

ORDINANCE NO. 2019-058

RATIFYING AND ACCEPTING PLANS FOR DENTAL, VISION, AND LIFE INSURANCE FOR VILLAGE EMPLOYEES AND DEPENDENTS

WHEREAS, Council for the Village of Waynesville desires to offer dental, vision, and life insurance coverage with the amounts and method of coverage to be ratified and accepted by Council; and

WHEREAS, Council desires to ratify and accept said amounts and method of coverage.

NOW, THEREFORE, BE IT ORDAINED by the Village Council of the Village of Waynesville, 5 members elected thereto concurring:

Section 1. That the amounts and methods of coverage for dental, vision, and life insurance, as set forth in Exhibit "A" attached hereto and incorporated herein by reference, are hereby ratified and accepted effective January 1, 2020.

Section 2. That the Village Manager is hereby authorized to execute any and all documents, contracts, and agreements related to said coverage.

Section 3. That this Ordinance shall be effective from and after the earliest period allowed by law.

Adopted this 18th day of November, 2019.

Attest:

CLERK OF COUNCIL

MAYOR

September 1, 2019



MR. GARY COPELAND
VILLAGE OF WAYNESVILLE
1400 LYTLER RD
WAYNESVILLE, OH 45068-8482

MR. GARY COPELAND:

Thank you for choosing VSP® Vision Care — and for your continued business. Putting your employees first and guaranteeing their satisfaction is easy, when we have partners like you.

As the only national not-for-profit vision company, we're committed to giving your employees:

- **Lowest employee out-of-pocket costs** — employees' #1 priority in a vision plan.
- **Exclusive Member Extras**, offers you won't find anywhere else — only VSP members can save more than \$2,500 on vision, hearing, medical, and lifestyle services.
- **World class service** — the highest customer satisfaction in the industry, 15 years in a row.

Your VSP plan automatically renews on **January 1, 2020** and no action is required to continue to receive consumers' #1 choice in vision care.

Group Name/Number:	VILLAGE OF WAYNESVILLE/ 30080616
Renewal Period:	January 1, 2020 - December 31, 2021
Current Plan Frequency:	12 / 12 / 12
Current Copay:	\$10 Exam / \$25 Materials
Current Allowance:	\$130.00 Retail Frame / \$130.00 Elective Contact Lenses
Current Rates:	\$14.82 / 24.97 / 25.49 / 41.09
Renewal Rates:	\$14.82 / 24.97 / 25.49 / 41.09

Rates include all applicable taxes and health assessment fees known as of the date of your renewal.

Updating your plan is simple! Give me a call to enhance your benefits or to lower your premium and keep delivering the lowest out-of-pocket costs.

Thank you,

Victoria McLallen (800) 216-6248

cc: JAMES HOUGH
RALPH E. WADE INSURANCE AGENCY
PO BOX 217
SPRINGBORO, OH 45066-0217

Western Team



Vision Care for Life

OUT OF NETWORK BENEFITS PROVIDED BY
VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CALIFORNIA 95670

IN NETWORK BENEFITS PROVIDED BY
VISION SERVICE PLAN
3333 QUALITY DRIVE
RANCHO CORDOVA, CALIFORNIA 95670

CLIENT VISION CARE POLICY

Client Name VILLAGE OF WAYNESVILLE
Policy Number 30080616
State of Delivery OHIO
Effective Date JANUARY 1, 2018
Premium Due Date FIRST DAY OF MONTH
Policy Term TWENTY-FOUR (24) MONTHS *RENEW'S JANUARY 1, 2020*

In consideration of the statements and agreements contained in the Client Application, if applicable, and in consideration of payment by the Client of the premiums as herein provided, VISION SERVICE PLAN and VISION SERVICE PLAN INSURANCE COMPANY, (collectively "VSP") agrees to insure certain individuals under this Client Vision Care Policy ("Policy") for the benefits provided herein, subject to the exceptions, limitations and exclusions hereinafter set forth. This Policy is delivered in and governed by the laws of the state of delivery and is subject to the terms and conditions recited on the subsequent pages hereof, including any Exhibits or state-specific Addenda, which are a part of this Policy.

Kate Renwick-Espinosa, President



October 11, 2019

Village Of Waynesville
1400 Lytle Rd
Waynesville, OH 45068
ATTN: Gary Copeland

Dear Gary,

The Dental Care Plus Group (DCPG) has enjoyed serving as your preferred dental insurance provider. At this time, it is necessary for DCPG to implement an increase of 6.0% effective on January 01, 2020 (your renewal date).

The renewal rates for your current dental benefits plan are shown on the enclosed attachment. On January 01, 2020, these renewal rates will replace your current rates.

If you wish to renew your plan as it currently exists, you do not need to take any action other than to pay your new premium when due. Your payment of the premium is acceptance of the renewal rates. If you want to make any changes to your benefits plan, please contact your broker or I by the 10th of the month prior to your renewal date. We can then provide rates for the benefits plan you select. If we do not hear from you by the 10th of the month prior to your renewal date, your existing benefits plan will automatically renew and your invoice will reflect the renewal rates shown on the attachment.

If you have determined that your group is considered a small group and subject to the regulations of the Affordable Care Act which require you to include pediatric dental Essential Health Benefits, you may be interested in knowing more about DCPG's Exchange Certified Plans. Your agent or I would be happy to provide details relative to the available plan designs and rates.

Sincerely,

Tricia Vvann
Senior Account Manager
Toll Free: 1-800-367-9466
Fax: 513-618-3876
twahl@dentalcareplus.com

Enclosure



SHELF RATE RENEWAL NOTICE
00382 - VILLAGE OF WAYNESVILLE
HMO

Benefit Plan Number: D214

Network: Dental Care Plus

Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: \$1000 per Member

Orthodontic Lifetime Maximum Benefit: \$1000 per Eligible Member
 Limited to eligible dependent children under age 19

Deductible: \$50 per Member, per Benefit Year
 \$150 per Family, per Benefit Year
 The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits Routine Oral Exams and Prophylaxis (per visit)	No	100% - After \$10.00 Copayment	\$10.00
Other Preventive Benefits	No	100%	None
Basic Benefits	Yes	80%	20%
Major Benefits	Yes	50%	50%
Orthodontic Benefits	No	50%	50%

Limited to eligible dependent children under age 19

Endodontic Services are covered as Major Benefits.
 Periodontic Services are covered as Major Benefits.
 Sealants are covered as Basic Benefits.
 Dependent Children will be eligible for coverage until age 26.

<u>Contract</u>	<u>Enrolled</u>	<u>Current</u>	<u>Renewal</u>	
Individual	2	\$25.08	\$26.58	(Effective 01/01/2020)
Employee And Spouse	1	\$50.16	\$53.17	
Employee And Dependents	2	\$57.44	\$60.89	
Family	3	\$89.12	\$94.47	

The next scheduled renewal date is January 01, 2021.

*This renewal is for a standalone dental benefits plan that is not a federally qualified health plan. The plan does not include the full range of pediatric dental benefits required under the federal regulations governing essential health benefits.
 The Dental Care Plus Group reserves the right to reconsider these rates if overall enrollment varies by more than 10%.*

Group Life and Accidental Death and Dismemberment (AD&D) Insurance Coverage

Covered Members: All active employees regularly working at least 30 hours each week.

Eligibility Waiting Period: Members hired after the Group Policy Effective Date become eligible on the first day of the calendar month coinciding with or next following 30 days as a Member.

OPTIONS	BETTER										
Classes	None										
Life & AD&D Benefit Amount	Flat \$15,000										
Maximum Benefit Amount for both Life and AD&D	\$15,000										
Minimum Benefit Amount for both Life and AD&D	\$10,000										
Age Based Benefit Reduction for both Life and AD&D	To 65% at age 65 To 50% at age 70 To 35% at age 75										
AD&D Insurance Benefits Table of Losses	<table border="1"> <thead> <tr> <th>Loss</th> <th>Percentage Payable</th> </tr> </thead> <tbody> <tr> <td>Life</td> <td>100%</td> </tr> <tr> <td>One hand or one foot</td> <td>50%</td> </tr> <tr> <td>Sight in one eye</td> <td>50%</td> </tr> <tr> <td>Two or more of the losses listed above</td> <td>100%</td> </tr> </tbody> </table>	Loss	Percentage Payable	Life	100%	One hand or one foot	50%	Sight in one eye	50%	Two or more of the losses listed above	100%
Loss	Percentage Payable										
Life	100%										
One hand or one foot	50%										
Sight in one eye	50%										
Two or more of the losses listed above	100%										
Guarantee Issue Amount for both Life and AD&D	Full Benefit										
Employer Contribution	100%										
Initial Rate Guarantee	3 years										

1-1-2018 to 12-31-2020