FAIRFIELD TOWNSHIP
RESOLUTION NO. 26-61

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 July 1, 2026; and

WHEREAS: The 2026 contract with Principal will decrease 6.0% for Dental and 14.27% for Vision, and 0% for Voluntary Life Benefits with a reduction in rates for the age tables;

WHEREAS: The Township Administrator recommends that the Board of Trustees renew the contract with Principal.

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 23, 2026

Board of Trustees	**Vote of Trustees**
Michael Berding:	YES
Shannon Hartkemeyer:	YES
Joe McAbee:	YES

AUTHENTICATION
This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 23rd day of June, 2026.

ATTEST:
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:
KL Barbiere ILEB
Katherine Barbiere, Township Law Director

Kimberly Lapensee

From: Mike Williams <mike@sherrillmorgan.com>
Sent: Friday, June 12, 2026 12:15 PM
To: Kimberly Lapensee; Noelle Sizemore
Cc: Lisa Stamm; Michelle Middendorf
Subject: updated dental, vision and vol. life
Attachments: Fairfield Township Ancillary grids emailed 6.12.26.xlsx

Hi Kim and Noel,

We have heard back from Principal and the good news is as follows:

	Was	Is now
Dental	6.8% increase	6% decrease
Vision	rate hold	14.27% decrease
Vol. Life	rate hold	table rates decreased between 8-9%

Attached is the spreadsheet with the updated rates. I guess the only bad news here is that the vol. life rates will need to be updated in the system to reflect the lower cost, so there is a little data entry involved for someone. I have asked Standard to see if they can get any more competitive, given the MetLife Short Term Disability rate, but have not heard back from them yet.

Th anks,

SHERRILL MORGAN

Mike Williams | C.E.O.
P:859.291.6600
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Fairfield Township
Dental Benefit Plan Options

SHERRILL MORGAN

	Current Principal	Renewal Principal	Renegotiated Principal	Beam	Delta Dental PPO	Guardian	Kansas City Life	MetLife
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Network Name	Principal Plan	Principal Plan	Principal Plan	National Networks	PPO + Premier	DentalGuard Preferred	KCL Dental Alliance	PPO
Preventative	100%	100%	100%	100%	100%	100%	100%	100%
Basic	90%	90%	90%	90%	80%	90%	90%	90%
Major	60%	60%	60%	60%	50%	60%	60%	60%
Endodontic Category	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Periodontic Category	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
UCR Percentile	NA / 99th%	NA / 99th%	NA / 99th%	NA / 95th%	NA / NA / INFS	NA / 95th%	NA / 90th%	NA / 99th%
Deductible (Applies to Basic & Major)	$25/$75	$25 / $75	$25 / $75	$25 / $75	$25 / $75	$25 / $75	$25 / $75	$25 / $75
Annual Benefit Maximum per Person	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,750
Maximum Accumulator	included	included	included	included	included	included	included	not included
Orthodontic (Child Only)	50% up to $1500	50% up to $1500	50% up to $1500	50% up to $1500	50% up to $1500	50% up to $1500	50% up to $1500	50% up to $1500
Waiting Period Provisions **(Late Entrant)***	annual open enrollment	annual open enrollment	annual open enrollment	none	annual enrollment	none	none	annual enrollment
Employer Contribution Assumption	50%	50%	50%	50%	95%	50%	50%	75%
Participation Requirement	50%	50%	50%	2 employees	75% or 54 subscribers	94%	95%	94%
	Includes Commission	Includes Commission of flat 10%		Net of Commission	Net of Commission	Net of Commission	Net of Commission	Net of Commission

***Waiting Period Provisions are waived for prior coverage / timely applicant, unless otherwise noted.**

18	Single	$32.21	$34.40	$29.91	$29.98	$33.59	$30.38	$29.24	$31.60
11	Employee + One	$64.42	$68.80	$59.82	$59.97	$64.76	$61.68	$58.48	$65.43
8	Employee + Children	$91.27	$97.44	$86.40	$88.89	$95.18	$85.40	$82.82	$72.43
32	Family	$125.40	$133.93	$118.19	$118.87	$126.84	$125.16	$113.84	$113.83
69									
	Estimated Total Cost:	$6,031.36	$6,441.28	$5,669.68	$5,714.27	$6,137.30	$5,913.64	$5,475.04	$5,510.53
	Percentage Change from Current:		6.80%	-6.00%	-5.26%	1.76%	-1.95%	-9.22%	-8.64%
	Rates Assume an Effective Date of:	7/1/2026							

This grid is intended for discussion purposes only. It is NOT intended to be a complete description of benefits.

Fai d Township
Vision Benefit Plan Options

SHERRILL MORGAN

	Current	Renewal	Renegotiated

In Network	Principal - VSP	Principal - VSP	Principal - VSP	Beam - VSP	DeltaVision - VSP	EyeMed
Frequency	12/12/24 months	12/12/24 months	12/12/24 months	12/12/12 months	12/12/12 months	12/12/24 months
Examinations	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay
Lenses*	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay
Frames	$10 copay, up to $200 retail allowance	$10 copay, up to $200 retail allowance	$10 copay, up to $200 retail allowance	$10 copay, up to $200 retail allowance	$10 copay, up to $180 retail allowance	$200 retail allowance
Contact Lenses	$10 copay, CIF med nec / up up $200 allowance elect	$10 copay, CIF med nec / up to $200 allowance elect	$10 copay, CIF med nec / up to $200 allowance elect	$10 copay, CIF med nec / up to $200 allowance elect	$10 copay, CIF med nec / up to $180 allowance elect	covered in full med nec / $200 allowance elect
Second Pair	20% discount	20% discount	20% discount	20% discount	20% discount	40% off complete pair

* Depends on type of lenses (i.e. single, bi-focal, tri-focal, etc.)

Out of Network	Principal - VSP	Principal - VSP	Principal - VSP	Beam - VSP	DeltaVision - VSP	EyeMed
Frequency	12/12/24 months	12/12/24 months	12/12/24 months	12/12/12 months	12/12/12 months	12/12/24 months
Examinations	$10 copay, up to $45 benefit	$10 copay, up to $45 benefit	$10 copay, up to $45 benefit	$10 copay, up to $45 allow	$10 copay, up to $45 allow	reimburse up to $40
Lenses*	$10 copay, up to $30-$100 benefit	$10 copay, up to $30-$100 benefit	$10 copay, up to $30-$100 benefit	$10 copay, up to $30-$100 allow	$10 copay, up to $30-$100 allow	reimburse up to $30-$70
Frames	$10 copay, up to $70 benefit	$10 copay, up to $70 benefit	$10 copay, up to $70 benefit	$10 copay, up to $70 allow	$10 copay, up to $70 allow	reimburse up to $100
Contact Lenses	up to $210 benefit med nec / up to $105 elect	up to $210 benefit med nec / up to $105 elect	up to $210 benefit med nec / up to $105 elect	up to $210 benefit med nec / up to $105 allow	up to $210 benefit med nec / up to $105 allow	reimburse up to $300 med nec / up to $100 elect
Participation Requirements	50%	50%	50%	2 employees	2 subscribers	10 employees
Rate Guarantee	until 7/1/2026	until 7/1/2027	until 7/1/2027	2 years	4 years	4 years

* Depends on type of lenses (i.e. single, bi-focal, tri-focal, etc.)

	Rate Guarantee	Includes Commission	Includes Commission of flat 10%		Net of Commission	10% commission	Net of Commission
18	Single	$7.42	$7.42	$6.36	$8.12	$10.19	$7.81
11	Employee + One	$14.84	$14.84	$12.72	$16.25	$20.38	$14.84
8	Employee + Children	$14.10	$14.10	$12.09	$17.38	$21.82	$15.62
32	Family	$22.15	$22.15	$18.99	$25.27	$34.85	$22.96
69							
	Estimated Total Cost:	$1,118.40	$1,118.40	$958.80	$1,272.59	$1,697.36	$1,163.50
	Percentage Change from Current:		0.00%	-14.27%	13.79%	51.77%	4.03%

Rates Assume an Effective Date of: 7/1/2026

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Guardian - VSP
12/12/24 months
$10 copay
$10 copay
$10 copay, $200 retail allowance
$10 copay, CIF med nec / $200 allowance elect
20% discount

Guardian - VSP
12/12/24 months
$10 copay, $39 benefit
$10 copay, $23-$64 beneift
$10 copay, $46 benefit
$10 copay, $210 benefit med nec / $100 elect
94%
2 years

Net of Commission

$8.23
$15.57
$15.87
$25.12

$1,250.21
11.79%

Fairfield Township

Voluntary Life and Voluntary Dependent Life Benefit Plan Options

SHERRILL MORGAN

	Current	Renegotiated				
Benefits	**Principal**	**Principal**	**Hartford**	**Kansas City Life**	**MetLife**	**Standard**
Employee Life Benefit Amount	$10,000 increments up to $500,000 max	$10,000 increments up to $500,000 max	$10,000 increments up to $500,000 max (5x)	$10,000 increments up to $500,000 max (5x)	$10,000 increments up to $500,000 max (5x)	$10,000 increments up to $500,000 max
Employee Guaranteed Issue Amount	$150,000 (70+: $10,000)	$150,000 (70+: $10,000)	$100,000	$150,000 (70+: $25,000)	$100,000	$150,000
Spouse Life Benefit Amount	$5000 increments up to $150,000 max (100%)	$5000 increments up to $150,000 max (100%)	$5000 increments up to $250,000 max (100%)	$5000 increments up to $150,000 max (50%)	$5000 increments up to $100,000 max (50%)	$5000 increments up to $150,000 max
Spouse Guaranteed Issue Amount	$30,000 (70+: $10,000)	$30,000 (70+: $10,000)	$30,000	$30,000	$25,000	$30,000
Child Life Benefit Amount	$5000 or $10,000	$5000 or $10,000	$10,000	$2500 increments up to $10,000 max (50%)	$10,000	$5000 increments up to $10,000 max
Age Reduction Schedule (Employee & Spouse)	65% age 65 / 50% age 70	65% age 65 / 50% age 70	65% age 65 / 50% age 70	65% age 65 / 50% age 70	none	65% age 65 / 50% age 70
Employee Life Rate per $1,000	age banded	age banded	age banded	age banded	age banded	age banded
Spouse Life Rate per $1,000	age banded	age banded	age banded	age banded	age banded	age banded
Child Life Rate per $1,000	$1.00 / $2.00	$1.00 / $2.00	$1.42 per child unit	$0.413 per $2500	$0.24 per $1000	$0.20 per $1000
AD&D Rate per $1,000	$0.025	$0.025	EE/SP: $0.031 / CH: $0.727 child unit	EE/SP: $0.036 / CH: $0.097 per $2500	EE/SP: $0.021 / CH: $0.043 per $1000 CH unit	EE/SP: $0.025 / CH: $0.02
Rate Guarantee	until 7/1/2027	until 7/1/2027	2 years	2 years	2 years	3 years
Participation	20% or 5 lives	20% or 5 lives	80%	75%	76%	20% or 10 lives
***Actively at Work Provision Applies**	Includes Commission	Net of commission	Includes Commission of flat 5%	Net of Commission	Net of Commission	Net of Commission

Rates Assume an Effective Date of: 7/1/2026

Declined to Quote:	Age banded rates per $1000:	EE / SP	EE / SP	EE / SP	EE & SP	EE / SP	EE / SP
Guardian				>25: $0.083 / $0.084			0-24: $0.035 / $0.015
OneAmerica	0-29:	$0.035 / $0.015	0-29: $0.032 / $0.014	25-29: $0.067 / $0.068	<-29: $0.038	<-29: $0.064 / $0.049	25-29: $0.035 / $0.015
Unum	30-34:	$0.045 / $0.025	30-34: $0.041 / $0.023	30-34: $0.079 / $0.081	30-34: $0.059	30-34: $0.082 / $0.058	30-34: $0.045 / $0.025
	35-39:	$0.075 / $0.035	35-39: $0.068 / $0.032	35-39: $0.106 / $0.107	35-39: $0.084	35-39: $0.092 / $0.079	35-39: $0.075 / $0.035
	40-44:	$0.125 / $0.075	40-44: $0.114 / $0.068	40-44: $0.149 / $0.150	40-44: $0.124	40-44: $0.125 / $0.104	40-44: $0.125 / $0.075
	45-49:	$0.205 / $0.125	45-49: $0.186 / $0.114	45-49: $0.218 / $0.221	45-49: $0.186	45-49: $0.193 / $0.150	45-49: $0.205 / $0.125
	50-54:	$0.335 / $0.215	50-54: $0.305 / $0.196	50-54: $0.320 / $0.324	50-54: $0.297	50-54: $0.312 / $0.234	50-54: $0.335 / $0.215
	55-59:	$0.545 / $0.355	55-59: $0.496 / $0.323	55-59: $0.456 / $0.462	55-59: $0.458	55-59: $0.479 / $0.418	55-59: $0.545 / $0.355
	60-64:	$0.775 / $0.505	60-64: $0.705 / $0.459	60-64: $0.620 / $0.629	60-64: $0.665	60-64: $0.747 / $0.754	60-64: $0.775 / $0.505
	65-69:	$1.305 / $0.845	65-69: $1.187 / $0.768	65-69: $0.893 / $0.904	65-69: $1.151	65-69: $1.296 / $1.356	65-69: $1.305 / $0.845
	70+:	$2.565 / $1.675	70+: $2.333 / $1.523	70-74: $1.544 / $1.565	70-74: $1.985	70+: $2.549 / $2.549	70+: $2.565 / $1.675
				75+: $4.253 / $4.311	75+: $7.353		

This grid is intended for discussion purposes only. It is NOT intended to be a complete description of benefits. Please refer to individual plan descriptions for more detailed information.

Fairfield Township
Short Term Disability Benefit Plan Options

SHERRILL MORGAN

Current

Short Term Disability	Standard	Hartford	Kansas City Life	MetLife
Elimination Period	14/14 days	15/15 days	14/14 days	14/14 days
Duration	180 days	26 weeks	26 weeks	26 weeks
Weekly Benefit	66 2/3% up to $1500 max	66 2/3% up to $1500 max	66 2/3% up to $1500 max	66.67% up to $1500 max
Pre-Existing Condition Limits	none	none	none	none
Rate per $10	$0.36	$0.323	$0.25	$0.158
Rate Guarantee	until 7/1/2027	2 years	2 years	2 years
Number of Covered Lives	72	72	72	72
Volume	$69,168.47	$69,168.47	$68,847.00	$68,850.00
Estimated Monthly Total	$2,490.06	$2,234.14	$1,721.18	$1,087.83
	Net of Commission		Net of Commission	Net of Commission

Rates assume an effective date of: 7/1/2026

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Declined to Quote:

Guardian
OneAmerica
Unum

Fairfield Township
Group Life and AD&D Benefit Plan Options

SHERRILL MORGAN

Benefits	Current	If vol. life moved to Standard UPDATED	Hartford	Kansas City Life	MetLife	Principal
Life Benefit Amount	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
AD&D Benefit Amount	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Line of Duty Benefit	included	included	included	not included	not included	included
Guaranteed Issue Amount	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Age Reduction Schedule	65% age 65 / 50% age 70	65% age 65 / 50% age 70	65% age 65 / 50% age 70	65% age 65 / 50% age 70	65% age 65 / 50% age 70	65% age 65 / 50% age 70
Spouse Dependent Life	$10,000	$10,000	$10,000	$10,000	$5,000	$10,000
Child Dependent Life	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500
Life Rate per $1,000	$0.06	$0.05	$0.13	$0.055	$0.104	$0.150
AD&D Rate per $1,000	$0.02	$0.02	$0.031	$0.025	$0.016	$0.029
Dependent Life Rate (per unit)	$2.38	$2.38	$3.388	$1.880	$0.878	$1.730
Rate Guarantee	until 7/1/2027	3 years	2 years	2 years	2 years	2 years
Volume	$2,109,000	$2,109,000	$2,109,000	$2,109,000	$2,109,000	$2,109,000
Number of Covered Lives	72	72	72	72	72	72
Number of Dependent units	55	55	55	55	55	55
Estimated Monthly EE Total	$168.72	$147.63	$339.55	$168.72	$253.08	$377.51
Estimated Monthly DEP Total	$130.90	$130.90	$186.34	$103.40	$48.29	$95.15
Estimated Monthly COMBINED Total	$299.62	$278.53	$525.89	$272.12	$301.37	$472.66
Estimated Annual Total	$3,595.44	$3,342.36	$6,310.67	$3,265.44	$3,616.44	$5,671.93
***Actively at Work Provision Applies**	Net of Commission			Net of Commission	Net of Commission	Net of Commission
Percentage Change from Current:		-12.50%	101.25%	0.00%	50.00%	123.75%
Rates Assume an Effective Date of:	7/1/2026					

Declined to Quote:

Guardian

OneAmerica

Unum

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