

INTRODUCED BY: Mayor Scott E. Coleman

MOTION BY: Council Representative Lisa Marie Stickan

SECONDED BY: Council Representative Chuck Brunello, Jr.

**A RESOLUTION AUTHORIZING THE MAYOR TO ENTER INTO AN
AGREEMENT WITH DELTA DENTAL FOR DENTAL CARE INSURANCE
FOR THE CITY'S EMPLOYEES AND DECLARING AN EMERGENCY.**

WHEREAS, Delta Dental has submitted a quote for dental care insurance for the city's employees; and

WHEREAS, the City has reviewed the quote and has determined that the plan offered by Delta Dental is in compliance with all employee agreements; and

WHEREAS, the rates offered by Delta Dental have been determined to be fair and competitive for the level of benefits offered; now, therefore,

**BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HIGHLAND
HEIGHTS, OHIO, THAT:**

Section 1. The Mayor is authorized to enter into a contract for dental care insurance with Delta Dental for city dental care insurance for all eligible employees for the twenty four months beginning January 1, 2018.


Section 2. The quoted rates of \$30.05 for single coverage and \$87.16 for family coverage are accepted.

Section 3. That the Council finds and determines that all formal actions of this Council relating to the adoption of this Resolution have been taken at open meetings of this Council; and that deliberations of the 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.

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Section 4. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the health, safety and welfare of the residents of the city of Highland Heights for the reason that the contract for dental insurance will expire December 31, 2017. It shall therefore take effect immediately upon passage by the affirmative vote of net less than five (5) members elected to Council and approval by the Mayor or otherwise at the earliest time allowed by law.

First Reading: 11/14/17



President of Council

Second Reading: 11/28/17

Third Reading: Suspended

11/28/17

Filed with Mayor


PASSED: November 28, 2017

11/28/17

Approved

ATTEST: 

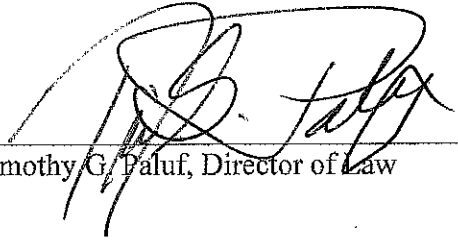
Clerk of Council



Mayor

EFFECTIVE: 11/29/17

APPROVED AS TO FORM: _____



Timothy G. Paluf, Director of Law

Dental Options

Dental		Cigna Current		Ameritas Fusion Option 1		Delta Dental Option 2		Lincoln Financial Option 3		Sun Life Option 4	
Calendar Year Deductible	Single Family	Network \$25 \$75	Non-Network	Network \$15 \$75	Non-Network	Network/ Premier \$25 \$75	Non-Network	Network \$25 \$75	Non-Network	Network \$25 \$75	Non-Network
Waived for Preventative?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Waived for Orthodontia?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Class I - Preventative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Class II - Basic	90%	80%	90%	80%	90%	80%	90%	80%	80%	90%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Benefit Adult	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods
Annual Maximum	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Lifetime											
Orthodontia Maximum											
Non-Network Percentage	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile
Implants	Class III	Class III	Class III	Class III	Class III	Class III	Class III	Class III	Class III	Class III	Class III
Endodontics	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II
Periodontics	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II
Maximum Rollover	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Annual Open Enrollment	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
EE Family	14 56	\$33.10 \$104.00	\$33.10 \$104.00	\$29.40 \$85.56	\$30.05 \$87.16	\$32.00 \$98.85	\$32.00 \$98.85	\$32.00 \$98.85	\$32.00 \$98.85	\$32.70 \$99.70	\$32.70 \$99.70
Monthly Annual		\$6,287 \$75,449	\$6,287 \$75,449	\$5,203 \$62,436	\$5,302 \$63,620	\$5,984 \$71,803	\$5,984 \$71,803	\$5,984 \$71,803	\$5,984 \$71,803	\$6,041 \$72,492	\$6,041 \$72,492
Rate Adjustment				-17.25%	-15.68%			-4.83%			-3.92%

* Up to \$100 of Annual Max Can be used for Vision expenses.

RATES

1 Year w/ 5% 2nd Year Cap.

2 Years

1 Year

1 Year

Cigna
January 1, 2018 Dental Renewal

Dental		Cigna Current		Cigna Renewal	
Calendar Year Deductible	Network	Non-Network	Network	Non-Network	
Single	\$25		\$25		
Family	\$75		\$75		
Waived for Preventative?	Yes	Yes	Yes	Yes	
Waived for Orthodontia?	Yes	Yes	Yes	Yes	
Class I - Preventative	100%	100%	100%	100%	
Class II - Basic	90%	80%	90%	80%	
Class III - Major	80%	80%	80%	80%	
Class IV - Orthodontia	50%	50%	50%	50%	
Adult	Not Covered	Not Covered	Not Covered	Not Covered	
Benefit	No Waiting Periods	No Waiting Periods	No Waiting Periods	No Waiting Periods	
Annual Maximum	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	
Lifetime					
Orthodontia Maximum	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	
Non-Network					
Percentage	90th Percentile	90th Percentile	90th Percentile	90th Percentile	
Implants	Class III	Class III	Class III	Class III	
Endodontics	Class II	Class II	Class II	Class II	
Periodontics	Class II	Class II	Class II	Class II	
Maximum Rollover	Not Included	Not Included	Not Included	Not Included	
Annual Open Enrollment	Included	Included	Included	Included	
RATES					
EE	14	\$33.10	\$33.60		
Family	56	\$104.00	\$105.56		
Monthly		\$6,287	\$6,382		
Annual		\$75,449	\$76,581		
Rate Adjustment			1.50%		