

RESOLUTION NO. 2024-16  
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 6.00% increase.

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 one (1) year with Delta Dental effective April 1, 2024 through March 31, 2025, for an employee dental program as stipulated therein, at the rate of \$34.84 per month per employee for single coverage, \$70.50 per month for employee and spouse, \$82.73 per month for employee and children, and \$129.13 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, 2024. 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 18, 2024  
Second Reading: Suspended, 2024  
Third Reading: Suspended, 2024  
PASSED: March 18, 2024



BRENDA T. BODNAR, Mayor

APPROVED AS TO FORM:



DIANE A. CALTA, ESQ.  
Director of Law

ATTEST:



MARY E. BETSA, MMC  
Clerk of Council



**Delta Dental of Ohio**  
**Renewal Rates for Mayfield Village #0421**  
**Effective April 1, 2024**

<b>Rates - Non-Retention</b>		
<b>Rates per enrollee per month</b>	<b>Current Rate(s)</b> April 1, 2022 through March 31, 2024	<b>Renewal Rate(s)</b> April 1, 2024 through March 31, 2025
Enrollee only	\$32.87	\$34.84
Enrollee and spouse	\$66.51	\$70.50
Enrollee and child(ren)	\$78.05	\$82.73
Enrollee, spouse and child(ren)	\$121.82	\$129.13
Overall Percent Change	6.00%	

<b>Rating Requirements</b>
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.

<b>Rating Assumptions</b>
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one 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 <a href="https://www.DeltaDentalOH.com">https://www.DeltaDentalOH.com</a> .
The plan specifications are subject to Delta Dental's standard exclusions and limitations, including: <ul style="list-style-type: none"> <li>➤ Oral exams (including evaluations by a specialist) are payable twice per calendar year.</li> <li>➤ Prophylaxes (cleanings) are payable twice per calendar year.</li> <li>➤ 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.</li> <li>➤ Fluoride treatments are payable twice per calendar year for people age 18 and under.</li> <li>➤ Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.</li> <li>➤ 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.</li> <li>➤ Composite resin (white) restorations are payable on posterior teeth.</li> <li>➤ Porcelain and resin facings on crowns are Covered Services on posterior teeth.</li> <li>➤ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.</li> <li>➤ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.</li> <li>➤ People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.</li> </ul>



## 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, 2024, the ("Effective Date").

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### Section I. Declarations

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The benefits available are as set forth in this Contract. 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 contained in subsequent sections of this Contract.

- A. **Effective Date:** 12:01 A.M. Standard Time, April 1, 2024
- B. **First Renewal Date:** April 1, 2025
- C. **Client Number:** 0421-0001
- D. **Rate(s):**

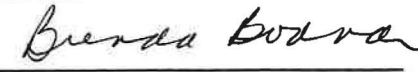
Enrollee only - \$34.84 per month per Enrollee  
 Enrollee and spouse - \$70.50 per month per Enrollee  
 Enrollee and child(ren) - \$82.73 per month per Enrollee  
 Enrollee, spouse and child(ren) - \$129.13 per month per Enrollee

These Rates are contingent upon the enrollment of a minimum of 95% of the eligible Enrollee of the defined group and their Dependents. Rates do not include any applicable claims taxes.

APPROVED AS TO FORM:

  
 DIANE A. CALTA, ESQ.  
 LAW DIRECTOR  
 MAYFIELD VILLAGE

CONTRACTOR

BY:   
 Authorized Signature  
 TITLE: Mayor  
 DATE: 3/18/24

DELTA DENTAL PLAN OF OHIO, INC.

BY:   
 President and CEO

DATE: January 1, 2024

CONTRACTOR

BY:   
 (Authorized Signature)  
 COUNCIL PRESIDENT

(Title) 3/18/24  
 DATE: