

RESOLUTION NO. 34-2017 (AS AMENDED 6/1/17)

Offered by All of Council

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH LINCOLN NATIONAL LIFE INSURANCE COMPANY FOR DENTAL INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES, AND DECLARING AN EMERGENCY.

WHEREAS, the Village's Mayor has recommended entering into an agreement with Lincoln National Life Insurance Company to be the provider for dental insurance for full-time Village employees during the period July 1, 2017 through June 30, 2018.

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 Lincoln National Life Insurance Company for the Village's dental insurance effective July 1, 2017, in accordance with the offer from Lincoln, a copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

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 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: 6/6/17

Ryan Davis Smith
President of Council

ATTEST:
Jeff Gorman
Clerk of Council

Barbara Barbara
Mayor

Dated: 6/6/17

TO: Village Council
Mayor Bobbie Beshara

CC: Carolyn Sullivan
William Hanna

FROM: Sandy Turk, Finance Director

RE: Resolution No. 34-2017 (as amended 6/1/17) for dental insurance for the June 6, 2017 Council Meeting

Date: June 1, 2017

ACTION BEING REQUESTED	TYPE OF REQUEST
2nd Reading	Dental Insurance Resolution

The Finance Department requests Resolution No. 34-2017 (as amended 6/1/17) be submitted for second reading at the June 6, 2017 Council meeting for employee dental insurance to enter into a one-year agreement with Lincoln National Life Insurance Company.

The current dental coverage with Sun Life Financial (Assurant) costs \$41,373 annually and the contract expires June 30, 2017. The current single and family monthly rate is \$24.36 and \$71.65, respectively. The switch to Lincoln reduces the costs to \$40,917, or \$456 (1.1%) less than the current contract. The single and family monthly rates are reduced to \$24.09 and \$70.86, respectively. Quotes were received from Sun Life, Mutual of Omaha, Guardian, Unum, and Ameritas. The Village pays 100% of the cost with no employee participation in paying a percentage of the premiums.

Let me know if you have any questions.

Attachment

H:/sturk/Resolution/Briefing Memos/2017 dental briefingmemo5-17+.doc

VILRICH
9907971

Village of Richfield

BENEFITS AND COST SUMMARY
FOR DENTAL PROPOSAL
Option 1.00

Proposed Effective Date: July 01, 2017

PROPOSED SCHEDULE OF BENEFITS for Class 1

Class 1: All Active Full-time Employees (Retired, temporary and seasonal employees are not eligible)

Minimum Hours: 30, unless otherwise agreed upon.

CALENDAR YEAR DEDUCTIBLE:

Deductible Type: Annual

	<u>In Network</u>	<u>Out of Network</u>
Deductible applies to:	Type II and III	Type II and III
INDIVIDUAL	\$50	\$50
FAMILY	\$150	\$150

BENEFITS LEVELS

PPO Plan

TYPE I - Diagnostic & Preventive	100%	100%
TYPE II - Basic Services	90%	80%
TYPE III - Major Services	60%	50%
Out of Network - 90th percentile U & C		

MAXIMUM BENEFIT per covered person:

TYPES I, II, and III combined, per calendar year	\$1000	\$1000
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BENEFIT WAITING PERIOD

TYPE II Expenses	None
TYPE III Expenses	None

Terms of the Prior Carrier Credit Provision may apply.

LATE ENTRANT

TYPE II Expenses	None
TYPE III Expenses	None

COST SUMMARY

Rates shown are monthly and are guaranteed for one year from the program effective date.

	Eligible Employees	For PPO Plan <u>w/o ortho</u>
Employee Only	17	\$24.09
Family	43	\$70.86

MONTHLY COST

\$3,456.51

The dental rates shown in this proposal include a package discount which will be available if dental is sold with another line of coverage. To qualify for this discount:

- The second line of coverage must generate at least \$1,200 of non-dental annualized premium; OR
- If more than one additional non-dental line of coverage is purchased, the \$1,200 additional premium requirement is waived.

This package discount applies only to the dental premium and is available for new business and for existing policyholders.

Village of Richfield

COVERED DENTAL SERVICES For Dental Proposal Option 1.00

After any applicable deductible is satisfied, the following dental services will be covered, at the reimbursement rate quoted.

Type III procedures may be subject to a Benefit Waiting Period, Prior Carrier Credit may apply.

TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES

- Routine Oral Examinations - up to 2 per year
- Bitewing X-rays (including those taken as part of a full-mouth series) - 1 set per year
- Complete full-mouth or panoramic X-rays - 1 per 5 years
- Other Dental X-rays (including periapical films) - 6 per year
- Routine Cleanings- Up to 2 per year
- Fluoride Treatments- Through age 18; 2 per year
- Space Maintainers- Through age 18; 1 per lifetime
- Sealants (Undecayed and unrestored first and second permanent molars only) - Through age 15; 1 per lifetime
- Biopsy and Examination of Oral Tissue (including FDA-approved oral cancer screening system)

TYPE II - BASIC SERVICES

- Problem Focused Exams - 4 per year
- Consultations
- Palliative Treatment (including emergency relief of dental pain)
- Injections of antibiotics and other therapeutic medications
- Fillings - 1 per 24 months (includes composite fillings on posterior teeth)
- Prefabricated Stainless Steel and Resin Crowns
- Simple Extractions
- Surgical Extractions
- Oral Surgery
- Biopsy and Examination of Oral Tissue (including brush biopsy)
- General Anesthesia and I.V. Sedation
- Prosthetic Repair and Recementation Services
- Endodontics (including Root Canal Treatment)
- Periodontal Maintenance procedures following active periodontal therapy - up to 2 per year
- Non-surgical Periodontal Therapy
 - Scaling and Root Planing - 1 per 24 months
 - Full-mouth Debridement - 1 per lifetime
- Periodontal Surgery - 1 per 36 months

TYPE III PROCEDURES - MAJOR SERVICES

- Bridges - 1 per 5 years
- Full and partial dentures - 1 per 5 years
- Denture Reline and Rebase Services
- Crowns, Inlays, Onlays and related services - age 16 and above; 1 per 8 years
- Implants and related services - age 16 and above; 1 per 5 years

To include Orthodontic Coverage in your Lincoln Financial Group Group Dental Policy, the policyholder must meet the following dependent enrollment criteria:

On the Policy's Effective Date, 5 child dependent units must be enrolled.

If dependent enrollment in the group policy does not meet this minimum requirement, Orthodontic Coverage (Type IV Services) will not be issued. This requirement does not change the minimum participation requirements.