

CITY OF CLAYTON, OHIO

RESOLUTION NO. R - 12 - 20 – 68

A RESOLUTION AUTHORIZING THE CITY MANAGER TO ACCEPT PROPOSAL OF AND ENTER INTO AN AGREEMENT WITH SUPERIOR DENTAL CARE FOR THE PROVISION OF GROUP DENTAL INSURANCE BENEFITS FOR THE PERIOD JANUARY 1, 2021 TO AUGUST 31, 2021

WHEREAS, via enactment of Resolution No. R-11-19-74 on November 21, 2019, Council authorized the City Manager to enter into a contract with Superior Dental Care for the provision of dental insurance benefits through December 31, 2020; and

WHEREAS, Superior Dental Care has proposed renewal of the City's plan with no changes to the plan benefit and a modest premium increase which would remain in effect through August 31, 2022 if the City were to renew with Superior Dental Care in 2021 for the 2022 coverage year; and

WHEREAS, City staff has confirmed that the use of a formal competitive bidding/proposal process and the delay associated therewith would result in a gap in coverage for employees; and

WHEREAS, the renewal would keep the current coverage and services as exist for the City; and

WHEREAS, renewal of the current Superior Dental Care policy permits continuation of the contract plan at the best and lowest price, coverage, and services reasonably possible; and

WHEREAS, the minimal prior notice and pending deadline for completion of said renewal mandates the taking of emergency action to approve said renewal to prevent a gap in coverage for employees.

WHEREAS, City Staff and the City Manager recommends for acceptance as most beneficial, favorable to the City, and in the best interest of the City, the proposal submitted by Superior Dental Care for the period January 1, 2021 to August 31, 2021.

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF CLAYTON, STATE OF OHIO:

1. That the renewal proposal from Superior Dental Care for the provision of group dental insurance benefits from January 1, 2021 to August 31, 2021 with monthly premium cost not to exceed \$25.08 per employee plan and \$77.02 per multi-enrollee plan is hereby approved and accepted and the City Manager and Finance Director are hereby authorized to enter into the proposed Insurance Agreement to effect said coverage.


ADOPTED BY COUNCIL ON DECEMBER 17, 2020.

AUTHENTICATION:


Mayor (Presiding Officer of Council)


Clerk of Council

APPROVED AS TO FORM:


Law Director

CERTIFICATION OF PUBLICATION

This shall certify that that the text of the above referenced enactment or a summary thereof was published once in the following newspaper and a summary posted in three places of public access as designated by Council.

Name of newspaper

Brookville Star

Date of publication

Dec. 23, 2020


CLERK



SDC REVISED RENEWAL INFORMATION
as of 12/9/2020

**City of Clayton D5873 - 2021
SDC Renewal**

(Addendum to Master Group Contract)

Effective Date: **1/1/2021** - The term of this renewal will be for a period of **01/01/2021 - 8/31/2021**.

Plan #717	In Network	Out of Network
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Contract Maximum (per member, per contract period)	\$1,000	\$1,000
Orthodontia	50%	50%
Orthodontia Maximum (lifetime maximum)	\$1,000	\$1,000
Deductible (per contract period and only apply to Basic and Major Services)	N/A	N/A
Copay (applies to preventive exams)	N/A	N/A
Network Access	No Balance Billing	Balance Billing Possible

Dependents are covered to the maximum age of 25, through the end of the birth month.

Tier	Current Rates	Renewal Rates	Enrollment by Tier
Employee (EE)	\$23.66	\$25.08	8
EE + Spouse	\$72.66	\$77.02	15
EE + Child	\$72.66	\$77.02	0
EE + Children	\$72.66	\$77.02	2
EE + Family	\$72.66	\$77.02	29

The above rates are guaranteed for a period of **20 months** beginning with the effective date of: **1/1/2021**. These rates include all applicable ACA taxes and fees. If there is a 50% change in the work force, SDC reserves the right to terminate the Contract or adjust the Rates.

Current Enrollment

Total number of benefit eligible employees - **48**

Total enrolled employees - **54**

Total members - **172**

Employer Contribution: **100% employer paid**

Minimum Eligible employee participation: **N/A**

Signature & Confirmation

City of Clayton

Signature: _____ Title: _____

Print Name: _____ Date: _____

By signing this Addendum, you certify that you have not changed or altered the information in anyway.