

ORDINANCE NO. 2026-06

INTRODUCED BY MAYOR

**AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A
HEALTH INSURANCE CONTRACT WITH MEDICAL MUTUAL
COVERING ELIGIBLE OFFICIALS AND EMPLOYEES OF THE
VILLAGE AND DECLARING AN EMERGENCY**

WHEREAS, the Council of the Village of Oakwood deems it advisable to provide health insurance for eligible officials and employees of the Village; and,

WHEREAS, Council has reviewed and compared several options for the provision of said health insurance benefits and found the HSA 2500/0 Agg PD Rx SM1 (r22) policy described in Exhibit A attached hereto and incorporated herein to be the option most advantageous to the Village, its officials and employees;

NOW THEREFORE, BE IT RESOLVED by the Council of the Village of Oakwood, County of Cuyahoga, and State of Ohio that:

SECTION 1. The Mayor be and is hereby authorized to enter into a contract for the provision of health insurance benefits with Medical Mutual consistent with the terms described in said Exhibit A.

SECTION 2. Council hereby appropriates and authorizes the expenditure of funds necessary for the payment of the premiums for said policy of insurance as well as Health Savings Account contributions set forth in Exhibit B attached hereto and incorporated herein.

SECTION 3. This Ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health, safety and welfare of the inhabitants of the Village, the reason for the emergency being that the health insurance policy for eligible officials and employees of the Village must be renewed before January 31, 2026, therefore, provided it receives two-thirds (2/3) of the vote of all members of Council elected thereto, said Ordinance shall be in full force and effect immediately upon its adoption by this Council and approval by the Mayor, otherwise from and after the earliest period allowed by law.

PASSED: 1-27-26

Eloise Hardin
Eloise Hardin, President of Council

Evan Garrett
Evan Garrett, Clerk of Council

Presented to the
Mayor 1-29-26

Approved: 1-29-26

Erica L. Nikolic
Mayor, Erica Nikolic

I, Evan Garrett, Clerk of Council of the Village of Oakwood, County of Cuyahoga and State of Ohio, do hereby certify that the foregoing Ordinance No. 2026-06 was duly and regularly passed by this Council at the meeting held on the 27th day of January, 2026.

Evan Garrett
Evan Garrett, Clerk of Council

POSTING CERTIFICATE

I, Evan Garrett, Clerk of Council of the Village of Oakwood, County of Cuyahoga and State of Ohio, do hereby certify that Ordinance No. 2026-06 was duly posted on the 30th day of January, 2026, and will remain posted in accordance with the Oakwood Village Charter.

Evan Garrett
Evan Garrett, Clerk of Council

DATED: 1-30-26

Illustrative Summary of Benefits

SuperMed® 2500 (Aggregate) w/PD RX (R22) Health Savings Account Compatible

Benefits	Network	Non-Network
	Member Pays	
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26—Removal upon End of the Month	
Deductible - Single / Family	\$2,500 / \$5,000	\$7,500 / \$15,000
Coinurance Out-of-Pocket (excludes deductible) - Single / Family	\$0 / \$0	\$7,500 / \$15,000
Maximum Out-of-Pocket - Single / Family ¹	\$4,000 / \$8,000	\$15,000 / \$30,000
Coinurance	0%	50%
Physician/Office Services		
Physician Office Visit	Coinurance after deductible	Coinurance after deductible
Specialist Office Visit	Coinurance after deductible	Coinurance after deductible
Urgent Care Office Visit	Coinurance after deductible	Coinurance after deductible
Emergency Services		
Emergency Use of an Emergency Room	0% after deductible	
Emergency Services (expenses other than Emergency Room)	0% after deductible	
Non-Emergency Use of an Emergency Room	Not covered	
Routine/Preventive Services²		
Health Care Reform Benefits	0%	Coinurance after deductible
Health Care Reform Benefits for Women	0%	Coinurance after deductible
All Immunizations	0%	Coinurance after deductible
Routine Physical Exam (age 21 and over)	0%	Coinurance after deductible
Routine Mammogram (one per benefit period)	0%	Coinurance after deductible
Routine Pap Test (one per benefit period)	0%	Coinurance after deductible
Routine Lab, Medical Tests, and X-rays	0%	Coinurance after deductible
Routine Endoscopic Services	0%	Coinurance after deductible
Well Child Care (to age 21)		
Well Child Care Exams, Immunizations and Labs	0%	Coinurance after deductible
Hearing Exams	0%	Coinurance after deductible
Vision Exams	0%	Coinurance after deductible
Lenses	Not covered	Not covered
Frames	Not covered	Not covered
Contacts	Not covered	Not covered
Outpatient Services		
Allergy Testing and Treatments	Coinurance after deductible	Coinurance after deductible
Physical & Occupational Therapies (40 visits per benefit period/combined)	Coinurance after deductible	Coinurance after deductible
Speech Therapy (20 visits per benefit period)	Coinurance after deductible	Coinurance after deductible
Chiropractic Services (12 visits per benefit period)	Coinurance after deductible	Coinurance after deductible
Cardiac Rehabilitation (36 visits per benefit period)	Coinurance after deductible	Coinurance after deductible
Surgical Services	Coinurance after deductible	Coinurance after deductible
Diagnostic Lab, Medical Tests, and X-rays	Coinurance after deductible	Coinurance after deductible
Diagnostic Imaging	Coinurance after deductible	Coinurance after deductible
Diagnostic Endoscopic Services	Coinurance after deductible	Coinurance after deductible
Inpatient Services		
Institutional Services	Coinurance after deductible	Coinurance after deductible
Maternity	Coinurance after deductible	Coinurance after deductible
Skilled Nursing Facility (90 days per benefit period)	Coinurance after deductible	Coinurance after deductible

	Network	Non-Network
Additional Services		
Ambulance	Coinsurance after deductible	Coinsurance after deductible
Autism Spectrum Disorders	Benefits paid are based on services rendered	
Diabetic Education and Training	Coinsurance after deductible, unless the service is covered under Health Care Reform Preventive Benefits	Coinsurance after deductible
Durable Medical Equipment	Coinsurance after deductible	Coinsurance after deductible
DME—Wigs	Not covered	Not covered
Home Health Care (100 visits per benefit period)	Coinsurance after deductible	Coinsurance after deductible
Hospice	Coinsurance after deductible	Coinsurance after deductible
Organ and Tissue Transplants	Coinsurance after deductible	Coinsurance after deductible
Organ Transplant Services (Includes travel, meals, lodging and transportation)	Not covered	Not covered
Private Duty Nursing (90 days per benefit period)	Coinsurance after deductible	Coinsurance after deductible
Sterilization	Coinsurance after deductible	Coinsurance after deductible
Mental Health & Substance Abuse—Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Prescription Drug Benefits		
Retail (30-day supply)	Generic Preferred Brand Non-Preferred Brand Specialty High-Cost Drugs	\$0 copay after deductible \$35 copay after deductible \$70 copay after deductible 25% up to \$350 after deductible
Home Delivery (90-day supply) (Specialty drugs limited to 30-day supply)	Generic Preferred Brand Non-Preferred Brand Specialty High-Cost Drugs	\$0 copay after deductible \$105 copay after deductible \$210 copay after deductible 25% up to \$350 after deductible

National Plus Network & Basic Plus Formulary

Generic Incentive- If a brand-name drug is requested when a generic equivalent exists, the member pays the brand-name copay plus the difference between the cost of the generic and the brand-name drug.

Home Delivery Incentive- Retail drug copays apply for the first three fills in 180 days. Starting on the 4th fill, Copay amount doubles unless mail order is used.

Specialty Drugs

Drugs and biologicals (specialty drugs and therapeutic injections). Members must use one of our dedicated pharmacies. Special rules apply to oral chemotherapy prescription drugs. The certificate booklet will have more information. Certain specialty drugs are part of a Specialty Prescription Drug Copay Offset program (SaveOnSP Exclusive) where they are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share if the member does not participate in SaveOnSP Exclusive. Once enrolled in the Medical Mutual health plan, call 1-800-683-1074 to enroll in copay assistance, with SaveOnSP monitoring, so that your responsibility could be as low as \$0.

- 1 Network level Out-of-Pocket includes deductible and coinsurance and flat dollar copayments.
- 2 Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations, and other screenings, as provided for in the Patient Protection and Affordable Care Act.

Authorization	
I have reviewed and agree to the above information.	
Signature	Date

Benefits will be administered by Medical Mutual of Ohio. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. Only an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Exhibit B

Village of Oakwood

HSA Plan Funding Annual 2026-2027 Funding to be determined by Council

Union Employees: 2025-2026

Single: \$3,175

Single plus one or more: \$6,350

Non-Union Employees: 2025-2026

Single: \$1,250

Single plus one or more: \$2,000