FAIRFIELD TOWNSHIP RESOLUTION NO. 25-97

RESOLUTION AUTHORIZING THE ADMINISTRATOR TO CONTRACT WITH PRINCIPAL FOR VISION, DENTAL AND VOLUNTARY LIFE BENEFITS.

Fairfield Township currently offers Vision, Dental and Voluntary Life; and WHEREAS: These benefits are due for renewal on August 1, 2025; and WHEREAS: WHEREAS: The 2025 contract with Humana was going to increase 9% for Dental and 3.94% for Vision and Life; WHEREAS: The Township Administrator asked the broker to find alternatives to lower the costs, and Principal was a cheaper option for both with a 6% increase in dental rates and a -4.27% reduction in costs for vision. NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows; **SECTION 1:** The Board hereby authorizes the Administrator to sign contracts for vision, dental and voluntary life insurance for all Fairfield Township full-time employees and elected officials that participate along with their covered family members in accordance with the terms set forth in the correspondence attached hereto as Exhibit "A". **SECTION 2:** The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading. **SECTION 3:** This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township. **SECTION 4:** That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code. **SECTION 5:** This resolution shall take effect at the earliest period allowed by law. Adopted: June 17, 2025 **Board of Trustees Vote of Trustees** Michael Berding: Shannon Hartkemeyer: Joe McAbee: **AUTHENTICATION** This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this day of ATTEST: APPROVED AS TO FORM:

Katherine Barbiere, Township Law Director

Shelly Schultz, Fairfield Township Fiscal Officer

Dental Options

Greier Name /							
Network		e cremon	23	Prit	Principal	Prin	Principal -2
Plan Name							
Dental Coverage Type		Current	Renewal	Alte	Alternate	44	Abreenative
Employee	왉	\$32.73	\$36.00	SS	531.52		C22 34
Employee-Spouse	10	\$65.46	\$72.01	98	\$63,04		SG4.47
Employee+Child	F	\$92.71	\$101.06	8	\$89.28	2	501 24
Family	33	\$1,27,43	70,6213	ST	\$122.71	5	C125.40
Monthly Dental Total		\$6,213.88	\$6,790.93	\$55	\$5.983.85	3	Servem
Annual Dental Total		52,74,566,56	\$2,491.16	145	\$71,806.20		CT2 300 34
% Difference from Current	ent	3.6			75		750
S Difference from Current	'n	\$6.924.60	60	. 63	35 037 53	;	4.7
Rate Guarantee		1 Year			1. Year	74.	->3,186.52 1 Veve
							(ca)
Network		in-Network	Out - Of - Network	In-Metwork	Out - Of - Network	de constant (A-c)	,
Annual Deductible/Individual	dusi	233			C25	ı	MOWNEY TO STORY
Annual Deductible/Family	4	STS			**		200
Annual Plan Maximum (per person)	Ser person)	\$1.500	2	7.5	000.5		275
Walting Period	Γ	None		7	Money		21.500
UCR Percentile - Out of Network	detwork	Negotiated Fee Cobedition	Chadida	Water State of State	П	2	ş
Type I: Preventive Services	: <u>:</u>			Margarate red Schooline	Suth Percentile	Negotiated Fee Schedule	99 th Percentile
Oral Exam		100%	300%	2001	,,,,,,,,	7,000	
Routine Cleaning		100%	1008	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	777	100	130%
X-Rays - Bite Wines		20001	7000	200	2003	100%	130%
Type II: Basic Services		wor.	3000E	100%	100%	100%	100%
Routine Fillings		%06	*66	2600	/800	7000	
Onal Surgery		36.00	2000			205	70x
Type Ill: Major Services			200	XOX	30%	%06	308
Inlays, Onlays, Crowns		3609	X03	76.59	7407		
Prosthodordes		%S	20%	703	7805		300
Implants		beneved now	l	ļ	ı		202
				CON.	NOT COMPTED	Not	Not Covered
Endodontics		368	206	,,,,,,	70000		
Periodontics		300	7400	200		9606	K K
Type IV: Orthodontla				202	30%	303	3036
Child Only/All							
Members		Children up to age 19	to age 19	Children	Children up to age 19	Children	Children up to age 19
Lifetime Maximum		\$1,500	90	55	\$1,500		
Orthodomia		305	365	2	,,,,,	3	24,200

Vison Plan Options

Plan Name		CUEMUN	Cui
Meine Cause Time			
vision coverage Type		Current	Renewal
Employee	18	\$7.75	\$8.06
Employee+Spouse	10	\$15.50	\$16.11
Employee+Child	11	\$14.73	\$15.31
Family	31	\$23.14	\$24.05
Monthly Vision Total		\$1,173.87	\$1 220.14
Annual Vision Total	Sandle of the	\$14.086.44	\$14 641 68
Percentage Difference from Current	rent	3.94%	
Dollar Difference from Current		\$555.24	24
Rate Guarantee		1 Year	10.
Benefit Frequency		In-Network	Out - Of -Network
Examination		12 Months	nths
Lenses		12 Months	nths
Frames		24 Months	nths
Contact Lenses		12 Months	nths
Eye Examination			
		\$10 Copy	Up to \$30
Lenses			
Standard Single Vision		\$10 Copav	Up to \$25
Standard Bifocal		\$10 Copav	Up to \$40
Standard Trifocal		S10 Copav	Up to S60
Standard Lenticular		S10 Copav	UntoSton
Frames			
		\$160 + 20% off balance	Up to \$80
Contact Lenses (materials only)			
Elective		160 + 15% off balance over \$160	Up to \$128
Medically Necessary		\$0 Copay	Up to \$210

Principal - 2	Alternate	57.75	\$14.84	\$14.10	\$22.15	\$1,123.71	\$13,484,52	-4.27%	-\$601.92	1 Year	Out-Of Network	12 Months	12 Months	24 Months	12 Months		Up to\$45		Up to \$30	Up to \$50	Up to \$65	Up to \$100	Up to \$70	Up to \$105	Up to \$210
Princ	Alta	25	15	S	\$25	S	SES	4-	95-	1	In-Network		121	24 /	121	The second of the second	\$10 Copay		\$10 Copay	S10 Copay	\$10 Copay	S10 Copay	\$200 + 20% off balance over \$200	\$150	\$10 Copay
Principal	Alternate	\$6.69	\$13.38	\$12.71	\$19.97	\$1,013.10	\$12,157,20	-13.70%	-\$1,929.24	1 Year	Out-Of Network	12 Months	12 Months	24 Months	12 Months		Up to\$45		Up to \$30	Up to \$50	Up to \$65	Up to \$100	Up to \$70	Up to \$105	Up to \$210
Prin	Alte	98	SIS	ZTS	STS	\$10	\$12.3	-13	5,15-	17	In-Network	12 N	12 N	24 N	12 N		\$10 Copay		S10 Copay	\$10 Copay	\$10 Copay	S10 Copay	\$150 + 20% off balance over \$150	\$150	\$10 Copay
Ct	Renewal	\$8.06	\$16.11	\$15.31	\$24.05	\$1,220.14	\$14,641.68		*		Out - Of -Network	ths	ths	ths	ths		Up to \$30	11. 2. 40.	Up to \$25	Up to \$40	Up to \$60	Up to \$100	Up to \$80	Up to \$128	Up to \$210
Humana	nt	15	0	3	4	22	5.44	3.94%	\$555.24	1 Year	vork	12 Months	12 Months	24 Months	12 Months		ódo		ÁRO	ÁEG	Aed	AEG	iff balance 160	ff balance 160	yeq

Voluntary Life

					Negotiated	Negotiated Rate Decrease
Carrier	Humana	D	Pri	Principal	Pri	Principal
						- a regular control and a second
Voluntary Life Benefit	Employee: Spouse: Child:	\$5,000	Employee: Spouse: Child:	\$10,000	Employee: Spouse:	\$10,000
Guarantee Issue Amount [No Medical Questions]	Employee:	\$75,000	Employee:	\$150,000	Employee:	\$150,000
	Spouse: Child:	\$35,000	Spouse:	\$30,000	Spouse:	\$30,000
Accelerated Death Benefit Waiver of Premium	50% Up to Max \$250,000 Diabled prior to 60 wn 6 months up	\$250,000	75% Up to	75% Up to Max \$250,000	75% Up to	75% Up to Max \$250,000
Conversion Portability	pepriod))		Included	orlong palgosin	Disabled prior 10 60, 12 months 10 65 Included
Age Reduction Schedule				Included	OUI	Included
Age 64 or Younger	100%			200%		100%
70-74	50%			35%		35%
75-79	Carries from above	above	Cames	Carries from above	Comies	Society of the strong of the s
80-84	Carries from above	above	Carries	Carries from above	Cames	Carries from above
Age 85 and Older	Cames from above	above	Carries	Carries from above	Cames	Carries from above
Kafes per S1,000	Current	Renewal	AII	Alternate	Alf	Alternate
0 -1-0				THE RESERVE THE PROPERTY OF THE PARTY OF THE	Employee	Spouse
Role Guarantee	1 year			l vear		1 vear
20-24	\$0.0\$		59	\$0.088	\$0.035	\$0.015
25-29	\$0.060		<i>G</i> ,	\$0.088	\$0.035	\$0.015
30-34	\$0.070		69	\$0.103	\$0.045	\$0.025
35-35	\$0.100		6	\$0.127	\$0.075	\$0.035
45 40	\$0.150		67	\$0.209	\$0.125	\$0.075
42-64	\$0.230		64	\$0.305	\$0.205	\$0,125
30-34	\$0.360		67	\$0.501	\$0,335	\$0.215
95-56	\$0.570		63	\$0,789	\$0.545	\$0.355
60-64	\$0.800		63	\$1.070	\$0.775	\$0.505
20-09	\$1.330		63	\$1.670	\$1,305	\$0.854
75 75	\$2.590		63	\$2.839	\$2.565	\$1.675
6/6/	\$5.00		67	\$2.839	\$2.565	\$1.675
Child(ren)	\$2.00		\$1.0	\$1.00 / \$2.00		\$1.00 / \$2.00
AUAU			61	\$0.025	€	\$0.025





Outlook

Principal update

From Amy Jeffries <Amy.Jeffries@assuredpartners.com>

Date Fri 6/13/2025 10:01 AM

To Kimberly Lapensee <klapensee@fairfieldtwp.org>

Jamie Charlton < Jamie. Charlton@assuredpartners.com >; Nichole Jones < nichole.jones@assuredpartners.com > Cc

Good Morning Kim,

Huge update from Principal this morning. They really stepped up to win your business!

Jamie worked with Management and was able to negotiate the following updated voluntary life rates that are significantly better than Humana's. I know it isn't fancy but to follow are the updated rates for your review. I just didn't want to wait to get them in your hands.

	Employee	Spouse
under		
25	0.035	0.015
25-29	0.035	0.015
30-34	0.045	0.025
35-39	0.075	0.035
40-44	0.125	0.075
45-49	0.205	0.125
50-54	0.335	0.215
55-59	0.545	0.355
60-64	0.775	0.505
65-69	1.305	0.845
70-74	2.565	1.675
75-79	2.565	1.675
+08	2.565	1.675

Please let us know what we can do to help! I'll be available for any questions you have.

Amy Jeffries

Sr. Account Executive



AssuredPartners

D (513) 624-1744 | C (513) 543-1904

O (800) 333-0700 | F (513) 333-0071

E amy.jeffries@assuredpartners.com

5905 East Galbraith Rd. Suite 5000, Cincinnati, Ohio 45236

in f @ assuredpartners.com