

RESOLUTION NO. 57 -2010

Offered by All of Council

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

WHEREAS, the Village's Mayor has recommended entering into an agreement with Delta Dental of Ohio to be the provider for dental insurance for full-time Village employees during the year 2011.

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 Delta Dental of Ohio for the Village's dental insurance effective January 1, 2011, in accordance with the offer from Woody Jenkins, Senior Account Manager from Delta Dental of Ohio, 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 be effective January 1, 2011; 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: 12/7/10



President of Council

ATTEST:



Clerk of Council



Mayor
12/7/10

12/1/10 4:30 p.m.

EXHIBIT A

Resolution 57-2010
www.deltadentaloh.com EXHIBIT A

 DELTA DENTAL



November 1, 2010

Ms. Joann Maupin
Payroll Clerk
Village of Richfield
PO Box 387
4410 W Streetsboro Rd
Richfield, OH 44286-0387

Dear Ms. Maupin,

Re: Dental Plan 5037-0001

Delta Dental Plan of Ohio uses an "evergreen" contract for your dental benefits program, which means you don't sign a new contract for each renewal. Instead, we send only your guaranteed rates. Payment of these new rates will be your consent to renew Delta Dental coverage for the time period on which the rates are based.

This procedure saves you time, reduces your paperwork and ensures continued eligibility for your group members. With that in mind, we've recently completed a review of your benefits and are offering the following rates for renewal. These rates are guaranteed from January 1, 2011, through December 31, 2011, and will appear on your Monthly Billing Statement.

Employee only - \$29.16 per month per Subscriber
Employee with one or more dependents - \$80.48 per month per Subscriber

This is a prepaid dental benefits program, so your group's first payment at these rates is due by January 1. Without it, we'll need to put your group's claims on hold until we receive your check. If we haven't received payment within 60 days after your renewal date, we'll consider your contract terminated as of January 1, 2011. Notwithstanding the above terms of this "evergreen" contract, all delinquent balances due to Delta Dental must be paid in full prior to acceptance on the above-mentioned renewal date. If there is a deficit at the time of your acceptance, Delta Dental reserves the right to revoke this offer and terminate your existing contract upon its natural expiration date.

If you have any questions about your renewal, please don't hesitate to call me. Additionally, if you would like to make changes in your program or wish to discuss other Delta Dental programs, I'd be happy to talk with you. However, to assure that your coverage isn't interrupted, I ask that you call me with your changes or questions before November 21, 2010.

Delta Dental greatly appreciates your business and considers Village of Richfield to be a valued customer. We look forward to serving your dental benefit needs.

Sincerely,


Woody Jenkins
Senior Account Manager

NOV 5 2010

DELTA DENTAL OF OHIO
550 Polaris Pkwy. - Sta. 550
Westerville, OH 43082-7073
Telephone: (614) 776-2300

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):

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.