FIRST READING: 11.13.18
SECOND READING: 11.26.18
THIRD READING: 12.10.18

ORDINANCE NO: 72-18

BY: JOHN B. SHEPHERD

AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A CONTRACT WITH DELTA DENTAL TO PROVIDE DENTAL COVERAGE FOR THE FULL-TIME EMPLOYEES OF THE CITY OF ROCKY RIVER, AS FURTHER DESCRIBED IN EXHIBIT "A"

WHEREAS, the City of Rocky River must provide dental coverage to full-time employees of the City of Rocky River based on collective bargaining contracts and/or City policies; and

WHEREAS, City Administration negotiated a contract for dental insurance coverage with Delta Dental for the years 2019 and 2020; and

WHEREAS, the Mayor and the Council deem it to be in the best interests of the City to contract with Delta Dental for dental coverage for 2 years beginning January 1, 2019 through December 31, 2020.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ROCKY RIVER, COUNTY OF CUYAHOGA, STATE OF OHIO:

Section 1. That the Mayor be and she is hereby authorized to enter into a contract with Delta Dental for dental coverage for full-time employees for 2 years commencing January 1, 2019, as further described in Exhibit "A".

PASSED: December 10th, 2018

JAMES W. MORAN
President of Council

PRESENTED
TO MAYOR: December 10th, 2018

APPROVED: December 10th 2016

ATTEST:

Susan G. Pease
Clerk of Council

PAMELA E. BOBST
Mayor

It is hereby certified that the amount required for the execution of this Ordinance has been lawfully appropriated or authorized or directed for such purpose and is in the treasury or in the process of collection to the credit of the fund described herein free from any obligation or certification now outstanding.

Michael A. Thomas
Director of Finance

I, the undersigned, Clerk of council of the city of Rocky River, State of Ohio, do hereby certify that publication of the foregoing ordinance was duly made by posting a true copy thereof in the lobby of the Rocky River City Hall, in accordance with the charter of Rocky River, commencing on the 10th day of December, 20 18.

Susan G. Pease
Clerk of Council of the City of Rocky River, Ohio

J:\mydocs:ord:dentalordinance2018

City of Rocky River } ss
County of Cuyahoga }

THE UNDERSIGNED CLERK OF THE COUNCIL OF THE CITY OF ROCKY RIVER, OHIO DOES HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF ORDINANCE NO. 72-18 ADOPTED BY THE COUNCIL OF SAID CITY ON THE 10th DAY OF December, 20 18 THAT THE PUBLICATION OF SUCH ORDINANCE HAS BEEN MADE AND CERTIFIED OF RECORD ACCORDING TO LAW; THAT NO PROCEEDINGS LOOKING TO A REFERENDUM UPON SUCH ORDINANCE HAVE BEEN TAKEN; THAT SUCH ORDINANCE AND THE CERTIFICATE OF PUBLICATION THEREOF, ARE OF RECORD IN ORDINANCE RECORD NO. 72-18

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED MY OFFICIAL SEAL THIS 10th DAY OF December, 20 18.

Susan G. Pease
CLERK OF COUNCIL OF THE CITY OF ROCKY RIVER, OHIO

DELTA DENTAL

Delta Dental Contract
For
City of Rocky River

This Contract ("Contract") is entered into by and between City of Rocky River (the "Contractor") and Delta Dental Plan of Ohio, Inc., an Ohio non-profit corporation ("Delta Dental"). This is a legally binding contract between the Contractor and Delta Dental and is effective on January 1, 2019, the ("Effective Date").

SECTION I - DECLARATIONS

The Benefits afforded are only with respect to such benefits as are indicated in this Contract, including the Summary of Dental Plan Benefits. 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 of the subsequent sections of this Contract.

A. **Effective Date:** 12:01 A.M. Standard Time, January 1, 2019

B. **First Renewal Date:** January 1, 2021

C. **Client Number:** 0229-0001

D. **Rate(s):**

Subscriber only - $27.81 per month per Subscriber

Subscriber with one dependent - $51.49 per month per Subscriber

Subscriber with two or more dependents - $98.21 per month per Subscriber

These rates are contingent upon the enrollment of a minimum of 75 percent of the eligible members of the defined group and their eligible dependents. Rates do not include any applicable claims taxes.

These rates assume that claims from nonparticipating dentists will be paid using our national out-of-network fee table.

DELTA DENTAL PLAN OF OHIO, INC.

BY: Laura L. Golada
President and CEO

DATE: August 8, 2018

CONTRACTOR

BY: _____
(Authorized Signature)

_____
(Title)

BY: _____
(Witnessed By)

_____
(Title)

DATE: _____