

RESOLUTION 10-1206-10

Authorize dental insurance change

WHEREAS, Liberty Township currently has dental insurance coverage with Met Life Dental, and

WHEREAS, staff has had the broker provide insurance options from multiple insurance providers and potential cost savings for the Township and unanimously recommends Delta Dental policy quoted at a 5.28% increase,

WHEREAS, the insurance committee and unions are concurring on this action, and

NOW, THEREFORE BE IT RESOLVED, BY THE LIBERTY TOWNSHIP BOARD OF TRUSTEES, DELAWARE COUNTY authorizes changing dental insurance coverage to Delta Dental at the attached quoted rates.

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

Motion made by Carducci and seconded by Mann.

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

12-6-10
Date

[Signature]
Robert Mann, Trustee

[Signature]
Curtis J. Sybert, Trustee

[Signature]
Mary Carducci, Trustee

CERTIFIED BY:

[Signature]
Mark S. Gerber, Fiscal Officer

Liberty Township Dental Comparison

11/22/10

| BENEFIT DESCRIPTION | Max Life | | Delta Dental | | Principal | | Lincoln | | Assurant | | SunLife Financial | |
|---------------------------------------|--|--|---|---------------------------------|--|---------------------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductibles | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year | \$50/\$150 Calendar Year |
| Preventive % Paid | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Ded waived for Preventative How often | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually | Yes Twice Annually |
| Sealants coverage | Up to age 19, once every 5 years per tooth | Included (1st molars age 9, 2nd age 14) Once per 12 months | On first and second permanent molars for tooth each 36 months | Through age 15; 1 per 36 months | Included (1st molars age 9, 2nd age 14) Once per 12 months | Through age 15; 1 per 36 months | Included (1st molars age 9, 2nd age 14) Once per 12 months | Through age 15; 1 per 36 months | Through age 15; 1 per 36 months | Through age 15; 1 per 36 months | Through age 15; 1 per 36 months | Through age 15; 1 per 36 months |
| Biting X-rays | Once every 12 Months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months |
| Panorex X-rays | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months | Basic, every 60 months |
| USUAL & CUSTOMARY BASIC % PAID | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% |
| MAJOR % PAID | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| ENDODONTIC - Basic or Major | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Crowns - Gold & Porcelain | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major |
| How often is replacement | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years | 10 Years |
| Acrylic - Basic or Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major |
| Recementation | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Periodontia - Basic or Major | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Gingival root scaling | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Gingivectomy/Gingivoplasty | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major |
| Dentures & Bridges | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Replacement | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major |
| Repair - Basic or Major | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years | 5 Years |
| Oral Surgery - Basic or Major | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Implants | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major | Major |
| 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 | \$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 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 | 19/25 |
| ORTHODONTIA | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit | 50%; \$1,500 maximum benefit |
| MONTHLY RATES | Current Rates | Proposed Rates | Current Rates | Proposed Rates | Current Rates | Proposed Rates | Current Rates | Proposed Rates | Current Rates | Proposed Rates | Current Rates | Proposed Rates |
| Rate Guarantee | One Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year | 1 Year |
| Employee | \$27.98 | \$30.44 | \$29.78 | \$32.16 | \$29.78 | \$32.16 | \$29.78 | \$32.16 | \$29.78 | \$32.16 | \$29.78 | \$32.16 |
| Employee + 1 | \$52.60 | \$56.30 | \$52.60 | \$56.30 | \$52.60 | \$56.30 | \$52.60 | \$56.30 | \$52.60 | \$56.30 | \$52.60 | \$56.30 |
| Family | \$103.76 | \$108.79 | \$103.76 | \$114.68 | \$103.76 | \$114.68 | \$103.76 | \$114.68 | \$103.76 | \$114.68 | \$103.76 | \$114.68 |
| Total | \$6,023.00 | \$6,341.15 | \$6,023.00 | \$6,686.84 | \$6,023.00 | \$6,686.84 | \$6,023.00 | \$6,686.84 | \$6,023.00 | \$6,686.84 | \$6,023.00 | \$6,686.84 |
| Annual | \$72,276.00 | \$76,093.80 | \$72,276.00 | \$80,242.08 | \$72,276.00 | \$80,242.08 | \$72,276.00 | \$80,242.08 | \$72,276.00 | \$80,242.08 | \$72,276.00 | \$80,242.08 |
| Percentage Change | | 5.28% | | 11.02% | | 11.02% | | 11.02% | | 11.02% | | 11.02% |
| Proposed Rates | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year | 1-Year |
| 1-Year | \$30.49 | \$30.33 | \$30.49 | \$30.33 | \$30.49 | \$30.33 | \$30.49 | \$30.33 | \$30.49 | \$30.33 | \$30.49 | \$30.33 |
| 1-Year | \$61.89 | \$60.41 | \$61.89 | \$60.41 | \$61.89 | \$60.41 | \$61.89 | \$60.41 | \$61.89 | \$60.41 | \$61.89 | \$60.41 |
| 1-Year | \$108.07 | \$105.90 | \$108.07 | \$105.90 | \$108.07 | \$105.90 | \$108.07 | \$105.90 | \$108.07 | \$105.90 | \$108.07 | \$105.90 |
| 1-Year | \$6,373.50 | \$6,247.65 | \$6,373.50 | \$6,247.65 | \$6,373.50 | \$6,247.65 | \$6,373.50 | \$6,247.65 | \$6,373.50 | \$6,247.65 | \$6,373.50 | \$6,247.65 |
| 1-Year | \$76,462.00 | \$74,971.80 | \$76,462.00 | \$74,971.80 | \$76,462.00 | \$74,971.80 | \$76,462.00 | \$74,971.80 | \$76,462.00 | \$74,971.80 | \$76,462.00 | \$74,971.80 |
| 1-Year | 5.82% | 3.73% | 5.82% | 3.73% | 5.82% | 3.73% | 5.82% | 3.73% | 5.82% | 3.73% | 5.82% | 3.73% |



BENEFIT DESCRIPTION

Deductibles

Preventive % Paid

Ded waived for Preventative How often

Sealants coverage

Biting X-rays

Panorex X-rays

USUAL & CUSTOMARY BASIC % PAID

MAJOR % PAID

ENDODONTIC - Basic or Major

Crowns - Gold & Porcelain

How often is replacement

Acrylic - Basic or Major

Recementation

Periodontia - Basic or Major

Gingival root scaling

Gingivectomy/Gingivoplasty

Dentures & Bridges

Replacement

Repair - Basic or Major

Oral Surgery - Basic or Major

Implants

ANNUAL MAXIMUM BENEFIT

Dependent age limits

ORTHODONTIA

MONTHLY RATES

Rate Guarantee

Employee

Employee + 1

Family

Total

Annual

Percentage Change