

RESOLUTION NO. 19-05-012

SPONSORED BY: Dodd Crowe, Jim Hammontree and Jared Anderson

A RESOLUTION TO APPROVE A SELF-FUNDED DENTAL PLAN WITH DELTA DENTAL AND ADOPTING OF CONTRIBUTION RATES FOR THE DENTAL PLAN

WHEREAS, Blount County Government provides full-time employees and their dependents access to dental insurance benefits; and,

WHEREAS, the renewal rate for the fully insured plan with Delta Dental effective January 1, 2020, would increase the current premium by 5 percent; and,

WHEREAS, the renewal rate of the self-funded plan with Delta Dental effective January 1, 2020, would increase the current premium by 2 percent; and,

WHEREAS, the self-funded plan with Delta Dental effective January 1, 2020, has a plan design change increasing the annual maximum benefit from \$1,000 to \$1,200; and,

WHEREAS, a self-funded plan will keep profit margins with Blount County creating a substantial cost savings; and,

WHEREAS, the Blount County Employee Dental plan has a need for a premium rate structure to be adopted for the plan year effective January 1, 2020; and,

WHEREAS, the recommended premium rate structure for the dental plan design follows:

PLAN COVERAGE:	<u>Employer Premium</u>	<u>Employee Premium</u>	<u>Total Premium</u>
• Employee Only	\$21.57	\$5.00	\$26.57
• Employee + Family	\$21.57	\$61.74	\$83.31

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;

WHEREAS, the approval of the recommended monthly premium structure will help to mitigate the risk of double coverage;

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Blount County, Tennessee, assembled in regular session this 16th day of May, 2019, approves the recommendation to change the dental insurance coverage from fully insured to self-fund with Delta Dental and the contribution rates set forth herein, effective January 1, 2020; and

BE IT FURTHER RESOLVED that the Mayor, or his designee, is hereby authorized to execute agreements and contracts as necessary to implement the change in dental care structure.

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