

5/30/25 4:00 p.m.

RESOLUTION NO. 35-2025 (As Amended 5/30/2025)

Offered by Councilmember Norris

**A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH MUTUAL OF OMAHA FOR DENTAL INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES AND DECLARING AN EMERGENCY.**

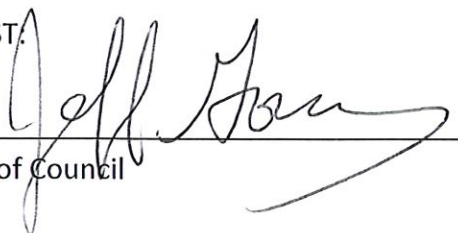
WHEREAS, the Village’s Mayor has recommended entering into an agreement with Mutual of Omaha to be the provider for dental insurance for full-time Village employees during the period July 1, 2025, through June 30, 2026.

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

- SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with Mutual of Omaha for the Village’s dental insurance effective July 1, 2025, in accordance with the offer from Mutual of Omaha, a copy of which offer is attached hereto as Exhibit “A” and incorporated herein fully as if by reference.
- SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulting in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.
- SECTION 3. 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 comply with the timing requirements of the program; 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: 6-3-25

  
\_\_\_\_\_  
President of Council

ATTEST:   
\_\_\_\_\_  
Clerk of Council

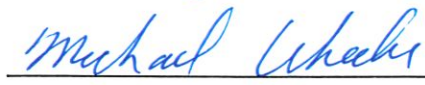
  
\_\_\_\_\_  
Mayor  
Dated: 6/3/2025

EXHIBIT A

Carrier Name	Current - Mutual of Omaha		Mutual of Omaha Alt Plan 1		Mutual of Omaha - Buy Up Opt 1		Mutual of Omaha - Buy Up Opt 2		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	
Annual Maximum	\$1,000		\$1,000		\$2,000		\$2,500		
Preventive - Type 1	100%	100%	100%	100%	100%	100%	100%	100%	
Basic - Type 2	90%	80%	90%	80%	90%	80%	90%	80%	
Major - Type 3	60%	50%	60%	50%	60%	50%	60%	50%	
Ortho - Type 4	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Endodontics	90%	80%	90%	80%	90%	80%	90%	80%	
Periodontics - Non-Surgical	90%	80%	90%	80%	90%	80%	90%	80%	
Periodontics - Surgical	90%	80%	90%	80%	90%	80%	90%	80%	
Oral Surgery	90%	80%	90%	80%	90%	80%	90%	80%	
Implants	60%	50%	60%	50%	60%	50%	60%	50%	
Out of Network Reimbursement	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	
Maximum Rollover	Not Included	Not Included	Not Included	Not Included	Included	Included	Included	Included	
Timely Entrant Waiting Periods	None	None	None	None	None	None	None	None	
Employer Contribution	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	
Participation Requirement	100% participation*	100% participation*	100% participation*	100% participation*	100% participation*	100% participation*	100% participation*	100% participation*	
Rate Guarantee/Rate Caps	1 year	1 year	1 year	1 year	1 year	1 year	1 year	1 year	
<b>Rate Summary</b>		<b>Renewal</b>		<b>Alt Plan 1</b>		<b>Buy Up Opt 1</b>		<b>Buy Up Opt 2</b>	
Employee Only	19	\$24.45	\$26.16	\$26.16	\$33.89	\$37.28	\$37.28	\$37.28	
Full Family	51	\$68.58	\$73.38	\$73.38	\$95.05	\$104.56	\$104.56	\$104.56	
Monthly Premium		\$3,962	\$4,239	\$4,239	\$5,491	\$6,041	\$6,041	\$6,041	
Annual Premium		\$47,546	\$50,873	\$50,873	\$65,898	\$72,491	\$72,491	\$72,491	
Variance to current			7%	7%	39%	52%	52%	52%	
Variance to renewal				0%	30%	42%	42%	42%	

For illustrative purposes only. Please refer to carriers' proposals for binding details.

\*There are 2 waivers on the plan who are employees and family members of other employees and so they are covered as dependents.

EMPLOYEE PAID BUY UP OPTION TO INCREASE THE ANNUAL MAXIMUM BENEFIT FROM \$1,000 to \$2,000.