

RESOLUTION NO. 2020-13  
INTRODUCED BY: Mayor Bodnar

**A 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 no increase, with renewal rates guaranteed for one (1) year.

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, 2020, for an employee dental program as stipulated therein, at the rate of \$30.99 per month per employee for single coverage, \$62.70 per month for employee and spouse, \$73.58 per month for employee and children, and \$114.85 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, 2020. 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: \_\_\_\_\_, 2020

Second Reading: \_\_\_\_\_, 2020

Third Reading: \_\_\_\_\_, 2020

PASSED: \_\_\_\_\_, 2020

\_\_\_\_\_  
BRENDA T. BODNAR, Mayor

APPROVED AS TO FORM:

\_\_\_\_\_  
ANTHONY J. COYNE, ESQ.,  
Director of Law

ATTEST: \_\_\_\_\_  
MARY E. BETSA, MMC  
Clerk of Council

**Mayfield Village**

**Dental Benefit & Cost Comparison  
Effective Date: 4/1/2020**

	Delta Dental - Current		Delta Dental - Revised Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Deductible	\$25		\$25	
Single	\$75		\$75	
Family	Age 26		Age 26	
Dependent Age Limit	Yes		Yes	
Waived for Preventive	100%	100%	100%	100%
Preventive Services	100%	80%	100%	80%
Basic Services	60%	50%	60%	50%
Major Services				
Annual Maximum	\$1,750		\$1,750	
Orthodontia	50%		50%	
Lifetime Maximum	\$1,000		\$1,000	
Benefit Detail	Basic		Basic	
Endodontic	Basic		Basic	
Periodontal	Basic		Basic	
Oral Surgery	Basic		Basic	
Out of Network Reimbursement	Maximum Allowable Charge		Maximum Allowable Charge	
Rate Guarantee	12 Months		12 Months	
	<b>Current</b>	<b>Renewal</b>	<b>Renewal</b>	<b>Renewal</b>
Employee	\$30.99	\$31.82	\$30.99	\$30.99
EE/Spouse	\$62.70	\$64.39	\$62.70	\$62.70
EE/Child(ren)	\$73.58	\$75.56	\$73.58	\$73.58
Family	\$114.85	\$117.94	\$114.85	\$114.85
TOTAL	70			
Monthly Premium	\$5,436	\$5,582	\$5,436	\$5,436
Annual Premium	\$65,230	\$66,984	\$65,230	\$65,230
\$ +/- Current		\$1,755	\$0	\$0
% +/- Current		2.7%		0.0%

*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.*