otherwise. You may elect to move to our ACA-compliant rating structure. Please consult your Medical Mutual representative or broker for more information on ACA plan options.
- Any benefit change, addition or deletion requested by your group must be submitted and received by Medical Mutual prior to your renewal effective date. Requests received after your renewal effective date are subject to underwriting review. Requests must be received by Medical Mutual 80 days before the desired effective date to meet the requirements of the ACA.
- If your group is electing the Medical Mutual Health Savings Account (HSA) or Health Reimbursement Account (HRA), additional forms are required to set up the banking. Please consult your Medical Mutual representative or broker in order to obtain the forms and complete enrollment in the Medical Mutual HSA or HRA.

### 1. Select Dental and/or Vision

	Dental	Vision
<b>Benefit Change</b> Yes, I would like to add or change my Dental and/or Vision product offering(s)	<input type="checkbox"/> _____ <i>(Write in plan name and include list of employees to be covered under each plan)</i>	<input type="checkbox"/> _____ <i>(Write in plan name and include list of employees to be covered under each plan)</i>

## 2. Sign and Date

**Group Official Signature**

Date \_\_\_\_\_

**3. If changes are desired, please submit this page to your broker or Medical Mutual Sales representative.**



<b>MEDINA TOWNSHIP</b>
<b>Group Number : 906270</b>
<b>Renewal Date : 01/01/2021</b>
<b>Proposal Number : 1882293</b>
<b>Channel : COSE</b>

## RATE TABLE - SuperMed Plus

<b>SuperMed Plus</b>	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 Children	Employee + 3+ Children	Employee + Spouse + 1 Child	Employee + Spouse + 2 Children	Employee + Spouse + 3+ Children	Medicare Primary
Multiple Option P100 Embedded, Rx Option 1	\$901.84	\$1,803.68	\$1,242.01	\$1,582.18	\$2,058.31	\$2,143.85	\$2,484.02	\$2,960.15	\$901.84
Multiple Option P100 Embedded, Rx Option 2	\$890.86	\$1,781.72	\$1,226.88	\$1,562.90	\$2,033.25	\$2,117.74	\$2,453.76	\$2,924.11	\$890.86
Multiple Option P80 Embedded, Rx Option 1	\$777.64	\$1,555.28	\$1,070.98	\$1,364.32	\$1,774.90	\$1,848.62	\$2,141.96	\$2,552.54	\$777.64
Multiple Option P80 Embedded, Rx Option 2	\$766.66	\$1,533.32	\$1,055.85	\$1,345.04	\$1,749.84	\$1,822.51	\$2,111.70	\$2,516.50	\$766.66
Multiple Option P90 Embedded, Rx Option 1	\$826.75	\$1,653.50	\$1,138.61	\$1,450.47	\$1,886.96	\$1,965.36	\$2,277.22	\$2,713.71	\$826.75
Multiple Option P90 Embedded, Rx Option 2	\$815.77	\$1,631.54	\$1,123.48	\$1,431.19	\$1,861.90	\$1,939.25	\$2,246.96	\$2,677.67	\$815.77
HRA P1000/3000, Rx Option 1	\$775.72	\$1,546.44	\$1,066.45	\$1,357.18	\$1,764.10	\$1,837.17	\$2,127.90	\$2,534.82	\$770.72
HRA P1000/3000, Rx Option 2	\$764.74	\$1,524.48	\$1,051.32	\$1,337.90	\$1,739.04	\$1,811.06	\$2,097.64	\$2,498.78	\$759.74
HRA P2000/6000, Rx Option 1	\$702.93	\$1,400.86	\$966.22	\$1,229.51	\$1,598.00	\$1,664.15	\$1,927.44	\$2,295.93	\$697.93
HRA P2000/6000, Rx Option 2	\$691.95	\$1,378.90	\$951.09	\$1,210.23	\$1,572.94	\$1,638.04	\$1,897.18	\$2,259.89	\$686.95
HRA P2500 MM Rx	\$505.07	\$1,005.14	\$693.75	\$882.43	\$1,146.51	\$1,193.82	\$1,382.50	\$1,646.58	\$524.43
HRA P3000/9000, Rx Option 1	\$602.39	\$1,199.78	\$827.77	\$1,053.15	\$1,368.58	\$1,425.16	\$1,650.54	\$1,965.97	\$597.39
HRA P3000/9000, Rx Option 2	\$591.41	\$1,177.82	\$812.64	\$1,033.87	\$1,343.52	\$1,399.05	\$1,620.28	\$1,929.93	\$586.41
HSA P1500 Aggregate MM Rx, HSAComp	\$613.16	\$1,221.32	\$842.60	\$1,072.04	\$1,393.16	\$1,450.76	\$1,680.20	\$2,001.32	\$608.16
HSA P3000/100 Embedded MM Rx, HSAComp	\$493.04	\$981.08	\$677.19	\$861.34	\$1,119.06	\$1,165.23	\$1,349.38	\$1,607.10	\$488.04
HSA P4000/100 Embedded MM Rx, HSAComp	\$439.10	\$873.20	\$602.91	\$766.72	\$995.97	\$1,037.01	\$1,200.82	\$1,430.07	\$434.10
HSA P5000/100 Embedded MM Rx, HSAComp	\$373.59	\$742.18	\$512.70	\$651.81	\$846.47	\$881.29	\$1,020.40	\$1,215.06	\$368.59
P1000/2000 Embedded MM Rx	\$650.25	\$1,300.50	\$895.56	\$1,140.87	\$1,484.21	\$1,545.81	\$1,791.12	\$2,134.46	\$650.25
P1000/3000 Embedded, Rx Option 1	\$770.72	\$1,541.44	\$1,061.45	\$1,352.18	\$1,759.10	\$1,832.17	\$2,122.90	\$2,529.82	\$770.72
P1000/3000 Embedded, Rx Option 2	\$759.74	\$1,519.48	\$1,046.32	\$1,332.90	\$1,734.04	\$1,806.06	\$2,092.64	\$2,493.78	\$759.74
P2000/4000 Aggregate MM Rx	\$637.57	\$1,275.14	\$878.10	\$1,118.63	\$1,455.27	\$1,515.67	\$1,756.20	\$2,092.84	\$637.57
P2000/6000 Embedded, Rx Option 1	\$697.93	\$1,395.86	\$961.22	\$1,224.51	\$1,593.00	\$1,659.15	\$1,922.44	\$2,290.93	\$697.93
P2000/6000 Embedded, Rx Option 2	\$686.95	\$1,373.90	\$946.09	\$1,205.23	\$1,567.94	\$1,633.04	\$1,892.18	\$2,254.89	\$686.95
P2080-1000 Embedded, Rx Option 1	\$674.23	\$1,348.46	\$928.59	\$1,182.95	\$1,538.93	\$1,602.82	\$1,857.18	\$2,213.16	\$674.23
P2080-1000 Embedded, Rx Option 2	\$663.25	\$1,326.50	\$913.46	\$1,163.67	\$1,513.87	\$1,576.71	\$1,826.92	\$2,177.12	\$663.25
P2080-250 Embedded, Rx Option 1	\$748.16	\$1,496.32	\$1,030.39	\$1,312.62	\$1,707.62	\$1,778.55	\$2,060.78	\$2,455.78	\$748.16
P2080-250 Embedded, Rx Option 2	\$737.18	\$1,474.36	\$1,015.26	\$1,293.34	\$1,682.56	\$1,752.44	\$2,030.52	\$2,419.74	\$737.18
P2080-500 Embedded, Rx Option 1	\$714.07	\$1,428.14	\$983.45	\$1,252.83	\$1,629.84	\$1,697.52	\$1,966.90	\$2,343.91	\$714.07
P2080-500 Embedded, Rx Option 2	\$703.09	\$1,406.18	\$968.32	\$1,233.55	\$1,604.78	\$1,671.41	\$1,936.64	\$2,307.87	\$703.09
P2080-750 Embedded, Rx Option 1	\$685.77	\$1,371.54	\$944.48	\$1,203.19	\$1,565.26	\$1,630.25	\$1,888.96	\$2,251.03	\$685.77
P2080-750 Embedded, Rx Option 2	\$674.79	\$1,349.58	\$929.35	\$1,183.91	\$1,540.20	\$1,604.14	\$1,858.70	\$2,214.99	\$674.79
P250/500 Embedded MM Rx	\$736.33	\$1,472.66	\$1,014.09	\$1,291.85	\$1,680.64	\$1,750.42	\$2,028.18	\$2,416.97	\$736.33
P250/500 Embedded, Rx Option 1	\$777.64	\$1,555.28	\$1,070.98	\$1,364.32	\$1,774.90	\$1,848.62	\$2,141.96	\$2,552.54	\$777.64
P250/500 Embedded, Rx Option 2	\$766.66	\$1,533.32	\$1,055.85	\$1,345.04	\$1,749.84	\$1,822.51	\$2,111.70	\$2,516.50	\$766.66



**MEDINA TOWNSHIP**  
**Group Number : 906270**  
**Renewal Date : 01/01/2021**  
**Proposal Number : 1882293**  
**Channel : COSE**

<b>SuperMed Plus</b>	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 Children	Employee + 3+ Children	Employee + Spouse + 1 Child	Employee + Spouse + 2 Children	Employee + Spouse + 3+ Children	Medicare Primary
P3000/9000 Embedded, Rx Option 1	\$597.39	\$1,194.78	\$822.77	\$1,048.15	\$1,363.58	\$1,420.16	\$1,645.54	\$1,960.97	\$597.39
P3000/9000 Embedded, Rx Option 2	\$586.41	\$1,172.82	\$807.64	\$1,028.87	\$1,338.52	\$1,394.05	\$1,615.28	\$1,924.93	\$586.41
P500/1000 Embedded MM Rx	\$700.51	\$1,401.02	\$964.77	\$1,229.03	\$1,598.90	\$1,665.28	\$1,929.54	\$2,299.41	\$700.51
P500/1000 Embedded, Rx Option 1	\$751.65	\$1,503.30	\$1,035.20	\$1,318.75	\$1,715.59	\$1,786.85	\$2,070.40	\$2,467.24	\$751.65
P500/1000 Embedded, Rx Option 2	\$740.67	\$1,481.34	\$1,020.07	\$1,299.47	\$1,690.53	\$1,760.74	\$2,040.14	\$2,431.20	\$740.67
P750/1500 Embedded MM Rx	\$655.44	\$1,310.88	\$902.70	\$1,149.96	\$1,496.05	\$1,558.14	\$1,805.40	\$2,151.49	\$655.44
P750/1500 Embedded, Rx Option 1	\$716.98	\$1,433.96	\$987.46	\$1,257.94	\$1,636.48	\$1,704.44	\$1,974.92	\$2,353.46	\$716.98
P750/1500 Embedded, Rx Option 2	\$706.00	\$1,412.00	\$972.33	\$1,238.66	\$1,611.42	\$1,678.33	\$1,944.66	\$2,317.42	\$706.00
P7500/15000 Embedded MM Rx	\$301.35	\$602.70	\$415.11	\$528.87	\$688.04	\$716.46	\$830.22	\$989.39	\$301.35



**MEDINA TOWNSHIP**  
**Group Number : 906270**  
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## RATE TABLE - SuperMed Classic

<b>SuperMed Classic</b>	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 Children	Employee + 3+ Children	Employee + Spouse + 1 Child	Employee + Spouse + 2 Children	Employee + Spouse + 3+ Children	Medicare Primary
Gold P1000/2000 Embedded MM Rx	\$742.96	\$1,485.92	\$1,023.22	\$1,303.48	\$1,695.76	\$1,766.18	\$2,046.44	\$2,438.72	\$742.96
Gold P250/500 Embedded MM Rx	\$860.90	\$1,721.80	\$1,185.63	\$1,510.36	\$1,964.90	\$2,046.53	\$2,371.26	\$2,825.80	\$860.90
Gold P250/500 Embedded, Rx Option 1	\$877.62	\$1,755.24	\$1,208.66	\$1,539.70	\$2,003.04	\$2,086.28	\$2,417.32	\$2,880.66	\$877.62
Gold P250/500 Embedded, Rx Option 2	\$866.64	\$1,733.28	\$1,193.53	\$1,520.42	\$1,977.98	\$2,060.17	\$2,387.06	\$2,844.62	\$866.64
Gold P500/1000 Embedded MM Rx	\$810.90	\$1,621.80	\$1,116.78	\$1,422.66	\$1,850.80	\$1,927.68	\$2,233.56	\$2,661.70	\$810.90
Gold P500/1000 Embedded, Rx Option 1	\$846.18	\$1,692.36	\$1,165.37	\$1,484.56	\$1,931.31	\$2,011.55	\$2,330.74	\$2,777.49	\$846.18
Gold P500/1000 Embedded, Rx Option 2	\$835.20	\$1,670.40	\$1,150.24	\$1,465.28	\$1,906.25	\$1,985.44	\$2,300.48	\$2,741.45	\$835.20
Gold P750/1500 Embedded MM Rx	\$755.14	\$1,510.28	\$1,040.00	\$1,324.86	\$1,723.56	\$1,795.14	\$2,080.00	\$2,478.70	\$755.14
Gold P750/1500 Embedded, Rx Option 1	\$807.73	\$1,615.46	\$1,112.42	\$1,417.11	\$1,843.57	\$1,920.15	\$2,224.84	\$2,651.30	\$807.73
Gold P750/1500 Embedded, Rx Option 2	\$796.75	\$1,593.50	\$1,097.29	\$1,397.83	\$1,818.51	\$1,894.04	\$2,194.58	\$2,615.26	\$796.75



**MEDINA TOWNSHIP**  
**Group Number : 906270**  
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## RATE TABLE - Ancillary

<b>Ancillary</b>	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 Children	Employee + 3+ Children	Employee + Spouse + 1 Child	Employee + Spouse + 2 Children	Employee + Spouse + 3+ Children	Medicare Primary
Dent PPO #1 \$1000 CYMax - Emp Spnsrd No Ortho	\$25.81	\$51.62	\$45.53	\$65.25	\$92.86	\$71.34	\$91.06	\$118.67	
Dent PPO #1 \$1000 CYMax - Emp Spnsrd w/Ortho	\$25.81	\$51.62	\$49.77	\$73.73	\$107.28	\$75.58	\$99.54	\$133.09	
Dent PPO #1 \$1000 CYMax - Voluntary No Qrtho	\$28.38	\$56.76	\$50.07	\$71.76	\$102.12	\$78.45	\$100.14	\$130.50	
Dent PPO #1 \$1500 CYMax - Emp Spnsrd No Ortho	\$30.16	\$60.32	\$53.20	\$76.24	\$108.52	\$83.36	\$106.40	\$138.68	
Dent PPO #1 \$1500 CYMax - Emp Spnsrd w/Ortho	\$30.16	\$60.32	\$57.44	\$84.72	\$122.94	\$87.60	\$114.88	\$153.10	
Dent PPO #1 \$1500 CYMax - Voluntary No Ortho	\$33.64	\$67.28	\$59.34	\$85.04	\$121.02	\$92.98	\$118.68	\$154.66	
Dent PPO #2 \$1000 CYMax - Emp Spnsrd No Ortho	\$23.23	\$46.46	\$40.98	\$58.73	\$83.57	\$64.21	\$81.96	\$106.80	
Dent PPO #2 \$1000 CYMax - Emp Spnsrd w/Ortho	\$23.23	\$46.46	\$44.78	\$66.33	\$96.50	\$68.01	\$89.56	\$119.73	
Dent PPO #2 \$1000 CYMax - Voluntary No Ortho	\$25.55	\$51.10	\$45.07	\$64.59	\$91.94	\$70.62	\$90.14	\$117.49	
Dent PPO #2 \$1500 CYMax - Emp Spnsrd w/Ortho	\$26.34	\$52.68	\$50.29	\$74.24	\$107.80	\$76.63	\$100.58	\$134.14	
Dent PPO #2 \$1500 CYMax - Emp Spnsrd No Ortho	\$26.34	\$52.68	\$46.47	\$66.60	\$94.78	\$72.81	\$92.94	\$121.12	
Dent PPO #2 \$1500 CYMax - Voluntary No Ortho	\$29.48	\$58.96	\$52.00	\$74.52	\$106.06	\$81.48	\$104.00	\$135.54	
Dent Value PPO #1 \$1000 CYMax - Emp Spnsrd w/Ortho	\$21.94	\$43.88	\$42.28	\$62.62	\$91.11	\$64.22	\$84.56	\$113.05	
Dent Value PPO #1 \$1000 CYMax -Voluntary No Ortho	\$24.13	\$48.26	\$42.57	\$61.01	\$86.83	\$66.70	\$85.14	\$110.96	
Dent Value PPO #1 \$1000 CYMax- Emp Spnsrd No Ortho	\$21.94	\$43.88	\$38.70	\$55.46	\$78.93	\$60.64	\$77.40	\$100.87	
Dent Value PPO #1 \$1500 CYMax - Emp Spnsrd w/Ortho	\$25.08	\$50.16	\$47.83	\$70.58	\$102.43	\$72.91	\$95.66	\$127.51	
Dent Value PPO #1 \$1500 CYMax-Emp Spnsrd No Ortho	\$25.08	\$50.16	\$44.24	\$63.40	\$90.23	\$69.32	\$88.48	\$115.31	
Dent Value PPO #1 \$1500 CYMax-Voluntary No Ortho	\$28.07	\$56.14	\$49.52	\$70.97	\$101.00	\$77.59	\$99.04	\$129.07	
Dent Value PPO #2 \$1000 CYMax - Voluntary No Ortho	\$21.72	\$43.44	\$38.32	\$54.92	\$78.16	\$60.04	\$76.64	\$99.88	
Dent Value PPO #2 \$1000 CYMax -Emp Spnsrd w/Ortho	\$19.75	\$39.50	\$38.06	\$56.37	\$82.00	\$57.81	\$76.12	\$101.75	
Dent Value PPO #2 \$1000 CYMax-Emp Spnsrd No Ortho	\$19.75	\$39.50	\$34.84	\$49.93	\$71.06	\$54.59	\$69.68	\$90.81	
Dent Value PPO #2 \$1500 CYMax - Emp Spnsrd w/Ortho	\$21.81	\$43.62	\$41.68	\$61.55	\$89.39	\$63.49	\$83.36	\$111.20	
Dent Value PPO #2 \$1500 CYMax - Voluntary No Ortho	\$24.43	\$48.86	\$43.10	\$61.77	\$87.91	\$67.53	\$86.20	\$112.34	
Dent Value PPO #2 \$1500 CYMax -Emp Spnsrd No Ortho	\$21.81	\$43.62	\$38.48	\$55.15	\$78.48	\$60.29	\$76.96	\$100.29	
VSP Option 1	\$6.32	\$12.64	\$10.37	\$14.42	\$20.10	\$16.69	\$20.74	\$26.42	
VSP Option 2	\$9.27	\$18.54	\$15.21	\$21.15	\$29.47	\$24.48	\$30.42	\$38.74	

A \$5.00 per employee per month HRA administrative fee is added to the employee rate for all HRA plans.  
 Final billed rate may vary from proposed rate due to rounding.  
 Group employees residing in the State of California may enroll their domestic partners as eligible dependents.  
 Dental and Vision rates are listed as a separate line item and are not combined with the medical rate.  
 \* These products are Medifil. They are not Medicare Carve out.





Greater Cleveland  
Partnership  
**COSE**

**MEDINA TOWNSHIP**

**Group Number : 906270**

**Renewal Date : 01/01/2021**

**Proposal Number : 1882293**

**Channel : COSE**

## SUMMARY OF UNDERWRITING REGULATIONS

### GROUP SIZE 1-50

Please read this information very carefully and retain this summary for future reference.

Medical Mutual would like to outline a portion of our current underwriting regulations for groups enrolled in your rating class. These regulations are effective with your current renewal and supersede all other regulations your group is following. It is very important that you read this document and that you understand that if the following underwriting regulations are not met, your group can be cancelled by Medical Mutual with 31 days advance notice.

#### Premium Contributions

Groups must contribute 25 percent or more to the health insurance premium for each enrolled contract, this includes both enrolled active and retired employees.

#### Minimum Enrollment Requirements

Groups must meet the following enrollment requirements for all health products:

- For groups with two to four employees, Medical Mutual will require enrollment of 100 percent of the group's net active eligible employees.
- For groups with 5-50 employees, Medical Mutual will require a minimum enrollment of 75 percent of the group's net active eligible employees.

#### Probationary Periods

Groups must clearly state their probationary period. Groups may not assign effective dates on a case-by-case basis or waive the probationary period for any specific employee. If a group wishes to change their probationary period, the effective date for that change must be a future effective date. The new probationary period would not apply to anyone hired prior to that effective date, but would apply to all new hires hired on or after that date. Groups may impose a maximum probationary period of ninety (90) days. If your group's probationary period is currently longer than 90 days, Medical Mutual will automatically change your probationary period to 90 days effective on your current renewal date. (This change is required by the Ohio Revised Code.)

#### Re-Certification

Upon request by Medical Mutual, the Group shall deliver to Medical Mutual a document of assurance signed by an authorized person of the Group, certifying that the Group has complied with and continues to meet all regulations required of the Group by Medical Mutual. The Group shall also promptly deliver to Medical Mutual all information requested to assure that compliance to enrollment guidelines are met.

#### Termination of Coverage

If you have not paid the full premium amount due, in accordance with its policies, Medical Mutual may elect to cancel your coverage. Benefits will terminate on the last day of the month of your ineligibility, or the last day of the month in which you have paid premiums to Medical Mutual, whichever comes first. When terminating group healthcare coverage, the employer must provide written notification to Medical Mutual at least 31 days prior to the requested termination date. Failure to provide written documentation will result in termination of coverage due to lack of payment.

#### DISCLOSURE OF RATING PRACTICES

Renewal rates for all groups within Medical Mutual Small Group are uniformly calculated based on accepted actuarial practices. Written notification of rate changes will be provided at least 60 days prior to the effective date; however, such notice will not apply to changes in premium rates which are the result of changes in benefit provisions that are required by state or federal law.

Medical Mutual reserves the right to change the price relationships among the various products and demographics factors which affect the group rates. The group coverage (or replacement coverage if the standard benefit structure being marketed to groups by Medical Mutual has been changed) is guaranteed renewable except for the following reasons:

- Nonpayment of required premiums by the group
- Fraud or misrepresentation by the group or a person covered by the group contract
- Failure to maintain participation requirement
- Failure to maintain minimum employer contribution requirements
- Medical Mutual discontinues the product in the market-place

Medical Mutual's underwriting and rating methods are and will be compliant with the requirements of the Ohio Revised Code and Federal Guidelines and compliant with accepted actuarial practices.

For additional questions concerning your group's coverage or other terms and conditions of coverage, please contact your broker or Medical Mutual Sales representative.

# MedMutual Extend™ Plan Options

Additional financial protection when you need it most

**Medical Mutual offers hospital indemnity, accident and critical illness plan options.** There is no way to prepare for illnesses or accidents, but your employees can find comfort in knowing they have an extra safety net available—just in case. These plan options pay a cash benefit to help cover out-of-pocket expenses such as health insurance deductibles and other bills. Choose from the plan options listed below.

Benefit amounts and maximums listed apply per insured person. Pre-existing condition limitations apply.

		Premium	Preferred	Select	Critical Illness/ Accident	Critical Illness	Accident
Benefit	<b>First-Day Hospital Admission</b> One day per year, up to the benefit amount	\$1,000	\$500	—	—	—	—
	<b>Hospital Inpatient</b> 15 days per year for approved hospital room and board charges (ICU included)	\$500/day	\$250/day	—	—	—	—
	<b>Inpatient Surgery</b> One surgical procedure that occurs during an inpatient hospital stay per year	\$2,500	\$1,500	\$1,500	—	—	—
	<b>Outpatient Surgery</b> One surgical procedure that occurs at an outpatient facility per year	\$750	\$750	\$750	—	—	—
	<b>Accident</b> Medical expense coverage per accident	\$1,000 max. per accident	\$500 max. per accident	\$500 max. per accident	\$2,500 max. per accident	—	\$2,500 max. per accident
	<b>Critical Illness*</b> Diagnosis of a covered critical illness (e.g., heart attack, stroke, life-threatening cancer, etc.)	\$10,000 lifetime max.	\$5,000 lifetime max.	\$5,000 lifetime max.	\$10,000 lifetime max.	\$10,000 lifetime max.	—

\*Dependent coverage for critical illness is limited to \$2,500

## 2021 Employee-paid Monthly Premium

	Premium	Preferred	Select	Critical Illness/ Accident	Critical Illness	Accident
<b>Employee</b>	\$59.77	\$37.39	\$25.67	\$19.12	\$11.57	\$7.54
<b>Employee + Spouse</b>	\$134.78	\$83.77	\$55.76	\$40.55	\$25.41	\$15.14
<b>Employee + Children</b>	\$101.11	\$61.78	\$37.08	\$34.34	\$11.82	\$22.53
<b>Family</b>	\$172.09	\$106.77	\$68.94	\$60.69	\$25.73	\$34.96



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## Group and Employee Eligibility Requirements

- Group sizes of two to 50 employees are eligible for coverage; a minimum participation of two employees is required
  - Groups of one are eligible for coverage
- 100% voluntary, employee-paid benefit (no employer contribution)
- Actively working employees 18-74 years old, their spouses and dependent children under 26 years old
- Employees must actively work a minimum of 20 hours per week
- Pre-existing condition limitations:
  - Accident 3/12
  - Critical Illness 12/12
  - Hospital 12/12

## Plan Features

- Convenient combined billing
- Guaranteed issue
- No underwriting required
- Available as a standalone benefit
- Compatible with Health Savings Accounts (HSAs)
- No restrictions on cash benefit spending

## How Benefits are Determined

The maximum dollar amount determined as payable for a particular covered service and on which benefits are calculated are based on the allowed amount that is payable to a covered person by a health plan. This can generally be found on the Explanation of Benefits (EOB) issued by a health plan and is typically less than the provider's actual billed charge. In the absence of health coverage or if an EOB is not available, the amount that will be payable under this plan will be 50% of the provider's billed charges.

**Contact your broker or sales representative to enroll in a MedMutual Extend plan. If you would like more information on plan options, visit [MedMutual.com/ExtraCoverage](http://MedMutual.com/ExtraCoverage).**

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This document is only a brief summary of benefits. Product limitations, exclusions, waiting and elimination periods apply. Please refer to product-specific policy certificates for the actual terms and conditions. In the event there are discrepancies with the information on this page, the terms and conditions of the policy certificate for each product will govern.

These products do not qualify as Minimum Essential Coverage as defined under the Affordable Care Act. If you don't have Minimum Essential Coverage, you may be subject to a federal tax penalty. The termination or loss of the coverage of these products does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as Minimum Essential Coverage outside of an open enrollment period. These products include a pre-existing condition exclusion provision.

This advertisement is for policy form numbers STIND-GHOSP, STIND-GACC and STIND-GCRITILL. These are limited benefit indemnity policies.

MedMutual Life is a subsidiary of Medical Mutual of Ohio. MedMutual Life is a registered trademark of Medical Mutual of Ohio.



## SDC Ohio Small Group Dental Plans—2021

2–50 enrolled employees

The small group dental plans are guaranteed for 12 months when implemented by December 31, 2021. Employer groups with 51 enrolled employees or more will be individually underwritten based on the group's specifications. Current groups with SDC may not be eligible for these rates.

### National network

SDC's network of participating dentists and specialists offers coverage across the country with **one of the largest dental networks in the United States**. Enrolled Members are encouraged to seek care from a participating dentist. Please visit SDC's website [superiordental.com](http://superiordental.com) for a directory of participating dentists.

### No-cost extras offered to members with every plan



**SDC Mobile:** Our convenient app gives members on-the-go access to their plan and Mobile ID card.



**Free Second Opinion:** SDC will provide a no-cost second opinion by a participating dentist for covered extensive treatments that include numerous or costly services.



**SMILERIDER™:** This is a supplemental cosmetic rider that provides a 15% discount for elective cosmetic services including teeth whitening, veneers, bonding, porcelain facings, etc.



**Vision Discount:** Administered through EyeMed Vision Care® Discount Plan, members enjoy discounts on vision products and services.



**Prescription Discount:** This discount provides a savings of up to 20% off retail price on many prescription drugs at participating pharmacies.

## Small Group Dental Plans

	Plan A In/Out of Network	Plan B In/Out of Network	Plan C In/Out of Network
Preventive	100%	100%	100%
Basic	80%	90%/80%	80%
Major	N/A	60%/50%	50%
Contract Maximum	\$1,000	\$1,500	\$1,000
Orthodontia (Optional)	See options below	See options below	See options below
Deductible (applies to Basic and Major only)	\$50/\$150	\$50/\$150	\$50/\$150
Copay	\$0	\$0	\$0

Implants are covered with all plans.

### Employer Sponsored (base rates)

**Employer sponsored:** Minimum 50% employer paid and minimum 50% employee participation.

**Voluntary:** Premiums 10% above Employer Sponsored rates. Minimum 25% participation after adjusting for spousal waivers.

**Open Participation:** Premiums 28% above Employer Sponsored rates. Minimum participation of 2 employees. No Orthodontia options available.

Employee	\$20.62	\$31.99	\$25.37
Employee + Spouse	\$41.23	\$63.97	\$50.75
Employee + Child(ren)	\$51.07	\$79.23	\$62.85
Family	\$71.87	\$111.51	\$88.46

### Additional Rating Options

Select the desired base rate, then begin calculations of any additional rating options.

\$1,000 Contract Max	N/A	Base rates minus 12.6%	N/A
\$1,500 Contract Max	N/A	N/A	Base rates plus 11.3%

The Orthodontia options below are not available to groups with less than 10 enrolled employees or to groups in the Open Participation segment. Adult Orthodontia is covered when one of the Orthodontia options below is selected.

50% to \$1,000 Ortho	N/A	Base rates plus 5.0%	Base rates plus 6.3%
\$1,000 Contract Max + Ortho	N/A	Base rates minus 7.7%	N/A
\$1,500 Contract Max + Ortho	N/A	N/A	Base rates plus 17.6%

All changes and/or calculations to the listed rates must be approved by SDC before finalization

No Waiting Periods—No Missing Tooth Clause—No Balance Billing (In Network)—No Claim Forms (In Network)

**SIGN UP IS EASY!**

Contact SDC's Account Services team at

[accounts@superiordental.com](mailto:accounts@superiordental.com) | 800.762.3159 | [superiordental.com](http://superiordental.com)

MEDINA TOWNSHIP, MEDINA COUNTY  
**Appropriation Supplemental**  
 11/12/2020 to 11/12/2020

11/12/2020 3:15:28 PM  
 UAN v2020.3

Post Date	Transaction Date	Account Code	Amount	Resolution Number	Type	Purpose	Budgetary Correction
11/12/2020	11/12/2020	2031-330-341-0000	\$80.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/12/2020	2031-330-352-0000	\$520.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/12/2020	2031-330-420-0000	-\$600.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/07/2020	2081-210-311-0000	-\$500.00		Permanent	MOVE FUNDS TO COVER EXPENSES FOR BALANCE OF 2020	No
11/12/2020	11/12/2020	2081-210-311-0000	-\$300.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/07/2020	2081-210-341-0000	\$500.00		Permanent	MOVE FUNDS TO COVER EXPENSES FOR BALANCE OF 2020	No
11/12/2020	11/12/2020	2081-210-341-0000	\$300.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/12/2020	2191-220-319-0000	-\$120.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/12/2020	2191-220-322-0000	\$85.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No
11/12/2020	11/12/2020	2191-220-341-0000	\$35.00		Permanent	MOVE FUNDS TO COVER BALANCES OF 2020	No

APPROVED BY MEDINA TWP. TRUSTEES  
 11-12-2020  
 Date \_\_\_\_\_  
 Trustee Chm. \_\_\_\_\_  
 Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

**Payment Listing**

UAN v2020.3

11/12/2020 to 11/12/2020

Payment Advice #	Post Date	Transaction Date	Type	Vendor / Payee	Amount	Status
70-2020	11/12/2020	11/09/2020	CH	OHIO PUBLIC EMPLOYEES DEFERRED CO	\$1,060.00	O
71-2020	11/12/2020	11/09/2020	CH	OHIO PUBLIC EMPLOYEES DEFERRED CO	\$480.00	O
31082	11/12/2020	11/10/2020	AW	INTERSTATE BILLING SERVICE, INC.	\$150.00	O
31083	11/12/2020	11/10/2020	AW	C & L SHOES	\$662.91	O
31084	11/12/2020	11/10/2020	AW	A-1 SPORTS SALES	\$631.00	O
31085	11/12/2020	11/10/2020	AW	AFLAC	\$93.60	O
31086	11/12/2020	11/10/2020	AW	ALBRIGHT SECURITY CENTER	\$27.50	O
31087	11/12/2020	11/10/2020	AW	CINTAS CORP #011	\$168.38	O
31088	11/12/2020	11/10/2020	AW	CRANDALLCO INC	\$149.08	O
31089	11/12/2020	11/10/2020	AW	C MARTIN TRUCKING	\$161.89	O
31090	11/12/2020	11/10/2020	AW	COLUMBIA GAS OF OHIO	\$488.39	O
31091	11/12/2020	11/10/2020	AW	DIGITAL PRINT SOLUTIONS	\$103.70	O
31092	11/12/2020	11/10/2020	AW	FRONTIER	\$49.42	O
31093	11/12/2020	11/10/2020	AW	GENERAL MAINTENANCE SERVICE CORP	\$305.81	O
31094	11/12/2020	11/10/2020	AW	HOME DEPOT CREDIT SERVICES	\$37.92	O
31095	11/12/2020	11/10/2020	AW	LAMPHEAR'S LAWN SERVICE	\$2,975.63	O
31096	11/12/2020	11/10/2020	AW	KARVO PAVING CO.	\$26,558.93	O
31097	11/12/2020	11/10/2020	AW	CITY OF MEDINA - FINANCE DEPT	\$66,625.00	O
31098	11/12/2020	11/10/2020	AW	MACK CONCRETE, INC.	\$456.00	O
31099	11/12/2020	11/10/2020	AW	MEDINA COUNTY SANITARY ENG	\$1,062.74	O
31100	11/12/2020	11/10/2020	AW	ORLO AUTO PARTS INC	\$23.92	O
31101	11/12/2020	11/10/2020	AW	OPBA	\$324.00	O
31102	11/12/2020	11/10/2020	AW	OHIO EDISON	\$895.16	O
31103	11/12/2020	11/10/2020	AW	GATEWAY TIRE & SERVICE CENTER	\$837.25	O
31104	11/12/2020	11/10/2020	AW	QPR	\$117.80	O
31105	11/12/2020	11/10/2020	AW	PETALSWEET CLEANING LLC	\$884.00	O
31106	11/12/2020	11/10/2020	AW	PERFECT VOICE & DATA	\$595.71	O
31107	11/12/2020	11/10/2020	AW	VERIZON WIRELESS	\$259.02	O
31108	11/12/2020	11/10/2020	AW	WOLFF BROS. SUPPLY, INC.	\$37.04	O
31109	11/12/2020	11/10/2020	AW	W. W. WILLIAMS	\$3,795.00	O
31110	11/12/2020	11/10/2020	AW	PNC BANK	\$225.35	O
Total Payments:					\$110,242.15	
Total Conversion Vouchers:					\$0.00	
Total Less Conversion Vouchers:					\$110,242.15	

Type: AM - Accounting Manual Warrant, AW - Accounting Warrant, IM - Investment Manual Warrant, IW - Investment Warrant, PM - Payroll Manual Warrant, PR - Payroll Warrant, RW - Reduction of Receipt Warrant, SW - Skipped Warrant, WH - Withholding Warrant, WM - Withholding Manual, WS - Special Warrant, CH - Electronic Payment Advice, IL - Investment Loss, EP - Payroll EFT Voucher, CV - Payroll Conversion Voucher, SV - Payroll Special Voucher, EW - Withholding Voucher, POS ADJ - Positive Adjustment, NEG ADJ - Negative Adjustment, POS REAL - Positive Reallocation, NEG REAL - Negative Reallocation

Status: O - Outstanding, C - Cleared, V - Voided, B - Batch

\* Asterisked amounts are not included in report totals. These transactions occurred outside the reported date range but are listed for reference.

APPROVED BY MEDINA TWP. TRUSTEES

Date 11-12-2020

Trustee Chm. \_\_\_\_\_

Trustee \_\_\_\_\_

Trustee \_\_\_\_\_

**Resolution # 11122020-038**

**I, Mark Radice, move to adopt resolution number 11122020-038, to approve use of Federal CARES Act Coronavirus Relief Fund (CRF) distributions for Substantially Dedicated Fire & EMS Employees Payroll and Police and incorporate this two (2) page resolution document and twenty-seven (27) pages of reference documentation as presented.**

APPROVED BY MEDINA TWP. TRUSTEES

Date 11-12-2020

Trustee Chm.

Trustee

Trustee

## MEDINA TOWNSHIP TRUSTEES

The Board of Trustees of Medina Township, in Medina County Ohio met in a regular meeting on the 12<sup>th</sup> day of November 2020 with the following members present:

Chuck Johnson, ~~Mike Stopa~~, and Mark Radice.

MR. RADICE offered the following Resolution and moved the adoption of it, which was seconded by MR. JOHNSON.

### Medina Township Resolution 11122020-038

#### Federal CARES Act-CRF Used for Substantially Dedicated Fire & EMS Employees Payroll

**WHEREAS**, the Coronavirus Aid, Relief, and Economic Security Act, 116 Public Law 136, (the CARES Act) was signed into law by the President of the United States on March 27, 2020; and

**WHEREAS**, the Medina Township Trustees passed Resolution 07232020-022 Federal CARES Act Funding for Covid-19 Expenses and Purchases on July 23, 2020, which provided guidelines and authorized the use of CARES Act funds for expenses and purchases associated with COVID-19; and

**WHEREAS**, guidelines supplied by the State of Ohio Grant Funds Agency, as set forth in the following documents:

1. Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments Updated September 2, 2020, and
2. OIG-CA-20-028 Department of the Treasury Office of Inspector General Coronavirus Relief Fund Frequently Asked Questions Related to Reporting and Recordkeeping (Revised) dated September 21, 2020,

clarify the Federal Government has extended to local units of government an “administrative accommodation” which creates a presumption that fire, EMS, police and their support personnel services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency, and that the Township’s expenditures for these personnel services is a substantially different use than was contemplated under the public entity’s budget approved as of March 5, 2020.

**NOW, THEREFORE**, be it resolved by the Board of Trustees of Medina Township that:

SECTION 1. All costs incurred for Medina Township police and their support personnel services, and the personnel portion of the Township’s contracts for fire & EMS services are hereby determined to be substantially dedicated to mitigating or responding to the COVID-19 public health emergency and said costs have been and are being used for substantially different purposes than contemplated under the Township’s budget approved as of March 5, 2020, in accordance with the presumption established by the administrative accommodation extended to local governments by the federal and state governments in the use of CARES Act funds.



SECTION 2. The Township Fiscal Officer is hereby authorized and directed to apply available CARES Act funds to the personnel costs of the Township Police Department employees and their support personnel and the personnel portion of Township contracts for fire and EMS services that have been and/or will be incurred between March 1, 2020 and December 30, 2020 to the greatest extent possible.

Roll call vote:

Mr. Stopa	<u>                    </u>	Chairman, Trustee
Mr. Radice	<u>AYE</u>	Vice Chairman, Trustee
Mr. Johnson	<u>AYE</u>	Trustee

APPROVED BY MEDINA TWP. TRUSTEES

Date 11-12-2020

Trustee Chm.                     

Trustee                     

Trustee                     

I, Angela Ventura, as the Fiscal Officer of the Board of the Medina Township Trustees, do hereby certify that the above Resolution was this day passed and adopted by the Board of the Medina Township Trustees.

Angela Ventura, Fiscal Officer

11-12-2020  
Date



OFFICE OF  
INSPECTOR GENERAL

DEPARTMENT OF THE TREASURY  
WASHINGTON, D.C. 20220

September 21, 2020

OIG-CA-20-028

**Department of the Treasury Office of Inspector General  
Coronavirus Relief Fund Frequently Asked Questions Related to Reporting and  
Recordkeeping (Revised)**

The Department of the Treasury (Treasury) Office of Inspector General (OIG) is responsible for monitoring and oversight of the receipt, disbursement, and use of Coronavirus Relief Fund (CRF) payments as authorized by Title VI of the Social Security Act, as amended by Title V of Division A of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).<sup>1</sup> Treasury OIG was also assigned authority to recover funds in the event that it is determined a recipient of a CRF payment failed to comply with requirements of subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). Recipient reporting and record retention requirements are essential for the exercise of these responsibilities, including our conduct of audits and investigations.

Beginning September 1, 2020, the prime recipient of CRF payments will begin reporting Coronavirus Disease 2019 (COVID-19) related costs incurred from March 1, 2020 to December 30, 2020 in the GrantSolutions portal. This document addresses frequently asked questions (FAQ) from CRF prime recipients regarding their reporting and record keeping requirements and supplements Treasury OIG's memorandums *Coronavirus Relief Fund Recipient Reporting and Record Retention Requirements* (OIG-CA-20-021; July 2, 2020)<sup>2</sup> and *Coronavirus Relief Fund Reporting Requirements Update* (OIG-CA-20-025; July 31, 2020).<sup>3</sup>

**A. Prime Recipients**

**1. *Who is a prime recipient?***

A prime recipient is an entity that received a CRF payment directly from Treasury in accordance with the CARES Act, including:

- All 50 States,
- Units of local governments with populations over 500,000 that submitted required certifications to Treasury,
- The District of Columbia,

<sup>1</sup> P. L. 116 136 (March 27, 2020)

<sup>2</sup> <https://www.treasury.gov/about/organizational-structure/ig/Audit%20Reports%20and%20Testimonies/OIG-CA-20-021.pdf>

<sup>3</sup> <https://www.treasury.gov/about/organizational-structure/ig/Audit%20Reports%20and%20Testimonies/OIG-CA-20-025.pdf>

- U.S. Territories, and
- Tribal Governments

**2. *Who is a sub-recipient?***

For purposes of reporting in the GrantSolutions portal, a sub-recipient is any entity to which a prime recipient issues a contract, grant, loan, direct payment, or transfer to another government entity of \$50,000 or more.

**3. *The definition of a sub-recipient provided by Treasury OIG is different than the definition of a sub-recipient in the Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal, 2 CFR Part 200 (Uniform Guidance). Which definition is a prime recipient expected to comply with?***

The prime recipient must comply with the Treasury OIG definition. For purposes of reporting in the GrantSolutions portal, a prime recipient is to report on sub-recipients, as defined in Question 2 above. In addition, Treasury has issued guidance as described in Treasury's *Coronavirus Relief Fund Frequently Asked Questions* (FAQs),<sup>4</sup> noting that prime recipients are to monitor and manage sub-recipients as defined in 2 CFR sec. 200.330 through 200.332.

**4. *Who is responsible for reporting in the GrantSolutions portal, the prime or sub-recipient?***

Only the prime recipient is required to report COVID-19 related costs in the GrantSolutions portal.

**5. *If the prime recipient distributes funds to an agency or department within the prime recipient's government, is the agency or department considered the prime recipient or a sub-recipient when funds obligated are \$50,000 or more?***

The agency or department is considered part of the prime recipient as they are all part of the same legal entity that received a direct CRF payment from Treasury. Obligations and expenditures that the agency or department incurs with the CRF proceeds must be collected by and reported in the GrantSolutions portal by the prime recipient as if they were obligated or expended by the prime recipient.

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<sup>4</sup> <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>

- 6. If the prime recipient obligates funds to an entity that provides a public service on behalf of the prime recipient but the prime recipient is not financially accountable of, is the entity considered the prime recipient or a sub-recipient when funds obligated are \$50,000 or more (e.g., discreetly presented component unit, quasi agency, etc.)?**

The entity is considered a sub-recipient of the prime recipient when funds obligated are \$50,000 or more. The prime recipient must report its obligations and expenditures related to the sub-recipient, including associated projects and expenditure categories, in the GrantSolutions portal. If the prime recipient obligated less than \$50,000, the prime recipient must report its obligations and expenditures related to the sub-recipient entity in aggregate in the GrantSolutions portal.

- 7. If a prime recipient enters into multiple obligations with an entity, each obligation being less than \$50,000 with no agreement (i.e., contract, grant, or loan), however, the total obligations to the entity is above \$50,000, is the entity considered a sub-recipient?**

The entity is considered a sub-recipient, however since the obligations are below \$50,000, the prime recipient must report the multiple obligations to the entity and related expenditures in the aggregate section of the GrantSolutions portal.

- 8. If a unit of local government received funds as both a prime recipient and as a sub-recipient do they have to track and report obligations and expenditures separately?**

Yes. For purposes of reporting in the GrantSolutions portal, the unit of local government is the prime recipient and must report obligations and expenditures related to the funds received directly from Treasury. As a sub-recipient of funds, obligations and expenditures related to the funds received from another prime recipient must be reported by the prime recipient in the GrantSolutions portal. It is recommended that the unit of local government, as a sub-recipient, report obligations and expenditure information to the prime recipient for its reporting purposes.

- 9. If a third party is hired to review and approve sub-recipient reimbursement requests and supporting documentation, can the prime recipient place reliance on the reviews performed by the third party or is the prime recipient still required to review and approve 100 percent of all costs?**

It is up to the prime recipient on how much it relies on third-party review of reimbursement requests. However, the prime recipient is responsible for maintaining documentation to support the use of CRF proceeds. Per Treasury's *Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments*, the direct

(or prime) recipient is ultimately responsible for compliance with the limitation on the use of payments from the CRF.<sup>5</sup>

## **B. System for Award Management (SAM.gov) Registration**

### **10. *Treasury OIG's memorandum, Coronavirus Relief Fund Reporting Requirements Update, states that "each prime recipient should ensure that any current or potential sub-recipients are registered in SAM.gov." Are all sub-recipients required to register in SAM.gov?***

No, all sub-recipients are not required to register in SAM.gov. This statement is a recommendation to help reduce the reporting burden on the prime recipient when entering sub-recipient details in the GrantSolutions portal. SAM.gov registration allows sub-recipient identifying and demographic details to be automatically populated in the portal after the prime recipient inputs a valid Data Universal Numbering System (DUNS) number assigned to the sub-recipient.<sup>6</sup>

### **11. *What are the identifying and demographic data elements that automatically populate in the GrantSolutions portal if a sub-recipient is registered in SAM.gov with a valid DUNS number?***

The following identifying and demographic data elements will automatically populate in the GrantSolutions portal if a sub-recipient is registered in SAM.gov with a valid DUNS number:

- Legal Name
- Address Line 1
- Address Line 2, if applicable
- Address Line 3, if applicable
- City Name
- State Code
- Zip + 4
- Congressional District
- Country Name
- Country Code
- Organization Type

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<sup>5</sup> <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

<sup>6</sup> A DUNS number is a unique nine-character number used to identify an organization.

**12. If a sub-recipient does not have a DUNS number, can another unique identification number be used in the GrantSolutions portal to automatically populate sub-recipient details (e.g. Federal Employment Identification Number, Federal Tax Identification Number, etc.)?**

No. The DUNS number is the only unique identification number that the GrantSolutions portal can associate with a SAM.gov registration in order to automatically populate sub-recipient details.

**13. Where does a prime recipient direct a sub-recipient to obtain a DUNS number?**

If a sub-recipient does not already have a DUNS number, they can call 1-866-705-5711 or access <http://fedgov.dnb.com/webform> to get a DUNS number assigned for free.

**14. Where does a prime recipient direct a sub-recipient to register in SAM.gov?**

Refer the sub-recipient to <https://sam.gov>.

**15. What if a sub-recipient is not registered in SAM.gov?**

For each sub-recipient that is not registered in SAM.gov, the prime recipient will be responsible for manually entering the following data elements in the GrantSolutions portal:

- Legal Name
- Address Line 1
- Address Line 2, if applicable
- Address Line 3, if applicable
- City Name
- State Code
- Zip Code
- Country Name (selection menu)
- Organization Type (selection menu)

**16. If a sub-recipient is registered in SAM.gov, are they required to report any information on a quarterly basis in SAM.gov?**

No. There are no reporting requirements for a sub-recipient; the prime recipient is required to report in the GrantSolutions portal on behalf of the sub-recipient.

**17. *Is an entity that a prime recipient obligates a contract, grant, loan, direct payment, or transfer to another government entity of less than \$50,000 recommended to register in SAM.gov?***

No. Detailed information of an entity that the prime recipient obligates less than \$50,000 to will not be reported in the GrantSolutions portal. The obligations and related expenditure(s) to entities that the prime recipient obligates less than \$50,000 to will be reported in the aggregate.

**18. *Is an individual that a prime recipient obligates a contract, grant, loan, or direct payment recommended to register in SAM.gov?***

No. Detailed information of an individual that the prime recipient obligates any amount to will not be reported in the GrantSolutions portal; the obligations and related expenditure(s) to individuals will be reported in the aggregate.

**C. Terminology**

**19. *What is an obligation?***

For purposes of reporting in the GrantSolutions portal, an obligation is a commitment to pay a third party with CRF proceeds based on a contract, grant, loan, or other arrangement.

**20. *What is an expenditure?***

For purposes of reporting in the GrantSolutions portal, an expenditure is the amount that has been incurred as a liability of the entity (the service has been rendered or the good has been delivered to the entity). As outlined in *Treasury's Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments*, performance or delivery must occur between March 1 and December 30, 2020 in order for the cost to be considered incurred; payment of funds need not be made during that time (though it is generally expected that payment will take place within 90 days of a cost being incurred).

**21. *What is a project?***

A project is a grouping of related activities that together are intended to achieve a specific goal (e.g. building a temporary medical facility, offering an economic support program for small businesses, offering a housing support program, etc.)

**22. *What is a contract?***

A contract is an obligation to an entity associated with an agreement to acquire goods or services.

**23. *What is a grant?***

A grant is an obligation to an entity that is associated with a grant agreement. A grant agreement is a legal instrument of financial assistance between the prime recipient and entity that is used to enter into a relationship to carry out a public purpose and does not include an agreement to acquire goods or services or provide a loan.

**24. *What is the primary place of performance for a contract or a grant?***

The primary place of performance is the address where the predominant performance of the contract or grant will be accomplished.

**25. *What is the period of performance start date and end date for a contract or a grant?***

The period of performance start date is the date on which efforts begin or the contract or grant is otherwise effective. The period of performance end date is the date on which all effort is completed or the contract or grant is otherwise ended.

**26. *What is a transfer to another government entity?***

A transfer to another government entity is a disbursement or payment to a government entity that is legally distinct from the prime recipient. See the list of government entities in Question 26 below.

**27. *For transfers to another government entity, what type of entity is considered another government entity?***

The following organization types are considered another government entity:

- State government
- County government
- City/Township Government
- Special District Government
- US Territory or Possession
- Indian/Native American Tribal Government (Federally Recognized)
- Indian/Native American Tribal Designated Organization

**28. *What is a direct payment?***

A direct payment is a disbursement (with or without an existing obligation) to an entity that is not associated with a contract, grant, loan, or transfer to another government entity. If the direct payment is associated with an obligation, then the obligation and expenditure should be reported. If the direct payment does not



involve a previous obligation, the direct payment will be recorded when the expenditure is incurred.

#### **D. Reporting**

***29.If a prime recipient received CARES Act funding from different Federal agencies, are all costs incurred related to CARES funding to be reported in the GrantSolutions portal, regardless of the funding source?***

No. The GrantSolutions portal is only for the reporting of costs incurred related to CRF proceeds received from Treasury. Financial assistance that a prime recipient may have received from other sources are not to be reported in this portal.

**30.Will CRF proceeds be subject to Federal Funding Accountability and Transparency Act (FFATA) reporting requirements? If so, what general information are recipients expected to report?**

No, FFATA reporting is not required since CRF payments are not grants.

***31.Are prime recipients required to report on an accrual or cash basis?***

The prime recipient should report on an accrual basis, unless the prime recipient's practice is traditionally to report on a cash basis for all its financial reporting.

***32.Are the reporting requirements different for lump sum payments versus payments made on a reimbursable basis?***

No. Reporting of obligations and expenditures related to lump sum payments and reimbursed payments are the same.

***33.How should a reimbursable payment to a sub-recipient be reported?***

The prime recipient should first report the total obligation to the sub-recipient. As reimbursements are made to the sub-recipient, the prime recipient should report the reimbursements as expenditures to the obligation by expenditure category.

***34.How should a lump sum payment to a sub-recipient be reported?***

The prime recipient must report the total obligation for the lump sum payment to the sub-recipient. As the sub-recipient uses the funds it received, the prime recipient is responsible for collecting and reporting on the uses as expenditures to the obligation by expenditure category.

**35. *What level of sub-recipient data will prime recipients be required to report?***

The prime recipient is required to report on the first sub-recipient level only. For example: The prime recipient enters into a grant with Entity A to provide assistance to small businesses. For reporting purposes, the prime recipient must report the details of the grant with Entity A as an obligation. As Entity A provides assistance to small businesses, the prime recipient must report the assistance provided as expenditures to the obligation. However, details of the small businesses that received funding is not required.

**36. *Is every obligation and expenditure required to be associated with a project?***

No. We understand that not all uses of funds will be associated with a project. If an obligation or expenditure is not associated with a project, in the GrantSolutions portal, the recipient would select "No Associated Project".

**37. *How did Treasury OIG determine the \$50,000 reporting threshold?***

Sec. 15011 of the CARES Act states that any entity that receives large covered funds (or funds more than \$150,000) is considered a covered recipient. All prime recipients of CRF proceeds are covered recipients as no prime recipient received payment less than \$150,000. Sec. 15011 further requires that each covered recipient (in this case, prime recipient) should submit a report that contains, among other items, detailed information on subcontracts or subgrants awarded by the covered recipient allowing for aggregate reporting on awards below \$50,000.

**38. *Is the \$50,000 threshold on a project basis?***

No. The \$50,000 threshold dictates the specific sub-recipients that must be identified by the prime recipient on a detailed basis rather than in an aggregate total for related obligations and expenditures, regardless of any projects.

**39. *What is the reporting structure?***

The reporting structure is as follows:

- A. Projects
- B. Obligations of \$50,000 or more and related expenditures
  - a. Contracts of \$50,000 or more
    - i. Obligations (individually reported) and links to projects, if applicable
    - ii. Related expenditures (individually reported) and link to projects, if applicable
  - b. Grants of \$50,000 or more
    - i. Obligations (individually reported) and link to projects, if applicable

- ii. Related expenditures (individually reported) and link to projects, if applicable
- c. Loans of \$50,000 or more
  - i. Obligations (individually reported) and link to projects, if applicable
  - ii. Related expenditures (individually reported) and link to projects, if applicable
- d. Transfers to other government entities of \$50,000 or more
  - i. Obligations (individually reported) and link to projects, if applicable
  - ii. Related expenditures (individually reported) and link to projects, if applicable
- e. Direct Payments of \$50,000 or more
  - i. Obligations (individually reported) and link to projects, if applicable
  - ii. Related expenditures (individually reported) and link to projects, if applicable
- C. Aggregate obligations and expenditures of contracts, grants, loans, direct payments, and transfers to other government entities below \$50,000 (reported in total by obligation type)
- D. Aggregate obligations and expenditures to individuals, regardless of the amount (reported in total)

***40. If a prime recipient obligates funds to another government entity in the form of a grant, are the obligated funds to be reported as a transfer to another government entity or as a grant?***

If a grant agreement in place, the obligation should be reported as a grant.

**41. *Treasury OIG's reporting timeline indicates six reporting cycles with three cycles for reporting periods of January 1, 2021 through September 30, 2021. If costs related to CRF proceeds must be incurred by December 30, 2020, why are there reporting cycles after December 30, 2020?***

Treasury's *Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments* addresses the concept of incurred costs. Specifically, "for a cost to be considered to have been incurred, performance of services or delivery of goods must occur during the covered period (March 1, 2020 through December 30, 2020) but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred)." As a result, we determined to allow reporting through September 30, 2021 to ensure that the prime recipient has sufficient time to capture and report all expenditures incurred that were covered with CRF, including loan repayments, the related obligations of which must have occurred, and been reported, during the covered period. In addition, any final close out reconciliations and adjustments should occur during the time period before September 30, 2021.

**42. *Are forgivable loans to be reported as a grant or loan?***

The forgivable portion of a loan should be reported as a grant. If the forgiving of the loan is conditional, then the loan will originally be reported as a loan for the total amount. At the time that the conditions are met, the portion of the loan that is forgivable, will be removed from the loan section of the GrantSolutions portal and reported as a grant at that time.

**43. *For each reporting period, should a prime recipient report all costs that are eligible to be covered with CRF proceeds or only report costs for which the prime recipient has made a final determination to cover with CRF proceeds?***

The prime recipient should only report eligible costs for which obligations have been made with CRF payments or specific determinations have been made related to using CRF funds.

**44. *Do the expenditure categories apply to aggregate reporting?***

No. The only information collected during aggregate reporting are obligations (in total) and expenditures (in total) by obligation type (contract, grant, loan, transfer to another government entity, and direct payments) and for individuals.

**45. *For aggregate reporting of obligations to individuals, what information is required to be reported about the individuals?***

None. The only information collected during aggregate reporting are obligations (in total) and expenditures (in total).

**46. *Where can recipients and sub-recipients access training tools or archived training sessions to assist with reporting?***

The only entity responsible for reporting in the portal is the prime recipient. Training on the GrantSolutions portal will be provided to prime recipients by September 1, 2020.

**E. Reporting Corrections**

**47. *If a prime recipient submitted information in its interim report of costs incurred as of June 30, 2020 and some information has changed, can we correct this information in the portal?***

Yes. Keep in mind that for purposes of meeting the interim reporting requirement, reporting estimated costs incurred was allowed. For the first quarterly reporting period (March 1, 2020 through June 30, 2020) beginning September 1, 2020, the prime recipient must report actual obligations and expenditures in the GrantSolutions portal. The amounts reported in the GrantSolutions portal and certified will be considered the official reporting.

**48. *If an error is identified or an addition/modification needs to be made, is there an ability to amend the previous submitted data?***

Yes, if a prime recipient determines corrections or additions are necessary, the current GrantSolutions submission may be recalled, corrected, and resubmitted within the first 10 days after the quarter end. Also, changes to a previous quarterly submission may be made in a current reporting submission. If a Treasury OIG reviewer determines corrections or additions to the quarterly submission may be required, feedback and the submission will be returned to the prime recipient for resolution. The prime recipient is ultimately responsible for certifying that the quarterly submissions are true, complete, and accurate in the GrantSolutions portal. If an error is identified or a modification needs to be made after a report is already approved by the Treasury OIG, the prime recipient will need to make the modification or correction in the next quarterly reporting cycle.

**49. *For forgivable loans originally reported as a grant, in a subsequent reporting period, if the recipient has not met the terms of forgiveness, should this obligation be changed to a loan in subsequent reporting period?***

See question 41 above. The loan should be recorded as a loan in total until the condition is met. Only at that time will the forgivable portion of the loan be removed and recorded as a grant.

**50. *Is there a process to modify prior quarter numbers that change significantly due to the Department of Homeland Security's Federal Emergency Management Agency (FEMA) Public Assistance reimbursement?***

Yes, if a prime recipient determines corrections or additions to a quarterly submission are necessary and the quarterly submission has already been approved by Treasury OIG, changes to a previous quarterly submission may be made in the subsequent reporting submission. The prime recipient will not be able to re-open the previous quarter, but instead will make necessary adjustments in the open quarter. The prime recipient is ultimately responsible for certifying that the quarterly submissions are true, complete, and accurate in the GrantSolutions portal.

**51. *If a prime recipient reports a cost allocated to the CRF in one reporting cycle, but subsequently determines to allocate that cost to a different funding source, can the prime recipient remove the obligations and related expenditures from its CRF reporting submission?***

Yes, if a prime recipient determines corrections or additions to a quarterly submission are necessary and the quarterly submission has already been approved by Treasury OIG, changes to a previous quarterly submission may be made in the subsequent reporting submission. The prime recipient will not be able to re-open the previous quarter, but instead will make necessary adjustments in the open quarter. The prime recipient is ultimately responsible for certifying that the quarterly submissions are true, complete, and accurate in the GrantSolutions portal.

Keep in mind, if a prime recipient has not used funds it has received to cover costs that incurred between March 1, 2020 and December 30, 2020, as required by the statute, those funds must be returned to the Treasury.

**52. *Do we need a budget set up for FEMA Cares Act monies received or just to track and report monies used?***

The prime recipient is required to report obligations and expenditures of CRF proceeds. It is at the discretion of the prime recipient to determine a budget setup related to CRF payments.

## **F. Reporting Deadline**

### **53. *Can the CRF reporting submission deadline be modified to 30 days, opposed to 10 days, after the quarter end?***

We do not have the authority to change the quarterly recipient reporting deadline. Section 15011 of the CARES Act requires CRF reporting within 10 days after the end of each calendar quarter. Prime recipients' GrantSolutions data will be reported to the Pandemic Response and Accountability Committee (PRAC) for display on its website.

### **54. *Can a prime recipient request extensions in filing their quarterly reports?***

Yes, requests to extend the quarterly reporting deadline should be sent to Treasury OIG at CARES@oig.treas.gov for extension approval/disapproval. These decisions will be made on a case-by-case basis and consider extenuating circumstances.

### **55. *If a prime recipient does not close its records by 10 days after the reporting period ends, how should these costs be reported?***

Record closing times vary and may not align with the GrantSolutions reporting deadlines. If a prime recipient is not able to report within 10 days after the reporting period ends, the prime recipient is responsible for submitting the missing data in the GrantSolutions portal as part of the next quarter's reporting cycle.

## **G. GrantSolutions Portal**

### **56. *Is the portal still on schedule for becoming available on September 1, 2020?***

Yes for most users. An upload feature will be available for select very high volume prime recipients. The upload feature will be available after September and timing of that schedule will be communicated to those select recipients.

### **57. *If a prime recipient's designated users already have accounts with GrantSolutions, does the prime recipient still need to submit each user's name, title, email address, and phone number to Treasury OIG?***

Yes.

### **58. *Can portal access be granted to users if they share the same email address?***

No. In order to grant portal access, each user must have a unique email address; users cannot have the same email address.

**59. *Can a prime recipient designate more than two preparers?***

No. The GrantSolutions portal can only sustain up to three users per prime recipient: two preparers and one authorizing official.

**60. *Can the authorizing official also be one of the preparers?***

No. The authorizing official cannot be both a designee/preparer and an authorizing official.

**61. *What is the best way to import data from a large number of sub-recipients?***

Only the prime recipient is required to report CRF related obligations and expenditures in the GrantSolutions portal. We are currently working with GrantSolutions regarding a data upload feature. The upload feature will be available for certain prime recipients with the most sub-recipient activity. See question 55.

**62. *Will the portal provide a cumulated view of obligations and expenditures a prime recipient has reported?***

Yes.

**H. Record Retention/Audit**

**63. *According to Treasury's FAQs, for administrative convenience, a State can presume that all payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency and, thus, can be covered by CRF. Will Treasury OIG or the PRAC ever question the applicability of this presumption in the audit context? If so, under what circumstances?***

During its reviews and audits, Treasury OIG will allow the use of the administrative accommodation made in accordance Treasury's FAQs. See responses to related questions 69, 70, and 71.

**64. *How far down will the audit cascade?***

The CARES Act provides that Treasury OIG is responsible for monitoring and oversight of the receipt, disbursement, and use of CRF payments. As such, all CRF payments received by the prime recipient are subject to audit. In this regard, an audit will be at the prime recipient level and may involve reviewing the prime's sub-recipients. In the event that it is determined the prime recipient failed to comply with requirements of subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)), those funds will be recouped by Treasury OIG.



**65. *If providing Small Business Assistance, do we have to receive actual documentation of the expense or business interruption? If we provide thousands of grants to small businesses and are audited, what would be need to provide to satisfy an audit?***

The prime recipient of CRF payments must maintain and make available to Treasury OIG upon request, all documents and financial records sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended (42 U.S.C. 801(d)). Records include, but are not limited to, general ledger and subsidiary ledgers used to account for (a) the receipt of CRF payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19. The prime recipient is responsible for determining the level and detail of documentation needed from the sub-recipient of Small Business Assistance to satisfy these requirements, however, there would need to be some proof that the small business was impacted by the public health emergency and was thus eligible for the CRF funds.

**66. *Is there an audit plan at this point? For example, will there be interim audits, or only after Dec 30 or final reporting? Also, do you have criteria upon which you will decide which awards to audit?***

Treasury OIG will perform monitoring of the prime recipient's receipt, disbursements, and uses of CRF payments and has developed procedures for this purpose. There are procedures for monitoring, reviewing, and approving prime recipient's quarterly GrantSolutions submissions. Treasury OIG will also conduct desk reviews, for which other procedures have been developed, to further evaluate the prime recipient's documentation supporting the reported uses of CRF proceeds, as well as, results of other audits (i.e. Single Audit), among other things. The desk review may result in a site visit to the prime recipient for a more in-depth review. Based on results of the quarterly monitoring, desk reviews, site reviews, and our risk assessments, Treasury OIG will determine the need for a more in-depth audit. In addition to ongoing monitoring, Treasury OIG will initiate audits as deemed necessary based on other referrals and ongoing risk assessments of the prime recipients.

**67. *Will Treasury OIG audit the sub-recipient as part of its prime recipient audit?***

Treasury OIG may audit the sub-recipient as part of its audit of the prime recipient.

**68. *What cost principles will Treasury OIG be applying to determine allowability of costs during audit if Subpart E of 2 CFR 200 is not applicable to this funding?***

The CARES Act and the Treasury guidance and FAQs will be used as criteria for allowability of costs. According to Treasury's FAQs, provisions of the Uniform

Guidance, 2 C.F.R. sec. 200.303 regarding internal controls, 2 C.F.R. sec. 200.330 through 200.332 regarding sub-recipient monitoring and management, and subpart F regarding audit requirements are applicable to CRF payments. Subpart E is not applicable.

**69. How does the CRF audit relate to Single Audit?**

CRF payments are considered to be Federal financial assistance subject to the Single Audit Act (31 U.S.C. sec. 7501-7507). The related provisions of the Uniform Guidance, 2 C.F.R. sec. 200.303 regarding internal controls, sec. 200.330 through 200.332 regarding sub-recipient monitoring and management, and subpart F regarding audit requirements provides detailed information. The results of a prime recipient's Single Audit will be evaluated as part of the Treasury OIG's desk reviews and any audits initiated.

**70. To what level of documentation will a government be held to support the reimbursement of public health and safety payroll that was "presumed" to be substantially dedicated to mitigating the emergency?**

The recipient of CRF payments must maintain and make available to Treasury OIG upon request, all documents and financial records sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended (42 U.S.C. 801(d)). Documents/records include payroll records for the covered period March 1 through December 30, 2020. Records include, but are not limited to (1) general and subsidiary ledgers used to account for the receipt of CRF payments and subsequent disbursements; and (2) payroll, time, and human resource records to support costs incurred for payroll expenses. Please refer to the Treasury OIG memorandum, Coronavirus Relief Fund Reporting and Record Retention Requirements (OIG-20-021; July 2, 2020). These document requirements apply to supporting payroll reimbursement amounts using CRF proceeds and not to support the presumption that public health and safety payroll is substantially dedicated to mitigating the emergency.

**a. Will a government have to demonstrate/substantiate that a public health or public safety employee's function/duties were in fact substantially dedicated to mitigating the emergency?**

No, the government will not have to demonstrate/substantiate that a public health or public safety employee's function/duties were substantially dedicated to mitigating the emergency but must maintain records and documentation supporting payroll amounts reimbursed using CRF proceeds. As indicated in Treasury's Guidance, as an administrative accommodation, governments may presume that public health and public safety employees meet the substantially dedicated test, unless the chief executive (or

equivalent) of the relevant government determines that specific circumstances indicate otherwise. Treasury's FAQs add that entire payroll cost of an employee whose time is substantially dedicated to mitigating or responding to the COVID-19 public health emergency is eligible, provided that such payroll costs are incurred by December 30, 2020.

- b. For payroll that was accounted for in the FY2020 budget but was then "presumed" to be substantially dedicated to mitigating the emergency, will the government have to demonstrate/substantiate that a public health or public safety employee's function was a substantially different use?***

No, the government will not have to demonstrate/substantiate that a budgeted public health or public safety employee's function was a substantially different use. As stated in Treasury's Guidance, within the category of substantially different uses, Treasury has included payroll and benefits expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID19 public health emergency. The Treasury OIG does require the government to maintain budgetary records to support the fiscal years 2019 and 2020 budgets.

- 71. Is the government required to perform any analysis or maintain documentation of the "substantially dedicated" conclusion for payroll expenses of public safety, public health, health care, and human service employees?***

No, the government is not required to perform an analysis or maintain documentation of the substantially dedicated conclusion for payroll expenses of public safety, public health, health care, and human service employees. As indicated in Treasury's Guidance, as an administrative accommodation, governments may presume that public health and public safety employees meet the substantially dedicated test, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise. Please refer to response to question 69.

- 72. Treasury's FAQs indicate a "State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise."***

- a. What level of documentation needs to be maintained to indicate the chief executive did not determine "specific circumstances indicate otherwise?"***

No documentation of the negative assurance of the chief executive (or equivalent) is required.

***b. Is the absence of documentation indicating “specific circumstances indicate otherwise” sufficient, or does an affirmative decision need to be documented?***

See previous responses.

***73. Are CRF funds required to be accounted for in a separate fund of the government? At least one state thinks it should be.***

These are individual management decisions, however, the documentation required above should be easily understandable by the auditors.

**Coronavirus Relief Fund**  
**Guidance for State, Territorial, Local, and Tribal Governments**  
**Updated September 2, 2020<sup>1</sup>**

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.<sup>2</sup>

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

***Necessary expenditures incurred due to the public health emergency***

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

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<sup>1</sup> On June 30, 2020, the guidance provided under “Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020” was updated. On September 2, 2020, the “Supplemental Guidance on Use of Funds to Cover Payroll and Benefits of Public Employees” and “Supplemental Guidance on Use of Funds to Cover Administrative Costs” sections were added.

<sup>2</sup> See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

***Costs not accounted for in the budget most recently approved as of March 27, 2020***

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

***Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020***

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the “covered period”). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID-19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient’s usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery of goods or performance of services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020,

will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient's control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

### *Nonexclusive examples of eligible expenditures*

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
  - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
  - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
  - Costs of providing COVID-19 testing, including serological testing.
  - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
  - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
  - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
  - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
  - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
  - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
  - Expenses for public safety measures undertaken in response to COVID-19.
  - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.



4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
  - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
  - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
  - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
  - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
  - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
  - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
  - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
  - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
  - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

***Nonexclusive examples of ineligible expenditures<sup>3</sup>***

The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.<sup>4</sup>
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

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<sup>3</sup> In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

<sup>4</sup> See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.



4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

### **Supplemental Guidance on Use of Funds to Cover Payroll and Benefits of Public Employees**

As discussed in the Guidance above, the CARES Act provides that payments from the Fund must be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. As reflected in the Guidance and FAQs, Treasury has not interpreted this provision to limit eligible costs to those that are incremental increases above amounts previously budgeted. Rather, Treasury has interpreted this provision to exclude items that were already covered for their original use (or a substantially similar use). This guidance reflects the intent behind the Fund, which was not to provide general fiscal assistance to state governments but rather to assist them with COVID-19-related necessary expenditures. With respect to personnel expenses, though the Fund was not intended to be used to cover government payroll expenses generally, the Fund was intended to provide assistance to address increased expenses, such as the expense of hiring new personnel as needed to assist with the government's response to the public health emergency and to allow recipients facing budget pressures not to have to lay off or furlough employees who would be needed to assist with that purpose.

#### ***Substantially different use***

As stated in the Guidance above, Treasury considers the requirement that payments from the Fund be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020, to be met if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a *substantially different use* from any expected use of funds in such a line item, allotment, or allocation.

Treasury has provided examples as to what would constitute a substantially different use. Treasury provided (in FAQ A.3) that costs incurred for a substantially different use would include, for example, the costs of redeploying educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty's ordinary responsibilities.

#### ***Substantially dedicated***

Within this category of substantially different uses, as stated in the Guidance above, Treasury has included payroll and benefits expenses for public safety, public health, health care, human services, and similar employees whose services are *substantially dedicated* to mitigating or responding to the COVID-19 public health emergency. The *full amount* of payroll and benefits expenses of substantially dedicated employees may be covered using payments from the Fund. Treasury has not developed a precise definition of what "substantially dedicated" means given that there is not a precise way to define this term

across different employment types. The relevant unit of government should maintain documentation of the “substantially dedicated” conclusion with respect to its employees.

If an employee is not substantially dedicated to mitigating or responding to the COVID-19 public health emergency, his or her payroll and benefits expenses may not be covered *in full* with payments from the Fund. A *portion* of such expenses may be able to be covered, however, as discussed below.

### ***Public health and public safety***

In recognition of the particular importance of public health and public safety workers to State, local, and tribal government responses to the public health emergency, Treasury has provided, as an administrative accommodation, that a State, local, or tribal government may presume that public health and public safety employees meet the substantially dedicated test, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise. This means that, if this presumption applies, work performed by such employees is considered to be a substantially different use than accounted for in the most recently approved budget as of March 27, 2020. All costs of such employees may be covered using payments from the Fund for services provided during the period that begins on March 1, 2020, and ends on December 30, 2020.

In response to questions regarding which employees are within the scope of this accommodation, Treasury is supplementing this guidance to clarify that public safety employees would include police officers (including state police officers), sheriffs and deputy sheriffs, firefighters, emergency medical responders, correctional and detention officers, and those who directly support such employees such as dispatchers and supervisory personnel. Public health employees would include employees involved in providing medical and other health services to patients and supervisory personnel, including medical staff assigned to schools, prisons, and other such institutions, and other support services essential for patient care (*e.g.*, laboratory technicians) as well as employees of public health departments directly engaged in matters related to public health and related supervisory personnel.

### ***Not substantially dedicated***

As provided in FAQ A.47, a State, local, or tribal government may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department. This means, for example, that a government could cover payroll expenses allocated on an hourly basis to employees’ time dedicated to mitigating or responding to the COVID-19 public health emergency. This result provides equitable treatment to governments that, for example, instead of having a few employees who are substantially dedicated to the public health emergency, have many employees who have a minority of their time dedicated to the public health emergency.

### ***Covered benefits***

Payroll and benefits of a substantially dedicated employee may be covered using payments from the Fund to the extent incurred between March 1 and December 30, 2020.

Payroll includes certain hazard pay and overtime, but not workforce bonuses. As discussed in FAQ A.29, hazard pay may be covered using payments from the Fund if it is provided for performing hazardous duty or work involving physical hardship that in each case is related to COVID-19. This means that, whereas payroll and benefits of an employee who is substantially dedicated to mitigating or responding to the COVID-19 public health emergency may generally be covered in full using payments from the Fund, hazard pay specifically may only be covered to the extent it is related to COVID-19. For example, a recipient may use payments from the Fund to cover hazard pay for a police officer coming in close

contact with members of the public to enforce public health or public safety orders, but across-the-board hazard pay for all members of a police department regardless of their duties would not be able to be covered with payments from the Fund. This position reflects the statutory intent discussed above: the Fund was intended to be used to help governments address the public health emergency both by providing funds for incremental expenses (such as hazard pay related to COVID-19) and to allow governments not to have to furlough or lay off employees needed to address the public health emergency but was not intended to provide across-the-board budget support (as would be the case if hazard pay regardless of its relation to COVID-19 or workforce bonuses were permitted to be covered using payments from the Fund).

Relatedly, both hazard pay and overtime pay for employees that are not substantially dedicated may only be covered using the Fund if the hazard pay and overtime pay is for COVID-19-related duties. As discussed above, governments may allocate payroll and benefits of such employees with respect to time worked on COVID-19-related matters.

Covered benefits include, but are not limited to, the costs of all types of leave (vacation, family-related, sick, military, bereavement, sabbatical, jury duty), employee insurance (health, life, dental, vision), retirement (pensions, 401(k)), unemployment benefit plans (federal and state), workers compensation insurance, and Federal Insurance Contributions Act (FICA) taxes (which includes Social Security and Medicare taxes).

## **Supplemental Guidance on Use of Funds to Cover Administrative Costs**

### ***General***

Payments from the Fund are not administered as part of a traditional grant program and the provisions of the Uniform Guidance, 2 C.F.R. Part 200, that are applicable to indirect costs do not apply. Recipients may not apply their indirect costs rates to payments received from the Fund.

Recipients may, if they meet the conditions specified in the guidance for tracking time consistently across a department, use payments from the Fund to cover the portion of payroll and benefits of employees corresponding to time spent on administrative work necessary due to the COVID-19 public health emergency. (In other words, such costs would be eligible direct costs of the recipient). This includes, but is not limited to, costs related to disbursing payments from the Fund and managing new grant programs established using payments from the Fund.

As with any other costs to be covered using payments from the Fund, any such administrative costs must be incurred by December 30, 2020, with an exception for certain compliance costs as discussed below. Furthermore, as discussed in the Guidance above, as with any other cost, an administrative cost that has been or will be reimbursed under any federal program may not be covered with the Fund. For example, if an administrative cost is already being covered as a direct or indirect cost pursuant to another federal grant, the Fund may not be used to cover that cost.

### ***Compliance costs related to the Fund***

As previously stated in FAQ B.11, recipients are permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act, subject to the limitations set forth in 2 C.F.R. § 200.425. Pursuant to that provision of the Uniform Guidance, recipients and subrecipients subject to the Single Audit Act may use payments from the Fund to cover a reasonably proportionate share of the costs of audits attributable to the Fund.

To the extent a cost is incurred by December 30, 2020, for an eligible use consistent with section 601 of the Social Security Act and Treasury's guidance, a necessary administrative compliance expense that relates to such underlying cost may be incurred after December 30, 2020. Such an expense would include, for example, expenses incurred to comply with the Single Audit Act and reporting and recordkeeping requirements imposed by the Office of Inspector General. A recipient with such necessary administrative expenses, such as an ongoing audit continuing past December 30, 2020, that relates to Fund expenditures incurred during the covered period, must report to the Treasury Office of Inspector General by the quarter ending September 2021 an estimate of the amount of such necessary administrative expenses.



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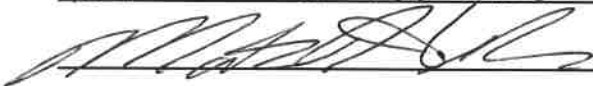
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