**Resolution 2025-198**

**A Resolution Approving the 2026 Delta Dental Insurance Contract**

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Special Meeting at 12:00 pm. on Tuesday, November 18, 2025. The trustee marked below made a motion for the adoption of the following Resolution:

☒ ***Fleshman*** ☐ ***Leezer*** ☐ ***Blevins***

**BE IT RESOLVED** that effective January 1, 2026, the Board of Trustees of Franklin Township, Franklin County, Ohio, approves and authorizes a contract with the Delta Dental Insurance Plan with a 2.9% increase for the calendar year 2026, offering dental care insurance 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:*

☐ ***Fleshman*** ☐ ***Leezer*** ☒ ***Blevins***

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

***Fleshman***: ☒ YES/ ☐ NO ***Leezer***: ☐ YES/ ☐ NO ***Blevins***: ☒ YES/ ☐ NO

John Fleshman, Trustee

James Leezer, Trustee

Mike Blevins, Trustee

Adopted: November 18, 2025

# Delta Dental of Ohio

**Renewal Rates for Franklin Township #2234**

***Effective January 1, 2026***

| Rates - Non-Retention | | |
|---|---|---|
| **Rates per enrollee per month** | **Current Rate(s)**<br>January 1, 2025 through December 31, 2025 | **Renewal Rate(s)**<br>January 1, 2026 through December 31, 2026 |
| Enrollee only | $41.58 | $42.79 |
| Enrollee with one or more dependents | $122.56 | $126.11 |
| Overall Percent Change | 2.90% | |

| 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:<br>➢ Oral exams (including evaluations by a specialist) are payable twice per calendar year.<br>➢ Prophylaxes (cleanings) are payable twice per calendar year.<br>➢ 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.<br>➢ Fluoride treatments are payable twice per calendar year for people age 18 and under.<br>➢ 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.<br>➢ 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.<br>➢ Composite resin (white) restorations are payable on all teeth, including posterior teeth.<br>➢ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.<br>➢ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.<br>➢ 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. |