

Resolution 2024-206

A Resolution Approving the 2025 Delta Dental Insurance Contract

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Special Meeting at 9:00am. on Monday, December 23, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

Leezer

Fleshman

Blevins

BE IT RESOLVED that effective January 1, 2025, the Board of Trustees of Franklin Township, Franklin County, Ohio, approves and authorizes a contract with Delta Dental Insurance Plan for the calendar year 2025, offering dental care coverage for benefit eligible employees of Franklin Township. (See Exhibit A)

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be declared an emergency and be in full force and effective immediately upon its adoption.

The following trustee marked below seconded the motion:

Leezer

Fleshman

Blevins

Roll was called for the adoption of the Resolution, and the vote was as follows:


Leezer: YES/ NO

Fleshman: YES/ NO

Blevins: YES/ NO



Trustee James Leezer



Trustee John Fleshman



Trustee Mike Blevins

Adopted: December 23, 2024



P.O. Box 30416
Lansing, MI 48909-7916

<https://www.DeltaDentalOH.com>

September 21, 2024

Mr. Brian Lenzo
The HDH Group, Inc.
210 6th Ave Fl 30
Pittsburgh, PA 15222-2602

Dear Mr. Lenzo,

Enclosed is renewal information for one of your Delta Dental Plan of Ohio groups that renews in the month of January. A renewal letter indicating the group's renewal rates is included.

Please ensure that the enclosed renewal documents are delivered to the group.

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "David O Fitch". The signature is written in a cursive, slightly slanted style.

David O Fitch
Account Manager

Enclosures:
2234-0001, 0002, 0004, 0005, 0006, 0007 Franklin Township



www.deltadentalmi.com
www.deltadentaloh.com
www.deltadentalin.com

DeltaVision

Dear Valued Delta Dental Customer,

We're excited to inform you of a new partnership between Delta Dental and VSP® Vision Care. Delta Dental has partnered with VSP—a national leader in vision benefits—to offer an exciting new addition for our dental benefits programs—DeltaVision®.

DeltaVision is committed to meeting and exceeding expectations by delivering value, choice and savings, including:

- The largest network of participating providers nationwide
- Innovative plan designs
- One-stop administration
- World-class customer service
- Support for overall health and wellness

VSP is well known for their best-in-class vision programs, making them the ideal complement to your dental plan. When DeltaVision is combined with your Delta Dental benefits, you get two great programs in one convenient and affordable package.

We have included with this letter our current product offerings along with more information about our new partnership. As questions arise, please reach out to your local Delta Dental sales and account management team as they will be able to assist you moving forward.

As always, we appreciate your business and look forward to working with you on any of your vision benefit needs.

Sincerely,

Delta Dental

VSP and VSP Vision Care are registered trademarks of Vision Service Plan.

Delta Dental of Michigan P.O. Box 30416 Lansing, MI 48908	Delta Dental of Ohio 5600 Blazer Parkway, Suite 150 Dublin, OH 43017	Delta Dental of Indiana 225 South East Street, Suite 358 Indianapolis, IN 46202
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Delta Dental of Ohio
Renewal Rates for Franklin Township #2234
Effective January 1, 2025

Rates - Non-Retention		
Rates per enrollee per month	Current Rate(s)	
	January 1, 2024 through December 31, 2024	Renewal Rate(s)
		January 1, 2025 through December 31, 2025
Enrollee only	\$40.21	\$41.58
Enrollee with one or more dependents	\$118.53	\$122.56
Overall Percent Change	3.40%	

Rating Requirements

Minimum client contributions: 85 percent for employee and 85 percent for dependent(s).

Tied to medical: No

Covered Persons choosing this dental plan are required to remain enrolled for a period of 12 months. Should a Covered Person choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions

Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year non-retention contract.

Self-billing is not allowed and you agree to pay as invoiced each month.

Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and reference cards.

Printed dentist directories are not included. You can find participating dentists on our website at <https://www.DeltaDentalOH.com>.

The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Delta Dental of Ohio
Dental Benefit Highlights for
Franklin Township #2234



Delta Dental PPO™ (Point-of-Service)
Coverage effective January 1, 2025

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non- Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Major Restorative Services - crowns	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	80%	80%	80%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under	through age 18 and under	through age 18 and under

* When you receive services from a Non-Participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-Participating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

Maximum Payment – \$2,000 per Member total per Benefit Year on all services except orthodontic services. \$1,500 per Member total per lifetime on orthodontic services.

Deductible – None.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at <https://www.DeltaDentalOH.com>.



Delta Dental Contract
For
Franklin Township

This Contract ("Contract") is entered into by and between Franklin Township (the "Contractor") and Delta Dental Plan of Ohio, Inc., an Ohio non-profit corporation ("Delta Dental"). Contractor and Delta Dental may each be individually referred to as a "Party" or together as "Parties". This is a legally binding contract between the Contractor and Delta Dental and is effective on January 1, 2025, the ("Effective Date").

Section I. Declarations

The benefits available are as set forth in this Contract. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision contained in subsequent sections of this Contract.

- A. Effective Date: 12:01 A.M. Standard Time, January 1, 2025
B. First Renewal Date: January 1, 2026
C. Group Number: 2234-0001, 0002, 0004, 0005, 0006, 0007
D. Rate(s):

Enrollee only - \$41.58 per month per Enrollee
Enrollee with one or more dependents - \$122.56 per month per Enrollee

These Rates are contingent upon the enrollment of a minimum of 95% of the eligible Enrollee of the defined group and their Dependents. Rates do not include any applicable claims taxes.

DELTA DENTAL PLAN OF OHIO, INC.

BY: [Signature]
President and CEO

DATE: September 21, 2024

CONTRACTOR

BY: [Signature]
(Authorized Signature)
ADMINISTRATOR
(Title)

DATE: 12-23-24