



**PURCHASING ITEM  
FOR  
COUNCIL AGENDA**

**1. Agenda Item Number:**

19

**2. Council Meeting Date:**  
September 15, 2016

**TO: MAYOR & COUNCIL**

**3. Date Prepared:** August 31, 2016

**THROUGH: CITY MANAGER**

**4. Requesting Department:** Administrative Services

**5. SUBJECT:** CY 2017 Amendment to Agreement for Dental Insurance

**6. RECOMMENDATION:** Staff recommends City Council approve CY 2017 Amendment to the Agreement with Delta Dental Plan of Arizona, Inc., for the dental insurance benefit, in an amount not to exceed \$105,000, for one year, January 1, 2017, through December 31, 2017.

**7. BACKGROUND/DISCUSSION:** The City's dental benefit is reviewed throughout the year by staff and the City's benefit consultant. The dental plan offers services ranging from general teeth cleanings to orthodontia. Premiums are paid by both the City and employees. There are no premium increases for the 2017 plan year.

Dental	Full Rate Monthly Premium	City Pays	Employee Pays
Employee only	\$51.00	\$51.00	\$00.00
Employee + 1	\$83.00	\$58.00	\$25.00
Employee + 2 or more	\$135.00	\$67.50	\$67.50

The administrative rate remains unchanged at \$4.89 per month, per member. The administrative rate is paid for by the City's self-funded dental plan.

**8. EVALUATION PROCESS:** City staff reviews the employee benefits package each year with the assistance of an employee benefits consulting firm. The contract with Delta Dental has been in effect since January 1, 2002.

Staff recommends extension of this agreement for the term of January 1, 2017, through December 31, 2017.

**9. FINANCIAL IMPLICATIONS:**

Cost: Not to Exceed \$105,000

<u>Acct. No.:</u> 740.1290.5219 (admin)	<u>Fund Name:</u> Dental Self Insurance	<u>Program Name:</u> Employee Benefits	<u>Cost:</u> \$105,000
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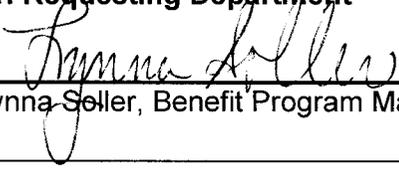
**10. PROPOSED MOTION:**

Move City Council approve CY 2017 Amendment to the Agreement with Delta Dental Plan of Arizona, Inc., for the dental insurance benefit, in an amount not to exceed \$105,000, for one year, January 1, 2017, through December 31, 2017.

**Attachments:** Amendment

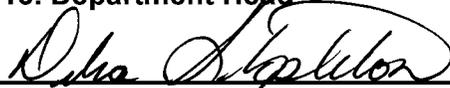
**APPROVALS**

**11. Requesting Department**



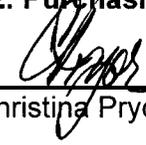
Lynna Soller, Benefit Program Manager

**13. Department Head**



Debra Stapleton, Administrative Services Director

**12. Purchasing Manager**



Christina Pryor

**14. City Manager**



Marsha Reed

**CALENDAR YEAR 2017  
AMENDMENT TO CONTRACT #1193  
BETWEEN DELTA DENTAL PLAN OF ARIZONA, INC.  
AND THE CITY OF CHANDLER  
FOR A DENTAL SERVICE PLAN**

This *Calendar Year 2017 Amendment to Contract #1193 Between Delta Dental Plan of Arizona, Inc. and the City of Chandler For a Dental Service Plan* ("2017 Amendment") is made and entered this 7 day of JULY, 2016 to the *Contract #1193 Between Delta Dental Plan of Arizona, Inc. and the City of Chandler* for a dental service plan dated January 1, 2002.

WHEREAS, the City of Chandler and Delta Dental Plan of Arizona, Inc. entered into an Employer Group Dental Contract dated January 1, 2002 ("Contract"); and

WHEREAS, the City of Chandler and Delta Dental Health Plan of Arizona, Inc. have extended this Contract since 2002, through December 31, 2016, subject to the terms and conditions of the original Contract, as amended by *Calendar Year 2016 Amendment to Contract #1193 Between Delta Dental Plan of Arizona, Inc. and the City of Chandler for a Dental Service Plan*, incorporated herein by this reference; and

WHEREAS, the City and Delta Dental Plan of Arizona, Inc. want to amend this Contract to extend it for the period from January 1, 2017 through December 31, 2017 subject to the original terms and conditions of the Contract except as amended by *Calendar Year 2016 Amendment to Contract #1193 Between Delta Dental Plan of Arizona, Inc. and the City of Chandler for a Dental Service Plan*, and incorporated herein by this reference.

NOW, THEREFORE, in consideration of the mutual covenants and provisions contained herein and other good and valuable consideration, the parties do agree as follows:

1. The term of the Contract is extended for the term of January 1, 2017 through December 31, 2017.

2. Except for the provision amended pursuant to Item 1 above the Contract as amended by the *Calendar Year 2016 Amendment to Contract #1193 Between Delta Dental Plan of Arizona, Inc. and the City of Chandler for a Dental Service Plan* shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this *Calendar Year 2017 Amendment to Contract #1193 Between Delta Dental Plan of Arizona, Inc. and the City of Chandler for A Dental Service Plan* to be duly executed this \_\_\_\_ day of \_\_\_\_\_, 2016.

Employee Dental Plan Provided  
By City of Chandler:

By: \_\_\_\_\_  
Mayor  
Date: \_\_\_\_\_

CITY OF CHANDLER,  
an Arizona municipal corporation

By: \_\_\_\_\_  
Mayor  
Date: \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney *CA*

ATTEST:

\_\_\_\_\_  
City Clerk

DELTA DENTAL PLAN OF  
ARIZONA, INC.

By: *R. Allen Allgood*  
Title: *President/CEO*

ATTEST: (If corporation)

\_\_\_\_\_  
Secretary