

CITY OF CLAYTON, OHIO

RESOLUTION NO. R – 07- 25- 55

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, 2025 TO AUGUST 31, 2026

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, 2026; 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, 2025 to August 31, 2026.

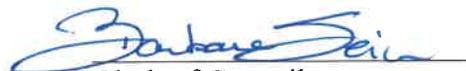
NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF CLAYTON, STATE OF OHIO:

1. That the renewal proposal with Superior Dental Care for the provision of group dental insurance benefits from September 1, 2025 to August 31, 2026 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 JULY 17, 2025.

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

Easton Register Herald

Date of publication

July 23, 2025

Barbara Stein

CLERK



Group Name:
Effective:

CITY OF CLAYTON
September 1, 2025 - August 31, 2026

Exhibit A

Plan #717

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	

Category	Frequency
Periodontics (scaling & root planning)	Basic 1 in two years
Endodontics (Root Canal)	Basic 1 in three years
Sealants	Basic 1 per lifetime
Space Maintainers	Basic 1 per lifetime
Implants	Not Covered Not Applicable
Oral Surgery	Basic Not Applicable
Prosthodontics (Dentures/Crowns)	Major 1 in eight years

Other Benefit Descriptions

Contract Types	Enrolled	Current Rates	Renewal Rates
Single	13	\$26.73	\$26.73
Employee + Spouse	12	\$82.09	\$82.09
Employee + Child	3	\$82.09	\$82.09
Employee + Children	4	\$82.09	\$82.09
Family	28	\$82.09	\$82.09
Contract Premium	60	\$50,468.64	\$50,468.64

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 Discount
No Waiting Periods • No Balance Billing or Claim Forms (In Network) • No Missing Tooth Exclusion

This document is for the sole use of intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited.



CITY OF CLAYTON

DISCLAIMERS AND NOTES

Effective September 1, 2025, through August 31, 2026

- 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>MS</u>	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: <u>[Signature]</u>	
Title: <u>City Manager</u>	
Date: <u>7.21.25</u>	

