

CITY OF CLAYTON, OHIO

RESOLUTION NO. R – 06- 24- 39

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 SEPTEMBER 1, 2024 TO AUGUST 31, 2025

WHEREAS, the City has worked with its broker, McGohan and Brabender, to obtain quotes for dental insurance; and

WHEREAS, Superior Dental Care, via the City's broker, has proposed renewal of the City's plan which would remain in effect through August 31, 2025; and

WHEREAS, renewal of the current Superior Dental Care policy permits continuation of the contract plan on terms deemed most favorable to the City and its employees and in the best interests thereof; and

WHEREAS, City Staff and the City Manager recommends for acceptance as most beneficial, and favorable to the City, and in the best interest of the City, the proposal submitted by Superior Dental Care for the period September 1, 2024 to August 31, 2025.

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

1. That the renewal proposal with Superior Dental Care for the provision of group dental insurance benefits from September 1, 2024 to August 31, 2025 as delineated in the attached *Exhibit A* 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 JUNE 20, 2024.

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

Eaton Register Herald

Date of publication

June 26, 2024

Barbara Stein

CLERK



Prepared For:

CITY OF CLAYTON

Effective Date: 9/1/2024
End Date: 8/31/2025
County: Montgomery
State: Ohio

Quote ID: 0124634-02

Monday, June 3, 2024
3:55 PM



Group Name: CITY OF CLAYTON
 Effective: September 1, 2024 - August 31, 2025

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Dental Benefit Highlights	In-Network	Non-Network
Benefit Period Maximum	\$1,000	\$1,000
Benefit Period Deductible Single	\$0	\$0
Benefit Period Deductible Family	\$0	\$0
Employer Coinsurance % - Preventive	100%	100%
Employer Coinsurance % - Basic	80%	80%
Employer Coinsurance % - Major	50%	50%
Reimbursement Schedule	Fee Schedule	MAC
Orthodontics Coverage Included?		Child Only
Ortho Employer Coinsurance %	50%	50%
Ortho Lifetime Maximum		\$1,000
Periodontics		Basic
Endodontics		Basic
Sealants		Basic
Space Maintainers		Basic
Implants		Not Covered

Other Benefit Descriptions

Contract Types	Enrolled	Current Rates	Renewal Rates
Single	13	\$25.46	\$26.73
Employee + Spouse	13	\$78.18	\$82.09
Employee + Child	2	\$78.18	\$82.09
Employee + Children	3	\$78.18	\$82.09
Family	28	\$78.18	\$82.09
Contract Premium	59	\$47,127.12	\$49,483.56

Group Official Plan/Rate Selections

Initial Here _____

National Network With More Than Half a Million Dental Network Access Points Across the United States
 Value-added Benefits Included With All Plans: Free Second Opinions • Discount on Cosmetic/Non-covered Dental Services • EyeMed Vision Care Plan • RX Discounts
 No Waiting Periods • No Balance Billing or Claim Forms (In Network) • No Missing Tooth Exclusion

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CITY OF CLAYTON

DISCLAIMERS AND NOTES

Effective September 1, 2024, through August 31, 2025

- 1 - Rates include broker commission.
- 2 - All rates are subject to the terms and conditions specified in the Group Contract.
- 3 - Change in total enrollment or in any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 4 - In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
- 5 - The limiting age for dependent children is 26, except in the case of physical or intellectual disability.
- 6 - Your rates may be adjusted to account for coverage mandated by federal or state law.

Rate Acceptance	
Group Official Initial: <u>MB</u>	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: <u>[Handwritten Signature]</u>	
Title: <u>City Manager</u>	
Date: <u>6-24-2024</u>	