



CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE 08/26/08

SUBJECT: Great West Dental Contract Renewal Proposal

DEPARTMENT: Human Resources

RECOMMENDED MOTION:

Acceptance of Great West Dental's proposal to renew their contract for the period beginning October 1, 2008 through September 30, 2009.

SUMMARY:

Attached is Great West Dental's proposal to renew their contract for the period beginning October 1, 2008 through September 30, 2009.

For the past several weeks the City has been reviewing and negotiating various options relating to the renewal of the Dental Care Program with Great West.

The original proposal offered by Great West included a 12% increase in premium. The City was able to work with Great West to bring the proposed increase in premium down significantly to a 5% increase in premium with no change in benefits.

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~~THE CITY~~

ATTACHMENTS: Ordinance Resolution Budget Resolution

Other Support Documents

DEPARTMENT HEAD	<i>[Signature]</i> Robert Zicker, Human Resources Director	Date 8-14-08
FINANCE DEPARTMENT	<i>[Signature]</i> Approved as to Budget Requirements	Date 8/14/08
CITY ATTORNEY	<i>[Signature]</i> Approved as to Form and Legality	Date 8.14.08
CITY MANAGER	<i>[Signature]</i> Approved Agenda Item For:	8-26-08

COUNCIL ACTION: Approved as Recommended Disapproved Tabled Indefinitely
 Continued to Date Certain Approved with Modification:

From: Clark, Deborah [deborah.clark@gwl.com]
Sent: Tuesday, August 05, 2008 3:19 PM
To: Zicker, Robert
Cc: wrpbsp@bellsouth.net
Subject: Revised Dental Renewal Proposal

Attachments: 10-1-2008 REVISED City of Port Orange Dental Renewal.doc

Hi Rob,

I took your concerns regarding the 12% increase on the original Renewal proposal to my Underwriter. They have approved our request for additional consideration and revised the proposal to a 5% adjustment. I have attached the revised memorandum and rates. I hope this helps get your Dental account renewed with Great-West.

*Debbie Clark, Account Manager
Great-West Healthcare, now part of CIGNA
1511 North Westshore Blvd.
Suite 700
Tampa, Fl. 33607
PHONES 813-636-2508 (Direct line)
800-282-7768 x 62508
FAX 813-289-3464*

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GREAT-WEST HEALTHCARE INDEMNITY DENTAL COVERAGE
DENTAL BENEFIT SUMMARY FOR
THE CITY OF PORT ORANGE # 276041
EFFECTIVE 10/1/2007

DENTAL SERVICES¹	
Calendar Year Deductible (Applies to all covered expenses except for Preventive Care)	\$25 Individual \$75 Family
Preventive Care • Prophylaxis/cleaning (twice a year ²) • Full-mouth series x-rays in any 36 month period	100%
Basic Care • Extractions • Amalgams (silicate, acrylic & composite) ³	100%
Major Care • Crowns (inlays & onlays) • Prosthodontics (dentures & bridges) • Includes endontic & periodontic care	50%
Calendar Year Benefit Maximum	\$1,500
Orthodontic Care • Dependent Children & Adults	50%
Orthodontic Lifetime Maximum	\$1,000

¹ All dental benefits are subject to allowable covered expense guidelines. The allowable covered expense is determined by usual & customary guidelines. The usual & customary charge for each service or supply received will be the lesser of the fee usually charged by a Dentist and the fee usually charged by other Dentists in the same geographical area for these services and supplies. The Member must pay any amount over usual & customary charges.

² But not more than once in any five-month period

³ Only for teeth in front of the first bicuspid

This chart highlights your Great-West Healthcare dental coverage; please refer to your Dental Booklet for a complete description of your plan benefits including any benefit limitations and/or exclusions.. Contact Member Services at (800) 663-8081 if you have any questions

Great-West™
HEALTHCARE

