RESOLUTION NO. _____

SPONSORED BY: Commissioners

A RESOLUTION ESTABLISHING THE 2027 DENTAL PLAN FUNDING RATES FOR THE SELF-FUNDED DENTAL PLAN OF BLOUNT COUNTY, TN

WHEREAS, Blount County, TN (the "County") sponsors and administers a self-funded dental plan for the benefit of eligible employees and their covered dependents; and

WHEREAS, the County, in consultation with its broker, has reviewed projected dental claims, administrative expenses, reserve requirements, and actuarial projections for the 2027 plan year and has determined that the financial condition of the plan supports holding the 2027 funding rates at the same levels established for the 2026 plan year; and

WHEREAS, based upon this review, the monthly funding rates for the County's self-funded dental plan for the period beginning January 1, 2027, and ending December 31, 2027, shall be as follows:

	Employer Funding Rate	**Employee Funding Rate**	**Total Funding Rate**
Employee Only	23.54	5.90	29.43
Employee + Family	23.54	69.12	92.65

**Fiscal note: Sufficient funds have been included in the approved 2026-2027 budget; and*

WHEREAS, if both spouses work within the County, the maximum employee premium to be paid will be the family premium contribution rates. The employer funding will be budgeted for every eligible employee who elects coverage; and

WHEREAS, on the 28th day of July 2026, the Blount County Human Resources Committee and Insurance Committee acted to recommend approval of the dental funding rates to the Blount County Board of Commissioners.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Blount County, Tennessee, assembled in regular session this 18th day of August 2026, that the monthly funding rates set forth herein are hereby approved and adopted for the County Self-Insured Dental Plan for the 2027 plan year, effective January 1, 2027.

BE IT FURTHER RESOLVED THAT THIS RESOLUTION TAKE EFFECT FROM AND AFTER ITS PASSAGE, THE PUBLIC WELFARE REQUIRING IT; AND THAT ANY PRIOR RESOLUTION TO THE CONTRARY IS HEREBY DECLARED VOID.

CERTIFICATION OF ACTION **ATTEST**

_____ _____

Chairman

County Clerk

Approved: _____

Vetoed: _____

_____ _____

County Mayor Date