

**RESOLUTION NO. 24-08-014**

SPONSORED BY: Commissioners Jared Anderson, Richard Carver, John Giles, Tom Stinnett, and David Wells

**A RESOLUTION TO ADOPT THE DENTAL PREMIUM RATE STRUCTURE FOR BLOUNT COUNTY, TN  
EFFECTIVE JANUARY 1, 2025**

**WHEREAS**, Blount County, TN (the “County”) seeks to provide the most cost efficient and effective dental insurance benefits for all full-time employees and their families; and

**WHEREAS**, the County’s self-funded dental plan has a need for a premium rate structure to be adopted each plan year; and

**WHEREAS**, the Board of County Commissioners approved Resolution No. 21-08-013 authorizing Delta Dental to administer the County’s self-funded dental plan; and

**WHEREAS**, after careful consideration of the fiscal impact to the County and its employees, the Board of County Commissioners deems a two (2) percent premium rate increase necessary to preserve the financial sustainability of the County’s self-insured plan. The monthly cost of the insurance for the 2025 plan year is as follows:

	<b>Employer Premium</b>	<b>Employee Premium</b>	<b>Total Premium</b>
Employee Only	23.54	5.89	29.43
Employee + Family	23.54	69.11	92.65

*\*Fiscal note: Sufficient funds have been included in the approved 2025 budget; and*

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

**WHEREAS**, on the 16<sup>th</sup> day of July, 2024, the Blount County Human Resources Committee and Insurance Committee took action to recommend approval of the dental premium 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 15<sup>th</sup> day of August, 2024, that the recommendation to adopt the 2025 dental premium rate structure for Blount County, TN, as listed above, is hereby approved;

**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**

\_\_\_\_\_  
Commission Chairman

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
County Mayor

\_\_\_\_\_  
Date

- Approved
- Vetoed