

RESOLUTION NO. 2025 – 91

A RESOLUTION AUTHORIZING THE ADMINISTRATION TO ENTER INTO AGREEMENTS TO SECURE INSURANCE COVERAGE FOR THE EMPLOYEES OF THE CITY OF PARMA HEIGHTS WITH MEDICAL MUTUAL OF OHIO, AND DECLARING AN EMERGENCY, AS AMENDED

WHEREAS, proposals were received by the City’s insurance broker, USI Insurance Services LLC, for the purchase of various insurance coverages for the City of Parma Heights for the period beginning January 1, 2026 through December 31, 2026; and

WHEREAS, it is the recommendation of the Administration that it is in the City’s best interest to accept the proposal from Medical Mutual of Ohio for all of the existing insurance coverages, including medical, dental, vision, and stop loss.

NOW, THEREFORE, BE IT RESOLVED by the Council of the City of Parma Heights, County of Cuyahoga and State of Ohio:

Section 1. That the Administration is authorized to enter into agreements with Medical Mutual of Ohio for the period of January 1, 2026 through December 31, 2026 for the provision of insurance coverage and monthly premium rates, subject to increases or decreases approved by the Administration, identified in Exhibit "A" AS AMENDED, attached hereto, and made a part hereof as though fully rewritten.

Section 2. This Council finds and determines that all formal actions of this Council concerning and relating to the adoption of this Resolution were taken in an open meeting of this Council and that all deliberations of the Council and of any of its Committees comprised of a majority of the members of the Council that resulted in those formal actions were in meetings open to the public, in compliance with the law.

Section 3. This Resolution is declared to be an emergency measure immediately necessary for the public peace, health, and safety of the Municipality and for the further reason that it is immediately necessary to continue insurance coverage for City employees beyond December 31, 2025; wherefore, this Resolution shall be in full force and effect from and immediately after its passage by Council and approval by the Mayor.

PASSED: November 10, 2025 Thomas Rounds
PRESIDENT OF COUNCIL

ATTEST: Barbara O'Neil November 10, 2025
CLERK OF COUNCIL APPROVED

FILED WITH THE MAYOR: November 10, 2025 Marie Gallo
MAYOR MARIE GALLO

EXHIBIT A, AS AMENDED



MEDICAL MUTUAL

CITY OF PARMA HEIGHTS
SELF FUNDED
MINIMUM PREMIUM RENEWAL RATES

Effective January 1, 2026, through December 31, 2026
120% of Expected Paid Claims; Incurred any prior, Paid in 12; No Loss Carry Forward

Experience Period:
July 1, 2024, through June 30, 2025

	MEDICAL	DRUG	DENTAL	TOTAL
ESTIMATED INCURRED CLAIMS	\$1,958,958	\$417,782	\$94,759	\$2,471,499
CLAIMS OVER SPECIFIC STOP LOSS LIMIT	(\$337,215)	(\$778)	N/A	(\$337,993)
CLAIMS TO ANNUALIZE	N/A	N/A	N/A	N/A
BENEFIT/ENROLLMENT CHANGES	\$9,568	N/A	N/A	\$9,568
CREDIBILITY & RISK ADJUSTMENTS	\$316,727	\$45,341	(\$6,759)	\$355,309
APPLICABLE TREND	1.1513 18.0 9.85%	1.2252 18.0 14.50%	1.0301 18.0 2.00%	1.1607 10.43%
PROJECTED NET INCURRED CLAIMS	\$2,242,776	\$566,465	\$90,649	\$2,899,890
PROJECTED NET PAID CLAIMS	\$2,209,807	\$565,615	\$89,724	\$2,865,146
DEPOSIT LIABILITY CHANGE IN	\$2,651,768	\$678,738	N/A	\$3,330,506
TERMINAL LIABILITY CHANGE IN	-0.52%	12.65%	N/A	1.91%
STOP LOSS CHANGE IN PERCENT CHANGE IN ANNUAL DOLLARS	\$435,529 1.54%	\$32,580 12.67%	\$0 0.00%	\$468,109 2.25%
ADMINISTRATION & ADD ON FEES CHANGE IN PERCENT CHANGE IN ANNUAL DOLLARS	\$720,101 14.65% \$91,997	\$11,979 9.90% \$1,079	N/A N/A N/A	\$732,080 14.57% \$93,076
	\$76,273 5.90% \$4,248	\$10,952 1.70% \$183	\$6,764 4.00% \$260	\$93,989 5.25% \$4,691

Based on projected average enrollment of:

	Single	Employee + Spouse	Employee + Child	Employee + Children	Family	Total
	29	15	5	4	50	103
	26	13	5	4	49	97
	29	14	5	3	50	101

The Affordable Care Act imposes taxes and fees on insurers and group plan sponsors. As a group plan sponsor, the law states that you are responsible for calculating and directly paying the Patient-Centered Outcomes Research Institute (PCORI) fee, which is subject to change each year. We are happy to provide data as needed for your calculations.



MEDICAL MUTUAL®

CITY OF PARMA HEIGHTS - Vision

Rates Effective: 01/01/2026 through 12/31/2026
310159

BENEFIT HIGHLIGHTS

Network Medical Deductible - Single / Family
Network Coinsurance
Maximum Out of Pocket - Single / Family
Plan Includes H.S.A.
Rx retail copay - Generic/Formulary/Non-Formulary/Specialty
Other Description

Line of Business
Network

Fully Insured Renewal Rates
Single
Employee + Spouse
Employee + Child
Employee + Children
Family

VISION I
Eyemed Insight 10/0/130 (Voluntary)

Enrollment	Current Rates	Renewal Rates
16	\$9,04	\$9,04
10	\$18,98	\$18,98
4	\$15,37	\$15,37
3	\$15,37	\$15,37
29	\$26,67	\$26,67

VISION II
VSP Choice 0/10/150 (Voluntary)

Enrollment	Current Rates	Renewal Rates
15	\$10,28	\$10,28
3	\$21,58	\$21,58
1	\$17,47	\$17,47
0	\$17,47	\$17,47
21	\$30,32	\$30,32

Rate Acceptance

Group Official Initial: *Please initial in box under the option selected* -->

Group Official Signature: _____

- Rates and terms shown above are subject to the disclaimers and contingencies shown on Disclaimers page.
- This document shows only a partial listing of in-network benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of benefits and covered services.

Title: _____

Date: _____