

RESOLUTION NO. 26, 2019

**A RESOLUTION AUTHORIZING THE CITY MANAGER
TO ENTER INTO A CONTRACT WITH DENTAL CARE PLUS, INC.
TO PROVIDE DENTAL INSURANCE COVERAGE FOR FULL-TIME EMPLOYEES**

WHEREAS, the City of Montgomery provides dental insurance benefits to its full-time employees; and

WHEREAS, the City has requested and reviewed proposals for dental insurance benefits and determined that the proposal submitted by Dental Care Plus, Inc. is the best proposal for City employees in terms of quality, price, service and adaptability.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Montgomery, Hamilton County, Ohio, that:

SECTION 1. The City Manager is hereby authorized to enter into a contract with Dental Care Plus, Inc. to provide dental benefits for all full-time employees for twenty-four months commencing October 1, 2019 through September 30, 2021, subject to any separate requirements from any Collective Bargaining Agreement between the City and any employee group during the term of this benefit contract.

SECTION 2. The City Manager is hereby authorized to pay Dental Care Plus, Inc. according to the rates set forth in the schedule submitted by Dental Care Plus, Inc. attached hereto as Exhibit "A" and incorporated herein by reference.

SECTION 3. This Resolution shall be in full force and effect from and after its passage.

PASSED: September 4, 2019

ATTEST: Connie M. Gaylor
Connie M. Gaylor, Clerk of Council

Christopher P. Dobrozsi
Christopher P. Dobrozsi, Mayor

APPROVED AS TO FORM
Terrence M. Donnellon
Terrence M. Donnellon, Law Director

City of Montgomery
Dental Plan Analysis - Fully Insured
 10/01/2019 Renewal

Exhibit "A"

Monthly Rates	Counts	Current	
		Dental Care Plus	Option 1 Dental Care Plus
Employee Only	12	\$31.77	\$29.86
Employee+ 1	20	\$63.54	\$59.73
Employee + Spouse	12		
Employee + child(ren)	12		
Family	38	\$107.41	\$100.97
Combined Est. Monthly Premium		\$5,733.62	\$5,389.78
Combined Est. Annual Premium		\$68,803.44	\$64,677.36
Percentage change from current			-6.0%
Annual Dollar change from current			-\$4,126.08
Benefits		In-Network	
Rate Guarantee		1 Year	2 Years
Bundling Required		No	No waiting period
Waiting Period		No	No waiting period
OOB Payment Basis		No OOB benefits, except for emergency	No OOB benefits, except for emergency services at least 50 miles
Plan Highlights			
Individual Deductible		\$0	\$0
Family Deductible		\$0	\$0
Calendar Year or Policy Year		Policy Year	Policy Year
Annual Maximum Benefit		\$2,000	\$2,000
Age Maximum		26	26
Diagnostic & Preventive			
Exams		\$10 Copy	Covered at 100%
Cleanings		\$10 Copy	Covered at 100%
X-Rays		\$10 Copy	Covered at 100%
Sealants		Covered at 80%	Covered at 80%
Regular Restorative Services			
Emergency Pain Treatment		Covered at 80%	Covered at 80%
Fillings, Stainless crowns		Covered at 80%	Covered at 80%
Endodontics (Root canal)		Covered at 80%	Covered at 80%
Simple Extractions		Covered at 80%	Covered at 80%
Major Services			
Implants		Not Covered	Not Covered
Crowns, Inlays, Onlays		Covered at 80%	Covered at 80%
Bridges and Dentures		Covered at 80%	Covered at 80%
Repairs and Adjustments		Covered at 80%	Covered at 80%
Periodontics (Gum Disease)		Covered at 80%	Covered at 80%
Orthodontics			
Lifetime Maximum		Covered at 50%, with a \$1000 lifetime max	Covered at 50%, with a \$1000 lifetime max
Age Limitation		19	19

NOTES: