

RESOLUTION NO. 76-2009

Offered by All of Council

A RESOLUTION ACCEPTING THE BID OF DELTA DENTAL FOR DENTAL INSURANCE FOR THE YEAR 2010 AND DECLARING AN EMERGENCY

WHEREAS, the Village's insurance advisor has recommended entering into an agreement with Delta Dental to be the provider for dental insurance for full-time Village employees during the year 2010.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, State of Ohio:

SECTION 1. That the proposal of Delta Dental for the provision of dental insurance for full-time employees for the year 2010, a copy of which is attached hereto as Exhibit "A" and incorporated herein fully as if by reference, be, and the same hereby is, accepted.

SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to provide needed insurance coverage for full-time Village employees; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 12/15/09

[Signature]
President of Council

[Signature]
Mayor

Dated: 12/15/09

ATTEST:

[Signature]
Clerk of Council

G. Covered Services:

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
Class I Benefits			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Class II Benefits			
Radiographs - X-rays	90%	80%	80%
Minor Restorative Services - includes fillings	90%	80%	80%
Periodontic Services - to treat gum disease	90%	80%	80%
Endodontic Services - includes root canals	90%	80%	80%
Oral Surgery Services - extractions and dental surgery	90%	80%	80%
Relines and Repairs - to bridges and dentures	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
Class III Benefits			
Major Restorative Services - includes crowns	60%	50%	50%
Prosthetic Services - includes bridges and dentures	60%	50%	50%
Implants - endosteal implants to replace missing teeth	60%	50%	50%

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Enrollees can receive expert dental care when they are outside of the United States through our Passport DentalSM program. Passport Dental gives our enrollees access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help them schedule care. Delta Dental coverage outside of the United States is the same as Delta Dental coverage within the United States. Access to the Passport Dental program is offered through an agreement with a third party vendor, and it may not be available if that agreement terminates.

H. Maximum Payment: \$1,000 per person-total per calendar year on all services.

I. Rate(s): 2010

08-09 Rates
26.39/72.60

Employee only - \$27.97 per month per Subscriber

Employee with one or more dependents - \$77.20 per month per Subscriber

These rates are contingent upon 100 percent enrollment of the eligible Subscribers and their dependents as defined in Section I(D) with the entire cost of coverage paid by the Contractor.