Resolutions – January 13, 2026

NUMBER	RESOLUTION TITLE
26-0029	Approving annual assessment on improvements constructed under the authority of Section 6131.63 Ohio Revised Code on 135.7840 acres of land in Lot 7 & 8 of Montville Township known as Hawks Ridge Subdivision Replat No. 1 and thereby establishing said improvements as a public watercourse
26-0030	Approving the final plat for Hawks Ridge Subdivision located in Montville Township Lot 7 & 8
26-0031	For the resurfacing of Greenwich Road (CR-97) from Center Street (SR-3) in Seville Village to Chester Avenue in Wadsworth City; and in Guilford and Wadsworth Townships in Medina County
26-0032	Accepting and awarding the bid for MED-CR0019-00.00 the resurfacing of Lake Road (CR-19) from Greenwich Road (CR-97) to Wedgewood Road (SR-162) in Lafayette and Westfield Townships in Medina County
26-0033	Authorizing the Sanitary Engineer to request qualifications for professional design services to remodel Hinckley Wastewater Treatment Plant Administration Building
26-0034	Authorizing the Sanitary Engineer to purchase a Caterpillar Excavator for the Line Maintenance Division
26-0035	Approving personnel changes for the employees under the jurisdiction of the Medina County Commissioners
26-0036	Authorizing the county auditor to transfer funds from various county department accounts to the Medina County Print Shop revenue line item
26-0037	Authorizing the county auditor to transfer funds from various county department accounts to the Gasoline Rotary fund
26-0038	Authorizing the purchase of 7,000 gallons of regular unleaded gasoline for the Engineering Center
26-0039	Allowing expenses of the County Engineer
26-0040	Allowing expenses of county officials
26-0041	Allowing claims and authorizing issuance upon the treasurer in settlement of such list of claims
26-0042	Authorizing the execution of a Stop Loss Agreement and an Administrative Services Agreement Addendum with Medical Mutual of Ohio for the provision of employee health plan services
26-0043	Authorizing a change order for the replacement and installation of a Kone Elevator System within the Medina County Administration Building
26-0044	Approving an agreement between the City of Wadsworth for provision of CY26 Medina County Public Transit services

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0029

APPROVING ANNUAL ASSESSMENT ON IMPROVEMENTS CONSTRUCTED UNDER THE AUTHORITY OF SECTION 6131.63 OHIO REVISED CODE ON 135.7840 ACRES OF LAND IN LOT 7 & 8 OF MONTVILLE TOWNSHIP KNOWN AS HAWKS RIDGE SUBDIVISION REPLAT NO. 1 AND THEREBY ESTABLISHING SAID IMPROVEMENTS AS A PUBLIC WATERCOURSE

WHEREAS, there has been filed with the Clerk of this Board a written agreement by the owner of lands in Lot 7 & 8 of Montville Township, providing for the construction of improvements thereon and the payment therefore which will benefit the lands of said owner, which is attached hereto and marked "Exhibit A"; and

WHEREAS, the County Engineer has filed with the Clerk a schedule of assessments for the maintenance of the proposed improvements per Section 6131.63 of the Ohio Revised Code attached hereto and marked as "Exhibit B."

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Medina County, Ohio, that the assessments be approved.

BE IT FURTHER RESOLVED by this Board that the Clerk record such agreement and schedule in the County Drainage Records, thereby locating and establishing such improvements as a public watercourse.

BE IT STILL FURTHER RESOLVED that the Board establish and maintain a fund within the County for the repair, upkeep and perpetual maintenance of said improvements per Section 6137.02 of the Ohio Revised Code, and that all further proceedings in connection with the maintenance of the improvements be in accord with Chapter 6137 of the Ohio Revised Code.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Medina County Engineer's Office

AGREEMENT TO ESTABLISH PUBLIC WATERCOURSE

AND DRAINAGE IMPROVEMENT MAINTENANCE

WHEREAS, Pulte Homes of Ohio, LLC is the title owner in fee simple of the real estate known as Hawks Ridge Subdivision consisting of approximately 135.7840 acres in Lot 7 & 8 of Montville Township, Medina County, Ohio; and

WHEREAS, Hawks Ridge Subdivision Replat No. 1 contains storm sewers and general drainage structures which have been approved by the County Engineer; and

WHEREAS, the above owners wish to establish a Ditch Maintenance Fund pursuant to Section 6131.63 and Section 6137 of the Ohio Revised Code, and have the lots assessed for said maintenance; and

WHEREAS, the above owners shall pay the first year assessment at the time that this agreement is recorded, which shall be for the 2026 tax year.

WHEREAS, the next assessment payment will be for the 2027 tax year and will be due in January of 2028.

WHEREAS, the above owners hereby waive all public hearings and all notice requirements as to all the lands and lots contained in Hawks Ridge Subdivision Replat No. 1.

NOW, THEREFORE, the undersigned being the owners of all of the lots in the now created Hawks Ridge Subdivision Replat No. 1 requests that the Medina County Commissioners create a Ditch Maintenance Fund for said development.

The undersigned, being the owners of all lots, hereby consents to said assessment and fund; hereby state that said easement and assessment shall be in perpetuity and shall run with the land and shall be binding on all our successors and assigns.

Upon approval and by resolution of the Medina County Commissioners, this agreement and easement shall be accepted and shall be binding upon each lot in Hawks Ridge Subdivision Replat No. 1 and shall be for the benefit of all said lots.

IN WITNESS WHEREOF, we have hereunto set our hands this 30th day of December, 2025.

Pulte Homes of Ohio, LLC

Jeremy D. Krahe Dir. of Land Planning

STATE OF OHIO)

COUNTY OF Medina)

Before me, a Notary Public, in and for said County and State, personally appeared the above-named Pulte Homes of Ohio, LLC, who acknowledged that they did sign the foregoing instrument and that the same is their free act and deed.

IN TESTIMONY THEREOF, I have hereunto set my hand and seal at Medina, OH this 30th day of December, 2025.

NOTARY PUBLIC STATE OF OHIO

REGINA A. FRIMEL
Notary Public, State of Ohio
My Commission Expires
October 24, 2028

Regina A. Frimel
Notary Public

My Commission Expires: 10-24-2028

ASSESSMENT SCHEDULE

HAWKS RIDGE SUBDIVISION REPLAT NO. 1

Lot No.	Permanent Parcel No.	Assessment/Year
Road R/W	Montville Township	$5,881.00
11		168.00
12		168.00
13		168.00
14		168.00
15		168.00
16		168.00
17		168.00
18		168.00
19		168.00
20		168.00
21		168.00
22		168.00
23		168.00
24		168.00
25		168.00
26		168.00
27		168.00
28		168.00
29		168.00
30		168.00
31		168.00
32		168.00
33		168.00
34		168.00
35		168.00
36		168.00
37		168.00
38		168.00
39		168.00
40		168.00
41		168.00
42		168.00
43		168.00
44		168.00
45		168.00
46		168.00
47		168.00
48		168.00
49		168.00
50		168.00
51		168.00
52		168.00
53		168.00
54		168.00
55		168.00
56		168.00
57		168.00
58		168.00
59		168.00
60		168.00
61		168.00
62		168.00
63		168.00
64		168.00
65		168.00
66		168.00

ASSESSMENT SCHEDULE (CONTINUED)

HAWKS RIDGE SUBDIVISION REPLAT NO. 1

Lot No.	Permanent Parcel No.	Assessment/Year
67		168.00
68		168.00
69		168.00
70		168.00
71		168.00
72		168.00
73		168.00
74		168.00
75		168.00
76		168.00
77		168.00
78		168.00
79		168.00
80		168.00
81		168.00
82		168.00
83		168.00
84		168.00
85		168.00
86		168.00
87		168.00
88		168.00
89		168.00
90		168.00
91		168.00
92		168.00
93		168.00
94		168.00
95		168.00
96		168.00
97		168.00
98		168.00
99		168.00
100		168.00
101		168.00
102		168.00
103		168.00
104		168.00
105		168.00
106		168.00
107		168.00
108		168.00
109		168.00
110		168.00
111		168.00
112		168.00
113		168.00
114		168.00
115		168.00
116		168.00
117		168.00
118		168.00
119		168.00
120		168.00
121		168.00
122		168.00
123		168.00

ASSESSMENT SCHEDULE (CONTINUED)

HAWKS RIDGE SUBDIVISION REPLAT NO. 1

Lot No.	Permanent Parcel No.	Assessment/Year
124		168.00
125		168.00
126		168.00
127		168.00
128		168.00
129		168.00
130		168.00
131		168.00
132		168.00
		$26,377.00

HAWKS RIDGE SUBDIVISION REPLAT NO. 1

DRAINAGE IMPROVEMENT COSTS

1.	6” PVC Service Connection (122)	$ 210,291.00
2.	12” HDPE Storm Sewer (2678’)	123,322.00
3.	15” HDPE Storm Sewer (1911’)	82,001.00
4.	18” HDPE Storm Sewer (2206’)	131,897.00
5.	24” HDPE Storm Sewer (1744’)	135,439.00
6.	30” HDPE Storm Sewer (787’)	81,667.00
7.	12” RCP Storm Sewer (1241’)	136,051.00
8.	15” RCP Storm Sewer (63’)	7,985.00
9.	18” RCP Storm Sewer (138’)	17,058.00
10.	24” RCP Storm Sewer (288’)	39,545.00
11.	48” RCP Storm Sewer (120’)	46,763.00
12.	Curb Inlet Basin (44)	79,701.00
13.	Double Curb Inlet Basin (9)	39,486.00
14.	2-2B Catch Basin (16)	16,869.00
15.	Outlet Structure (4)	26,859.00
16.	Storm Manhole (48)	129,728.00
17.	12” Half Headwall (5)	3,309.00
18.	15” Half Headwall (1)	733.00
19.	18” Half Headwall (2)	1,655.00
20.	24” Half Headwall (3)	3,014.00
21.	30” Half Headwall (1)	1,243.00
22.	48” Half Headwall (2)	4,229.00
		$ 1,318,845.00

ASSESSMENT CALCULATIONS

HAWKS RIDGE SUBDIVISION REPLAT NO. 1

TOTAL COST OF DRAINAGE IMPROVEMENTS:		$ 1,318,845.00
Amount to Be Assessed:	2 % per year = $ 26,377.00	
ROAD R/W		$ 5,881.00
122 Sublots @ $168.00/Sublot		$ 20,496.00

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0030

APPROVING THE FINAL PLAT FOR
HAWKS RIDGE SUBDIVISION REPLAT NO. 1
LOCATED IN MONTVILLE TOWNSHIP LOT 7 & 8

WHEREAS, the Medina County Planning Commission did approve the final plat for Hawks Ridge Subdivision Replat No. 1 on July 2, 2025; and

WHEREAS, the Medina County Engineer did review and approve construction drawings submitted by Cunningham & Associates, Inc.; and

WHEREAS, the Medina County Engineer has inspected the construction of required public improvements and finds the work to be in close conformance with approved drawings; and

WHEREAS, the Developer, Pulte Homes of Ohio LLC., has submitted a performance guarantee to guarantee completion of remaining work; and

WHEREAS, 24-month maintenance bond has been submitted by Fechko Excavating to guarantee site work and concrete paving.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Medina County, Ohio, that the final plat for Hawks Ridge Subdivision Replat No. 1 is hereby approved.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Medina County Engineer's Office

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0031

RESURFACING OF GREENWICH ROAD (CR-97) FROM CENTER STREET (SR-3) IN SEVILLE VILLAGE TO CHESTER AVENUE IN WADSWORTH CITY; AND IN GUILFORD AND WADSWORTH TOWNSHIPS IN MEDINA COUNTY

WHEREAS; in accordance with Section 5555.022 of the Ohio Revised Code the Board of County Commissioners of Medina County has determined that the public convenience and welfare requires the resurfacing of Greenwich Road (CR-97) from Center Street (SR-3) in Seville Village to Chester Avenue in Wadsworth City; and in Guilford and Wadsworth Townships in Medina County, (hereinafter called the PROJECT); and

WHEREAS; the PROJECT is a transportation activity eligible to receive federal funding; and

WHEREAS; the Northeast Ohio Areawide Coordinating Agency (NOACA) has provided NOACA controlled federal funding for the PROJECT; and

WHEREAS; Section 5501.03 (C) of the Ohio Revised Code provides that the Director of the Ohio Department of Transportation (ODOT) may coordinate the activities of the Department with other appropriate public authorities and enter into contracts with such authorities as necessary to carry out its duties, powers and functions; and

WHEREAS; it is the mutual desire of both ODOT and the Medina County Engineer to have the Medina County Engineer serve as the responsible lead agency for the administration of the PROJECT.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Medina County that the public convenience and welfare requires the PROJECT.

BE IT FURTHER RESOLVED that the Medina County Engineer agrees to abide by all NOACA policies applicable to the PROJECT.

BE IT FURTHER RESOLVED that the Medina County Engineer may enter into an agreement with the Ohio Department of Transportation to administer the PROJECT locally under the LPA Policy as adopted by the Ohio Department of Transportation.

BE IT FURTHER RESOLVED that the Medina County Engineer shall complete the surveys, construction plans, estimates of cost and specifications (Preliminary Engineering), required for the PROJECT and transmit copies of the same to this board for approval.

BE IT FURTHER RESOLVED that special assessments are not to be levied and collected to pay any part of the PROJECT.

BE IT FURTHER RESOLVED that the Clerk of the Board of County Commissioners of Medina County is hereby instructed to transmit a certified copy of this resolution to the Medina County Engineer.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Medina County Engineer's Office

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0032

ACCEPTING AND AWARDING THE BID FOR MED-CR0019-00.00, THE RESURFACING OF LAKE ROAD (CR-19) FROM GREENWICH ROAD (CR-97) TO WEDGEWOOD ROAD (SR-162) IN LAFAYETTE AND WESTFIELD TOWNSHIPS IN MEDINA COUNTY

WHEREAS, Resolution No. 25-0846 adopted by the Board of County Commissioners of Medina County on November 4, 2025 authorized the Medina County Engineer to advertise for bids for MED-CR0019-00.00, the resurfacing of Lake Road (CR-19) from Greenwich Road (CR-97) to Wedgewood Road (SR-162) in Lafayette and Westfield Townships in Medina County (hereinafter called the PROJECT); and

WHEREAS, bids for the PROJECT were received and publicly read on Monday, January 5, 2026 in the Office of the Medina County Engineer and the Medina County Engineer has reviewed the bids submitted; and

WHEREAS, the Medina County Engineer has recommended that the bid for the PROJECT be awarded to the lowest responsive and responsible bidder:

Kokosing Construction Company, Inc.
6235 Westerville Road
Westerville, Ohio 43081

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Medina County, Ohio, that the bid for the PROJECT is hereby accepted and awarded to Kokosing Construction Company, Inc. for the price of $2,633,007.12 as set forth in “Exhibit A” attached hereto.

BE IT FURTHER RESOLVED that the Clerk of the Board of County Commissioners of Medina County is hereby instructed to transmit a certified copy of this Resolution to the Medina County Engineer.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Medina County Engineer’s Office

EXHIBIT "A"
MEDINA COUNTY ENGINEER BID TABULATION
PROJECT NAME: MED-CR0019-00.00 PID: 121576
MEDINA COUNTY ENGINEER'S ESTIMATED COST: $2,425,379.45
BID OPENING DATE: 01/05/2025

								Engineer's Estimate		Kokosing Construction Company, Inc.		Melway Paving Co., Inc.		Karvo Companies Inc		The Shelly Company - Northeast Division		Ronyak Paving, Inc	
REF NO.	ITEM NUMBER	ITEM EXTENSION	ESTIMATED QUANTITY	UNIT	ITEM DESCRIPTION	WORK TYPE	WORK TYPE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
					ROADWAY														
1	202	23000	150	SQ.YD	PAVEMENT REMOVED	NR	Y	$10.00	$1,500.00	$38.00	$5,700.00	$22.00	$3,300.00	$30.00	$4,500.00	$25.00	$3,750.00	$30.00	$4,500.00
2	203	10000	30	CU.YD.	EXCAVATION	6	Y	$20.00	$600.00	$25.00	$750.00	$38.50	$1,155.00	$125.00	$3,750.00	$15.00	$450.00	$100.00	$3,000.00
3	203	20000	30	CU.YD.	EMBANKMENT	6	Y	$20.00	$600.00	$25.00	$750.00	$38.50	$1,155.00	$40.00	$1,200.00	$15.00	$450.00	$100.00	$3,000.00
4	204	10000	150	SQ.YD.	SUBGRADE COMPACTION	6	Y	$1.00	$150.00	$2.00	$300.00	$2.50	$375.00	$1.00	$150.00	$3.00	$450.00	$1.00	$150.00
5	209	60500	10.69	MILE	LINEAR GRADING	6	Y	$1,400.00	$14,966.00	$1,930.00	$20,631.70	$2,100.00	$22,449.00	$2,475.00	$26,457.75	$1,800.00	$19,242.00	$1,200.00	$12,828.00
6	623	40001	6	EACH	MEDINA COUNTY MONUMENT BOX (100% LOCAL)	NR	Y	$900.00	$5,400.00	$1,200.00	$7,200.00	$750.00	$4,500.00	$550.00	$3,300.00	$800.00	$4,800.00	$1,150.00	$6,900.00
7	611	99654	13	EACH	MANHOLE ADJUSTED TO GRADE	NR	Y	$1,000.00	$13,000.00	$900.00	$11,700.00	$900.00	$11,700.00	$1,000.00	$13,000.00	$1,100.00	$14,300.00	$1,350.00	$17,550.00
8	638	99654	30	EACH	VALVE BOX ADJUSTED TO GRADE	NR	Y	$500.00	$15,000.00	$600.00	$18,000.00	$400.00	$12,000.00	$800.00	$24,000.00	$600.00	$18,000.00	$1,000.00	$30,000.00
					ROADWAY TOTALS:				**$51,216.00**		**$65,031.70**		**$56,634.00**		**$76,357.75**		**$61,442.00**		**$77,928.00**
					EROSION CONTROL														
9	659	300	450	CU.YD.	TOPSOIL	46	Y	$60.00	$27,000.00	$40.00	$18,000.00	$68.00	$30,600.00	$25.00	$11,250.00	$50.00	$22,500.00	$35.00	$15,750.00
10	659	500	1500	SQ.YD.	SEEDING AND MULCHING, CLASS 1	46	Y	$3.00	$4,500.00	$1.80	$2,700.00	$2.80	$4,200.00	$1.00	$1,500.00	$2.00	$3,000.00	$1.00	$1,500.00
11	659	510	3000	SQ.YD.	SEEDING AND MULCHING, CLASS 2	46	Y	$3.00	$9,000.00	$1.65	$4,950.00	$2.80	$8,400.00	$1.00	$3,000.00	$2.00	$6,000.00	$1.00	$3,000.00
12	659	20000	0.6	TON	COMMERCIAL FERTILIZER	46	Y	$800.00	$480.00	$500.00	$300.00	$2,000.00	$1,200.00	$25.00	$15.00	$500.00	$300.00	$450.00	$270.00
13	659	35000	45	M.GAL	WATER	46	Y	$10.00	$450.00	$1.00	$45.00	$150.00	$6,750.00	$1.00	$45.00	$15.00	$675.00	$5.00	$225.00
14	832	30000	1	EACH	EROSION CONTROL	8	Y	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$7,500.00
					EROSION CONTROL TOTALS:				**$48,930.00**		**$33,495.00**		**$58,650.00**		**$23,310.00**		**$39,975.00**		**$28,245.00**
					PAVEMENT														
15	253	2001	2916	CU.YD.	PAVEMENT REPAIR, AS PER PLAN	16	Y	$225.00	$656,100.00	$180.00	$524,880.00	$168.00	$489,888.00	$200.00	$583,200.00	$170.00	$495,720.00	$185.00	$539,460.00
16	254	1001	88864	SQ.YD.	PAVEMENT PLANING, ASPHALT CONCRETE, AS PER PLAN	13	Y	$1.50	$133,296.00	$0.85	$75,534.40	$1.80	$159,955.20	$2.00	$177,728.00	$2.15	$191,057.60	$1.50	$133,296.00
17	254	1600	798	SQ.YD.	PATCHING PLANED SURFACE	13	Y	$1.50	$1,197.00	$3.00	$2,394.00	$8.00	$6,384.00	$1.00	$798.00	$0.50	$399.00	$1.00	$798.00
18	304	20001	30	CU.YD.	AGGREGATE BASE, AS PER PLAN	9	Y	$60.00	$1,800.00	$75.00	$2,250.00	$88.00	$2,640.00	$200.00	$6,000.00	$50.00	$1,500.00	$80.00	$2,400.00
19	407	10000	12519	GAL	NON-TRACKING TACK COAT	11	Y	$2.30	$28,793.70	$2.85	$35,679.15	$2.50	$31,297.50	$2.25	$28,167.75	$2.75	$34,427.25	$2.00	$25,038.00
20	408	10000	7825	GAL	PRIME COAT	11	Y	$3.00	$23,475.00	$5.00	$39,125.00	$3.90	$30,517.50	$5.00	$39,125.00	$5.00	$39,125.00	$2.00	$15,650.00
21	441	50201	3467	CU.YD.	ASPHALT CONCRETE INTERMEDIATE COURSE, TYPE 1, (448), AS PER PLAN	10	Y	$180.00	$624,060.00	$197.00	$682,999.00	$200.00	$693,400.00	$210.00	$728,070.00	$225.00	$780,075.00	$210.00	$728,070.00
22	441	50000	2896.6	CU.YD.	ASPHALT CONCRETE SURFACE COURSE, TYPE 1, (448), PG 64-22, AS PER PLAN	10	Y	$195.00	$564,837.00	$218.00	$631,458.80	$200.00	$579,320.00	$215.00	$622,769.00	$225.00	$651,735.00	$210.00	$608,286.00
23	441	70600	61.5	CU.YD.	ASPHALT CONCRETE INTERMEDIATE COURSE, TYPE 1, (449), (DRIVEWAYS), AS PER PLAN	10	Y	$180.00	$11,070.00	$220.00	$13,530.00	$650.00	$39,975.00	$210.00	$12,915.00	$350.00	$21,525.00	$400.00	$24,600.00
24	441	70501	133.1	CU.YD.	ASPHALT CONCRETE SURFACE COURSE, TYPE 1, (449), (DRIVEWAYS), AS PER PLAN	10	Y	$225.00	$29,947.50	$250.00	$33,275.00	$530.00	$70,543.00	$215.00	$28,616.50	$450.00	$59,895.00	$400.00	$53,240.00
25	452	10050	150	SQ.YD.	6" NON-REINFORCED CONCRETE PAVEMENT, CLASS QC MS	38	Y	$75.00	$11,250.00	$81.00	$12,150.00	$155.00	$23,250.00	$85.00	$12,750.00	$100.00	$15,000.00	$200.00	$30,000.00
26	452	12050	75	SQ.YD.	8" NON-REINFORCED CONCRETE PAVEMENT, CLASS QC MS	38	Y	$85.00	$6,375.00	$94.00	$7,050.00	$180.00	$13,500.00	$95.00	$7,125.00	$110.00	$8,250.00	$215.00	$16,125.00
27	617	10101	1096	CU.YD.	COMPACTED AGGREGATE, AS PER PLAN	6	Y	$68.00	$74,528.00	$30.00	$32,880.00	$58.00	$63,568.00	$95.00	$104,120.00	$85.00	$93,160.00	$75.00	$82,200.00
28	617	25000	34.9	M.GAL	WATER	6	Y	$10.00	$349.00	$1.00	$34.90	$40.00	$1,396.00	$5.00	$174.50	$15.00	$523.50	$10.00	$349.00
29	872	10000	26830	FT	VOID REDUCING ASPHALT MEMBRANE, AS PER PLAN	11	Y	$2.15	$57,684.50	$2.15	$57,684.50	$2.20	$59,026.00	$2.20	$59,026.00	$2.20	$59,026.00	$2.20	$59,026.00
					PAVEMENT TOTALS:				**$2,224,762.70**		**$2,150,924.75**		**$2,264,660.20**		**$2,410,584.75**		**$2,451,418.35**		**$2,318,538.00**

EXHIBIT "A"
MEDINA COUNTY ENGINEER BID TABULATION
PROJECT NAME: MED-CR0019-00.00 PID: 121576
MEDINA COUNTY ENGINEER'S ESTIMATED COST: $2,425,379.45
BID OPENING DATE: 01/05/2025

								Engineer's Estimate		Kokosing Construction Company, Inc.		Melway Paving Co., Inc.		Karvo Companies Inc		The Shelly Company - Northeast Division		Ronyak Paving, Inc	
REF NO.	ITEM NUMBER	ITEM EXTENSION	ESTIMATED QUANTITY	UNIT	ITEM DESCRIPTION	WORK TYPE	WORK TYPE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
					TRAFFIC CONTROL														
30	643	300	5.35	MILE	CENTER LINE, TYPE 1	45	Y	$975.00	$5,216.25	$1,990.00	$10,646.50	$1,990.00	$10,646.50	$1,990.00	$10,646.50	$1,990.00	$10,646.50	$1,990.00	$10,646.50
31	643	400	418	FT	CHANNELIZING LINE, 8", TYPE 1	45	Y	$1.00	$418.00	$1.00	$418.00	$1.00	$418.00	$1.00	$418.00	$1.00	$418.00	$1.00	$418.00
32	643	100	10.47	MILE	EDGE LINE, 4", TYPE 1	45	Y	$500.00	$5,235.00	$1,377.00	$14,417.19	$1,377.00	$14,417.19	$1,377.00	$14,417.19	$1,377.00	$14,417.19	$1,377.00	$14,417.19
33	643	1300	5	EACH	LANE ARROW, TYPE 1	45	Y	$60.00	$300.00	$117.00	$585.00	$117.00	$585.00	$117.00	$585.00	$117.00	$585.00	$117.00	$585.00
34	643	1000	2	EACH	RAILROAD SYMBOL MARKING, TYPE 1	45	Y	$600.00	$1,200.00	$488.00	$976.00	$488.00	$976.00	$488.00	$976.00	$488.00	$976.00	$488.00	$976.00
35	643	500	326	FT	STOP LINE, TYPE 1	45	Y	$4.00	$1,304.00	$7.88	$2,568.88	$7.90	$2,575.40	$7.88	$2,568.88	$7.90	$2,575.40	$7.88	$2,568.88
36	643	700	853	FT	TRANSVERSE/DIAGONAL LINE (YELLOW), TYPE 1	45	Y	$3.50	$2,985.50	$5.55	$4,734.15	$5.55	$4,734.15	$5.55	$4,734.15	$5.55	$4,734.15	$5.55	$4,734.15
37	643	1410	1	EACH	WORD ON PAVEMENT, 96", TYPE 1	45	Y	$150.00	$150.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00
					TRAFFIC CONTROL TOTALS:				**$16,808.75**		**$34,545.72**		**$34,552.24**		**$34,545.72**		**$34,552.24**		**$34,545.72**
					MAINTENANCE OF TRAFFIC														
38	614	13000	75	CU.YD.	ASPHALT CONCRETE FOR MAINTAINING TRAFFIC	39	Y	$225.00	$16,875.00	$100.00	$7,500.00	$300.00	$22,500.00	$200.00	$15,000.00	$125.00	$9,375.00	$125.00	$9,375.00
39	614	21100	16.25	MILE	WORK ZONE CENTER LINE, CLASS I, 642 PAINT	39	Y	$500.00	$8,125.00	$995.00	$16,168.75	$995.00	$16,168.75	$995.00	$16,168.75	$995.00	$16,168.75	$995.00	$16,168.75
40	614	26200	978	FT	WORK ZONE STOP LINE, CLASS I, 642 PAINT	39	Y	$4.00	$3,912.00	$2.90	$2,836.20	$2.90	$2,836.20	$2.90	$2,836.20	$2.90	$2,836.20	$2.90	$2,836.20
41	614	32200	6	EACH	WORK ZONE RAILROAD SYMBOL MARKING, CLASS I, 642 PAINT	39	Y	$600.00	$3,600.00	$215.00	$1,290.00	$215.00	$1,290.00	$215.00	$1,290.00	$215.00	$1,290.00	$215.00	$1,290.00
42	616	10000	15	M.GAL	WATER	39	Y	$10.00	$150.00	$1.00	$15.00	$40.00	$600.00	$5.00	$75.00	$15.00	$225.00	$10.00	$150.00
					MAINTENANCE OF TRAFFIC TOTALS:				**$32,662.00**		**$27,809.95**		**$43,394.95**		**$35,369.95**		**$29,894.95**		**$29,819.95**
					INCIDENTALS														
43	614	11000	LS		MAINTAINING TRAFFIC	39	Y	$30,000.00	$30,000.00	$183,700.00	$183,700.00	$140,000.00	$140,000.00	$124,890.00	$124,890.00	$130,000.00	$130,000.00	$200,000.00	$200,000.00
44	624	10000	LS		MOBILIZATION	NR	Y	$15,000.00	$15,000.00	$131,500.00	$131,500.00	$40,000.00	$40,000.00	$105,000.00	$105,000.00	$100,000.00	$100,000.00	$267,000.00	$267,000.00
45	100	30000	LS		PREMIUM ON RAILROAD'S PROTECTIVE PUBLIC LIABILITY AND PROPERTY DAMAGE LIABILITY INSURANCE	NR	Y	$6,000.00	$6,000.00	$6,000.00	$6,000.00	$10,000.00	$10,000.00	$15,000.00	$15,000.00	$2,500.00	$2,500.00	$5,000.00	$5,000.00
					INCIDENTAL TOTALS:				**$51,000.00**		**$321,200.00**		**$190,000.00**		**$244,890.00**		**$232,500.00**		**$472,000.00**
					GRAND TOTALS:				**$2,425,379.45**		**$2,633,007.12**		**$2,647,891.39**		**$2,825,058.17**		**$2,849,782.54**		**$2,961,076.67**

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0033

AUTHORIZING THE SANITARY ENGINEER TO REQUEST QUALIFICATIONS FOR PROFESSIONAL DESIGN SERVICES TO REMODEL HINCKLEY WASTEWATER TREATMENT PLANT ADMINISTRATION BUILDING

WHEREAS, the Hinckley Wastewater Treatment Plant (WWTP) Administration Building was constructed in 1976 and consists of approximately 2,300 square feet; and

WHEREAS, since the building's original construction, staffing levels at Hinckley WWTP have increased significantly; and

WHEREAS, the existing locker room is not currently designed to accommodate both male and female employees; and

WHEREAS, the supervisors are utilizing a former closet as a break room; and

WHEREAS, the Administration building is in need of updates to meet current standards; and

WHEREAS, the Sanitary Engineering department requires assistance to complete said Administration Building remodel; and

WHEREAS, the Sanitary Engineer recommends that the Board issue a request for qualifications for professional design services in accordance with Ohio Revised Code Sections 153.65 through 153.70, to provide architectural and engineering design, permitting, preparation of contract documents and specifications, assistance with the bidding process, and construction administration services.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Medina County, Ohio, that the Sanitary Engineer is hereby authorized and directed to request qualifications for professional design services, in accordance with Ohio Revised Code Sections 153.65 through 153.70, for the remodeling of the Hinckley WWTP Administration Building. The Sanitary Engineer is further authorized and directed to evaluate the statements of qualifications submitted, rank the interested firms based upon their qualifications for this project, negotiate terms with the firm determined to be most qualified as provided by statute, and return a recommendation to this Board for final approval of a contract determined to be most advantageous to the County.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Sanitary Engineering Department

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0034

AUTHORIZING THE SANITARY ENGINEER TO PURCHASE A CATERPILLAR EXCAVATOR FOR THE LINE MAINTENANCE DIVISION

WHEREAS, the Sanitary Engineer has requested authorization to purchase a Caterpillar 303 Excavator for use by the Sanitary Engineering Department's Line Maintenance Division, primarily for dig repairs in confined areas and landscaping; and

WHEREAS, Ohio Machinery Co. has submitted a quote for the Caterpillar 303 Excavator in the amount of $74,158.38, substantially in the form now on file with the Sanitary Engineer; and

WHEREAS, the cost of the Caterpillar 303 Excavator is included in the 2026 budget of the Sanitary Engineering Department.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Medina County, Ohio that the Sanitary Engineering Department is authorized to purchase a Caterpillar 303 Excavator at a cost of $74,158.38 from Ohio Machinery CO., 3993 East Royalton Road, Broadview Heights, Ohio 44147, and the Sanitary Engineer is hereby authorized to act as the agent for the Board in matters associated with Ohio Machinery CO.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Sanitary Engineering Department

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26–0035

APPROVING PERSONNEL CHANGES FOR THE EMPLOYEES UNDER THE JURISDICTION OF THE MEDINA COUNTY COMMISSIONERS

WHEREAS, it is advisable and necessary that the following personnel changes be made for the employees working for the County Commissioners on the dates listed below:

NEW HIRE

Cassie Zona, Maintenance, Part Time Cleaning Technician at $15.00 on fund 28052806 50030 effective 1/12/26 (PCN 280628058)

Alexis Dravenstott, Dog Shelter, Part-Time Deputy Dog Warden at $16.00 on fund 01004030 50030 effective 1/20/26 (PCN 403240302)

RATE INCREASE

Corey Spitzer, Sanitary, OUPS Locator "From" $21.25 "TO" $22.75 on fund 10005400 50030 50% & 16005400 50030 50% effective 1/9/26 (Anniversary Increase)

Matthew Morrissette, Sanitary, Supervisor "From" $39.50 "TO" $40.66 on fund 1000540050040 effective 1/9/26 (Anniversary Increase)

Annmarie Skadra, Maintenance, Part-Time Cleaning Technician "From" $15.60 "TO" $16.22 on fund 28052806 50030 effective 1/16/26 (Anniversary Increase)

John Primozic, Sanitary, Maintenance Worker "From" $27.00 "TO" $27.81 on fund 10005400 50040 effective 12/21/25 (Rate Increase per CBA)

LEAVE OF ABSENCE

Daniel Cather, Sanitary, Operator Intermittment Family Medical Leave of Absence beginning 12/27/25

PROBATIONARY REMOVAL

Kerry Williams, Sanitary, Operator In Training effective 1/7/26 (PCN 542354027)

RESIGNATION

Erin Jankowski, SAS, Part-Time Delivery Worker effective 1/13/26 (PCN 928392808)

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Medina County, Ohio, that the personnel changes listed above will become effective on the dates listed.

BE IT FURTHER RESOLVED that the President of the Board be authorized to sign the personnel action forms for these changes.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Human Resources

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0036

AUTHORIZING THE COUNTY AUDITOR TO TRANSFER FUNDS FROM VARIOUS COUNTY DEPARTMENT ACCOUNTS TO THE MEDINA COUNTY PRINT SHOP REVENUE LINE ITEM

WHEREAS, O.R.C. 5705.15 provides for the transfer of funds from one fund to another, and

WHEREAS, the Board of County Commissioners has determined it necessary to transfer funds from various department accounts for the Medina County Print Shop services rendered during the month of December 2025, and

WHEREAS, written approval has been received from said departments authorizing the County Finance Department to implement such transfers for these services.

NOW, THEREFORE, BE IT RESOLVED by the Medina County Board of Commissioners that the County Auditor be and is hereby authorized to transfer the following funds:

FROM EXPENSE ACCOUNT	TO REVENUE ACCOUNT	AMOUNT
Dog Shelter		
01004030 50100	00100105 40078	$2,569.81
Job and Family Services		
01204100 50100	00100105 40078	$439.90
Child Support		
01455100 50100	00100105 40078	$284.75
Real Estate Assessment		
01754200 50540	00100105 40078	$8.94
Adult Probation Supervision		
01871900 50100	00100105 40078	$14.40
Court Mediation		
01881603 50100	00100105 40078	$133.20
Sanitary Engineer		
1005400 50100	00100105 40078	$41.52
16005400 50100	00100105 40078	$41.52
Transit		
61229200 50100	00100105 40078	$6.50
	Total	$3,540.54

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Finance Department

REGULAR MEETING-TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0037

AUTHORIZING THE COUNTY AUDITOR TO TRANSFER FUNDS FROM VARIOUS COUNTY DEPARTMENT ACCOUNTS TO THE GASOLINE ROTARY FUND

WHEREAS, O.R.C. 5705.15 provides for the transfer of funds from one fund to another, and

WHEREAS, the Board of County Commissioners has determined it necessary to transfer funds from various department funds for gasoline usage at the County Motor Vehicle Garage during the period of December 1, 2025 to January 2, 2026, and

WHEREAS, written approval has been received from said departments authorizing the County Finance Department to implement such transfers for gasoline expenses.

NOW, THEREFORE, BE IT RESOLVED by the Medina County Board of Commissioners that the County Auditor be and is hereby authorized to transfer the following funds:

FROM EXPENSE ACCOUNT	TO REVENUE ACCOUNT GASOLINE ROTARY FUND	AMOUNT
Auditor 03000305 50600	79009490 40250	$191.63
Prosecutor 00100700 50600	79009490 40250	$240.18
Coroner 00102400 50600	79009490 40250	$94.75
Maintenance Dept. 00102805 50600	79009490 40250	$1,562.12
Sheriff 29002900 50600	79009490 40250	$11,463.49
Building Inspector Dept. 00103200 50600	79009490 40250	$917.93
County Home 00103600 50600	79009490 40250	$32.51
Veteran's Service 00103800 50600	79009490 40250	$371.28
Dog Shelter 01004030 50600	79009490 40250	$30.37
Job & Family Services 01204100 50600	79009490 40250	$99.88

RESOLUTION NO. 26-0037 (cont'd)

FROM EXPENSE ACCOUNT	TO REVENUE ACCOUNT GASOLINE ROTARY FUND	AMOUNT
Auto Title		
01802300 50600	79009490 40250	$51.33
County Engineer		
02004302 50600	79009490 40250	$730.80
Storm Water Division		
02054300 50600	79009490 40250	$387.96
Sanitary Engineer		
10005400 50600	79009490 40250	$828.75
16005400 50600	79009490 40250	$1,992.00
Solid Waste		
27005600 50600	79009490 40250	$61.38
Juvenile Detention		
50682119 50600	79009490 40250	$142.87
DRETAC- Treasurer		
70720500 50600	79009490 40250	$34.86
	TOTAL	$19,234.09

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Finance Department

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0038

AUTHORIZING THE PURCHASE OF 7,000 GALLONS OF REGULAR UNLEADED GASOLINE FOR THE ENGINEERING CENTER

WHEREAS, the Engineering Center is in need of purchasing 7,000 gallons of regular unleaded gasoline, and

WHEREAS, the following price quotations for said purchase were received by phone on January 07, 2026, and

	Regular Unleaded
Gresham Petroleum, Fort Wayne, IN	1.7023
Universal Oil, Cleveland, OH	1.9500
Petroleum Traders, Fort Wayne, IN	No Bid
Ports Petroleum, Wooster, OH	1.6600
Centerra, Ashland, OH	1.6290

WHEREAS, Centerra Co-Op has been determined to be the lowest bid price of $1.6290 per gallon for regular unleaded gasoline, plus any applicable taxes.

NOW, THEREFORE, BE IT RESOLVED by the Medina County Board of Commissioners that the above referenced purchase of gasoline from Centerra Co-Op be approved.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Finance Department

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26 -0039

ALLOWING EXPENSES OF THE COUNTY ENGINEER

WHEREAS, requests for expenses for attending conventions/meeting/seminars have been received in accordance with Section 325.20 of the Ohio Revised Code.

WHEREAS, this Board of County Commissioners has reviewed these requests and found them to be in conformance with Section 325.20 of the Ohio Revised Code.

NOW, THEREFORE, BE IT RESOLVED by this Board of County Commissioners that the expenses for attending the following conventions/meetings/seminars be and is hereby approved:

County Engineer

Trench and Excavation Competent Person Training, N. Canton, OH			
January 9, 2026	D. Browand, B. Grimm	02004302 50550	450.00
Trench and Excavation Competent Person Training, N. Canton, Ohio			
January 16, 2026	C. Gadosik, B. Mannasmith	02004302 50550	300.0
2026 National Association of County Engineers, Arlington, Texas			
April 13-15, 2026	A. Conrad	02004300 50550	745.00
		02004300 50560	1,760.00

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Finance Department

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0040

ALLOWING EXPENSES OF COUNTY OFFICIALS

WHEREAS, requests for expenses for attending conventions/meeting/seminars have been received in accordance with Section 325.20 of the Ohio Revised Code.

WHEREAS, this Board of County Commissioners has reviewed these requests and found them to be in conformance with Section 325.20 of the Ohio Revised Code.

NOW, THEREFORE, BE IT RESOLVED by this Board of County Commissioners that the expenses for attending the following conventions/meetings/seminars be and is hereby approved:

Commissioners

Medina County Economic Development Corporation State of the County Meeting, Wadsworth, OH			
January 15, 2026	A. Harrison	00100100 50562	12.51

Sheriff

Effective Fitness Combatives Level 1 Instructor Certification Course, Springfield Ohio			
March 30-April 3, 2026	Z. Kirkwood	79232900 50550	2,500.00
Subject Control Instructor Training, Columbus, Ohio			
April 6-10, 2026 April 20-24, 2026	E. Postlewait, C. Johnson	79232900 50550	3,000.00
Subject Control Instructor Training, Columbus Ohio			
August 3-7, 2026 August 17-21, 2026	J. Domo	79232900 50550	1,500.00

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Finance Department

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0041

ALLOWING CLAIMS AND AUTHORIZING ISSUANCE UPON THE TREASURER IN SETTLEMENT OF SUCH LIST OF CLAIMS

WHEREAS, the payment of the required county bills to vendors in the total amount of $6,999,874.32 are included in the Auditor's office reports from 12/30/2025 to 1/7/2026 for checks dated 01/20/2026 and are hereby the same and authorize the County Auditor to issue warrants on the County Treasurer for payment in the same; and

WHEREAS, a complete list of bills is maintained in the Auditor's office.

NOW, THEREFORE, BE IT RESOLVED by this Board of County Commissioners of Medina, County, Ohio hereby authorizes payment of the county bills in the amount of $6,999,874.32, and authorizes the County Auditor to issue warrants on the County Treasurer for payment in the same.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Finance Department

Entry Date	Batch	CHECK RUN	Count	Invoice Amount	Invoices Released	Year	Effective Date	Due Date	Dept
12/17/2025	5391	012026	2	83.73	All	2026	01/20/2026	01/20/2026	2900
12/17/2025	5392	012026	4	1,390.26	All	2026	01/20/2026	01/20/2026	2900
12/18/2025	5396	012026	3	197.47	All	2026	01/20/2026	01/20/2026	9280
12/18/2025	5397	012026	5	470.28	All	2026	01/20/2026	01/20/2026	9280
12/18/2025	5398	012026	5	2,298.78	All	2026	01/20/2026	01/20/2026	0700
12/18/2025	5400	012026	5	774.64	All	2026	01/20/2026	01/20/2026	4300
12/19/2025	5403	012026	29	9,097.40	All	2026	01/20/2026	01/20/2026	2900
12/19/2025	5407	012026	8	1,293.25	All	2026	01/20/2026	01/20/2026	1900
12/19/2025	5408	012026	25	6,146.18	All	2026	01/20/2026	01/20/2026	2900
12/19/2025	5409	012026	5	2,257.18	All	2026	01/20/2026	01/20/2026	4000
12/19/2025	5411	012026	3	359.66	All	2026	01/20/2026	01/20/2026	0500
12/19/2025	5415	012026	1	819.00	All	2026	01/20/2026	01/20/2026	2115
12/22/2025	5426	012026	2	137.96	All	2026	01/20/2026	01/20/2026	0100
12/22/2025	5429	012026	2	410.00	All	2026	01/20/2026	01/20/2026	0100
12/22/2025	5451	012026	15	6,067.62	All	2026	01/20/2026	01/20/2026	4100
12/22/2025	5452	012026	5	1,492.95	All	2026	01/20/2026	01/20/2026	4200
12/22/2025	5455	012026	8	1,920.29	All	2026	01/20/2026	01/20/2026	2900
12/23/2025	5475	012026	1	69.99	All	2026	01/20/2026	01/20/2026	5400
12/29/2025	5497	012026	22	3,492.58	All	2026	01/20/2026	01/20/2026	2300
12/29/2025	5503	012026	2	3,559.65	All	2026	01/20/2026	01/20/2026	1650
12/30/2025	5525	012026	1	338.00	All	2026	01/20/2026	01/20/2026	2100
01/06/2026	5534	012026	39	11,924.86	All	2026	01/20/2026	01/20/2026	9280
01/05/2026	5536	012026	26	55,734.59	All	2026	01/20/2026	01/20/2026	4100
01/06/2026	5537	012026	19	26,827.59	All	2026	01/20/2026	01/20/2026	4100
12/31/2025	5543	012026	2	181.18	All	2026	01/20/2026	01/20/2026	4100
01/02/2026	5545	012026	3	1,162.48	All	2026	01/20/2026	01/20/2026	9200
01/02/2026	5546	012026	7	5,438.65	All	2026	01/20/2026	01/20/2026	4100
01/06/2026	5547	012026	27	96,293.77	All	2026	01/20/2026	01/20/2026	4100
01/02/2026	5552	012026	9	714.31	All	2026	01/20/2026	01/20/2026	3600
01/02/2026	5553	012026	2	157.16	All	2026	01/20/2026	01/20/2026	2805
01/02/2026	5554	012026	4	931.00	All	2026	01/20/2026	01/20/2026	7945
01/05/2026	5555	012026	12	4,196.72	All	2026	01/20/2026	01/20/2026	0100
01/05/2026	5556	012026	4	98,617.56	All	2026	01/20/2026	01/20/2026	0100
01/05/2026	5560	012026	15	12,667.09	All	2026	01/20/2026	01/20/2026	0300
01/05/2026	5563	012026	6	5,937.31	All	2026	01/20/2026	01/20/2026	5600
01/05/2026	5567	012026	8	985.50	All	2026	01/20/2026	01/20/2026	3200
01/05/2026	5568	012026	16	19,479.24	All	2026	01/20/2026	01/20/2026	0100
01/05/2026	5569	012026	1	45.49	All	2026	01/20/2026	01/20/2026	1800
01/05/2026	5570	012026	5	14,563.20	All	2026	01/20/2026	01/20/2026	1800
01/07/2026	5571	012026	6	40,262.27	All	2026	01/20/2026	01/20/2026	0100
01/05/2026	5576	012026	1	660.55	All	2026	01/20/2026	01/20/2026	9280
01/05/2026	5577	012026	8	18,010.81	All	2026	01/20/2026	01/20/2026	1900
01/05/2026	5582	012026	7	4,399.37	All	2026	01/20/2026	01/20/2026	1800
01/06/2026	5583	012026	5	4,303.43	All	2026	01/20/2026	01/20/2026	4100
01/06/2026	5584	012026	7	12,467.23	All	2026	01/20/2026	01/20/2026	9200
01/07/2026	5586	012026	20	34,162.74	All	2026	01/20/2026	01/20/2026	4300
01/06/2026	5588	012026	27	54,400.91	All	2026	01/20/2026	01/20/2026	5400
01/06/2026	5592	012026	1	61.00	All	2026	01/20/2026	01/20/2026	2300
01/06/2026	5594	012026	1	17,667.75	All	2026	01/20/2026	01/20/2026	0100
01/06/2026	5595	012026	5	2,056.04	All	2026	01/20/2026	01/20/2026	3600
01/06/2026	5598	012026	5	2,457.23	All	2026	01/20/2026	01/20/2026	1602
01/07/2026	5600	012026	9	93,103.38	All	2026	01/20/2026	01/20/2026	2900
01/08/2026	5602	012026	13	15,627.14	All	2026	01/20/2026	01/20/2026	4100
01/06/2026	5603	012026	5	1,877.30	All	2026	01/20/2026	01/20/2026	1601

01/06/2026	5604	012026	3	486.29	All	2026	01/20/2026	01/20/2026	4300
01/06/2026	5605	012026	1	7,767.36	All	2026	01/20/2026	01/20/2026	0100
01/06/2026	5606	012026	2	650.00	All	2026	01/20/2026	01/20/2026	1602
01/06/2026	5607	012026	100	114,811.77	All	2026	01/20/2026	01/20/2026	2900
01/06/2026	5608	012026	9	34,426.36	All	2026	01/20/2026	01/20/2026	0100
01/06/2026	5610	012026	8	24,167.53	All	2026	01/20/2026	01/20/2026	3600
01/06/2026	5611	012026	12	9,253.11	All	2026	01/20/2026	01/20/2026	0700
01/06/2026	5612	012026	40	461,441.58	All	2026	01/20/2026	01/20/2026	5400
01/06/2026	5613	012026	10	4,671,364.45	All	2026	01/20/2026	01/20/2026	0100
01/07/2026	5615	012026	13	22,443.93	All	2026	01/20/2026	01/20/2026	2805
01/07/2026	5616	012026	20	13,611.91	All	2026	01/20/2026	01/20/2026	2805
01/07/2026	5617	012026	12	9,500.51	All	2026	01/20/2026	01/20/2026	2100
01/07/2026	5619	012026	3	182,294.98	All	2026	01/20/2026	01/20/2026	0300
01/07/2026	5620	012026	11	1,596.48	All	2026	01/20/2026	01/20/2026	2805
01/07/2026	5622	012026	11	5,796.74	All	2026	01/20/2026	01/20/2026	7945
01/07/2026	5623	012026	4	44,968.03	All	2026	01/20/2026	01/20/2026	5400
01/07/2026	5624	012026	16	14,093.80	All	2026	01/20/2026	01/20/2026	2300
01/07/2026	5625	012026	4	119,872.71	All	2026	01/20/2026	01/20/2026	5600
01/07/2026	5626	012026	5	730.38	All	2026	01/20/2026	01/20/2026	2805
01/07/2026	5627	012026	16	497,097.85	All	2026	01/20/2026	01/20/2026	5600
01/07/2026	5628	012026	1	372.36	All	2026	01/20/2026	01/20/2026	0105
01/07/2026	5629	012026	5	2,001.39	All	2026	01/20/2026	01/20/2026	3200
01/07/2026	5630	012026	14	59,084.87	All	2026	01/20/2026	01/20/2026	2115
01/07/2026	5631	012026	1	1,188.21	All	2026	01/20/2026	01/20/2026	0500
01/07/2026	5632	012026	4	800.00	All	2026	01/20/2026	01/20/2026	0100
		TOTAL	**803**	**$ 6,999,874.32**					

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0042

AUTHORIZING THE EXECUTION OF A STOP LOSS AGREEMENT AND AN ADMINISTRATIVE SERVICES AGREEMENT ADDENDUM WITH MEDICAL MUTUAL OF OHIO FOR THE PROVISION OF EMPLOYEE HEALTH PLAN SERVICES

WHEREAS, the Medina County Board of Commissioners has previously authorized an administrative services agreement corresponding to the County's employee health care program for the period commencing January 1, 2009, and

WHEREAS, this agreement was approved on December 1, 2008 (Resolution No. 08-1085) and amended in 2009, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and 2025 establishing the rates and discounts for services provided by Medical Mutual of Ohio, and

WHEREAS, an addendum to this agreement has been presented by Medical Mutual of Ohio to the Board of County Commissioners for the administration of the Medina County Health Care program as amended by Medina County, and

WHEREAS, Medical Mutual of Ohio has submitted a Stop Loss agreement for the period of January 1, 2026, through December 31, 2026, with rates based on Medina County's Health Care Plan, and

WHEREAS, this addendum is effective for the period of January 1, 2026, through December 31, 2026, and includes the tiered rates as necessary based on the changes made to the County's Health Care Program.

NOW, THEREFORE, BE IT RESOLVED by this Board of County Commissioners that the amendment to the Administrative Services Agreement, Stop Loss Agreement and ASO Weekly Invoicing Renewal with Medical Mutual of Ohio for the provision of employee health care program attached hereto be approved.

BE IT FURTHER RESOLVED that the President of the Board be authorized to execute this agreement and addendum on behalf of the Medina County Board of Commissioners.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: County Administrator

STOP LOSS CONTRACT

between

MEDICAL MUTUAL OF OHIO

("Medical Mutual of Ohio")

100 American Road

Cleveland, OH 44144

and

MEDINA COUNTY COMMISSIONERS

(the "Group")

Number: 224945

The Effective Date of the Stop Loss Contract (the "Contract") is **January 1, 2026** at 12:01 a.m., regardless of the date executed by the Group and Medical Mutual of Ohio. The Contract Period is shown on Exhibit A.

1. DEFINITIONS

Capitalized terms not defined in this Contract are defined in either the Administrative Services Agreement or Benefit Book.

BENEFIT BOOK(S): the Summary Plan Description (SPD) or other applicable documents that describe the Covered Services, benefits, eligibility requirements and other features and limitations of the Plan with respect to the Participants.

CLAIMS ADMINISTRATOR: the entity employed by the Group to pay claims for Covered Services under the Plan for Covered Persons. The Claims Administrator is Medical Mutual Services, L.L.C.

COMPOUND DRUGS: a compound medication is one that requires a licensed pharmacist to combine, mix or alter the ingredients of a medication when filling a prescription.

COVERED PERSON: an individual who is either the Participant or the Participant's Eligible Dependent, as defined in the Benefit Book(s).

COVERED SERVICE(S): a Provider's service, supply or accommodation described in the Benefit Books, schedules of benefits, riders, addenda or Amendments. With respect to prescription drugs, Covered Services mean FDA-approved prescription drugs pursuant to Group's prescription drug benefit plan.

LASERED PERSON: a Covered Person for whom the Group has agreed to provide coverage under the Plan at a Specific Stop Loss Threshold amount higher than for that of the remainder of the Group's Covered Persons. A Lasered Person may also be a Covered Person that is completely excluded from coverage.

PAID CLAIM: a claim for Covered Services for which payment has been advanced to the Provider by the Claims Administrator and for which the Group has reimbursed the Claims Administrator. A claim is not considered a Paid Claim if the Group does not fund the claim, or if the payment for the claim is returned by the Group's financial institution for insufficient funds. A claim is considered a Paid Claim as of the date shown on the check, wire transfer, EFT or other payment mechanism utilized by the Claims Administrator.

PARTICIPANT: a person, employed by the Group, who is eligible for and has elected to enroll in coverage under the Plan. In addition, Participant includes Covered Persons who have lost eligibility under the Plan and are continuing coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA).

PLAN: the self-funded program of health care coverage in effect as of the Effective Date of this Contract established by the Group for its Participants. The terms of the Plan are set forth in the Benefit Book(s).

2. CALCULATION OF AGGREGATE STOP LOSS

STOP LOSS – AGGREGATE: The components of the Aggregate Stop Loss are:

Aggregate Maximum Limit of Reimbursement Liability: the maximum amount of Paid Claims in excess of the Aggregate Attachment Point for which Medical Mutual of Ohio shall be liable. The Aggregate Maximum Limit of Reimbursement Liability is shown on Exhibit A.

Aggregate Stop Loss Benefit: an amount equal to the total amount of Paid Claims for the Contract Period less the greater of the Aggregate Attachment Point or the Minimum Aggregate Attachment Point. The Aggregate Stop Loss Benefit will not exceed the Aggregate Maximum Limit of Reimbursement Liability.

Aggregate Attachment Point: the sum of the Monthly Attachment Rate(s) times the number of applicable Participants in effect for each month during the Contract Period.

Individual Limit: The maximum amount of Paid Claims, per Covered Person, that will be included in the calculation of the Aggregate Stop Loss benefit each year. The Individual Limit is shown on Exhibit A.

Minimum Aggregate Attachment Point: the lowest dollar amount that can serve as the Aggregate Attachment Point. The Minimum Aggregate Attachment Point is shown on Exhibit A.

Monthly Attachment Rates: the rate(s) per Participant used in calculating the Aggregate Attachment Point. The Monthly Attachment Rates are shown on Exhibit A.

3. CALCULATION OF SPECIFIC STOP LOSS: the components of the Specific Stop Loss, per Covered Person are:

Specific Stop Loss Threshold: the maximum amount for each Covered Person of Paid Claims during the Contract Period for which the Group is responsible. The Specific Stop Loss Threshold per Covered Person is shown on Exhibit A.

Specific Stop Loss Annual Maximum: Paid Claim amounts in excess of the Specific Stop Loss Threshold which are the payment responsibility of Medical Mutual of Ohio, up to an Annual Maximum per Covered Person as shown on Exhibit A.

4. STOP LOSS COVERAGE PROVISIONS

A. AGGREGATE STOP LOSS:

i. Claims eligible for Aggregate Stop Loss coverage under this Contract are those specified on Exhibit A.

ii. Medical Mutual of Ohio will perform an annual settlement of the Aggregate Stop Loss within four (4) months after the end of the Contract Period. If the amount of Paid Claims for the Contract Period exceed the greater of the Aggregate Attachment Point or the Minimum Aggregate Attachment Point, Medical Mutual of Ohio shall instruct the Claims Administrator to issue a credit or refund, as appropriate, to the Group within thirty (30) days of settlement.

iii. The calculation of the Aggregate Stop Loss threshold amounts will be based on the combined total amount of Paid Claims for the lines of business shown on Exhibit A. Stop Loss thresholds will not be calculated separately for different lines of business.

B. SPECIFIC STOP LOSS:

i. Claims eligible for coverage under this Contract are those specified on Exhibit A.

ii. Each month throughout the Contract Period, the Claims Administrator shall provide Medical Mutual of Ohio with a listing or a report of the monthly amount of Paid Claims for Covered Persons that reach or exceed fifty percent (50%) of the Specific Stop Loss Threshold. Medical Mutual of Ohio will instruct the Claims Administrator to issue a credit to the Group for claims in excess of the Stop Loss Threshold. The Claims Administrator will credit the invoices to the Group for these amounts as they are reached and as they continue to accumulate throughout the remainder of the Contract Period, such payments not to exceed the

Specific Stop Loss Annual Maximum per Covered Person shown on Exhibit A.

iii. In order to confirm that the amount of all Paid Claims exceeding the Specific Stop Loss Threshold have been identified and credited to the Group, Medical Mutual of Ohio shall make a final review and Specific Stop Loss settlement within four (4) months after the end of the Contract Period, and the Claims Administrator will issue a final credit or payment to the Group, if necessary.

5. LIMITATIONS OF COVERAGE

Medical Mutual of Ohio is not responsible or liable under this Contract for payments to any Covered Person or Provider for any Covered Service for which the Group provides coverage under the terms of the Plan.

This Contract is solely for the benefit of the Group. There is no intended third-party beneficiary to this Contract. It is agreed that this Contract shall not create any right or legal relationship between Medical Mutual of Ohio and any Covered Person or Provider.

6. EXCLUSIONS

The following expenses and Paid Claims are excluded from coverage under this Stop Loss Contract:

A. Expenses which are not covered under the terms and provisions of the Plan, including claims paid by the Plan that are not medically necessary, as determined by Medical Mutual of Ohio.

B. Expenses which can be recovered from, or attributed to, any other plan or group coverage, or recovered by applying the coordination of benefits provisions (COB) of the Plan.

C. Claims paid by the Plan for charges in excess of an allowable amount, as determined by Medical Mutual of Ohio.

D. Liability assumed by the Group under any contract or service agreement other than the Plan, including any amounts paid to providers under a capitation arrangement.

E. Expenses incurred as a result of accidental bodily injury or illness arising out of or in the course of any occupation or employment for wage or profit, or for which the Covered Person is entitled to benefits under any workers' compensation or occupational disease policy, regardless of whether any such policy is actually in force.

F. Expenses incurred prior to the Effective Date of the Contract, except as otherwise specified herein.

G. Expenses incurred before a person became a Covered Person under this Plan, or for any person not covered under the Plan.

H. Claims paid by the Plan for any Experimental or Investigational Drug, Device, Medical Treatment or Procedure. A drug, device, medical treatment or procedure is Experimental or Investigational:

- if the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration, and approval for marketing has not been given at the time the drug or device is provided; or
- if reliable evidence shows that the drug, device, medical treatment or procedure is not considered to be the standard of care, is the subject of ongoing phase I, II or III clinical trials, or is under study to determine maximum tolerated dose, toxicity, safety, efficacy, or efficacy as compared with the standard means of treatment or diagnosis; or
- if reliable evidence shows that the consensus of opinion among experts is that the drug, device, medical treatment or procedure is not the standard of care and that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, efficacy or efficacy as compared with the standard means of treatment or diagnosis.

Reliable evidence may consist of any one or more of the following:

- published reports and articles in the authoritative medical and scientific literature;
- opinions expressed by expert consultants retained by Medical Mutual to evaluate requests for coverage;
- the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device, medical treatment or procedure;
- the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, medical treatment or procedure;
- corporate medical policies developed by Medical Mutual; or
- any other findings, studies, research and other relevant information published by government agencies and nationally recognized organizations.

Even if a drug, device, or portion of a medical treatment or procedure is determined to be Experimental or Investigational, the Plan will cover those Medically Necessary services associated with the Experimental or Investigational drug, device, or portion of a medical treatment or procedure that the Plan would otherwise cover had those Medically Necessary services been provided on a non-Experimental or non-Investigational basis.

The determination of whether a drug, device, medical treatment or procedure is Experimental or Investigational shall be made by the Group and Medical Mutual in their sole discretion, and that determination shall be final and conclusive, subject to any available appeal process.

I. Out-of-State surcharges.

J. Claims for Compound Drugs are excluded under this Contract where the Group does not participate in the compound drug management program of the Pharmacy Benefit Manager (PBM) named on Exhibit A. Any Compound Drug claim properly approved by the PBM while the Group is participating in the PBM's compound drug management program will be covered by this Stop Loss Contract. As of the beginning of this Contract Period, Group participates in the PBM's compound drug management program. If the Group discontinues participation in the PBM's compound drug management program, or switches to a different PBM, then this Contract excludes any claims for drugs that are compounded using bulk chemical ingredients that do not have any clinical efficacy and any claims for drugs that would have been excluded under the PBM's compound drug management program. Group must provide written confirmation to Medical Mutual of Ohio of its desire to discontinue participation in the compound drug management program.

K. For Compound Drugs that are compounded using bulk chemical ingredients or commercially available products that do not have any evidence-based clinical efficacy when combined or that would have been excluded under Medical Mutual of Ohio's compound drug management program.

L. Any amount of Paid Claims eligible for coverage under the Group's prior stop loss contract(s).

7. INVOICING AND PAYMENTS

A. Payment of the initial Stop Loss premium is due on or before the Effective Date of the Contract Period. If a check written, or an electronic payment made, by the Group is returned to Medical Mutual of Ohio by the Group's financial institution for insufficient funds, Medical Mutual reserves the right to charge the Group a returned item fee up to the maximum allowed by applicable law. This fee is in addition to any fees charged to the Group by its financial institution.

B. Throughout the Contract Period, on a monthly basis, the Group will be invoiced by the Claims Administrator for the Stop Loss Premium(s). The Group shall pay the invoiced amounts on the first of each month or within ten (10) days of the date of the invoice, whichever is later. If payment is not received when due, Medical Mutual of Ohio will suspend Stop Loss coverage for the Group.

C. If Medical Mutual advances a claim for a Covered Person over the Specific Stop Loss Threshold, Medical Mutual will discontinue billing the Group for those claims.

8. CHANGES TO THE CONTRACT

At least thirty (30) days prior to the renewal date of the Contract, Medical Mutual of Ohio will notify the Group of any changes to the Stop Loss Premium(s) and Contract terms.

Further, Medical Mutual of Ohio reserves the right to adjust monthly Stop Loss Premium Rates, Attachment Rates, Attachment Points, thresholds or maximums and/or other terms of this Contract effective as of any of the following dates:

A. the enrollment, as shown on Exhibit A, changes in aggregate or for a specific line of business by ten percent (10%) or more;

B. any provisions of the Plan change, subject to written notification to and approval by Medical Mutual of Ohio prior to the effective date of the change;

C. any information provided to Medical Mutual of Ohio by the Group regarding claims or eligibility is subsequently found to be inaccurate, incomplete, or misleading;

D. any change in any cost containment features or provider network vendors, including Group entering into or discontinuing a capitation arrangement with a third party;

E. a late entrant is added to the Plan who could affect the underwriting risk assessment by Medical Mutual of Ohio;

F. any addition or deletion of a location/class of employees;

G. any buyout, acquisition or merger with another company;

H. the Group's geographical location or the nature of the Group's business changes; and

I. any governmental regulation, law, or benefit mandate becomes applicable to the Plan which could affect the underwriting risk assessment by Medical Mutual of Ohio.

The Group shall notify Medical Mutual of Ohio in writing within thirty (30) days prior to the effective date of any of the changes listed above. Any change in rates will be effective as of the date of occurrence of any of the events listed above.

9. CANCELLATION

A. The Group may cancel this Contract only upon giving thirty (30) days' written notice to Medical Mutual of Ohio. Medical Mutual of Ohio will return any unearned premium to the Group within thirty (30) days after the date the cancellation becomes effective; however, Medical Mutual of Ohio will not refund any partial payments or premiums. Any income Medical Mutual of Ohio has received or may receive from such refunded amounts shall be for the sole benefit of Medical Mutual of Ohio and shall be retained by Medical Mutual of Ohio.

B. Medical Mutual of Ohio may cancel this Contract upon giving thirty (30) days' written notice to the Group for the following reasons:

1. for a material misrepresentation by the Group which affects the insurability of the risk;

2. for material failure on the part of the Group to comply with the Contract terms, provisions or contractual duties;

C. Medical Mutual of Ohio may cancel this Contract at any time without notice if the Group fails to pay the required Stop Loss premiums. Medical Mutual of Ohio's negotiation of any check sent or deposited into Medical Mutual of Ohio's lockbox after the termination date does not constitute acceptance or reinstatement by Medical Mutual of Ohio.

D. Medical Mutual of Ohio may also rescind or cancel this Contract as of its Effective Date or Renewal Date if it is discovered that the coverage provided hereunder was obtained through fraudulent statements, omissions, or concealment of facts material to the acceptance of the risk or to the hazard assumed by Medical Mutual of Ohio.

10. CONTRACT TERMINATION

A. This Contract will terminate, and all coverage provided by this Contract will cease on the earliest of the following dates:

1. the end of the Contract Period;

2. the date the Plan terminates, the date the Plan changes or the services of the Claims Administrator are terminated, except as provided for by this Contract or any Amendments hereto;

3. the first date of any month specified by the Group, following thirty (30) days' written notice to Medical Mutual of Ohio;

4. the cancellation date under the terms of the Cancellation provision.

B. This Contract will automatically terminate in the event:

1. the Group files a petition for bankruptcy or for voluntary reorganization for the benefit of creditors or is the subject of an involuntary petition for bankruptcy. The Contract will terminate on the date the petition is filed or when any other insolvency proceeding is formally initiated;

2. the Group does not properly pay claims or fund claims on a timely basis.

11. OTHER OBLIGATIONS OF THE GROUP

AUDITS: Should the Group perform audits of the Claims Administrator or any Provider and receive any reimbursement or refund as a result of such audits, the Group agrees that it will reimburse Medical Mutual of Ohio for amounts previously paid by Medical Mutual of Ohio under this or a previous Stop Loss Contract. The Group cannot apply any recovered amounts toward Stop Loss liabilities, deductibles, thresholds or maximums.

CLAIMS ADMINISTRATOR: While this Contract is in force, the Group shall employ, at its own expense, the services of the Claims Administrators. The services of the Claims Administrator cannot be terminated by the Group without the advance written notification to and consent of Medical Mutual of Ohio, or the Contract may be subject to the Termination provisions set forth In Section 10 of this Contract.

ELIGIBILITY: Only claims for Covered Persons, as defined in the Plan, are eligible for payment under this Contract.

ENROLLMENT LEVELS: The Group agrees to meet or exceed a seventy-five percent (75%) enrollment level of its net eligible employees and to enroll under this Contract at least fifty percent (50%) of all total eligible employees in the Plan. To determine the number of net eligible employees, the Group may exclude from the total count of eligible employees any employee who waives coverage under the Plan if such employee is enrolled in a spouse's employer-sponsored health care plan or is enrolled as an employee in another program for health care benefits.

MAJOR CASE MANAGEMENT: The Group agrees to utilize any available cost savings or case management programs and to take full advantage of any available discounts, even if such programs require the payment of access fees.

With the prior consent of an affected Covered Person, Medical Mutual of Ohio may elect to utilize the services of personnel skilled in major case management for potential high-cost cases. The Group must agree to cooperate with the use of these services.

RECORDS: The Group and/or the Claims Administrator shall forward, all information required by Medical Mutual of Ohio in connection with the administration of this Contract and for the determination of premiums and payments. The Group and/or the Claims Administrator shall make available for inspection by Medical Mutual of Ohio all records that contain information relative to the stop loss coverage hereunder. Such records shall be maintained and open to Medical Mutual of Ohio for inspection at any time for up to three (3) years after the termination of this Contract.

REIMBURSEMENT AND/OR SUBROGATION: The Group may be entitled to recover from third parties, such as another person, entity or insurance company, for payments made under the Plan on behalf of Covered Persons by Medical Mutual of Ohio under the stop loss provisions of this Contract. If the Group recovers from a third party, it must account for and repay to Medical Mutual of Ohio any recovered amounts attributable to Medical Mutual of Ohio's stop loss coverage, regardless of whether this Contract is still in effect on the date of recovery. Such recovered amounts cannot be applied to any threshold or maximum under this Contract in the year in which the subrogation recovery is made.

If the claims that gave rise to the subrogation claim were incurred in any year in which Medical Mutual of Ohio reimbursed the Group under the terms of an Aggregate Stop Loss arrangement, the Group must reimburse Medical Mutual of Ohio first, subject to the provisions below. The amount of reimbursement shall be the amount recovered up to the amount in excess of the Aggregate Stop Loss threshold in effect in the year in which the claim or claims were incurred.

If the claim or claims that gave rise to the subrogation claim were incurred under a Specific Stop Loss arrangement, the Group must repay to Medical Mutual of Ohio any amounts paid by Medical Mutual of Ohio under the Specific Stop Loss contract. If the subrogation recovery is less than the total amount paid by the Plan and Medical Mutual of Ohio to a provider or Covered Person, Medical Mutual of Ohio is entitled to recover a pro rata share of any amount recovered by the Plan. Medical Mutual of Ohio's pro rata share is to be based upon the percentage of medical costs paid by Medical Mutual of Ohio under Specific Stop Loss for Covered Services on behalf of the Covered Person at the time the claim was incurred, after deducting expenses of collection incurred by the party pursuing the claim.

The Group shall notify Medical Mutual of Ohio of any subrogation recoveries. Should the Group fail to pursue any valid claim against third parties and Medical Mutual of Ohio was liable to reimburse the Group under Aggregate or Specific Stop Loss arrangements, then Medical Mutual of Ohio shall be subrogated to all of the Group's rights.

Medical Mutual of Ohio's rights of subrogation and reimbursement described above shall be modified to comply with the terms of this paragraph in the event that less than the full value of the third party action is recovered due to comparative negligence on the Covered Person's part, diminishment of the recovery due to the apportionment of liability among and recovery on judgment against multiple co-defendants, or by reason of the collectability of the full value of the claim for injury, death, or loss to the Covered Person resulting from limited liability insurance or any other cause. If less than the full value of the third-party action is recovered due the reasons mentioned in the preceding sentence, Medical Mutual of Ohio's claim shall be reduced in the same proportion as the Covered Person's interest is reduced. Both Medical Mutual of Ohio and the member shall have the right to seek a declaratory judgment pursuant to ORC Section 2721 if there is a dispute over the distribution of the recovery in a tort action.

12. GENERAL PROVISIONS

AMENDMENTS TO THE PLAN: Notice of proposed changes to the Plan must be received by Medical Mutual of Ohio in writing at least thirty (30) days prior to the effective date of the change. Unless Medical Mutual of Ohio gives prior acceptance of any change to the Plan in the form of an Amendment, benefits will be payable under this Contract as though the Plan were not amended. Medical Mutual of Ohio may elect to exclude any changes from the provisions of this Contract or modify the Stop Loss Rates, attachments, thresholds or maximums shown on Exhibit A.

AMENDMENTS TO THE CONTRACT: The terms and conditions of this Contract may be amended at any time by mutual agreement of Medical Mutual of Ohio and the Group.

APPEALS: If the Group disagrees with Medical Mutual of Ohio's decision regarding a stop loss claim, the Group may file an appeal with Medical Mutual of Ohio within sixty (60) days of the decision.

ASSIGNMENT: No assignment of the Group's interests under this Contract shall be binding upon Medical Mutual of Ohio unless Medical Mutual of Ohio agrees in writing.

CLERICAL ERROR: Clerical error, whether by the Group or by Medical Mutual of Ohio, in keeping any records pertaining to the coverage provided by this Contract, will not invalidate such coverage or continue coverage otherwise terminated, nor will such error expand Medical Mutual of Ohio's obligations under this Contract.

COUNTERPARTS: This Contract may be executed concurrently in multiple counterparts, each of which shall be deemed an original, but all of which taken together shall constitute one and the same instrument.

ELIGIBILITY: This Contract will cover only those persons who are eligible according to the terms of the Plan.

ENTIRE CONTRACT: This Contract, the Benefit Book(s), any Applications, and any Amendments, copies of which are attached and made a part hereof, shall constitute the entire Contract between Medical Mutual of Ohio and the Group.

GOVERNING LAW: This Contract shall be governed by and construed in accordance with the laws of the state of Ohio.

INTERPRETATION: While the determination of the benefits under the Plan is the sole responsibility of the Group, Medical Mutual of Ohio reserves the right to interpret the terms and conditions of the Plan as it applies to the Stop Loss Contract. Medical Mutual of Ohio has the sole authority to reimburse or deny reimbursement under this Contract.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Contract prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Contract. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

NOTICE: Any notice required under this Contract must be in writing. Notice to the Group must be hand-delivered, or mailed by first class mail with proper postage, to the Group at the Group's address. Notice to Medical Mutual of Ohio must be hand-delivered, or mailed by first class mail with proper postage, to Medical Mutual of Ohio at Medical Mutual of Ohio's address. Notice shall be deemed effectively received on the date of delivery or three (3) days after the date of post mark, whichever is earlier. Either the Group or Medical Mutual of Ohio may, by written notice, indicate a new notice address.

OFFSET*:* Medical Mutual of Ohio shall be entitled to offset payments due the Group under this Contract against Stop Loss premiums due and unpaid by the Group to Medical Mutual of Ohio.

OTHER COVERAGE: The reimbursement provided by the Contract is in excess of other coverage, including but not limited to, group insurance, excess insurance, student insurance, plan benefits, including insurance or plan benefits established by any Federal, State, or Local Law.

PROOF OF LOSS: In the event of any reimbursement being claimed under this Contract, accounting records or reports and other written proof of the basis upon which reimbursement is claimed must be furnished to Medical Mutual of Ohio, within ninety (90) days after the date any claim has been paid by the Group. Proof may be submitted later, if it was not reasonably possible to submit it within this period. In no event, except in the absence of legal capacity of the claimant, may proof be submitted later than one year from the time it was otherwise required.

REPRESENTATIONS: The Group agrees that the statements in the Application, and the Benefit Book(s) are the Group's agreements and representations. This Stop Loss Contract, and any subsequent renewal Contracts, are issued based on continued reliance upon the truth and completeness of such representations, which include, but are not limited to, the underwriting and claims information provided by the Group or its authorized representatives.

This Contract together with the Application, including any medical history questions which are part of an Application, and the written statements made by the Group's authorized representatives, constitute the agreement between the parties. If there is a conflict between the provisions of the Plan and this Contract, this Contract shall prevail.

Should information become known by Medical Mutual of Ohio, which was known by the Group prior to issuance of this Contract or any renewal, that would have caused Medical Mutual of Ohio:

- to set rates, premiums, attachment points and thresholds, or
- to set terms or conditions of this Contract, or
- to make payment for Covered Services that otherwise would not have been done, or
- affected Medical Mutual of Ohio's acceptance of an Application, or
- induced Medical Mutual of Ohio to enter into this Contract, then

Medical Mutual of Ohio shall have the right to revise the premiums, attachment points, thresholds, maximums or terms or conditions of the Contract retroactive to the Effective Date of issuance, including the right to rescind coverage, or to terminate this Contract as of the next premium due date, by providing written notice to the Group.

RIGHT OF RECOVERY: If Medical Mutual of Ohio has overpaid any Stop Loss benefits Medical Mutual of Ohio has the right to recover such overpayments from the Group.

SEVERABILITY: If any provision or any part of any application of this Contract is for any reason held to be illegal or invalid, such illegality or invalidity shall not affect or impair any other provision or right or remedy of Medical Mutual of Ohio.

STATEMENTS: In the absence of fraud, all statements made by the Group or a Covered Person shall be deemed representations and not warranties. No statement will be used in contest of this Contract or in defense of a claim unless: (1) the statement is in writing; and (2) it is signed by the Group.

WAIVER OF CONTRACTUAL RIGHTS: Failure of either party to insist on or enforce any of its rights shall not constitute a waiver of those rights by that party, and nothing shall constitute a waiver of either party's right to insist on strict compliance with the provisions of this agreement.

IN WITNESS WHEREOF, Medical Mutual of Ohio and the Group have signed this Contract to be effective on the Contract Date first above written.

Medina County Commissioners (The Group)	**Medical Mutual of Ohio** (Medical Mutual of Ohio)
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date

EXHIBIT A
to the Stop Loss Contract for
Medina County Commissioners
Number 224945

The Contract Period is from January 1, 2026 through December 31, 2026. Eligible claims are those Paid from January 1, 2026 through December 31, 2026.

PHARMACY BENEFITS MANAGER Express Scripts, Inc.

AGGREGATE STOP LOSS

Line(s) of Business: Medical and Prescription Drug Card

Aggregate Stop Loss Premium Rates per month:

	SMP $750	SMP $1500	Drug
Single	$1.83	$1.28	$1.02
Eligible Employee + Spouse	$3.64	$2.53	$2.03
Eligible Employee + Child(ren)	$3.14	$2.13	$1.74
Family	$5.48	$3.82	$3.06

Monthly Attachment Rates:

	SMP $750	SMP $1500	Drug
Single	$746.76	$668.76	$297.01
Eligible Employee + Spouse	$1,494.25	$1,338.16	$594.00
Eligible Employee + Child(ren)	$1,270.23	$1,137.52	$504.91
Family	$2,241.02	$2,006.92	$891.01

Minimum Aggregate Attachment Point: $14,672,044
Individual Limit: $175,000
Aggregate Maximum Limit of Reimbursement Liability: $1,250,000

SPECIFIC STOP LOSS

Line(s) of Business: Medical and Prescription Drug Card

Specific Stop Loss Premium Rates per Participant per month: $195.83
Specific Stop Loss Threshold per Covered Person: $175,000
Annual Maximum per Covered Person: Unlimited

If the Parties mutually agree to renew this Contract, there will be no new Lasered Persons for the January 1, 2027 Contract Period.

ENROLLMENT 821

Exhibit Accepted By: _____

Date: _____

PROXY

Medina County Commissioners
Group Number: 224945

The Group hereby appoints as its proxy, to act for and on its behalf at any and every annual meeting and special meeting of the members of Medical Mutual of Ohio, the person who is Secretary of such corporation at the time of such annual or special meetings, as the case may be, with power of substitution, and empowers such proxy to vote and act for and on behalf of the Group at each such meeting as fully and to the same extent as the Group could do if personally represented thereat. This proxy shall continue in force until ten years from the date hereof unless sooner revoked by a notice in writing signed by the Group and delivered to Medical Mutual of Ohio.

By: _____

Title: _____

Date: _____

RENEWAL
ADDENDUM I
ASO WEEKLY INVOICING

This Addendum to the Agreement between **Medina County Commissioners #224945** (the "Group") and Medical Mutual Services, L.L.C. ("Medical Mutual Services") is an amendment to the Agreement and supersedes any prior invoicing Addendum and has been adopted pursuant to the section of the Agreement entitled "Amendments".

Section 1: Definitions

A. Access Fees: Amounts paid to Medical Mutual Services and/or the provider network(s) by the Group for use of the provider network(s).

B. Adjudicated Claim: An Incurred Claim which has been processed and approved for payment but has not been released for payment by Medical Mutual Services.

C. Administrative Fee: The monthly amount paid to Medical Mutual Services by the Group to cover administrative and other expenses per Participant per month. The Administrative Fee is specified in Exhibit A.

D. Agreement Period: The period beginning **January 1, 2026** through December 31, 2026.

E. Allowed Amount: The amount Medical Mutual Services pays to the Provider or the Participant for the individual claim, after the claim has been adjudicated and released for payment. For Network Providers and contracting Providers, the Allowed Amount is the lesser of Medical Mutual Services' negotiated amount with the Provider or the Provider's billed charges. For non-contracting Providers, the Allowed Amount is Medical Mutual Services' non-contracting rate, which is the maximum amount allowed by Medical Mutual Services for Covered Services provided by a non-contracting Provider. The non-contracting rate is based on various factors, including, but not limited to, market rates for that service, negotiated amounts with Network Providers for that service, and Medicare reimbursement rates for that service. For the purposes of the No Surprises Act, Group agrees that in order to determine the "Qualifying Payment Amount," such amount will be based upon the median negotiated rate of contracting Providers for all self-funded plans administered by Medical Mutual Services.

   (i) For claims paid to hospitals and other institutional providers, the Allowed Amount does not include adjustments or settlements due to maximum charge increase limitation violations or any settlement, incentive or adjustment that does not accrue to a specific claim at the time the claim is adjudicated or adjusted.

(ii) Unless otherwise specified in a separate Pharmacy addendum to this Agreement, for claims involving prescription drugs, the Allowed Amount does not include any formulary rebates paid under the medical or pharmacy benefit or guaranteed discount settlements. Beginning on January 1, 2023, Medical Mutual Services, through its affiliate, receives the difference between the charges contracted with the Pharmacy Benefit Manager (PBM) and the Allowed Amount billed to the Group. This amount is sometimes referred to as spread pricing. The rebates, guaranteed discount settlements and spread pricing are all part of Medical Mutual Services' reasonable compensation for providing PBM services to the Plan.

(iii) In certain circumstances, Medical Mutual Services, through an affiliated company, may have an agreement or arrangement with a vendor which purchases services, supplies or products from Providers instead of Medical Mutual Services contracting directly with Providers themselves. Medical Mutual Services' agreement or arrangement with that vendor may not reflect the vendor's purchase price from the Provider, but may be based on some other contractual arrangement, such as a guaranteed discount.

The Allowed Amounts, in these circumstances, will be based on the price Medical Mutual Services receives from the vendor and not upon the vendor's actual purchase price from the Provider. Vendors include, but are not limited to, durable medical equipment providers, other managed care providers, home health providers and other provider networks.

(iv) When the Covered Person receives services outside of the State of Ohio, the claims for Covered Services will be processed whenever possible through a vendor relationship with another Provider network with which Medical Mutual Services has contracted. The Allowed Amount for a claim submitted by an out-of-state Provider will be based on the contractual arrangement the Provider has with the network program. If there is no agreement with a network Provider, the Allowed Amount will be based on the Non-Contracting Amount. The Group shall not be entitled to any further reduction or adjustment in the price of the claim other than what Medical Mutual Services receives from the network program.

(v) Group acknowledges that Medical Mutual Services and/or affiliated companies have entered into value-based contracts to reimburse and/or pay incentives to Providers based on performance targets or other contractual obligations designated by Medical Mutual Services. Amounts paid by Medical Mutual Services to Providers attributable to Participants pursuant to such value-based contracts are designated as Allowed Amounts but are not subject to Participant cost sharing (e.g., deductibles, coinsurance or copays).

F. Covered Charges: The charges, as set forth in the Provider's charge master, for Covered Services.

G. Incurred Claim: A claim for Covered Services, as defined in the applicable Benefit Book(s), that has beginning service dates on or after the effective date of the Agreement and prior to the Termination Effective Date of the Agreement.

H. Net Covered Charges: Covered Charges less any deductibles, copayments, coinsurance or other patient liabilities and any amounts paid by other parties resulting from coordination of benefits, subrogation, workers' compensation and other party liability.

I. Paid Claim: An Adjudicated Claim for which Medical Mutual Services has reimbursed the Provider or Participant on behalf of the Group. A claim is considered a Paid Claim as of the date shown on the remittance advice issued by Medical Mutual Services. Claims will be paid in accordance with Medical Mutual Services' claims disbursement schedule.

J. Provider Discount: Covered Charges minus the Allowed Amount.

K. Taxes and Out of State Surcharges: Certain states, such as New York and Massachusetts, have enacted legislation which imposes surcharges on certain health care costs incurred by Covered Persons receiving services in those states. Medical Mutual Services will pay the Out of State Surcharges directly to each state for the Group. The Group will be invoiced for actual Out of State Surcharges paid by Medical Mutual Services. Payment is due in accordance with the terms of the invoice. No additional Administrative Fee will be charged for this service. The same procedure will apply if other states pass similar legislation.

   If any other tax, surcharge or any other assessment or fee is assessed against the Plan, Medical Mutual Services shall have no obligation to pay such tax, assessment or fee. The Group shall pay such tax, surcharge, assessment or fee, once it determines it is subject to it. If Medical Mutual Services pays any such taxes, surcharges, assessments or fees on behalf of Group, Group agrees to reimburse Medical Mutual Services for the full amount of such taxes, surcharges, assessments or fees.

L. Termination Effective Date: 12:01 a.m. on the date the Agreement terminates for the Group, any line(s) of business or any section(s) thereof, as specified pursuant to a written termination notice from one party to the other.

Section 2: Invoicing

A. Weekly Invoices: Throughout the Agreement Period, Medical Mutual Services shall invoice the Group each week for claims paid by Medical Mutual Services during the preceding week, and for Stop Loss credits as notified by the Stop Loss carrier. The Group will pay the invoiced amounts on the second business day following the date of the invoice. If payment of the invoice is not received when due, Medical Mutual Services will suspend processing of the Group's claims and will not release future claim payments until payment is received from the Group. Medical Mutual Services reserves the right to pay out-of-state network claims first when payment is received, regardless of the order of claim receipt. Group acknowledges that if it fails to pay claims invoices on a timely basis and claims payments are held pending payment, some Providers (including out of state Providers that have contracts with Medical Mutual Services' network vendor) may refuse to honor the contractual discount. In that case, the Group agrees that it, and not Medical Mutual Services, will be responsible for payment of the full Net Covered Charges and the Participant's cost sharing, if any, will be based on Covered Charges instead of the Allowed Amount.

B. Monthly Invoices: Throughout the Agreement Period Medical Mutual Services shall issue on a monthly basis an invoice for the Administrative Fee and for Stop Loss Premiums, on behalf of the Stop Loss Carrier. In addition, Medical Mutual Services shall issue a separate invoice on a monthly basis for the month's claims less amounts paid for weekly invoices for the month. Payment for each monthly invoice will be due to Medical Mutual Services on the first of each month or within ten (10) days of the date of the invoice, whichever is later. If the invoice is not paid when due, Medical Mutual Services will suspend payment of the Group's claims and will not release future claim payments until payment is received from the Group.

C. Without waiving any other remedies Medical Mutual Services may have for non-payment or late payment by the Group of any amounts billed by Medical Mutual Services, including, but not limited to, Claims, Monthly Invoices and Out of State Surcharges, Medical Mutual Services reserves the right to change the Plan's claims invoicing method, described in 2A above, and will bill for claims adjudicated rather than claims paid. This means that Medical Mutual Services will invoice the Group for claims that are ready to be paid, but will not release those payments until funds for such claims are received from the Group. The change to an adjudicated invoicing method will commence immediately upon notification to the Group.

D. Medical Mutual Services, through an affiliated company, has Agreements with Providers, including hospitals. Some of these Agreements with Providers allow discounts, allowances, incentives, adjustments and settlements. These amounts are for the sole benefit of Medical Mutual Services and Medical Mutual Services will retain certain of the payments resulting therefrom as more fully set forth in Section 1E hereof. Allowed Amounts shall be calculated as provided herein, and deductibles, copayments, coinsurance and benefit accumulations shall be calculated as set forth in Addendum III or the Benefit Book(s).

E. The Group acknowledges and understands that the Allowed Amount may exceed the amount of Net Covered Charges for the Covered Services and that some of its payment responsibilities are nevertheless based on the Allowed Amount and not upon the lesser of Net Covered Charges or the Allowed Amount.

Section 3: Management Reports

Medical Mutual Services shall prepare the following standard management reports for the Group:

Monthly Claims Detail
Annual Renewal Package
Quarterly Reporting Package

Reports or analyses not listed herein may be provided by Medical Mutual Services for a reasonable fee upon request of the Group.

Section 4: Changes to the Funding Arrangement

A. At least thirty (30) days prior to the renewal date of the Agreement, Medical Mutual Services will notify the Group of any changes in the Administrative Fees, Access Fees or other fee(s) and Agreement terms. From time to time, vendors and/or service providers can adjust their fees. When possible, depending upon the amount of advance notice Medical Mutual Services receives from the vendor/service provider, Medical Mutual Services will provide at least thirty (30) days' advance notice of the fee adjustment to the Group.

B. Medical Mutual Services reserves the right to adjust the Administrative Fees for the Agreement Period if the Group's monthly enrollment changes, either in aggregate or for a specific line of business, by ten percent (10%) from the expected monthly enrollment specified in Exhibit A. Any adjustment in Administrative Fees will be effective as of the date of the change in enrollment.

Section 5: Termination

If the Agreement terminates for the Group, line(s) of business or any section(s) thereof:

A. Medical Mutual Services will continue to process Incurred Claims where the incurred date(s) preceded the Termination Effective Date and which were received by Medical Mutual Services in accordance with the Group's applicable Benefit Book(s) and this Addendum I.

B. For the first twelve (12) weeks following the Termination Effective Date, Medical Mutual Services shall continue to invoice the Group weekly as described in Section 2A of this Addendum I.

C. After the first twelve weeks following the Termination Effective Date, Medical Mutual Services will invoice the Group Paid Claims monthly or less frequently, through the twelfth (12th) month after the Termination Effective Date. Payment of each invoice is due within ten (10) days of the date of the invoice.

D. Following the Termination Effective Date, Medical Mutual Services will continue to invoice the Group for Out of State Surcharges and Access Fees.

E. Medical Mutual Services will not process, pay or adjust any claims after the twelfth (12th) month following the Termination Effective Date and any claims submitted thereafter, if payable, in whole or in part, under the applicable Benefit Book(s) shall be the Group's payment responsibility solely and shall not be a liability of Medical Mutual Services.

F. Following the Termination Effective Date, if Medical Mutual Services receives any checks for payment of subrogation claims, Medical Mutual Services will forward those amounts to the Group, less any amounts related to the third party claim paid under applicable stop loss insurance for the Covered Person.

G. For three consecutive months following the Termination Effective Date, Medical Mutual Services will invoice the Group for the Administrative Fee per Participant times the greater of the number of Participants in effect in each applicable section at the Termination Effective Date or the average number of Participants in effect in each applicable section for the three (3) months immediately prior to the Termination Effective Date. The Group shall pay the invoiced amounts within ten (10) days of the date of each invoice.

H. If the Group does not pay any invoiced amount due on the date specified for payment, Medical Mutual Services may suspend processing of claims and any other responsibilities it may have after the Termination Effective Date until payment is received.

IN WITNESS WHEREOF, the Group and Medical Mutual Services have signed this Addendum I:

Medina County Commissioners (The Group)	**Medical Mutual Services, L.L.C.** (Medical Mutual Services)
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date

MEDICAL MUTUAL SERVICES, L.L.C.

EXHIBIT A
to
Addendum I
for
Medina County Commissioners
Number 224945
January 1, 2026 through December 31, 2026

Administrative Fees per Participant per month:

Medical	$41.10 (includes Maternity Management and Radiology Prior Authorization)
Prescription Drug	$1.45 (includes $0.55 APM Fee*)

*The Advanced Pharmacy Management (APM) program uses our dedicated pharmacy experts to oversee PBM operations and clinical functions. This includes, but is not limited to, claim and benefit auditing, pharmacy network oversight, coverage management criteria development, and oversight of our PBM partner to ensure that only accurate claims for the most clinically appropriate drug for a patient's need is filled and covered.

Administrative Fee Guarantees:

The Medical Administrative Fee(s) are guaranteed to increase by 0% for the Agreement Period beginning January 1, 2027, and are guaranteed to increase by 0% for the Agreement Period beginning January 1, 2028.

This rate guarantee does not include and does not apply to: 1) fees billed by Medical Mutual for MedMutual Total Health® programs; 2) fees, taxes or other charges imposed on Medical Mutual by state or federal government laws, statutes or regulations; or 3) any increased or separate fee resulting from the Group requesting additional services ; or 4) the administration fee bundling credit.

MedMutual Total Health® Fee: $4.10 per Participant per month

Bundling Credit:

Medical Mutual has agreed to provide a $75,000 Bundling credit to be applied in the month of January for the January 1, 2026 through December 31, 2026 Agreement Period. This bundling credit is contingent upon the Medical, Prescription Drug, and Stop Loss lines of business remaining with Medical Mutual through December 31, 2026. If the Group terminates any of these lines of business prior to December 31, 2026, then the Group shall pay Medical Mutual a single penalty in the amount of $75,000.

Neonatal Intensive Care Unit (NICU) Management fee:

$1,975 per NICU admission, plus 20% of any savings achieved. This NICU Management fee and shared savings fee shall be retained by Mutual Health Services as reasonable compensation for the additional administrative services it is performing related to this additional service.

Vendor fee for chronic kidney disease management: $200 - $400 per engaged member per month, based upon stage of the condition

Specialty Prescription Drug Copay Offset Program:

Group agrees to participate in SaveOn SP, LLC's, Specialty Prescription Drug Copay Offset programs, known as "SaveOnSP." Through this program, Covered Persons can take advantage of manufacturer assistance and/or support programs available for certain Specialty Prescription Drugs and may qualify for reduced or eliminated Copayments, Coinsurance or Deductibles that he or she would otherwise be required to pay (also known as "cost sharing"). Group agrees that Medical Mutual and its Vendor, SaveOn SP, LLC, shall retain twenty-five percent (25%) of the savings realized by Group under such programs. The savings are calculated by subtracting the historical member cost sharing credit determined by Medical Mutual and SaveOn SP, LLC, from the amount of the pharmaceutical manufacturer copay assistance for the specialty product.

Wellness Initiative Fund: $25,000 for January 1, 2026 through December 31, 2026

Wellness Funds must be spent during this contract period and do not carry-over to subsequent contract periods. Medical Mutual reserves the right to adjust the Wellness Initiative Fund if the Group's monthly medical enrollment declines by ten percent (10%) from the expected medical monthly enrollment specified below. Any adjustment to the Wellness Initiative Fund will be effective as of the date of the change in medical enrollment; however, Medical Mutual will not retroactively take back Wellness Initiative Funds already spent as of the change in medical enrollment.

Expected Monthly Enrollment: 821

It is Medical Mutual Services' position that the information contained in this response constitutes trade secrets protected by O.R.C. §1333.61, et seq. This information would provide an economic benefit to our competitors. Medical Mutual Services takes steps to keep the information confidential by marking it as "proprietary" and by using non-disclosure agreements, where applicable, to protect its confidentiality when it is released. O.R.C. §1333.62 protects against misappropriation of trade secrets by allowing courts to enjoin disclosure.

Under O.R.C. §149.43(A)(1)(v) records are not public if the release of the records is prohibited by state or federal law. Since trade secrets are protected by the state law set forth in O.R.C. §1333.62, the exception against disclosure set forth in §149.43(A)(1)(v) applies to this response.

Medical Mutual Services, L.L.C.

Prescription Drug Rebate Amendment to Addendum I

This Amendment is incorporated into the Agreement between Medical Mutual Services, L.L.C. ("Medical Mutual Services") and Medina County Commissioners #224945 (the "Group"). In the event of a conflict between this Amendment and the underlying Agreement, the terms of the Amendment shall take precedence. This Amendment is effective on January 1, 2026, regardless of the date signed below.

RECITALS

(1) Medical Mutual Services and the Group have entered into an Agreement wherein Medical Mutual Services processes hospital, medical and prescription drug claims on behalf of the Group's Covered Persons.

(2) Medical Mutual Services contracts with manufacturers and pharmacy benefits managers (PBMs) to obtain discounts on prescription drugs covered under both the medical and pharmacy benefits offered to its customers.

(3) Medical Mutual Services is entitled to certain drug rebates from the manufacturers and PBMs for prescription drug claims paid under the Group's pharmacy or medical benefits.

(4) Medical Mutual Services has agreed with the Group to share the drug rebates on Qualified Rebate Prescriptions with the Group, as set forth on Exhibit A, and both parties agree that the Agreement should be amended to reflect the understanding of the parties with respect to the drug rebates.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties hereby agree to the following:

PROVISIONS

Section 1: Definition

1.1 Qualified Rebate Prescriptions: brand name prescriptions, for which Medical Mutual Services receives a rebate from its PBM vendor and/or manufacturers on certain claims for the Group's Covered Persons. Qualified rebate prescriptions exclude: 340b claims; compound drug claims; bulk chemicals (if not included in compound drugs); vaccine claims; non-diabetic OTC claims; limited distribution drugs; non-FDA approved drugs; COB/secondary payor claims; paper or member-submitted claims; discount card claims (100% unfunded benefit); claims older than 180 days; rebates received for prescription drugs covered under the Plan's medical benefit; and generic drug claims.

Section 2: Sharing of Rebates

2.1 The PBM has negotiated certain agreements with pharmaceutical manufacturers pursuant to which PBM receives rebates for certain Prescription Drugs dispensed to members ("Drug Rebates"). PBM will pay Medical Mutual Services a portion of those rebates, and Medical Mutual Services will share a portion with the Group, as described herein. This amount is set forth on Exhibit A of this Amendment.

2.2 Medical Mutual Services has entered into a contract with manufacturers and PBMs to provide pharmacy benefit and network services to Medical Mutual Services' covered groups.

2.3 PBMs receive rebates from certain drug manufacturers of brand name drugs. The manufacturers and PBMs share certain rebates with Medical Mutual Services.

2.4 Medical Mutual Services and the Group agree that the Group's share of any rebates will be based on the number of Qualified Rebate Prescriptions filled by Covered Persons. The amounts per prescription are shown on Exhibit A of this Amendment.

2.5 The rebate amounts to be paid per Qualified Rebate Prescription shown on Exhibit A may be changed by Medical Mutual Services if: (i) substantial changes are made to the benefits offered by the Group; (ii) there is a change in the formulary identified on Exhibit A; (iii) there is a significant change in the Group's enrollment; (iv) a change occurs in government legislation which materially impacts the current economics of the rebate process between pharmaceutical manufacturers and managed care organizations that has a material adverse impact on the rebates that Medical Mutual Services receives; or (v) there are unexpected industry changes, such as: a generic drug unexpectedly introduced to the market; unexpected OTC introductions; unexpected FDA recalls or market withdrawals; unexpected drug manufacturer changes to pricing and/or rebates; unexpected launches of authorized brand drug alternatives; and unexpected biosimilar introductions.

2.6 These rebates will be available to the Group only so long as the Agreement with Medical Mutual Services is in effect and so long as the contract between Medical Mutual Services and its PBM is in effect.

2.7 Any applicable rebate amounts will be provided to the Group and will appear as a credit on the Group's monthly invoice.

2.8 Should a market change occur resulting in a reduction in rebates due to the introduction of a clinically comparable, but lower, rebated drug or a reduction in the drug price of a Qualified Rebate Prescription, rebate guarantees may be adjusted, or a rebate offset may be applied to the monthly rebates owed to the Group. If a rebate offset is required, the offset will be based on the difference between the rebates for the impacted drug prior to the market change and after and will appear on the Group's monthly invoice.

Other than as amended above, the terms and conditions set forth in the Agreement remain unchanged.

Medina County Commissioners (The Group)	**Medical Mutual Services, L.L.C.** (Medical Mutual Services)
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date

EXHIBIT A
to
Prescription Drug Rebate Amendment to Addendum I
for
Medina County Commissioners
Number 224945
January 1, 2026 through December 31, 2026

Prescription drug rebates are payable to the Group as shown below.

These rebates are contingent upon the Group's enrollment in the formulary identified below and are subject to Section 2.5 of the Prescription Drug Rebate Amendment. If the formulary changes, Medical Mutual Services reserves the right to adjust the rebate amounts.

Formulary: National Preferred

For Qualified Rebate Prescriptions:

	1/1/2026 - 12/31/2026
retail brand script	$273.90
retail 90 brand script	$841.65
mail order brand script	$969.35
specialty brand script	$4,009.60

It is Medical Mutual Services' position that the information contained in this response constitutes trade secrets protected by O.R.C. §1333.61, et seq. This information would provide an economic benefit to our competitors. Medical Mutual Services takes steps to keep the information confidential by marking it as "proprietary" and by using non-disclosure agreements, where applicable, to protect its confidentiality when it is released. O.R.C. §1333.62 protects against misappropriation of trade secrets by allowing courts to enjoin disclosure.

Under O.R.C. §149.43(A)(1)(v) records are not public if the release of the records is prohibited by state or federal law. Since trade secrets are protected by the state law set forth in O.R.C. §1333.62, the exception against disclosure set forth in §149.43(A)(1)(v) applies to this response.

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0043

AUTHORIZING A CHANGE ORDER FOR THE REPLACEMENT AND INSTALLATION OF A KONE ELEVATOR SYSTEM WITHIN THE MEDINA COUNTY ADMINISTRATION BUILDING

WHEREAS, the Board of County Commissioners of Medina County, Ohio previously approved the replacement and installation of the elevator system within the Administration Building, and

WHEREAS, by Resolution 24-0771, the Board of County Commissioners approved a KONE HydroMod DX Elevator system to be installed, and

WHEREAS, subsequently, KONE was asked to provide a quote for additional work to include a security card reader within the elevator cabin and would restrict access to unauthorized individuals for specific floors of the Administration Building, and

WHEREAS, KONE provided Change Order 2 as identified in Exhibit A for this project:

Change Order # (CO)	Contractor Name	Original Contract Amount	Contract Amount Before CO	CO Amount	Revised Contract Amount
CO # 1	KONE	$296,000.00	$296,000.00	$8,200.00	$304,200.00
CO # 2	KONE	$296,000.00	$304,200.00	$3,950.00	$308,150.00

NOW, THEREFORE, BE IT RESOLVED by this Board of County Commissioners that the above-referenced Change Order, be approved for the Medina County Administration Building Elevator Replacement and Installation Project.

BE IT FURTHER RESOLVED that the President of the Board is hereby authorized to sign on behalf of the County.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: County Administrator

CHANGE ORDER REQUEST

2

Title: Car Reader Install to New Car Operating Panel
Project Name: Medina Co Admin Building
Project Address: 144 North Broadway Street
Medina, OH 44256
COR Date: 09/10/2025
KONE Job Number: 6798133
Customer Job Number:
Customer Reference Number:

Our Information

KONE
6670 W. Snowville Road, Suite 7
Brecksville, OH 44141-3242
Phone: 440-546-1100

Customer Information

Medina County Commissioners
144 North Broadway Street
Medina, OH 44256

Description of Change Order Request

KONE to provide the labor to work with the card reader security company and hook up the card reader device to the elevator. The card reader will be supplied by the security company. New device to go in the car operating panel button fixture and can be used to restrict access to certain floors. All programming and wire pull to within the controller and travel cable to be completed by KONE.

Labor

Description	Qty (HR)	Unit (HR)	Rate (HR)	Total Cost
One Day Team	10.00	ST	$395.00	$3,950.00
Hours Subtotals: **ST:** 10.00			**Total Labor:**	**$3,950.00**

Subtotal	**$3,950.00**
Requested Total	**$3,950.00**

POWERED BY CLEARSTORY

Terms & Conditions

Unless allowed for otherwise in the description above, payment for this Change Order shall fully compensate the contractor for all costs related in any way to this work and its effect on other work already contracted. Contractor agrees said work is for the benefit of the overall project and the cost of this Change Order includes additional costs, if any, attributed to loss of efficiency of labor performing the work. This change order pricing is based on current pricing schedules and will be valid for 30 days. This change order pricing may be withdrawn and subject to revision if not accepted within the 30 days of submission.

The approver of this COR, in addition to accepting this change order as binding to both parties, also acknowledges and certifies that they are an authorized representative to sign change orders on behalf of their respective company. The approver also agrees to recognize KONE Inc.'s change order form in lieu of their own for this change order in the event that they do not submit a fully duplicated one on their own standard form within one (2) weeks of the executed date of this change order.

By: _____ Date: _____

KONE Inc.

By: _____ Date: _____

Owner

POWERED BY CLEARSTORY

REGULAR MEETING – TUESDAY, JANUARY 13, 2026

The Board of County Commissioners of Medina County, Ohio, met in regular session on this date with the following members present:

Stephen D. Hambley Aaron M. Harrison Colleen M. Swedyk

Mr. Hambley offered the following resolution and moved the adoption of same, which was duly seconded by Mr. Harrison.

RESOLUTION NO. 26-0044

APPROVING OF AN AGREEMENT BETWEEN THE CITY OF WADSWORTH FOR PROVISION OF CY26 MEDINA COUNTY PUBLIC TRANSIT SERVICES

WHEREAS, the Media County Public Transit operates the MCFlex public transportation service within the **City of Wadsworth** for the benefit of Medina County residents, and the City of Wadsworth shall contribute $30,000 toward the overall costs of operation of these transit services during the operating period of January 1, 2026 through December 31, 2026.

WHEREAS, these transit services assist residents in meeting employment, shopping, medical, and socialization needs, and

NOW, THEREFORE, BE IT RESOLVED by this Board of County Commissioners that the agreement the provision of MCFlex transit services in the City of Wadsworth during CY26 by hereby approved.

BE IT FURTHER RESOLVED that the President of the Board is hereby authorized to sign on behalf of the County.

Voting AYE thereon: Mr. Hambley, Mr. Harrison and Mrs. Swedyk

Adopted: January 13, 2026

Prepared by: Medina County Public Transit

Medina County Public Transit

MEMORANDUM OF UNDERSTANDING

Medina County Public Transit, acting on behalf of the Medina County Board of Commissioners, hereby agrees to provide flexible/fixed route public transportation services and complementary paratransit services within the City of Wadsworth during the operating period of January 1, 2026, through December 31, 2026.

Medina County Public Transit will provide services within the City of Wadsworth to assist residents in meeting employment, shopping, medical, and socialization needs. Said services shall be provided using Medina County-owned light transit vehicles. Medina County Public Transit shall pay all personnel and operating costs associated with these services.

Hours of operations for these services shall be 9:00 a.m. through 4:00 p.m., Monday through Friday.

The City of Wadsworth, in recognition of the importance of providing these services to its residents, shall contribute the total amount of $30,000.00 toward the overall costs of operation of these transit services during the aforementioned period.

Either Party may suspend or terminate the Agreement in the event of default, inability, or failure to perform on the part of Medina County Public Transit or when the County and the City agree to terminate the Agreement in whole or in part. In the event of termination, the City will compensate the County for services rendered up to the point of termination,

Colleen Swedyk, President
Medina County Board of Commissioners

Date: _____

Matt Hiscock, Service Director
City of Wadsworth

Date: 01/02/2026