

RESOLUTION NO. 2022-15
INTRODUCED BY: Mayor Bodnar

**AN EMERGENCY RESOLUTION
AUTHORIZING AN AGREEMENT
WITH DELTA DENTAL
AS AND FOR AN EMPLOYEE DENTAL PROGRAM.**

WHEREAS, the annual renewal evaluation of dental coverage with Delta Dental has been completed, and pricing for the upcoming policy year has been received, representing a 6.07% increase, with renewal rates guaranteed for two (2) years; and

WHEREAS, said rates have not been increased by Delta Dental since 2015.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF MAYFIELD VILLAGE THAT:

SECTION 1. The Mayor and President of Council are hereby and herein authorized and directed to enter into an agreement for a period of two two (2) years with Delta Dental effective April 1, 2022 through March 31, 2024, for an employee dental program as stipulated therein, at the rate of \$32.87 per month per employee for single coverage, \$66.51 per month for employee and spouse, \$78.05 per month for employee and children, and \$121.82 per month for employee, spouse and children. (Exhibit A).

SECTION 2. The Council finds and determines that all formal actions of the Council relating to the adoption of this Resolution have been taken at open meetings of this Council; and that deliberations of this Council and of its committees, resulting in such formal action, took place in meetings open to the public in compliance with all statutory requirements including the requirements of Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution is hereby declared to be an emergency measure immediately necessary to maintain the employee dental program for

the employees of Mayfield Village, Ohio which is due to expire on April 1, 2022. It shall, therefore, take effect immediately upon the passage by the affirmative vote of not less than five (5) members elected to Council and approval by the Mayor or otherwise at the earliest time allowed by law.



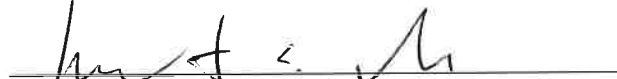
STEPHEN SCHUTT
Council President

First Reading: March 21, 2022
Suspended
Second Reading: Suspended, 2022
Suspended
Third Reading: _____, 2022
PASSED: March 21, 2022



BRENDA T. BODNAR, Mayor

APPROVED AS TO FORM:



DIANE A. CALTA, ESQ.
Director of Law

ATTEST: 
MARY E. BETSA, MMC
Clerk of Council

Mayfield Village

Dental Benefit & Cost Comparison Effective Date: 4/1/2022

| | Delta Dental - Current | Non-Network |
|-----------------------|------------------------------|-------------|
| | In-Network | Non-Network |
| Deductible | | |
| Single | \$25 | |
| Family | \$75 | |
| Dependent Age Limit | Age 26 | |
| Waived for Preventive | Yes | |
| Preventive Services | 100% | 100% |
| Basic Services | 100% | 80% |
| Major Services | 60% | 50% |
| Annual Maximum | \$1,750 | |
| Orthodontia | 50% | |
| Lifetime Maximum | \$1,000 | |
| Benefit Detail | | |
| Endodontic | Basic | |
| Periodontal | Basic | |
| Oral Surgery | Basic | |
| Out of Network | | |
| Reimbursement | Maximum Allowable Charge | |
| Rate Guarantee | 24 Months (Until 03/31/2024) | |
| | Current | Renewal |
| Employee | 21 | 21 |
| EE/Spouse | 15 | 15 |
| EE/Child(ren) | 4 | 4 |
| Family | <u>33</u> | <u>33</u> |
| TOTAL | 73 | 73 |
| Monthly Premium | \$5,676 | \$6,020 |
| Annual Premium | \$68,108 | \$72,242 |
| \$ +/- Current | | \$4,134 |
| % +/- Current | | 6.1% |

This illustration is intended to outline the basic plan and is not intended to describe the contract provision. Each employee will receive a plan booklet which will outline in detail the plan provisions and limitations. Should there be a discrepancy between this outline and the plan document, the plan document prevails.



P.O. Box 30416
Lansing, MI 48909-7916

<https://www.DeltaDentalOH.com>

February 8, 2022

Ms. Laurie Hughes
Mayfield Village
6622 Wilson Mills Rd
Mayfield Village, OH 44143-3407

Re: Dental Plan Rate Review, Group #0421-0001

Dear Ms. Hughes,

Thank you for placing your confidence in Delta Dental. We are committed to improving the oral health of our communities by providing access to the nation's largest dental network at competitive rates. This allows your enrollees to obtain the dental care they need to remain healthy.

We have completed a comprehensive review of your dental plan premiums. Enclosed are the rates and renewal documents related to your contract renewal. Payment of the new rates will be your consent to renew Delta Dental coverage. No action is required from you at this time unless you wish to change the benefits you offer.

If your coverage or budget goals have changed, please contact Mr. Pietro Insana or me for more plan design options. We can administer many different plan designs to suit your needs and provide you with a comprehensive analysis of how any changes would affect your rates. Benefit changes can be effective at your renewal, but you must request them no later than 15 days prior to your plan's renewal date.

Enclosed is a contract for the renewal of your existing dental plan. Please have your group's authorized representative sign the contract and return it to me at your earliest convenience. If we are not in receipt of the signed contract by the effective date, we will consider remittance of payment as acceptance of the contract, and we will continue to administer your dental benefits accordingly. By permitting us to do so, you accept the terms of this contract in full and agree that this contract is binding, even if you do not return a signed copy of the contract to us. If you do not wish to renew coverage, please provide notice to us in accordance with your Contract. Notwithstanding the above terms of this 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.

Please call me at (216) 706-1209 if you have any questions or if I can be of help in any way. Thank you, we look forward to continuing our relationship with you and we greatly appreciate your business.

Sincerely,

Matthew J McPherson
Account Manager

cc: Mr. Pietro Insana



Delta Dental of Ohio
Renewal Rates for Mayfield Village #0421
Effective April 1, 2022

| Rates - Non-Retention | | |
|-------------------------------------|--|--|
| Rates per enrollee per month | Current Rate(s) April 1, 2021 through March 31, 2022 | Renewal Rate(s) April 1, 2022 through March 31, 2024 |
| Enrollee only | \$30.99 | \$32.87 |
| Enrollee and spouse | \$62.70 | \$66.51 |
| Enrollee and child(ren) | \$73.58 | \$78.05 |
| Enrollee, spouse and child(ren) | \$114.85 | \$121.82 |
| Overall Percent Change | | 6.07% |

Rating Requirements

Minimum client contributions: 98 percent for employee and 97 percent for dependent(s).

Tied to medical: No

Covered Persons choosing this dental plan are required to remain enrolled for a period of 12 months. Should a Covered Person choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions

Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a two year non-retention contract.

Self-billing is not allowed and you agree to pay as invoiced each month.

Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and reference cards.

Printed dentist directories are not included. You can find participating dentists on our website at <https://www.DeltaDentalOH.com>.

The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- 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 payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment.

Delta Dental of Ohio
Dental Benefit Highlights for
Mayfield Village #0421



Delta Dental PPO™ (Point-of-Service)

**Delta
Dental
PPO™
Dentist**

**Delta
Dental
Premier®
Dentist**

**Nonparticipating
Dentist**

Coverage effective **April 1, 2022**

Plan Pays Plan Pays Plan Pays*

| Diagnostic & Preventive | | | |
|---|---------------------------------|---------------------------------|---------------------------------|
| Diagnostic and Preventive Services - 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% |
| Radiographs - X-rays | 100% | 100% | 100% |
| Basic Services | | | |
| Minor Restorative Services - fillings and crown repair | 100% | 80% | 80% |
| Endodontic Services - root canals | 100% | 80% | 80% |
| Periodontic Services - to treat gum disease | 100% | 80% | 80% |
| Oral Surgery Services - extractions and dental surgery | 100% | 80% | 80% |
| Other Basic Services - misc. services | 100% | 80% | 80% |
| Relines and Repairs - to prosthetic appliances | 100% | 80% | 80% |
| Major Services | | | |
| Major Restorative Services - crowns | 60% | 50% | 50% |
| Prosthodontic Services - bridges, implants, dentures, and crowns over implants | 60% | 50% | 50% |
| Orthodontic Services | | | |
| Orthodontic Services - braces | 50% | 50% | 50% |
| Orthodontic Age Limit - | through age 18 and under | through age 18 and under | through age 18 and under |

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

Maximum Payment - \$1,750 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible - \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at <https://www.DeltaDentalOH.com>.



**Delta Dental Contract
For
Mayfield Village**

This Contract ("Contract") is entered into by and between Mayfield Village (the "Contractor") and Delta Dental Plan of Ohio, Inc., an Ohio non-profit corporation ("Delta Dental"). This is a legally binding contract between the Contractor and Delta Dental and is effective on April 1, 2022, the ("Effective Date").

SECTION I - DECLARATIONS

The Benefits afforded are only with respect to such benefits as are indicated in this Contract, including the Summary of Dental Plan Benefits. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision of the subsequent sections of this Contract.

- A. Effective Date:** 12:01 A.M. Standard Time, April 1, 2022
- B. First Renewal Date:** April 1, 2024
- C. Client Number:** 0421-0001
- D. Rate(s):**

- Enrollee only - \$32.87 per month per Enrollee
- Enrollee and spouse - \$66.51 per month per Enrollee
- Enrollee and child(ren) - \$78.05 per month per Enrollee
- Enrollee, spouse and child(ren) - \$121.82 per month per Enrollee

These rates are contingent upon the enrollment of a minimum of 95 percent of the eligible members of the defined group and their eligible dependents. Rates do not include any applicable claims taxes.

DELTA DENTAL PLAN OF OHIO, INC.

BY: 

President and CEO

DATE: February 8, 2022

CONTRACTOR

BY: _____
(Authorized Signature)

(Title)

BY: _____
(Witnessed By)

(Title)

DATE: _____