

FAIRFIELD TOWNSHIP
RESOLUTION NO. 25-97

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

WHEREAS: Fairfield Township currently offers Vision, Dental and Voluntary Life; and

WHEREAS: These benefits are due for renewal on August 1, 2025; and

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

Michael Berding: _____

Shannon Hartkemeyer: _____

Joe McAbee: _____

Vote of Trustees

yes

yes

yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 17th day of June, 2025.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

Katherine Barbieri
Katherine Barbieri, Township Law Director

Dental Options

Carrier Name / Plan Name	
Dental Coverage Type	18
Employee	10
Employee-Spouse	11
Employee-Child	31
Family	
Monthly Dental Total	
Annual Dental Total	
% Difference from Current	9%
\$ Difference from Current	\$6,925.60
Rate Guarantee	1 Year

Humana	
Current	Renewal
\$92.71	\$36.00
\$65.46	\$72.01
\$92.71	\$101.06
\$127.43	\$139.07
\$6,213.88	\$6,790.93
\$74,566.56	\$81,491.16
	9%
	\$6,925.60
	1 Year

Principal	
Alternate	
\$31.52	
\$63.04	
\$89.28	
\$122.71	
\$5,983.85	
\$71,806.20	
	-4%
	-\$2,760.36
	1 Year

Principal-2	
Alternate	
\$32.21	
\$64.42	
\$91.24	
\$125.40	
\$6,115.02	
\$73,380.24	
	-2%
	-\$1,186.32
	1 Year



Vison Plan Options

Carrier Name / Network Plan Name		Humana		Principal		Principal - 2			
Vision Coverage Type		Current	Renewal	Alternate		Alternate			
Employee	18	\$7.75	\$8.06	\$6.69		\$7.42			
Employee+Spouse	10	\$15.50	\$16.11	\$13.38		\$14.84			
Employee+Child	11	\$14.73	\$15.31	\$12.71		\$14.10			
Family	31	\$23.14	\$24.05	\$19.97		\$22.15			
Monthly Vision Total		\$1,173.87	\$1,220.14	\$1,013.10		\$1,123.71			
Annual Vision Total		\$14,086.44	\$14,641.68	\$12,157.20		\$13,484.52			
Percentage Difference from Current		3.94%		-13.70%		-4.27%			
Dollar Difference from Current		\$555.24		-\$1,929.24		-\$501.92			
Rate Guarantee		1 Year		1 Year		1 Year			
Benefit Frequency		In-Network		Out-Of-Network		In-Network		Out-Of-Network	
Examination		12 Months		12 Months		12 Months		12 Months	
Lenses		12 Months		12 Months		12 Months		12 Months	
Frames		24 Months		24 Months		24 Months		24 Months	
Contact Lenses		12 Months		12 Months		12 Months		12 Months	
Eye Examination									
Lenses		\$10 Copy		Up to \$30		\$10 Copy		Up to \$45	
Standard Single Vision		\$10 Copy		Up to \$25		\$10 Copy		Up to \$30	
Standard Bifocal		\$10 Copy		Up to \$40		\$10 Copy		Up to \$50	
Standard Trifocal		\$10 Copy		Up to \$60		\$10 Copy		Up to \$65	
Standard Lenticular		\$10 Copy		Up to \$100		\$10 Copy		Up to \$100	
Frames		\$160 + 20% off balance over \$160		Up to \$80		\$150 + 20% off balance over \$150		Up to \$70	
Contact Lenses (materials only)		160 + 15% off balance over \$160		Up to \$128		\$150		Up to \$105	
Elective		\$0 Copy		Up to \$210		\$10 Copy		Up to \$210	
Medically Necessary									



Voluntary Life

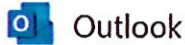
Carrier
Voluntary Life Benefit
Guarantee Issue Amount [No Medical Questions]
Accelerated Death Benefit Waiver of Premium Conversion Portability
Age Reduction Schedule
Age 64 or Younger
65-69
70-74
75-79
80-84
Age 85 and Older
Rates per \$1,000
Rate Guarantee
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75-79
Child(ren)
AD&D

Humana
Employee: \$5,000
Spouse: \$5,000
Child: \$10,000
Employee: \$75,000
Spouse: \$35,000
Child: \$10,000
50% Up to Max \$250,000
Disabled prior to 60, w/p 6 months up
Included
Included
100%
35%
50%
Carries from above
Carries from above
Carries from above
Current Renewal
1 year
\$0.06
\$0.06
\$0.070
\$0.100
\$0.150
\$0.230
\$0.360
\$0.570
\$0.800
\$1.330
\$2.590
\$5.00
\$2.00

Principal
Employee: \$10,000
Spouse: \$5,000
Child: \$5,000 or \$10,000
Employee: \$150,000
Spouse: \$30,000
Child: \$10,000
75% Up to Max \$250,000
Disabled prior to 60, 12 months to 65
Included
Included
100%
35%
50%
Carries from above
Carries from above
Carries from above
Alternate
1 year
\$0.088
\$0.088
\$0.103
\$0.127
\$0.209
\$0.305
\$0.501
\$0.789
\$1.070
\$1.670
\$2.839
\$2.839
\$1.00 / \$2.00
\$0.025

Negotiated Rate Decrease Principal
Employee: \$10,000
Spouse: \$5,000
Child: \$5,000 or \$10,000
Employee: \$150,000
Spouse: \$30,000
Child: \$10,000
75% Up to Max \$250,000
Disabled prior to 60, 12 months to 65
Included
Included
100%
35%
50%
Carries from above
Carries from above
Carries from above
Alternate
Employee Spouse
1 year
\$0.035
\$0.035
\$0.045
\$0.075
\$0.125
\$0.205
\$0.335
\$0.545
\$0.775
\$1.305
\$2.565
\$2.565
\$1.00 / \$2.00
\$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>

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

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
80+	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



[assuredpartners.com](https://www.assuredpartners.com)