



Huntsville, Alabama

308 Fountain Circle
Huntsville, AL 35801

Cover Memo

Meeting Type: City Council Regular Meeting **Meeting Date:** 9/14/2023

File ID: TMP-3367

Department: Human Resources

Subject:

Type of Action: Approval/Action

Resolution authorizing the Mayor to execute Modification No. 9 to the Group Dental Plan Policy Agreement between the City of Huntsville, Alabama, and Delta Dental Insurance company.

Resolution No.

Finance Information:

Account Number: 1000-00-00000-210240-00000000

City Cost Amount: \$0

Total Cost: \$0

Special Circumstances:

Grant Funded: N/A

Grant Title - CFDA or granting Agency: N/A

Resolution #: N/A

Location: (list below)

Address: N/A

District: District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐

Additional Comments:

This modification is needed to provide for the renewal of voluntary dental benefits for full-time employees and retirees of the City of Huntsville.

RESOLUTION NO. 23-_____

WHEREAS the City of Huntsville, does hereby declare in accordance with Code of Alabama (1975) that the Mayor be, and he is hereby authorized to execute Modification No. 9 to the Agreement between the City of Huntsville and Delta Dental Insurance, on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as “Modification No. 9 to the Group Dental Plan Policy Agreement between the City of Huntsville, Alabama, and Delta Dental Insurance company as approved by Resolution No. 07-957 and amended by Resolution No. 09-843, 10-760, 11-684, 13-680, 15-555, 17-631, 19-741, and 21-861 and related documents consisting of thirteen (13) pages and the effective date of January 1, 2024, and the date of September 14, 2023 appearing on the margin of the first page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk of the City of Huntsville, Alabama.

ADOPTED this the 14th day of September, 2023.

President of the City Council of
the City of Huntsville, Alabama

APPROVED this the 14th day of September, 2023.

Mayor of the City of
Huntsville, Alabama

Modification No. 9 to the Group
Dental Plan Policy Agreement between
the City of Huntsville, Alabama, and
Delta Dental Insurance Company
as approved by Resolution No. 07-957
and amended by Resolutions No. 09-843,
10-760, 11-684, 13-680,
15-555, 17-631 and 19-741, 21-861

STATE OF ALABAMA

COUNTY OF MADISON

MODIFICATION NO. 9 TO THE AGREEMENT

THIS MODIFICATION No. 9 to the Group Dental Plan Policy Agreement, is entered into by and between the City of Huntsville, Alabama (City) and Delta Dental Insurance Company (Delta Dental).

WITNESSETH

WHEREAS, Delta Dental previously issued a group dental plan policy to the City: and

WHEREAS, the City previously agreed to be bound by the terms and conditions of the said policy as authorized by the Resolution No. 07-957; and

WHEREAS, the original term of the policy expired on December 31, 2009; and

WHEREAS, the parties have entered into Modifications to Renew and Extend Agreement to renew the said policy in subsequent years; and

WHEREAS, the current term of said policy will expire on December 31, 2025; and

WHEREAS, the parties wish to renew and extend the agreement for the period of January 1, 2024 through December 31, 2025,

NOW THEREFORE, in consideration of the mutual covenants set forth herein, Delta Dental and the City agree as follows:

President of the City Council of the City of
Huntsville, Alabama
Date: _____

1. The parties intend and agree to renew the group dental policy as amended for the period of January 1, 2024—December 31, 2025 at the rates specified in the “Contract Renewal for City of Huntsville, Delta Dental PPO Group# 06801” attached hereto and incorporated herein by reference as Exhibit “A”.

2. The “Business Associate Agreement” entered into on September 12, 2013, which is attached hereto and incorporated herein by reference as Exhibit “B”, remains in full force and effect.

3. All other terms and conditions of the original policy, as amended, remain unchanged and in full force and effect.

City of Huntsville

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Delta Dental

Signature:  _____
50137DE6FEA26482...

Printed Name: Tammy Ham _____

Title: Director, Account Services _____

Date: 9/7/2023 | 12:55 PM PDT _____

June 01, 2023

REVISED

CITY OF HUNTSVILLE
308 Fountain Circle
Huntsville, AL 35801

RE: Contract Renewal for CITY OF HUNTSVILLE
Delta Dental PPOSM Group# 06801

We appreciate your business and thank you for choosing Delta Dental Insurance Company. Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. We have made every attempt to provide the most competitive renewal possible.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The following is the renewal information for your Delta Dental PPOSM dental plan:

<i>Effective Date</i>	<i>January 01, 2024</i>	
<i>Contract Term</i>	<i>January 01, 2024 - December 31, 2025</i>	
	<i>Current Rates</i>	<i>Renewal Rates</i>
		<i>1/1/2024 - 12/31/2025</i>
<i>% change</i>		<i>0.00%</i>
<i>Enrollee Only</i>	<i>\$36.72</i>	<i>\$36.72</i>
<i>Enrollee + 1 Dependent</i>	<i>\$75.53</i>	<i>\$75.53</i>
<i>Enrollee + 2 or more Dependents</i>	<i>\$89.68</i>	<i>\$89.68</i>

Delta Dental Insurance Company
Telephone: 800-521-2651

Delta Dental of California
Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region
Delta Dental of Delaware, Inc.
Delta Dental of the District of Columbia
Delta Dental of New York, Inc.
Delta Dental of Pennsylvania (Maryland)
Delta Dental of West Virginia
Telephone: 800-932-0783

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for January 01, 2024
- 2) Begin paying the rates outlined in this letter with your new contract term.

Upon your renewal you will receive a formal amendment to your contract. If you would like to review an amendment prior to renewing your plan, please contact your Account Manager and an amendment will be provided.

If you have any questions about your renewal, your Account Manager will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental Insurance Company

A handwritten signature in black ink, appearing to read 'MohammadReza Navid', with a stylized flourish at the end.

MohammadReza Navid
Group Vice President, Sales & Marketing

The American Dental Association (ADA) annually updates its standard dental procedure coding system, which is a component of its Code on Dental Procedures and Nomenclature (CDT Code) reference manual. When the ADA changes the codes, carriers must adopt the changes. We process claims according to the current CDT reference manual. Changes made to comply with the CDT Code do not constitute a material change to your dental plan design.

Summary of Contract Amendments to

CITY OF HUNTSVILLE

Delta Dental PPOSM

OTHER INFORMATION

Delta Dental's retro-termination policy for enrollees. As a reminder, Delta Dental's policy is that enrollment may be adjusted retroactively to the immediately preceding three months plus the current month billed if no claims have been processed after the requested termination date for the enrollee.

Provider reimbursement. As a reminder, Delta Dental's policy is to reimburse contracted dentists based on the network payment provisions for the geographic area in which the services are provided.

OHCA Notification

Please be informed that consistent with the group application and group contract terms, Delta Dental considers its relationship with fully insured group health plans as subject to HIPAA's "Organized Health Care Arrangement" (OHCA) privacy rules as defined in 45 Code of Federal Regulations (C.F.R.) §164.501. Functionally, the exchange of enrollment information between Delta Dental and your group remains the same.

While a Business Associate Agreement is not required between Delta Dental and your fully insured group health plan within an OHCA, any Protected Health Information (PHI) exchanged or shared between the entities remains subject to HIPAA's minimum necessary rule and other privacy rules in addition to any applicable state laws and regulations governing the disclosure of individually identifiable health information.

Additionally, confidentiality requirements remain applicable to the exchange of information within an OHCA.