

RESOLUTION #09-1221-08

Authorize dental insurance change

Whereas, Liberty Township currently has dental insurance coverage with Delta Dental, and

Whereas, staff and the employee insurance committee have looked into changing insurance providers and potential cost savings for the Township and recommends MetLife (99%) policy quoted, and

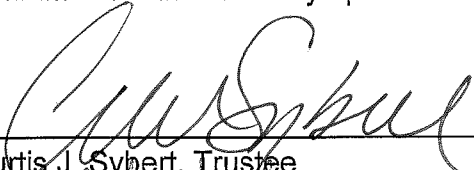
Now, Therefore Be it Resolved, by the Liberty Township Board of Trustees, Delaware County authorizes changing dental insurance coverage to MetLife for the cost savings to the Township.

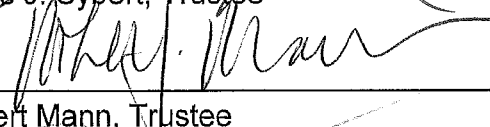
Motion made by Guzzo and seconded by Mann.

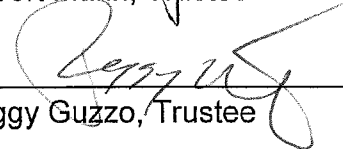
Vote: yes Ms. Guzzo yes Mr. Mann yes Mr. Sybert

This Resolution shall be in force and become effective immediately upon its execution.

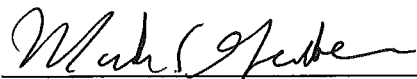
12/21/09
Date


Curtis J. Sybert, Trustee


Robert Mann, Trustee


Peggy Guzzo, Trustee

CERTIFIED BY:


Mark S. Gerber, Fiscal Officer

Liberty Township Dental Comparison



BENEFIT DESCRIPTION	Sunlife		The Standard		Principal	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductibles	\$500/\$150 per Calendar Year	\$500/\$150 per Calendar Year	\$500/\$150 per Calendar Year	\$500/\$150 per Calendar Year	\$500/\$150 per Calendar Year	\$500/\$150 per Calendar Year
Preventive % Paid	100%	100%	100%	100%	100%	100%
How often	Twice Annually	Twice Annually	Twice Annually	Twice Annually	Twice Annually	Twice Annually
Standard coverage	Included (up to age 19)	Included (up to age 19)	Included (up to age 16)	Included (up to age 16)	Included (up to age 19), every 36 months	Included (up to age 19), every 36 months
Billing X-rays	Basic	Basic	Twice every 12 Months	Twice every 12 Months	Once every 12 months	Once every 12 months
Fluorid X-rays	Basic	Basic	Every 3 years	Every 3 years	Every 60 months	Every 60 months
USUAL & CUSTOMARY	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile	90th Percentile
BASIC % PAID	80%	80%	80%	80%	80%	80%
MAJOR % PAID	60%	60%	60%	60%	60%	60%
ENDODONTIC - Basic or Major	Basic	Basic	Basic	Basic	Basic	Basic
Crowns - Gold & Porcelain	Major	Major	Major	Major	Major	Major
How often is replacement	10 Years	10 Years	5 Years	5 Years	5 Years	5 Years
Acrylic - Basic or Major	Major	Major	Major	Major	Major	Major
Recommendation	Major	Major	Major	Major	Major	Major
Periodontia - Basic or Major	Basic	Basic	Basic	Basic	Basic	Basic
Gingival root scaling	Basic	Basic	Basic	Basic	Basic	Basic
Gingivectomy/Gingivoplasty	Basic	Basic	Basic	Basic	Basic	Basic
Dentures & Bridges	Major	Major	Major	Major	Major	Major
Replacement	10 Years	10 Years	5 Years	5 Years	5 Years	5 Years
Repair - Basic or Major	Basic	Basic	Basic	Basic	Basic	Basic
Oral Surgery - Basic or Major	Basic	Basic	Basic	Basic	Basic	Basic
Implants	Basic	Basic	Basic	Basic	Basic	Basic
ANNUAL MAXIMUM BENEFIT	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
Dependent age limits	19/23	19/23	19/24	19/24	19/24	19/24
Orthodontia	60%; \$1,500 Lifetime Max.	60%; \$1,500 Lifetime Max.	50%; \$1,500 Lifetime Max.	50%; \$1,500 Lifetime Max.	60%; \$1,500 Lifetime Max.	60%; \$1,500 Lifetime Max.
MONTHLY RATES						
Rate Characteristics	1 year	1 year	1 year	1 year	1 year	1 year
Employee	\$29.03	\$29.03	\$27.67	\$27.67	\$29.96	\$29.96
Employee + 1	22	\$57.53	\$59.75	\$59.75	\$60.19	\$60.19
Family	41	\$104.16	\$103.40	\$103.40	\$105.55	\$105.55
Total		\$5,855.55	\$5,855.27	\$5,855.27	\$5,981.51	\$5,981.51
Annual		\$70,286.80	\$70,286.24	\$70,286.24	\$71,778.12	\$71,778.12
Change From Delta Rates		-3.37%	-3.33%	-3.33%	-3.40%	-3.40%