

RESOLUTION NO. 2026 – 85

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

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, 2027 through December 31, 2027; and

WHEREAS, it is the recommendation of the Administration that it is in the City's best interest to accept Medical Mutual of Ohio's Revised Renewal proposal for Administrative Fees and Alternate Option 1 for the Medical Plan, as identified in Exhibit "A" attached hereto; and

WHEREAS, it is the recommendation of the Administration that it is in the City's best interest to accept Medical Mutual of Ohio's Dental I PPO, as identified in Exhibit "B" attached hereto; and

WHEREAS, it is the recommendation of the Administration that it is in the City's best interest to accept Medical Mutual of Ohio's Vision I and II, as identified in Exhibit "C" attached hereto; and

WHEREAS, Council desires to authorize the Administration to expend funds to Medical Mutual of Ohio to secure the above-enumerated insurance coverages for the employees of the City of Parma Heights.

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, 2027 through December 31, 2027 for the provision of insurance coverages at rates, subject to increases or decreases approved by the Administration, as identified in Exhibits "A", "B", and "C", attached hereto, and made a part hereof as though fully rewritten, and to expend funds for the provision of those insurance coverages.

Section 2. That the Administration is authorized to enter into agreements with Medical Mutual of Ohio for the provision of Administrative Fees and Alternate Option 1 for the Medical Plan, as described in Exhibit "A", attached hereto and incorporated herein.

Section 3. That the Administration is authorized to enter into agreements with Medical Mutual of Ohio for Dental I PPO, as described in Exhibit "B", attached hereto and incorporated herein.

Section 4. That the Administration is authorized to enter into agreements with Medical Mutual of Ohio for Vision I and II, as described in Exhibit "C", attached hereto and incorporated herein.

Section 5. 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 6. 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 coverages for City employees beyond December 31, 2026; wherefore, this Resolution shall be in full force and effect from and immediately after its passage by Council and approval by the Mayor.

PASSED:	<u>10-26-26</u>	<u>Thomas Rounds</u>	
		PRESIDENT OF COUNCIL	
ATTEST:	<u>Barbara Allen</u>	<u>10-26-26</u>	
	CLERK OF COUNCIL	APPROVED	
FILED WITH THE MAYOR:	<u>10-26-26</u>	<u>M. Gallo</u>	
		MAYOR MARIE GALLO	



City of Parma Heights
Medical Plan
Self Funded Rates & Factors
January 01, 2022 Renewal

Stop Loss Outline	Current		Initial Renewal		Revised Renewal		Alternative Option 1		
Third Party Administrator	Medical Mutual of Ohio		Medical Mutual of Ohio		Medical Mutual of Ohio		Medical Mutual of Ohio		
Network Name(s)	SuperMed Plus		SuperMed Plus		SuperMed Plus		SuperMed Plus		
Stop Loss Carrier	Medical Mutual of Ohio		Medical Mutual of Ohio		Medical Mutual of Ohio		Medical Mutual of Ohio		
Pharmacy Benefit Manager (PBM)	Express Scripts		Express Scripts		Express Scripts		Express Scripts		
Specific Stop Loss (SSL)	\$100,000		\$100,000		\$100,000		\$125,000		
Labor Liability	Not Included		Not Included		Not Included		Not Included		
Contract Basis	PAID/12		PAID/12		PAID/12		PAID/12		
Coverages Included	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		
Annual Reimbursement Max	Unlimited		Unlimited		Unlimited		Unlimited		
Advanced Specific Funding	Included		Included		Included		Included		
Laser Waiver at Renewal Included?	Included		Not Included		Included		Included		
Rate Cap at Renewal (Amount)	50%		Not Included		50%		50%		
Aggregate Stop Loss (ASL)	Corridor: 170%		170%		120%		120%		
Contract Basis	PAID/12		PAID/12		PAID/12		PAID/12		
Coverages Included	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx		
Minimum Attachment	\$3,160,002		\$3,160,002		\$3,002,006		\$3,018,916		
Rates Firm With	Firm		Firm through 12/4/2026		Firm through 12/4/2026		Firm through 12/4/2026		
Mirrors Plan Document?	Yes		Yes		Yes		Yes		
Fixed Costs	Enrollment		Premium	Enrollment	Premium	Enrollment	Premium	Enrollment	Premium
Administration (PEPM)	Composite	98	\$71.52	98	\$72.40	98	(\$3.24)	98	(\$3.24)
Annual Administration Premium			\$64,111		\$65,146		(\$3,807)		(\$3,807)
Change from Current					\$1,035		(\$37,918)		(\$37,918)
Percentage Change					1.2%		-104.5%		-104.5%
Specific SL Premium (PEPM)	Composite	98	\$543.01	98	\$624.46	98	\$624.46	98	\$531.93
Aggregate SL Premium (PEPM)	Composite	98	\$48.30	98	\$48.30	98	\$48.30	98	\$48.57
Annual Stop Loss Premium			\$695,383		\$791,169		\$791,169		\$681,675
Change from Current					\$95,786		\$95,786		(\$12,708)
Percentage Change					13.8%		12.5%		-1.6%
Annual Total Fixed Costs			\$779,493		\$876,315		\$767,362		\$678,868
Change from Current					\$96,821		\$7,368		(\$100,626)
Percentage Change					12.4%		1.0%		-12.5%
Claims Liability	Expected	Maximum	Expected	Maximum	Expected	Maximum	Expected	Maximum	
Expected / Maximum Claims (PEPM)	\$2,739.23	\$2,687.08	\$2,239.23	\$2,687.08	\$2,127.37	\$2,552.73	\$2,139.25	\$2,567.11	
Annual Expected / Max Claims Total	\$2,633,335	\$3,160,002	\$2,633,335	\$3,160,002	\$2,501,671	\$3,002,006	\$2,515,744	\$3,018,916	
Change from Current Expected					50		(\$131,664)		(\$117,572)
Percentage Change					0.0%		-5.0%		-4.5%
Total Cost	Total All Plans		Total All Plans		Total All Plans		Total All Plans		
Annual Total Expected Costs	\$3,412,829		\$3,509,650		\$3,288,093		\$3,194,632		
Change from Current			\$96,821		(\$123,795)		(\$218,197)		
Percentage Change			2.8%		-3.6%		-6.4%		
Annual Total Maximum Costs	\$3,939,496		\$4,036,317		\$3,789,367		\$3,697,784		
Change from Current			\$96,821		(\$150,128)		(\$241,711)		
Percentage Change			2.5%		-3.8%		-6.1%		

Exhibit B. 2027 Dental ASO Fee Ren

DENTAL I
PPO

Enrollment	Current Rates	Renewal Rates
29	N/A	N/A
16	N/A	N/A
4	N/A	N/A
2	N/A	N/A
46	N/A	N/A
29	N/A	N/A
16	N/A	N/A
4	N/A	N/A
2	N/A	N/A
46	N/A	N/A
29	\$5.58	\$5.80
16	\$5.58	\$5.80
4	\$5.58	\$5.80
2	\$5.58	\$5.80
46	\$5.58	\$5.80

Total Medical Administrative Fee

Single
Employee + Spouse
Employee + Child
Employee + Children
Family

Total Rx Administrative Fee

Single
Employee + Spouse
Employee + Child
Employee + Children
Family

Specialty Administrative Fees

Single
Employee + Spouse
Employee + Child
Employee + Children
Family

Exhibit C. Fully Insured Vision



CITY OF PARMA HEIGHTS - Fully Insured Vision

Rates Effective: 01/01/2027 through 12/31/2027

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
15	\$9.04	\$9.04
10	\$18.96	\$18.96
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