

RESOLUTION NO. 2026-15
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 2.9% 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, 2026 through March 31, 2027, for an employee dental program as stipulated therein, at the rate of \$38.34 per month per employee for single coverage, \$77.59 per month for employee and spouse, \$91.05 per month for employee and children, and \$142.11 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, 2026. 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: _____, 2026

Second Reading: _____, 2026

Third Reading: _____, 2026

PASSED: _____, 2026

BRENDA T. BODNAR, Mayor

APPROVED AS TO FORM:

DIANE A. CALTA, ESQ., Director of Law

ATTEST: _____
MARY E. BETSA, MMC, Clerk of Council

FISCAL OFFICER'S CERTIFICATE

As the fiscal officer of the Mayfield Village, Ohio, I certify that as of the date of execution of the within Agreement with Mayfield Village, Ohio, the amount required to satisfy payment under the Agreement has been fully appropriated, or authorized or directed for such purpose and is in the Treasury, or is in the process of collection and is free from any obligation or certification now outstanding.

Angie S. Rich, Director of Finance
Mayfield Village, Ohio

MEMORANDUM

To: Mayor Bodnar, Council President Schutt and Members of Council

From: Angie S. Rich, Director of Finance

Subject: Dental & Life Insurance Renewals - Updated

Date: March 11, 2026

The quotes for renewing the Village's dental and life insurance benefit for employees effective for April 1, 2026 has been received. Since Caucus on March 2, I have worked with our third-party administrator to finalize our dental rates, and they have further lowered the rates from originally reported.

Coverage for dental benefits will increase by 1.9% instead of the 2.9% originally reported. The total premium cost for dental and life insurance coverage for 2026 will be \$85,094 per year, or \$7,091 per month.

The cost of dental coverage per employee is as follows:

Employee Type:	Current		New	Increase
Single	\$ 37.63		\$ 38.34	1.9%
Employee + Spouse	\$ 76.14		\$ 77.59	1.9%
Employee + Children	\$ 89.35		\$ 91.05	1.9%
Family (employee, spouse, and children)	\$139.46		\$ 142.11	1.9%

The cost of life insurance coverage per employee remains the same as 2025.

Coverage Type	Current		New	Increase
Life	\$0.259		\$0.259	0.0%
Accidental Death & Dismemberment (AD&D)	\$0.038		\$0.038	0.0%



Mayfield Village

Dental Benefit & Cost Comparison
Effective Date: 4/1/2026

		Delta Dental - Current		
		PPO Network	Premier Network	Non-Network
Deductible				
Single		\$25	\$25	\$25
Family		\$75	\$75	\$75
Dependent Age Limit			Age 26	
Waived for Preventive			Yes	
Preventive Services		100%	100%	100%
Basic Services		100%	80%	80%
Major Services		60%	50%	50%
Annual Maximum			\$1,750	
Orthodontia			50%	
Lifetime Maximum			\$1,000	
Benefit Detail				
Endodontic			Basic	
Periodontal			Basic	
Oral Surgery			Basic	
Waiting Period			None	
Out of Network Reimbursement			Maximum Allowable Charge	
Rate Guarantee			12 Months (Until 3/31/2027)	
		Current	Renewal	
Employee	17	\$37.63	\$38.34	
EE/Spouse	18	\$76.14	\$77.59	
EE/Child(ren)	7	\$89.35	\$91.05	
Family	<u>31</u>	\$139.46	\$142.11	
TOTAL		73		
Monthly Premium		\$6,959	\$7,091	
Annual Premium		\$83,507	\$85,094	
\$ +/- Current				\$1,587
% +/- Current				1.9%

*Initial Renewal: 2.9%

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.

Enrollment based on recent census.