



Huntsville, Alabama

305 Fountain Circle
Huntsville, AL 35801

Cover Memo

Meeting Type: City Council Regular Meeting **Meeting Date:** 9/11/2025

File ID: TMP-5966

Department: Human Resources

Subject:

Type of Action: Approval/Action

Resolution authorizing the Mayor to execute Modification No. 10 to the Group Dental Plan Policy Agreement between the City of Huntsville, Alabama, and Delta Dental Insurance Company.

Resolution No.

Finance Information:

Account Number: 1000-00-00000-210240-000000000-

City Cost Amount: \$ 0.00

Total Cost: \$ 0.00

Special Circumstances:

Grant Funded: \$ N/A

Grant Title - CFDA or granting Agency: N/A

Resolution #: N/A

Location: (list below)

Address:

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

Additional Comments:

N/A

RESOLUTION NO. 25-_____

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. 10 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. 10 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, 19-741, 21-861, and 23-745 and related documents consisting of thirteen (13) pages and the effective date of January 1, 2026 and the date of September 11, 2025 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 11th day of September, 2025.

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

APPROVED this the 11th day of September, 2025.

Mayor of the City of
Huntsville, Alabama

Modification to No. 10 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, 19-741, 21-861, and 23-745

STATE OF ALABAMA

COUNTY OF MADISON

MODIFICATION NO. 10 TO THE AGREEMENT

THIS MODIFICATION No. 10 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 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, 2026 through December 31, 2028,

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

1. The parties intend and agree to renew the group dental policy as amended for the period of January 1, 2026 through December 31, 2028, 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 Insurance Company

Signature:  _____

Printed Name: Nicholas Cenci

Title: Director, Account Services

Date: September 9, 2025

June 24, 2025

REVISED

CITY OF HUNTSVILLE
308 Fountain Circle SW
Huntsville, AL 35801

RE: Contract Renewal for CITY OF HUNTSVILLE
Delta Dental PPO™ 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 PPO™ dental plan:

<i>Effective Date</i>	<i>January 01, 2026</i>	
<i>Contract Term</i>	<i>January 01, 2026 - December 31, 2028</i>	
	<i>Current Rates</i>	<i>Renewal Rates</i>
		<i>1/1/2026 - 12/31/2028</i>
<i>% change</i>		2.00%
<i>Enrollee Only</i>	\$36.72	\$37.45
<i>Enrollee + 1 Dependent</i>	\$75.53	\$77.04
<i>Enrollee + 2 or more Dependents</i>	\$89.68	\$91.47

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

**Prepared with the Assistance of Counsel Exclusively for the
City of Huntsville, Alabama**

Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental Contracts for the rates and contract term.

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

- 1) Review this letter for changes to your dental plan for January 01, 2026
- 2) Begin paying the rates outlined in this letter with your new contract term.

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, cursive script.

MohammadReza Navid

Executive Vice President, Chief Relationship and Business Development Officer

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 PPO™

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.



CITY OF HUNTSVILLE
GROUP NUMBER: 06801
DELTA DENTAL INSURANCE COMPANY

January 1, 2026 Renewal

Summary of Group Information	
Group Name:	CITY OF HUNTSVILLE
Group Number:	06801
Address:	308 Fountain Circle SW Huntsville, AL 35801
Original Effective Date:	January 01, 2008
Current Contract Effective Date:	January 01, 2024
Renewal Date:	January 01, 2026
Current Enrollment:	2,450 primary enrollees (Mar-2025)
Prior Enrollment:	2,370 primary enrollees (Mar-2024)
Dual Choice?:	No
Contract Type:	Risk - Non-Retention
Current Commission:	2.00%
Broker:	COBBS ALLEN & HALL INC
Broker Address:	115 OFFICE PARK DR STE 200 BIRMINGHAM, AL 35801
Account Manager:	Mark McLaughlin



CITY OF HUNTSVILLE
GROUP NUMBER: 06801
DELTA DENTAL INSURANCE COMPANY

Rate History Report

Division #00002,08002,09002

January 1, 2026 - December 31, 2028

<u>Tier</u>	<u>Proposed</u>	<u>Rate Change</u>	<u>Enrollment</u>	<u>% Enrolled</u>
Enrollee Only	\$37.45		860	35.1%
Enrollee + 1 Dependent	\$77.04	2.00%	584	23.8%
Enrollee + 2 or more Dependents	\$91.47		1,006	41.1%
Total			2,450	100.0%

January 1, 2021 - December 31, 2025

<u>Tier</u>	<u>Rates</u>	<u>Rate Change</u>	<u>Enrollment</u>	<u>% Enrolled</u>
Enrollee Only	\$36.72		778	33.9%
Enrollee + 1 Dependent	\$75.53	-	584	25.4%
Enrollee + 2 or more Dependents	\$89.68		936	40.7%
Total			2,298	100.0%

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "BAA") is made and entered into as of the _____ day of _____, 20__ by and between City of Huntsville (the "Covered Entity") and Delta Dental Insurance Company (the "Business Associate").

Definitions:

Business Associate – "Business Associate" shall have the same meaning as the term "business associate" at 45 CFR §160.103, and in reference to the party to this agreement, shall be the party designated as a Business Associate in the first paragraph of this agreement.

Covered Entity – "Covered Entity" shall have the same meaning as the term "covered entity" at 45 CFR §160.103, and in reference to the party to this agreement, shall be the party designated as a Covered Entity in the first paragraph of this agreement.

Terms capitalized and used herein but not otherwise defined in this Business Associate Agreement ("BAA") shall have the same meaning as those terms are defined in the Health Insurance Portability and Accountability Act and related regulations found at 45 CFR Part 160 and Part 164, and the HITECH Act of 2009 (Health Information Technology for Economic and Clinical Health) as amended, revised or updated from time to time.

I. Obligations and Activities of Business Associate.

A. Business Associate may use or disclose Protected Health Information ("PHI") as follows:

1. as reasonably necessary to provide the services described in the separate primary agreement with Covered Entity ("Agreement"), and to undertake other activities of Business Associate permitted or required to satisfy its obligations under such Agreement;
2. as Required by Law;
3. for the proper management and administration of Business Associate, provided, that such use or disclosure is Required by Law;
4. to carry out the legal and compliance responsibilities of Business Associate; and
5. to report violations of law to appropriate Federal and State authorities.

B. Business Associate will:

1. use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by the Agreement;

2. implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI, which it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate acknowledges that the applicable provisions of the HIPAA Security Rule set forth at 45 C.F.R. §§ 164.308, 164.310, 164.312 and 164.316 are applicable to Business Associate;
 3. agree to cooperate in a timely manner with the Covered Entity to make any amendments of PHI in its possession; and
 4. will use reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
- C. Business Associate shall take reasonable measures to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate or its agents or subcontractors in violation herein.
- D. Business Associate will ensure through a separate, written Business Associate Agreement that any agent, including a subcontractor, to whom it provides or transmits PHI, including electronic PHI, agrees to restrictions and conditions that apply herein to Business Associate with respect to such information.
- E. Business Associate shall promptly report to Covered Entity: (i) any use, disclosure or compromise of PHI not provided for herein, and (ii) any Security Incident.
- F. Business Associate shall report to Covered Entity any Breach (or potential Breach) of Unsecured PHI as soon as possible without unreasonable delay but in no case later than thirty (30) calendar days after discovery of the Breach (except where a law enforcement official determines that such reporting would impede an investigation or cause damage to national security). Covered Entity shall have final determination as to whether a Breach has actually occurred. The reporting required under this section shall include, to the extent practicable:
1. information that identifies the Individual(s) whose Unsecured PHI has been or is reasonably believed by Business Associate to have been accessed, acquired, used or disclosed during the Breach;
 2. a brief description of what happened;
 3. a description of the Unsecured PHI involved in the Breach;
 4. steps that the Individual(s) could take to protect him/herself from potential harm; and
 5. a brief description of steps taken by Business Associate to investigate, mitigate or protect against the Breach.

- G. To the extent applicable, Business Associate shall provide PHI contained in a Designated Record Set held by Business Associate (that is not duplicative of PHI in possession of Covered Entity) to Covered Entity in order for Covered Entity to meet the requirements under 45 CFR §164.524 or 45 CFR §164.526, as applicable. If any Individual requests access to his or her PHI directly from Business Associate, Business Associate shall forward such request to Covered Entity so that Covered Entity can comply with the request. Any disclosure of, or decision not to disclose, the PHI requested by an Individual or a personal representative and compliance with the requirements applicable to an Individual's right to obtain access to PHI shall be the sole responsibility of the Covered Entity.
- H. Business Associate shall document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. Business Associate shall provide to Covered Entity, within a timeframe mutually agreed to by Covered Entity and Business Associate, information collected in accordance with this Section, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. If any Individual requests access to the foregoing information directly from Business Associate, Business Associate shall forward such request to Covered Entity so that Covered Entity can comply with the request.
- I. Business Associate agrees to make its internal practices, books and records, including policies and procedures, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity available to the Secretary of Health and Human Services, in a time and manner designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- J. Business Associate acknowledges that the additional requirements of the HITECH Act (Health Information Technology for Economic and Clinical Health Act enacted as part of the American Recovery and Reinvestment Act of 2009) that relate to privacy and security are applicable to Business Associate as described therein.
- K. In the event the Business Associate independently is also a Covered Entity under HIPAA, the Business Associate may respond directly to an Individual's request for purposes of complying with applicable sections herein.
- L. Any costs associated with Breach notifications, including mitigation costs, shall be the responsibility of the party causing the Breach.

- M. To the extent Business Associate carries out Covered Entity's obligations under the HIPAA Privacy Rule, comply with the requirements of the said Privacy Rule that apply to Covered Entity.

II. Obligations of Covered Entity.

- A. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA if done by the Covered Entity.
- B. Covered Entity shall:
1. notify Business Associate of any limitations in Covered Entity's Notice of Privacy Practices in accordance with 45 CFR § 164.520, if such limitations may affect Business Associate's use or disclosure of PHI;
 2. provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes may affect Business Associate's use or disclosure of PHI, upon Covered Entity becoming aware of such changes;
 3. immediately notify Business Associate of any restriction to the use or disclosure of PHI agreed to by Covered Entity in accordance with 45 CFR § 164.522, to the extent such restriction may affect Business Associate's use or disclosure of PHI;
 4. provide written authorization to the Business Associate prior to requesting that the Business Associate disclose, transfer or provide PHI to a third party; and
 5. where applicable, rely on the plan sponsor's representations certifying amendments to their plan documents with appropriate restrictions covering their use and disclosure of PHI.

III. Term and Termination.

- A. The term of the BAA shall commence on the Effective Date and shall continue in full force and effect until it expires or is terminated as set forth herein.
- B. This BAA may be terminated by Covered Entity if Business Associate materially breaches these terms or its Agreement and fails to cure such breach within ten (10) days after receipt of written notice of the breach. This BAA will automatically terminate upon the expiration or termination of the Agreement (or such portion of the Agreement which gave rise to the requirement for this Business Associate Agreement). If, in its reasonable discretion following

consultation with the other party, that neither termination of this BAA nor a cure is feasible; the non-breaching party may report the breach to the Secretary.

- C. Upon expiration or termination of this BAA for any reason, Business Associate will return or destroy all PHI to Covered Entity. Business Associate shall not retain any copies of the PHI. However, to the extent that Business Associate determines that it is infeasible to return or destroy Covered Entity's PHI, Business Associate shall notify Covered Entity in writing of the conditions that make return or destruction infeasible. For any PHI for which return or destruction is infeasible, Business Associate will continue to extend the protections of this Addendum to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Business Associate elects to destroy all PHI, it shall, if requested in writing by Covered Entity, certify in writing to Covered Entity that such PHI has been destroyed.

The terms of this section shall survive the expiration or termination of this BAA.

IV. Confidential Information

- A. "Confidential Information" means any information disclosed by or on behalf of a Party ("Disclosing Party") to the other Party ("Receiving Party") whether provided orally or in writing and on whatever medium, concerning the Disclosing Party's business and/or operations and includes without limitation any materials, trade secrets, know-how, formulas, processes, policies and procedures, training materials, IT security, algorithms, ideas, strategies, inventions, data, designs, flow charts, drawings, proprietary information, business and marketing plans, financial and operational information, and all other non-public information, material or data relating to the current and/or future business and operations of the Disclosing Party.
- B. Confidential Information shall not include any information that:
1. is already in the public domain at the time of disclosure or later becomes available to the public through no breach of this Agreement by the Receiving Party or its employees;
 2. is lawfully in the Receiving Party's possession, without an obligation of confidentiality, prior to receipt hereunder;
 3. is received independently by the Receiving Party from a third party who was free to lawfully disclose such information to the Receiving Party; or
 4. is independently developed by the Receiving Party without the use of Confidential Information as evidenced by the Receiving Party's business records.

- C. The Receiving Party agrees to use at least the same degree of care, and no less than reasonable care, to avoid disclosure of such Confidential Information as the Receiving Party uses with respect to its own proprietary or Confidential Information of like importance.

V. Amendment to Comply with Law.

The parties agree to take such action as is necessary to comply with and implement the standards and requirements of HIPAA (including, without limitation, the prompt amendment of this BAA).

VI. Interpretation.

If a term in Agreement conflicts or is otherwise inconsistent with a term in this BAA, the provisions of this BAA will prevail with respect to the subject matter hereof. This BAA and the Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA.

VII. Indemnification.

Business Associate agrees to hold the Covered Entity and/or its Benefit Plan, and their respective elected officials, officers, directors, employees, agents, successors and assigns, harmless from, and indemnify each of them against any and all claims, losses, liabilities, penalties, fines, costs, damages and expenses, including reasonable attorney's fees incurred by or imposed upon any of them as a result of Business Associate's breach of this Agreement or the provisions of HIPAA. This provision shall survive the termination of this Agreement."

Covered Entity:

Signature: _____

Printed Name: _____

Title: _____

Organization: _____

Date: _____

Tommy Battle

Tommy Battle

Mayor of the City of Huntsville

City of Huntsville

9/12/2013

Business Associate:

Signature: _____

Printed Name: _____

Title: _____

Organization: _____

Date: _____

Dick Aracich

Dick Aracich

Vice President, Sales

Delta Dental Insurance Company

9/4/2013