Reynoldsburg
OHIO · 1839

City Council

Council Meeting

7232 East Main Street
Reynoldsburg, OH 43068
www.reynoldsburg.gov

Mollie Prasher, Clerk of Council
614-322-6836

Monday, October 27, 2025 | **6:30 PM** | **Council Chambers**

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

4. APPROVAL OF AGENDA

5. APPROVAL OF MINUTES

a. Regular Meeting Minutes from October 13, 2025

6. COMMUNITY COMMENTS

The Community Comments portion of the meeting is an opportunity for citizens to address Council. Citizens may wish to bring matters to the attention of City Council or discuss items on the agenda with the exception of legislation scheduled for a public hearing. Comments related to a public hearing may only be made during the Public Hearing portion of the meeting.

Before addressing City Council, members of the public are asked to complete a speaker's form and give it to the Clerk of Council. The Council President will invite speakers to step to the microphone and give their name and address. All remarks should be addressed to Council as a whole and not exceed three minutes.

a. Presentation by Ohio Representative Meredith Lawson-Rowe

7. PROCLAMATIONS

a. A Proclamation Recognizing Breast Cancer Awareness Month

8. REPORTS

a. Liquor Permit for Ohio Springs Inc.

b. There is no Development, Parks & Recreation Committee meeting.

c. Public Safety, Law & Courts Committee

1. A Resolution Authorizing the City Auditor to Remove a Police Vehicle from the City's Fixed Asset List for the Reynoldsburg Police Department

d. Public Service & Transportation Committee

1. An Ordinance Authorizing the Mayor to Purchase a Camera Van and Related Equipment for the Wastewater Department, Appropriate Funds Therefor, and Waive Competitive Bidding

2. A Resolution Declaring the Official Intent and Reasonable Expectation of the City of Reynoldsburg on Behalf of the State of Ohio (The Borrower) to Reimburse Its Capital Improvement Fund (410) with the Proceeds of Tax Exempt Debt of the State of Ohio

e. <u>Finance & Administration Committee</u>

1. A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Health Insurance Coverage with Medical Mutual of Ohio for the Period from January 1, 2026 through December 31, 2026

2. A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Dental Insurance Coverage with Delta Dental for the period from January 1, 2026 through December 31, 2026

3. A Resolution Authorizing the Mayor to Execute a Renewal Contract with Mutual of Omaha for Employee Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Insurance for the Period of January 1, 2026 through December 31, 2026

9. RESOLUTIONS - CONSENT AGENDA

a. A Resolution Authorizing the City Auditor to Remove a Police Vehicle from the City's Fixed Asset List for the Reynoldsburg Police Department

b. A Resolution Declaring the Official Intent and Reasonable Expectation of the City of Reynoldsburg on Behalf of the State of Ohio (The Borrower) to Reimburse Its Capital Improvement Fund (410) with the Proceeds of Tax Exempt Debt of the State of Ohio

c. A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Health Insurance Coverage with Medical Mutual of Ohio for the Period from January 1, 2026 through December 31, 2026

d. A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Dental Insurance Coverage with Delta Dental for the period from January 1, 2026 through December 31, 2026

e. A Resolution Authorizing the Mayor to Execute a Renewal Contract with Mutual of Omaha for Employee Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Insurance for the Period of January 1, 2026 through December 31, 2026

10. CONSENT AGENDA FOR EMERGENCY ADOPTION

a. An Ordinance Appropriating Funds Between Various Accounts within the Street Department, and Declaring an Emergency

11. CONSENT AGENDA FOR FIRST READING

a. An Ordinance Authorizing the Mayor to Purchase a Camera Van and Related Equipment for

the Wastewater Department, Appropriate Funds Therefor, and Waive Competitive Bidding

12. CONSENT AGENDA FOR SECOND READING

a. An Ordinance Authorizing the Mayor to Enter into an Agreement with Media Promotion Enterprise (MPE) for the 2026 Tomato Festival

13. OTHER COUNCIL MATTERS

14. UPCOMING MEETINGS

a. November 6, 2025 Planning & Zoning Board
November 10, 2025 Council
November 11, 2025 Veterans Day City Offices Closed
November 20, 2025 Planning & Zoning Board
November 24, 2025 Council
November 27 & 28, 2025 Thanksgiving Holiday City Offices Closed
December 4, 2025 Planning & Zoning Board
December 8, 2025 Council
December 15, 2025 Council
December 18, 2025 Planning & Zoning Board
December 24 & 25, 2025 Christmas Holiday City Offices Closed
December 31, 2025 New Year's Eve City Offices Closed

15. ADJOURNMENT

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ADJOURNMENT

Reynoldsburg
OHIO • 1839

MINUTES REGULAR MEETING
REYNOLDSBURG CITY COUNCIL
October 13, 2025

CALL TO ORDER

Council President Shanette Strickland called the meeting to order at 6:30 PM.

INVOCATION - Acharya Bhagawat Sharan ji of Radha Krishna Mandhir in Reynoldsburg

PLEDGE OF ALLEGIANCE

ROLL CALL

PRESENT: Cotner, Baker, Johnson, Strickland, Towns, Salvati, Pyakurel, Hill
ABSENT:

APPROVAL OF AGENDA

The agenda was approved as submitted.

APPROVAL OF MINUTES

Regular Meeting Minutes of September 8, 2025

The regular meeting minutes of September 8, 2025, were approved as submitted.

Regular Meeting Minutes of September 22, 2025

The regular meeting minutes of September 22, 2025, were approved as submitted.

COMMUNITY COMMENTS

Community Comments

Dino Soulas
6689 E. Main Street
Mr. Soulas stated that he is the owner of Jolly Pirate Donuts on the corner of Rosehill and East Main Street. He explained that they have been in that location since 1972. He expressed concern about the major change to Main Street with the proposed bus rapid transit (BRT) line by COTA. Some months ago, the Mayor had a meeting with some Reynoldsburg residents to hear their concerns about the BRT line and help them go before COTA to ask if they had completed any kind of financial impact study for existing businesses along Main Street or if they were planning to do one. Mr. Soulas stated that he eventually received an email back stating that they had not

completed an impact study nor were they going to. He stated that many business owners were off guard as they assumed COTA would want to know if they would be doing harm to any existing businesses in the area. He explained that he is here tonight to request that the City perform an impact study so they can know what to expect. There was little information to compare this to as it is a relatively new concept.

Councilmember Baker stated that he met with Mr. Soulas' daughter a few weeks prior to discuss this issue. He stated that it was unfortunate that COTA was not working well with the City or the businesses. He explained that his understanding was that COTA already had the funding and the approval for the project, so the BRT line was going to happen. He believed COTA should be more open to working with residents and providing some answers for their concerns. Councilmember Baker agreed that some sort of study should be done to understand the possible impact in the area as long as the cost is not too high.

Mr. Soulas stated that he understood COTA tried to share information about this project prior to the election, but has done a terrible job at making it clear what the project would entail. He was not asking for some huge expensive study to be done, but even just a comparison to other cities that have done something similar.

Mayor Begeny stated that they will go ahead and try to get that process started and possibly get it on the next Council meeting agenda or the first meeting in November. They will try to provide a proposal with an estimate and the scope of the project.

President Strickland asked if the City has been in frequent communication with COTA about this project and what we should expect.

Mayor Begeny stated that there were two sides to the discussions with COTA at this time. They were still working through engineering to get a better idea of what left turn lanes would look like for longer vehicles like firetrucks, and the participating cities needed this work completed prior to moving on to other areas of the project. On the other hand, COTA was working with the public relations team to discuss things like an impact study. He stated that he would ask COTA for funds for the City to complete their own impact study, but he was not hopeful.

Mayoral Comments
Mayor Begeny stated that it was great to see so many people at the Diwali Tihar festival a few weeks prior. He stated that the weather was great, and they decided that the date for the event next year was October 3, 2026.

Waggoner Road will be doing a lane shift tomorrow, October 14th, after the morning rush hour traffic ends.

Mayor Begeny stated that Hallo-weekend will start Friday, October 17th, with a variety of events all weekend. There will be a community Halloween party on Saturday, October 18th, in collaboration with the Reynoldsburg Community Association.

There will also be a Veterans Day event in collaboration with the VFW with details still being prepared.

PROCLAMATIONS

A Proclamation to Recognize October as Domestic Violence Awareness Month and Presentation

Councilmember Towns stated that as a former victim of domestic violence herself, this Proclamation had a lot of meaning for her. Lutheran Social Services: Choices was supposed to be there tonight, but they could not make it. They help victims of domestic violence with many different types of assistance, including crisis emergency services to help victims remove themselves from situations quickly.

Councilmember Towns read the Proclamation.

Councilmember Salvati made a motion to approve this Proclamation. Second by Councilmember Johnson. Motion carried.

Councilmember Baker thanked Councilmember Towns for bringing this to Council.

A Proclamation Recognizing Hindu Heritage Month

Councilmember Pyakurel stated that this Proclamation was very important to him because he was forced out of Bhutan because the King prohibited the practice of Hinduism. He stated that this was the fifth year this Proclamation was offered, and he was grateful to have many community leaders here to support Hindu Heritage Month.

Councilmember Pyakurel read the Proclamation.

Councilmember Baker made a motion to approve this Proclamation. Second by Councilmember Towns. Motion carried.

COMMUNICATIONS

September Treasury Board Minutes

REPORTS

Clerk of Court Report for September 2025

The Clerk of Court submitted monies collected from the courts held in the month of September 2025 in the amount of $27,843.

Liquor Permit - Hidmona Eritrean Cafe LLC

Deputy Chief Binder stated that this investigation was completed for a new liquor permit application for a business called Hidmona Eritrean Café, located at 1731 Brice Rd. The permit applicant reports this business will be a restaurant with a full bar.

The application is for a D5 class permit, which allows the sale of beer, wine and mixed beverages for on-premises consumption and off-premises in original sealed containers until 2:30am. There is no significant police-related history at this business, but this business is also currently vacant.

He explained that this business is directly next door to Heavenly Hands Daycare, 1733 Brice Rd. There appears to be grounds to deny this permit based upon ORC section 4303.292(B)(1), in that the place for which the permit was sought was situated with respect to a school, that the liquor establishment will adversely affect or interfere with the normal, orderly conduct of the school. Deputy Chief Binder recommended that they request a hearing for this permit application.

West Licking Fire District - August, 2025

Councilmember Baker stated that statistics for the month of August 2025 were included in the packet.

Development, Parks & Recreation Committee

This is the Development, Parks & Recreation Committee meeting for October 13, 2025.

Members in attendance are: Councilmember Cotner, Councilmember Towns, Councilmember Hill, Chair Salvati, and President Strickland.

An Ordinance to amend Chapter Eleven — Planning and Zoning Code for the City of Reynoldsburg, Ohio

This item will be forwarded to the Planning and Zoning Board for further review.

Director Meyer stated that there was a list of items with proposed changes to the zoning code included in the agenda packet. This list includes possible changes to:

1. Innovation Development Standards & Parking
2. Setbacks regarding town homes and accessory structures for town home developments
3. Electric Vehicles
4. Fencing – Innovation
5. Supplementary use for pools & temporary uses (mayor direction) for street sales on main street
6. Lighting Standards
7. Landscaping Standards
8. Signage
9. Large Developments – that can be parceled off later
10. Commercial Design Standards
11. Temporary Storage Containers on Construction and Renovation Sites
12. Property Without Direct Street Frontage standards
13. Non-Conforming Section
14. Dwelling – Group Home/ Dwelling – Developmental Disabilities
15. Home Occupation
16. Zoning Certificates
17. Conditional Use Factors
18. Definitions

Director Meyer clarified that he was not asking Council to approve any changes at this time but to forward this list of items to the Planning and Zoning board for recommendations before bringing it back to Council to be voted upon. He stated that the format that was included in the packet did have some strange formatting that would be cleaned up before the final version.

Councilmember Cotner asked about some of the specific changes that were being discussed. Director Meyer stated that there would be discussion on making vape shops a conditional use, changing the standards of parking in the innovation district, adding EV chargers to new large parking lots, and updating the Code to reflect variances they have approved in the past to try to better reflect what was allowed in the City, including things like setbacks and signage.

Councilmember Salvati made a motion to forward this Ordinance to Council for a first reading and to the Planning and Zoning Board for further review. Second by Councilmember Hill. Motion carried.

A Resolution Authorizing the Mayor to Purchase a Ford F-450 and Related Equipment for the Parks and Recreation Department and Waive Competitive Bidding

Mayor Begeny stated that they were requesting to waive competitive bidding for this purchase as they are using a cooperative contract through the Franklin County Board of Commissioners. This item was included in the budget.

Councilmember Salvati made a motion to forward this Resolution to Council for approval. Second by Councilmember Hill. Motion carried.

A Resolution Authorizing the Mayor to Apply to the Mid-Ohio Regional Planning Commission (MORPC) for the Columbus Urbanized Area Federal Transit Administration Enhanced Mobility for Older Adults and Individuals with Disabilities Grant (5310).

Mayor Begeny stated that this Resolution would allow the City to apply for a grant for the Senior Citizen Burg Bus to continue that program moving forward. MORPC required the City to go through the process of getting approval to apply for the grant that included a 20% match for the City. This bus allowed senior citizens to travel to doctors' appointments, grocery shopping, and more. This program has continued to see an increase in ridership since its beginning.

Councilmember Salvati stated that he has heard nothing but good things about this program.

Councilmember Salvati made a motion to forward this Resolution to Council for approval. Second by Councilmember Towns. Motion carried.

There is no Public Safety, Law & Courts Committee meeting.

Public Service & Transportation Committee

This is the Public Service & Transportation Committee meeting for October 13, 2025.

Members in attendance are: Councilmember Cotner, Councilmember Towns, Councilmember Hill, Chair Pyakurel, and President Strickland.

An Ordinance Appropriating Funds Between Various Accounts within the Street Department, and Declaring an Emergency

This item has been requested as a two-read emergency.

Director Dorman explained that they are not asking for new money but are requesting that money be shifted around in the streets department from one account to another account which does require approval from Council.

Councilmember Pyakurel made a motion to forward this Ordinance to Council for a first reading. Second by Councilmember Towns. Motion carried.

An Ordinance Appropriating Additional Funds for the Waggoner Road Phase I Improvement Project, and Declaring an Emergency

This item has been requested as a single-read emergency.

Director Dorman stated that they are requesting a single read emergency on this item so that Waggoner Road phase 1 can be completed before the end of November. He explained that one property owner on Waggoner Road owns property on both sides of the project, meaning land in both phase 1 and phase 2. They are requesting that funds be moved into phase 1, so the City can complete all work on this property owner's land at the same time rather than splitting the work up into 2 phases. It is not a request for more money, just to move money from phase 2 to cover the work needed to complete the work on this property owner's land.

President Strickland asked why this was not discussed at the beginning of this project. Director Dorman stated that this was requested by the property owner and the line between phase 1 and phase 2 was discussed many times. They are only requesting to extend phase 1 by a few hundred feet.

Councilmember Pyakurel made a motion to forward this Ordinance to Council for a first reading and emergency approval. Second by Councilmember Hill. Motion carried.

An Ordinance Appropriating Additional Funds for the Summit Area Sanitary Expansion Project, and Declaring an Emergency

This item has been requested as a single-read emergency.

Director Dorman stated that when they were constructing this sewer line, the road began to collapse in that area. The subgrade in that area was worn down over time and began to collapse when the City began digging there. They had to close the lane in that area and reconstruct the road there, which added additional unexpected costs. They did not anticipate encountering this but are now almost finished with this project. This is a reimbursable project, so whatever extra costs

may be added will be reimbursed by the grant and whatever costs are not reimbursed will be covered by the developer.

Councilmember Pyakurel made a motion to forward this Ordinance to Council for a first reading and emergency approval. Second by Councilmember Towns. Motion carried.

A Resolution Authorizing the Mayor to Purchase a Elgin Street Sweeper for the Street Department and Waive Competitive Bidding

Director Dorman stated that this is an item that was budgeted in the 2025 budget. They believe the Elgin street sweeper will best serve the City and this is one of two they are hoping to buy. This new sweeper will be smaller and will better suit neighborhoods that have cars parked on the street. This is on a state contract, so prices have already been vetted, and he is sure the City is receiving the best price.

Councilmember Baker asked if we have a sidewalk sweeper as well. Director Dorman stated we do not have one but they are looking into that for next year. Mayor Begeny stated that parks and rec does have something similar to that they have used for trials but nothing specific for sidewalks.

Councilmember Pyakurel made a motion to forward this Resolution to Council for approval. Second by Councilmember Hill. Motion carried.

A Resolution Authorizing the Mayor to Enter into an Agreement with Trimble (City Works) and Ritter GIS for the Street and Water Department

Director Dorman stated that this is something his department has been looking at for a few years, ever since EMH&T eliminated their GIS department. After that, the City brought a GIS administrator in house, and they have been a huge asset to the City. The work order system they were using is no longer supported and they are now looking to bring in City Works, which our new GIS administrator will implement and maintain moving forward.

Councilmember Pyakurel made a motion to forward this Resolution to Council for approval. Second by Councilmember Hill. Motion carried.

A Resolution Authorizing the Mayor to Enter into an Agreement with EMH&T for General Consulting and Professional Design Services

Director Dorman stated that the next three Resolutions are to extend contracts we currently have with our engineering firms: EMH&T, DLZ, and OHM. EMH&T will still be acting in the capacity as the City's design engineer. DLZ will still be

completing construction inspection work since they would not want the same firm who designed the work to be the one inspecting the work. OHM is the City's back up engineering service if needed.

Councilmember Pyakurel made a motion to forward this Resolution to Council for approval. Second by Councilmember Towns. Motion carried.

A Resolution Authorizing the Mayor to Enter into an Agreement with DLZ for General Consulting and Professional Design Services

Director Dorman stated this Resolution will extend the City's contract with DLZ, the construction inspection provider.

Councilmember Pyakurel made a motion to forward this Resolution to Council for approval. Second by Councilmember Towns. Motion carried.

A Resolution Authorizing the Mayor to Enter into an Agreement with OHM Advisors for General Consulting and Professional Design Services

Director Dorman stated this Resolution will extend our contract with OHM, the back-up engineering firm.

Councilmember Pyakurel made a motion to forward this Resolution to Council for approval. Second by Councilmember Towns. Motion carried.

Finance & Administration Committee

This is the Finance & Administration Committee meeting for October 13, 2025.

Members in attendance are: Councilmember Salvati, Councilmember Johnson, Councilmember Pyakurel, Chair Baker, and President Strickland.

An Ordinance Authorizing the Mayor to Enter into an Agreement with Media Promotion Enterprise (MPE) for the 2026 Tomato Festival

Director Clemens explained that this Ordinance requested that the City enter into a contract with Media Promotion Enterprise (MPE) for the 2026 Tomato Festival. They handle booking performers, scheduling the stage, working with sound and production vendors, and working with all entertainment throughout the festival. In 2025, the budget was increased for the Tomato Festival's 60th Anniversary with the hopes of booking national entertainment for all three nights. As they started booking, they realized that under the contract amount they were only able to book national entertainment for Friday and Saturday. This has become an industry standard and rates are continuing to go up, so they are requesting the same

amount in the 2026 budget. Director Clemens felt that this was beneficial for the City as we could continue to see record attendance each year and significantly higher sponsorship participation. In 2024, the Festival raised about $32,900, but in 2025 they brought in $52,000 in sponsorships.

Councilmember Pyakurel asked if the City had an increase in local sponsorships. Director Clemens stated that she had seen a lot of local businesses step up, some new ones including hospitals, gas stations, banks, and small businesses.

Councilmember Baker asked if there was a way Council could suggest performers for the Tomato Festival. Director Clemens stated that she did receive emails about requests, and she did hope to see more local acts perform and open for larger acts. The 2026 Tomato Festival will be August 13–15. They try to decide which genres they prefer for the festival and then see what acts fall into the budget. Mayor Begeny stated that the City sometimes gets our first choice in performers, but often the City goes through many acts to find the right fit with the budget and scheduling. He was happy to hear any suggestions for the event and would love to see more local bands.

Councilmember Baker stated that the Blues and Brews event was also great and wanted to thank staff for that event.

Councilmember Baker made a motion to forward this Ordinance to Council for a first reading. Second by Councilmember Salvati. Motion carried.

RESOLUTIONS - CONSENT AGENDA

RESULT:	**PASSED (UNANIMOUS)**
MOVER:	Baker
SECONDER:	Johnson
AYES:	Cotner, Baker, Johnson, Strickland, Towns, Salvati, Pyakurel, Hill

A Resolution Authorizing the Mayor to Purchase a Ford F-450 and Related Equipment for the Parks and Recreation Department and Waive Competitive Bidding

A Resolution Authorizing the Mayor to Apply to the Mid-Ohio Regional Planning Commission (MORPC) for the Columbus Urbanized Area Federal Transit Administration Enhanced Mobility for Older Adults and Individuals with Disabilities Grant (5310).

A Resolution Authorizing the Mayor to Purchase a Elgin Street Sweeper for the Street Department and Waive Competitive Bidding

A Resolution Authorizing the Mayor to Enter into an Agreement with Trimble (City Works) and Ritter GIS for the Street and Water Department

A Resolution Authorizing the Mayor to Enter into an Agreement with EMH&T for General Consulting and Professional Design Services

A Resolution Authorizing the Mayor to Enter into an Agreement with DLZ for General Consulting and Professional Design Services

A Resolution Authorizing the Mayor to Enter into an Agreement with OHM Advisors for General Consulting and Professional Design Services

CONSENT AGENDA FOR EMERGENCY ADOPTION

RESULT:	**PASSED (UNANIMOUS)**
MOVER:	Salvati
SECONDER:	Towns
AYES:	Cotner, Baker, Johnson, Strickland, Towns, Salvati, Pyakurel, Hill

An Ordinance Authorizing the Mayor to Enter into a Contract for City Liability Insurance for a Period from October 14, 2025 to October 13, 2026, Appropriate Funds Therefor, Waive Competitive Bidding, and Declaring an Emergency

An Ordinance Appropriating Additional Funds for the Waggoner Road Phase I Improvement Project, and Declaring an Emergency

An Ordinance Appropriating Additional Funds for the Summit Area Sanitary Expansion Project, and Declaring an Emergency

CONSENT AGENDA FOR FIRST READING

An Ordinance to amend Chapter Eleven — Planning and Zoning Code for the City of Reynoldsburg, Ohio

An Ordinance Appropriating Funds Between Various Accounts within the Street Department, and Declaring an Emergency

An Ordinance Authorizing the Mayor to Enter into an Agreement with Media Promotion Enterprise (MPE) for the 2026 Tomato Festival

CONSENT AGENDA FOR THIRD READING

RESULT:	**PASSED (UNANIMOUS)**
MOVER:	Salvati
SECONDER:	Baker
AYES:	Cotner, Baker, Johnson, Strickland, Towns, Salvati, Pyakurel, Hill

An Ordinance to Authorize the Mayor to Enter into a Contract with EMH&T for Support Services Relating to Waggoner Road Phase 1 and 2 and Appropriating Funds Therefor

OTHER COUNCIL MATTERS

Councilmember Baker stated that the homecoming parade was great and thanked RPD, doctors, veterans, and teachers for all they do.

UPCOMING MEETINGS

ADJOURNMENT

As there was no further business, Council President Strickland adjourned the meeting.

_____
Shanette Strickland, Council President

_____
Mollie Prasher, Clerk of Council

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: Liquor Permit for Ohio Springs Inc.

APPROVALS:

Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

NOTICE TO LEGISLATIVE AUTHORITY

TO

06521509-142 PERMIT NUMBER	**NEW** TYPE	**OHIO SPRINGS INC** **SHEETZ 822** **8555 E MAIN ST** **REYNOLDSBURG OH 43068** **Muni/Village/Twp: Reynoldsburg**
ISSUE DATE		
11/14/2023 FILING DATE		
D-1 PERMIT CLASSES		
25220 TAX DISTRICT	**FEB** RECEIPT NO	

FROM **10/1/2025**

PERMIT NUMBER	TYPE	
ISSUE DATE		
FILING DATE		
PERMIT CLASSES		
TAX DISTRICT	RECEIPT NO	

MAILED 10/1/2025 **RESPONSES MUST BE POSTMARKED NO LATER THAN 11/01/2025**

IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL WHETHER OR NOT THERE IS A REQUEST FOR A HEARING.

REFER TO THIS NUMBER IN ALL INQUIRIES: **FEB NEW 06521509-142**
(TRANSACTION & NUMBER)

(MUST MARK ONE OF THE FOLLOWING)

WE REQUEST A HEARING ON THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT THE HEARING BE HELD ☐ IN OUR COUNTY SEAT ☐ IN COLUMBUS

WE DO NOT REQUEST A HEARING ☐

DID YOU MARK A BOX? IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.

PLEASE SIGN BELOW AND MARK THE APPROPRIATE BOX INDICATING YOUR TITLE:

(Signature) (Title) - ☐ Clerk of County Commissioner ☐ Clerk of City Council ☐ Township Fiscal Officer (Date)

(Printed Name) (Email Address) (Telephone No.)

CLERK OF REYNOLDSBURG CITY COUNCIL
7232 E MAIN ST
REYNOLDSBURG OH 43068

Dear Local Legislative Authority Official:

Please find enclosed the legislative notice that is being sent to you regarding the applied for liquor permit as captioned on the notice. You **must**, within 30 days from the "mailed" date listed on the notice under the bar code:

- Notify the Division whether you object and want a hearing; or
- Ask for your one-time only, 30-day extension. o Any requests for a one-time, 30-day extension will be reviewed by the Division upon timely receipt. If granted, your additional 30-days runs from the expiration of the original 30-day period.

To be considered **timely**, your above response **MUST** be faxed, emailed, or mailed to the Division no later than the postmark deadline date stated on the form. To speed up processing times and reduce paper, the Division respectfully asks that you either fax or email your response. Please send your response to:

FAX: (614) 644 – 3166

EMAIL: Liquordocs@com.ohio.gov

MAIL: Ohio Division of Liquor Control
Attn: Licensing Unit
6606 Tussing Road
PO Box 4005
Reynoldsburg, Ohio 43068-9005

To find out who has disclosed an ownership interest in the permit application to us you can:

- Visit com.ohio.gov/liquorinfo. Select the "Search who has disclosed an ownership interest" tab. Where asked, enter the permit number listed on the legislative notice; or

- Contact your police department or county sheriff (if you are a township fiscal officer or county clerk). We also sent them detailed ownership information to review for any criminal background issues involving the disclosed persons.

We have resources for you at com.ohio.gov/govhelp. Never miss out on when renewal objections are due! Sign-up for our emails at com.ohio.gov/stayinformed.

Thank you in advance for your cooperation,

Division Licensing Section

(rev. 2.12.25)

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the City Auditor to Remove a Police Vehicle from the City's Fixed Asset List for the Reynoldsburg Police Department

APPROVALS:

Joe Begeny
Stephen Cicak
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The Reynoldsburg Division of Police respectfully requests the removal of the following vehicle from the Fixed Assets inventory:

- **FA1901 Car #: 3091 2009 Honda Accord-Gray Vin#:** JHMCP26359C007557

The vehicle is no longer deemed necessary for operational use or has reached the end of its serviceable life. We intend to dispose of the vehicle through a future trade-in. The proceeds from its sale will be allocated toward the purchase of a used vehicle to support continued departmental operations.

A RESOLUTION AUTHORIZING THE CITY AUDITOR TO REMOVE A POLICE VEHICLE FROM THE CITY'S FIXED ASSET LIST FOR THE REYNOLDSBURG POLICE DEPARTMENT

WHEREAS, the City of Reynoldsburg Police Department is requesting the removal of a City police vehicle as it has reached the end of its serviceable life for the department; and

WHEREAS, this vehicle will be traded-in on a future vehicle.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the City Auditor be and is hereby authorized and directed to remove the following item from the City's Fixed Asset list:

Tag #	Description of Item	VIN
FA1907	2009 Honda Accord	JHMCP26359C007557

SECTION 2. That upon adoption by Council, this Resolution shall be in effect immediately following the signature of the Mayor.

Reynoldsburg
OHIO • 1839

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: An Ordinance Authorizing the Mayor to Purchase a Camera Van and Related Equipment for the Wastewater Department, Appropriate Funds Therefor, and Waive Competitive Bidding

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

AN ORDINANCE AUTHORIZING THE MAYOR TO PURCHASE A CAMERA VAN AND RELATED EQUIPMENT FOR THE WASTEWATER DEPARTMENT, APPROPRIATE FUNDS THEREFOR, AND WAIVE COMPETITIVE BIDDING

WHEREAS, the Wastewater Department has determined a need to purchase a new CCTV camera van with the existing equipment being given to the Stormwater Department; and

WHEREAS, M-Tech has been identified as the best vendor to provide a camera system package at a total cost of $258,908.00 for the unit, plus additional add-ons. This purchase includes a van, add-ons, two cameras, unlimited hands-on training etc. For an additional $7,500.00 per employee, M-Tech will provide a two-day class where employees will receive PACP certifications; and

WHEREAS, this purchase will be made through the Ohio State bid contract.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO

SECTION 1. That the Mayor be and is hereby authorized to purchase from M-Tech a CCTV camera van for the amount of $258,908.00 and $7,500.00 to send 6 employees to a two-day PACP training.

SECTION 2. That funds ($258,908.00) be appropriated from the unappropriated sewer fund 720.000.0000 and appropriated to account number 720.736.5632 Motor Vehicles.

SECTION 3. That the cost of the training be paid from account number 720.736.5339 Miscellaneous Contract Services.

SECTION 4. That this purchase is being made using Ohio STS number #800905, thus waiving competitive bidding.

SECTION 5. This Ordinance shall be effective thirty days following approval of Council and the signature of the Mayor.

Date: 01/08/2024
Branch: 100

Sourcewell Contract #120721-RVL

CUSTOMER:	**City of Reynoldsburg**
ADDRESS:	**7806 E. Main**
CITY, STATE, ZIP:	**Reynoldsburg, OH 43402**
PHONE:	**614/322-4500**

RV # 29305
CRM Quote # 19673

Eff: 10/11/23 rev

Type	Product #	Description	Price
Camera Cable	80017040	CAMERA CABLE TYPE 524/11 - 1000 FEET	**$ 5,860.35**
Camera Head Accessories	901601040	Pressure Test Set	**$ 529.20**
	V000021	Lowering Poles for Tractors	**$ 908.55**
Computer Systems	V0001017	19" Industrial PC	**$ 6,434.64**
	VSP00200	IBAK EVOLUTION - VEHICLE	**$ 15,795.00**
Cutter System and Accessories	V0001018	Non-HD Video Capture Device	**$ 513.00**
IKAS Evolution Support	IKAS Evolution Suppor	IKAS Evolution Support	**$ 1,010.88**
Rapid View Chassis	VZ000700	Ford Transit VanWagon XL, High Roof, Long Wheelbase Extended Length	**$ 63,736.24**
Rapid View Build Out Options	VZ000624	Cargo Van Conversion	**$ 27,993.60**
	VZP000116	Inverter 5000w, 120VAC with 330AH LifePO 4 Batteries (Qty:3)	**$ 22,680.00**
	VZM000100	Monitor, 17" 4:3	**$ 2,025.00**
	VZM000104	Monitor Mount - Double	**$ 307.80**
	VZ000306	KW Reel cabinet, (W-22", L-39" & H-34")	**$ 2,126.52**
	VZFPB-4	Fiberglass Pole Bracket	**$ 312.12**
Reels	V8026001	KW305.2 Synchronized Power Cable Reel	**$ 33,045.30**
Reel Accessories	904350020	Cable Deflection Pulley KUV 2.7 with rope and holder (50ft of rope)	**$ 756.00**
	802617031	Cable Deflection Pulley KW305/505	**$ 1,150.20**
	900300130	Cable Deflection KUV3	**$ 1,402.65**
	800500841	KW Reel foot-operated winch switch (KW505, 310 and 305)	**$ 1,080.00**
Standard Cameras	V4019001	ORION Zoom PAN & TILT CAMERA	**$ 20,864.25**
T76 Tractor and Accessories	V9044001	T76 TRACTOR	**$ 23,822.10**
	V9040012	Camera Base CB 3.2S Module for T76/86 Tractor	**$ 5,317.65**
	904116031	Remote Elevator for T76/86	**$ 7,811.10**
	900406691	High-Traction Tungsten Carbide Wheels for 8" and up	**$ 1,540.35**
	V1974018	BS3.5-10X Vehicle Mounted Control	**$ 21,733.11**
	RAM-2461U	VESA 75 Mounting Plate With Ball - C Size	**$ 41.31**
	RAM-201U-B	Double Socket Arm - C Size Short	**$ 48.49**
	RAM-TRACK-EXA-9BU	9BU 9" Modulare Aluminum Black Tough Track	**$ 38.07**
	RAP-354U-TRA1	Track Ball With T-Bolt Attachment - C Size	**$ 35.75**
	10TS7M	10 Inch Touch Screen	**$ 664.47**
	GV-N710D3-2GL	Graphics Card With HDMI Output	**$ 91.80**
		Sale Price	**$ 269,675.50**
		Sourcewell Discount (4%)	$ (10,787.02)
		Subtotal	**$ 258,888.48**
		Training	$ 2,000.00
		Final Sale Price	**$ 260,888.48**

V4019001
ORION Zoom PAN & TILT CAMERA
* Pan, Tilt and Zoom (3x digital) camera for 4" and up pipelines
* May be used on tractor or pushrod
* Auto-focus, Auto-uprighting, LED Lighting and 33 kHz Transmitter for locate
* New wide angle of view = 90º
* Laser diameter, deformation, defect and object measurement (software required - not included)

901601040
Pressure Test Set

V9044001
T76 TRACTOR
* Mainline tractor for use in pipelines 5" and up
* Zero turn radius, full steering with ATC (Automatic Tilt Compensation)
* Includes lowering claw, toolset and 5"/6"/8"/10" wheelsets
* T76 can be used as the chassis for the LISY 3 Extension
* Requires the (904020021) Camera Base module for normal mainline operations
* Add the Remote Elevator (904116031) to help in larger pipelines

V9040012
Camera Base CB 3.2S Module for T76/86 Tractor
* Required for operation of T76/86 as mainline tractor
* Includes integrated transmitter for location.

904116031
Remote Elevator for T76/86
* Raises the camera to allow centering in pipeline
* Lifts camera above water line in pipes with flow

900406691
High-Traction Tungsten Carbide Wheels for 8" and up
>>>Complete Set of 4 with bolts and washers<<<
* For use with T76 / T86 / PANO2 Tractors
* Large Grit
* Uses Wheel Bolt 60000291
* Uses Flat Washer 6000082

V1974018
BS3.5-10X Vehicle Mounted Control
- For operation of all camera and the tractor functions
- For permanent installation in a vehicle in 19" technology

- Separate keyboard surround with 2 joysticks, emergency stop, microphone for intercom

- Includes V0000189 on/off switch
- Requires control monitor panel and monitor mount.
- Requires PC for operation
- SD controller for use with KW305.

RAM-2461U
VESA 75 Mounting Plate With Ball - C Size

RAM-201U-B
Double Socket Arm - C Size Short

RAM-TRACK-EXA-9BU
9BU 9" Modulare Aluminum Black Tough Track

RAP-354U-TRA1
Track Ball With T-Bolt Attachment - C Size

10TS7M
10 Inch Touch Screen

GV-N710D3-2GL
Graphics Card With HDMI Output

V8026001
KW305.2 Synchronized Power Cable Reel
* Synchronized cable payout and retraction
* Automatic level wind
* Requires vehicle installation
* Includes remote control pendant and LED Boom Light
* Distance counter and rear display
* Holds up to 1000' of mainline cable
* Includes integrated tractor lowering winch and control

80017040
CAMERA CABLE TYPE 524/11 - 1000 FEET
* Terminated with connector for KW305 Reel Only
* High strength, 2000lb. pull, Kevlar reinforced
* Diameter of cable approx. 7.3 mm

904350020
Cable Deflection Pulley KUV 2.7 with rope and holder (50ft of rope)

802617031
Cable Deflection Pulley KW305/505
*Attaches to the boom for off-manhole setups

900300130
Cable Deflection KUV3
*Upper manhole deflection unit
*Protects cable during remote setups

V000021
Lowering Poles for Tractors
* Includes fiberglass poles and adapter to lowering claws.

800500841
KW Reel foot-operated winch switch (KW505, 310 and 305)
* Control the lowering winch with foot to allow more control while lowering the tractor into the manhole

V0001017
19" Industrial PC
These specifications or greater:
* Ruggedized Rack Mount Cabinet
* Intel Quad Core Processor
* 16 GB RAM
* 256 GB Solid State Drive for Applications / OS
* 2 TB Hard Drive for Data
* DVD-R/CD-RW drive
* Keyboard and Optical Mouse
* Operating system Windows 10 Professional

V0001018
Non-HD Video Capture Device

VSP00200
IBAK EVOLUTION - VEHICLE

Powerful database application for all types of inspections: including lateral launch, mainline, Panoramo, HD, laser scan and more. This software will allow you to capture video and images, and produce complete reports with defect identification and scoring. Data and videos can be exported for the customer to view the information. The software has an extensive list of expansion modules available to further its capabilities.

- Basic sewer data projects – basic module type
- Managed sewer objects: sections, manholes and laterals
- Standard-compliant sewer data acquisition
- Operation with task-related menus and dialogues
- Assistant for condition data acquisition
- Management of inspection projects with customer, project and job data
- Management of sewer objects with master and condition data, photo and video data
- Import and attribution of digital photos to condition data
- Digital single image capture from linked videos
- Data transfer assistant
- License-free sewer MPEG player for data transfer (without an MPEG decoder)
- Digital MPEG recording with:
- Internal MPEG mobile encoder (Sensoray)
- Configurable video overlay of master and condition data
- Condition data acquisition synchronized with video recording
- Single monitor display with:
- Live video display
- Switchover between the video picture and the IKAS dialogs
- Also for Panoramo systems, Panoramo scanner control included
- High performance MPEG encoder driver (requires Vitec)
> MPEG format see encoder description
- Job rule management! Any desired number of profiles can be managed.
IKAS Evolution Full HD
- Full HD performance MPEG encoder driver (requires Vitec HD)
> Up to full HD video with MPEG4 AVC(H264)
> Adjustable resolution
> Software data overlay
IKAS Evolution Laser Diameter Measurement
- For IBAK laser cameras
- During push rod operation for diameter estimation only with push cameras
IKAS Evolution PACP & LACP Interface Extension

IKAS Evolution Support
• Ongoing updates and support by phone or online via TeamViewer
• First 6 months included with initial purchase
• The service contract will automatically renew on January 1st of each subsequent calendar year.
• Paid yearly upon renewal
• Customer outside of contract will receive no updates and minimal support
* Upon initial purchase, customer will be charged a pro-rated amount to include support for the current year, and until December 31st of the following calendar year.

VZ000700
Ford Transit VanWagon XL, High Roof, Long Wheelbase Extended Length, 3.5L Ti-VCT V6 Engine, 10-
Speed Automatic Overdrive with Select Shift Transmission, 9950 GVRW, DRW.

VZ000624
Cargo Van Conversion
*** Chassis purchased separately, call for required chassis specifications ***
* Rear backup camera.
* Walk-thru design with partition wall and door.
* 12v LED lighting.
* Roof Air.
* Exterior shore power package with extension cord.
* Auxiliary battery and charging system.
FRONT OFFICE:
* Vinyl flooring in office.
* Carpeted walls in Studio.
* Laminated base cabinetry.
* Laminate countertops in studio.
WORKSPACE:
* Heavy-duty, 5 drawer toolbox.
* 14 Gallon pressurized wash down system.
* Monitor mount in workspace for installing monitor (monitor sold separately).

* Butcher block workbench.
* Rugged FRP cabinets.
* Rugged FRP overhead cabinets with easy-open hardware.
SAFETY:
* Directional arrow board at rear.
* Strobe light mounted on front roof.
VZP000116
Inverter 5000w, 120VAC with 330AH LifePO 4 Batteries (Qty:3)
VZM000100
Monitor, 17" 4:3
VZM000104
Monitor Mount - Double
VZ000306
KW Reel cabinet, (W-22", L-39" & H-34"), with a slide out tray for the LISY Synchro drum and one locking drawer with a divider. All aluminum drawer construction.
VZFPB-4
Fiberglass Pole Bracket
*** Lower support arm and 1 horizontal support with push on stays***

Terms and Conditions

******Surcharges or rate increases issued by manufacturer that affect this quote following quote acceptance, but prior to order delivery, will be the responsibility of Buyer. Any surcharge or increase that is applied to this purchase will be applied at same cost as issued by manufacturer.******

- *Acceptance of this Proposal is subject to availability of the Equipment listed above.*
- *Sales Price does not include any applicable sales taxes. Buyer is responsible for and agrees to pay all applicable sales tax.*
- *The Sale of New Equipment Terms and Conditions are incorporated into and made a part of this Proposal upon acceptance and execution of this Proposal by both parties.*
- *Execution of this Proposal by Seller and Buyer constitutes a binding agreement between the parties.*
- *If this Proposal is not executed by both parties within thirty (30) calendar days from the Proposal Date, this Proposal shall become null and void, unless subsequently executed by both Buyer and Seller.*

Thank you for your consideration of this proposal.

Sincerely yours,

Rob Stineman
Regional Sales Representative
513/673-9708
RobStineman@TeamJDC.com

This proposal becomes a contract for delivery and payment of the merchandise listed above only when signed by the customer or one of its officers.

Customer: _____

By: _____

Date: _____

Email: _____

The Safety Company LLC dba MTech
5642 Transportation Blvd
Garfield Heights OH 44125
800.362.0240
sales@mtechcompany.com

Quote

#QUO010325

08/08/2025

Bill To	Ship To
Reynoldsburg, City of 7232 East Main St. Reynoldsburg OH 43068 United States	Reynoldsburg, City of 1615 Truro Ave Reynoldsburg OH 43068 United States

Company	Expires	Terms	Sales Rep
Reynoldsburg, City of	09/07/2025	Due on receipt	Bryan E Cohen
Delivery	**Ship Via**	**Incoterms**	**Freight Terms**
	26 - Training	FOB Origin	PPD & Add

Item	Description	Unit Price	Quantity	Total
999-NASSCO TRAINING - PACP ONLY	NASSCO Training PACP Only – 2 Day Training - Per Person	$1,250.00	6	$7,500.00

Note

- Mastercard, Visa, American Express accepted. Charges subject to a processing fee.
- All returns subject to a 25% restocking fee and customer is responsible for all shipping charges.

Subtotal	$7,500.00
Shipping	
Tax Total (0%)	$0.00
Total	**$7,500.00**

Signature _____

Customer is responsible to winterize/drain all water/air out all systems before leaving any vehicle on MTech's premises

QUO010325

MTECH

Cues Sewer Inspection System
Sales Proposal for: City of Reynoldsburg
Ohio STS Pricing Effective 4-1-2025
Presented by: MTech

Date: 8/6/25

Ohio STS: 800905
Index: STS670

CUES

CUSTOMER INFORMATION

Company Name: City of Reynoldsburg
Contact Name:
Street Address:
City, State & Zip:
Phone:
E-mail:

Base System

Manufacturer	Model	Description	Price	Comments
CUES	Lg Deluxe	**Large Deluxe Package**	$109,008.00	
		Large Deluxe Package Power Elevator Standard Controller or Battery on Board		
		8" to 36" Multiple Pipe Options		
		Powered Drum w 305m (1,000') Cable w/ swivel		
		P356 Crawler Assy		
		P354 Crawler Assy		
		Command Module with Joysticks for power elevator		
		Pan & Tilt Camera		
		Pan/tilt Zoom Camera		
		Down hole set (Top/Bottom roller, rope, poles)		
		Downhole hook and strap kit		
		Small Elevator		
		Large Power Elevator		
		Medium Wheel Set x2		
		Dual Large Wheel set		
		3 & 4 PVC Wheel sets		
		5m Link Cable		
		Pendant Controller		
		8W Lighthead		
		8" to 36" Multiple Pipe Options		
		Steering Capability		
		Centering on 36" w/ larger Elevator		
		High Resolution Camera		
		Superior Lighting Capabilities		
		P350 Cable Blanking tow Eye		
		On-Site Training		

Add-On to Base System

Manufacturer	Model	Description	Price	Comments
CUES	PP Transit	Transit build for C550 systems	$169,900.00	
		Unit includes inverter, 10 gallon washdown, desk, rear monitor and mounts for C550 units		

Totals

Total Base With Add Ons	$278,908.00
Additional Discount	-$20,000.00
Total Contract Price	$258,908.00

Options (Not included in above pricing)

Manufacturer	Model	Description	Price	Comments

Preview Order T505 - F4X 350HD High Roof Cargo RWD : Order Summary Time of Preview: 05/05/2025 10:01:30 Receipt: 5/5/2025

Dealership Name : Liberty Ford, Inc. **Sales Code :** F44613

Dealer Rep.	Tyler Gribble	**Type**	Fleet	**Vehicle Line**	Transit	**Order Code**	T505
Customer Name	The Safety Co	**Priority Code**	F2	**Model Year**	2025	**Price Level**	530

DESCRIPTION
F4X0 T350HD HR CARGO RWD
148" WHEELBASE
OXFORD WHITE
VINYL
DARK PALAZZO GRAY
PREFERRED EQUIPMENT PKG.101A
.XL TRIM
3.5L PFDI V6 (GAS)
.10-SPEED TRANSMISSION
205/75R16C BSW ALL-SEASON
4.10 LIMITED SLIP AXLE
JOB #2 ORDER
FORD FLEET SPECIAL ADJUSTMENT
FLEET ADVERTISING CREDIT
REAR COMPARTMENT LIGHTING
FRONT LICENSE PLATE BRACKET
TIE DOWN CARGO HOOKS
9950# GVWR PACKAGE
2WAY DRV/PASS PALAZZO VINYL
B-PILLAR ASSIST HANDLE

DESCRIPTION
50 STATE EMISSIONS
HD TRAILER TOW PACKAGE
LONG-ARM PWR HEAT MIRRORS
MANUAL AIR CONDITIONER
RADIO - SYNC3, 4" SCN
VEHICLE MAINTENANCE MONITOR
DRW - SILVER STEEL W/ LUGS
EXTENDED FUEL TANK (31 GAL)
D-PILLAR ASSIST HANDLES
FRONT OVERHEAD SHELF
TRAILER BRAKE CONTROLLER
LARGE CENTER CONSOLE
2 ADDITIONAL KEYS
E-85 FLEX FUEL CAPABLE
SPECIAL DEALER ACCOUNT ADJUSTM
FUEL CHARGE
NATIONAL FLEET INCENTIVE (56M)
NET INVOICE FLEET OPTION (B4A)
PRICED DORA
ADVERTISING ASSESSMENT
DESTINATION & DELIVERY

Specifications For : M TECH COMPANY (DEALER)

---

1 **CUSTOMER SUPPLIED - FORD TRANSIT GAS CARGO VAN 2X4 CHASSIS**

1 **4.5 kW MEPS POWER SYSTEM FOR TRANSIT**

1 **EVO3 INTERIOR FOR PORTABLE SYSTEM CONFIGURATIONS**

Control Room Interior:

1 Lonseal Lonplate Flooring

1 Kemlite covered walls and weather resistant/smooth finished ceiling

1 Bulkhead Wall With Passage Door From Control Room to Equipment Room

1 Desktop / Work Area

Equipment Room Interior:

1 Lonseal Lonplate Flooring

1 Kemlite covered walls and weather resistant/smooth finished ceiling

1 Upper Wall Mounted Storage Cabinet

1 Lower Storage Cabinet with Worktop

1 **MULTI-OUTLET WORKSTATION WITH LIGHTS AND USB PORTS**

1 **10-GALLON WASHDOWN SYSTEM WITHOUT SINK**

1 10-Gallon Fresh Water Tank

1 Electric Water Pump

1 Retractable Hose Reel with 25' Water Hose and Nozzle

1 **12VDC OUTLET AT REAR OF TRUCK**

1 **22" LED MONITOR WITH SHORTENED MOUNT FOR DESKTOP**

1 **24" REAR MONITOR MOUNTED IN BULKHEAD (MONITOR ONLY)**

1 **C550 TRUCK MOUNT INTERIOR WIRING / LIGHTING**

INTERIOR COMPONENTS

1 Electrical Outlet with Dual Receptacles

1 Multi-Outlet Power Strip With USB Ports

1 Fire Extinguisher with Bracket, 10BC Rating

1 Operators Chair, Swivel With Casters

1 8"X12" Black Stretch Net

1 Breaker Box Storage Area with Locking Positive Latch

1 12V LED Light Fixtures

1 Outlet in ER at Rear

EXTERIOR COMPONENTS

4 High Intensity LED Strobe System - Amber (Mounted High and on Left and Right Sides of Vehicle (2 per Side))

2 High Intensity LED Strobe System - Amber (Mounted Front Grill Area)

2 High Intensity LED Strobe System - Amber (Mounted High on Rear Corner Posts)

1 License Tag (Cues)

2 Adjustable LED Floodlights Rear of Vehicle Area Illumination

1 COMMAND MODULE SPIKE

1 CONTROLLER MOUNTING PLATE KIT

1 CAT-5 CONNECTION

1 ETHERNET SWITCH

1 DRUM INTERFACE CABLE

1 25' 110V SHORE POWER CABLE

1 STORAGE DRAWER UNDER REEL ASSEMBLY FOR C550 / MARK3

1 SOFT MOUNT AND DROP DOWN GUIDE ARM

1 PREWIRE FOR LAPTOP
INTERCONNECT CABLING FOR LAPTOP COMP (NO PRINTER)

1 CUSTOMER SUPPLIED C550

1 DOWNHOLE EQUIPMENT BRACKETS FOR PEARPOINT TRANSIT C550 UNIT (ACTUAL EQUIPMENT IS PART OF C550 SYSTEM)

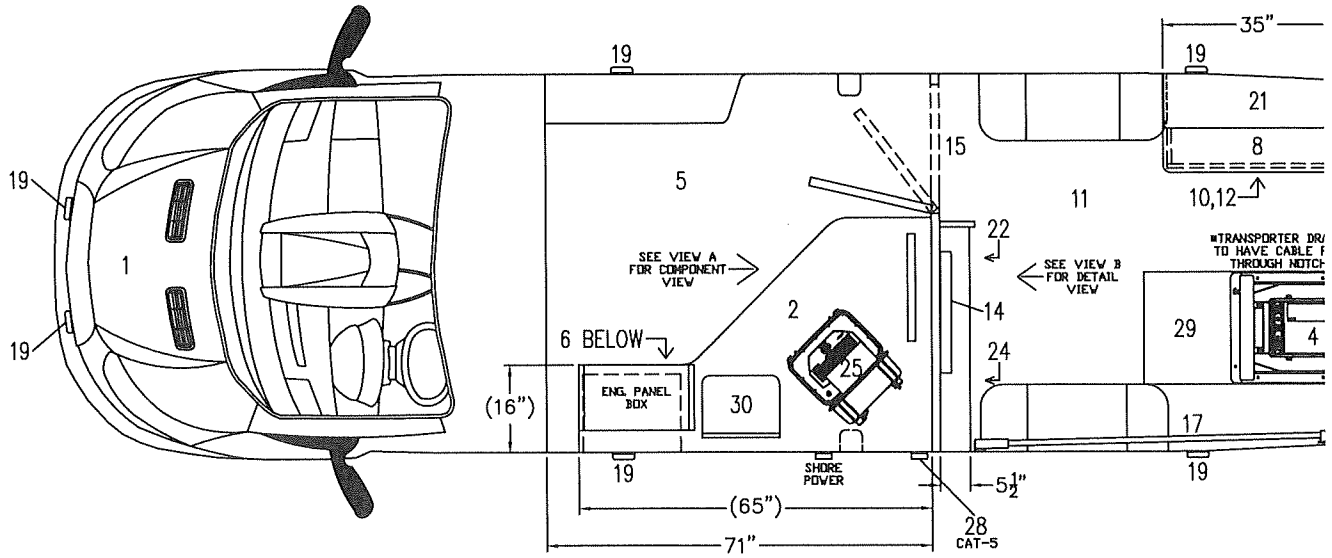
1 Upper Bracket assembly for 3 Down hole poles

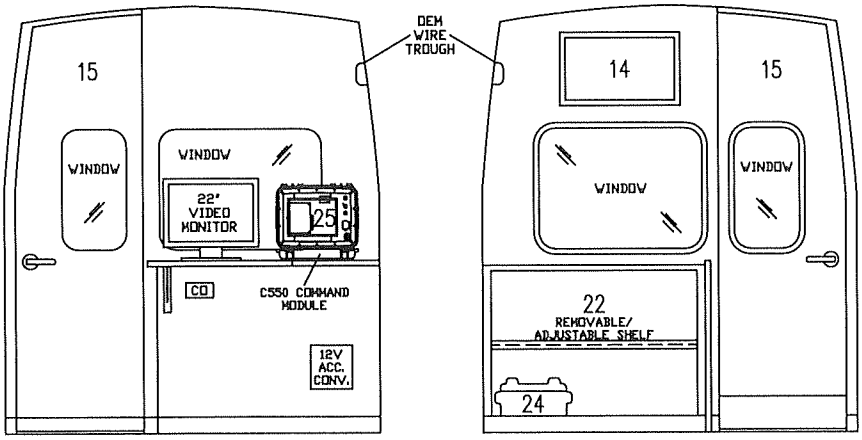
1 Lower Rack assembly for 3 Down hole poles

INDEX SHEET

1. CUSTOMER SUPPLIED FORD TRANSIT 350 HD GAS CHASSIS – WITH 9,950 LB. GVWR, EXTENDED LENGTH, HIGH ROOF, BACKUP CAMERA, AND REAR BARN DOORS
2. CUSTOM INTERIOR WITH CONTOURED DESKTOP
3. 4.5kW MEPS INVERTER SYSTEM
4. CUSTOMER SUPPLIED/INSTALLED C550 SYSTEM – CUES TO PROVIDE SOFT-MOUNT WITH DROP DOWN GUIDE ARM/FAIRLEAD OVER STORAGE DRAWER
5. CONTROL ROOM: LONSEAL LONPLATE INDUSTRIAL VINYL FLOORING, KEMLITE COVERED WALLS, AND WEATHER RESISTANT/SMOOTH FINISHED CEILING
6. FILING CABINET WITH LOCKING LATCHES MOUNTED BELOW DESKTOP
7. 12VDC OUTLET MOUNTED NEXT TO TV REEL
8. WORKBENCH/STORAGE CABINET WITH A PLYWOOD/LONSEAL LONPLATE COVERED WORKTOP
9. 110VAC DUAL OUTLET
10. WASHDOWN SYSTEM – 10 GALLON TANK WITH ON DEMAND PUMP
11. EQUIPMENT ROOM: LONSEAL LONPLATE INDUSTRIAL VINYL FLOORING, KEMLITE COVERED WALLS, AND WEATHER RESISTANT/SMOOTH FINISHED CEILING
12. 25' RETRACTABLE WATER HOSE REEL
13. LED LIGHT FIXTURE
14. 24" REAR VIEW LED MONITOR MOUNTED ON BULKHEAD WALL
15. BULKHEAD WALL WITH A HINGED PASSAGE DOOR – WALL AND DOOR TO HAVE A TINTED VIEWING WINDOW
16. 110VAC DUAL OUTLET WITH SWITCH FOR C550 POWER IN CONTROL ROOM
17. DOWNHOLE POLE MOUNTING ASSEMBLY (3 ALUMINUM QUICK COUPLING EXTENSION POLES) – 73" POLES MOUNTED HORIZONTALLY ON DRIVER WALL
18. 110VAC BREAKER BOX ASSEMBLY – MOUNTED DRIVER SIDE WALL BELOW DESKTOP IN CONTROL ROOM
19. BULL LED AMBER STROBES (6 TOTAL – TWO MOUNTED ON FRONT GRILL, TWO MOUNTED HIGH ON REAR CORNER POSTS, ONE MOUNTED HIGH/CENTERED ON EACH SIDE) WITH ON/OFF SWITCH MOUNTED IN CAB
20. ADJUSTABLE LED FLOOD LIGHTS (2 TOTAL)
21. UPPER STORAGE CABINET WITH SLIDING DOORS IN EQUIPMENT ROOM
22. OPEN STORAGE SHELF WITH LIP
23. NETTED STORAGE
24. 12V ACCESSORY BATTERY
25. CUSTOMER SUPPLIED/INSTALLED C550 COMMAND MODULE – CUES TO PRE-WIRE AND PROVIDE DESK MOUNT
26. POWERSTATION WITH DUAL LED LIGHTS, 110VAC OUTLETS (4 TOTAL), AND USB CHARGING PORTS (2 TOTAL) MOUNTED ABOVE WORKTOP
27. POWERSTRIP WITH 110VAC OUTLETS (6 TOTAL) AND USB CHARGING PORTS (2 TOTAL) MOUNTED IN CONTROL ROOM
28. CAT-5 CONNECTION WITH WEATHERPROOF COVER
29. FLOOR MOUNTED 48" HEAVY DUTY STEEL LOCKING TRANSPORTER STORAGE DRAWER ASSEMBLY WITH CABLE PASS THROUGH NOTCH – DRAWER FLOOR TO BE FINISHED WITH LONSEAL LONPLATE
30. CUSTOMER SUPPLIED/INSTALLED LAPTOP – CUES TO PRE-WIRE ON DESKTOP

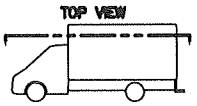
1=1





VIEW A

VIEW B



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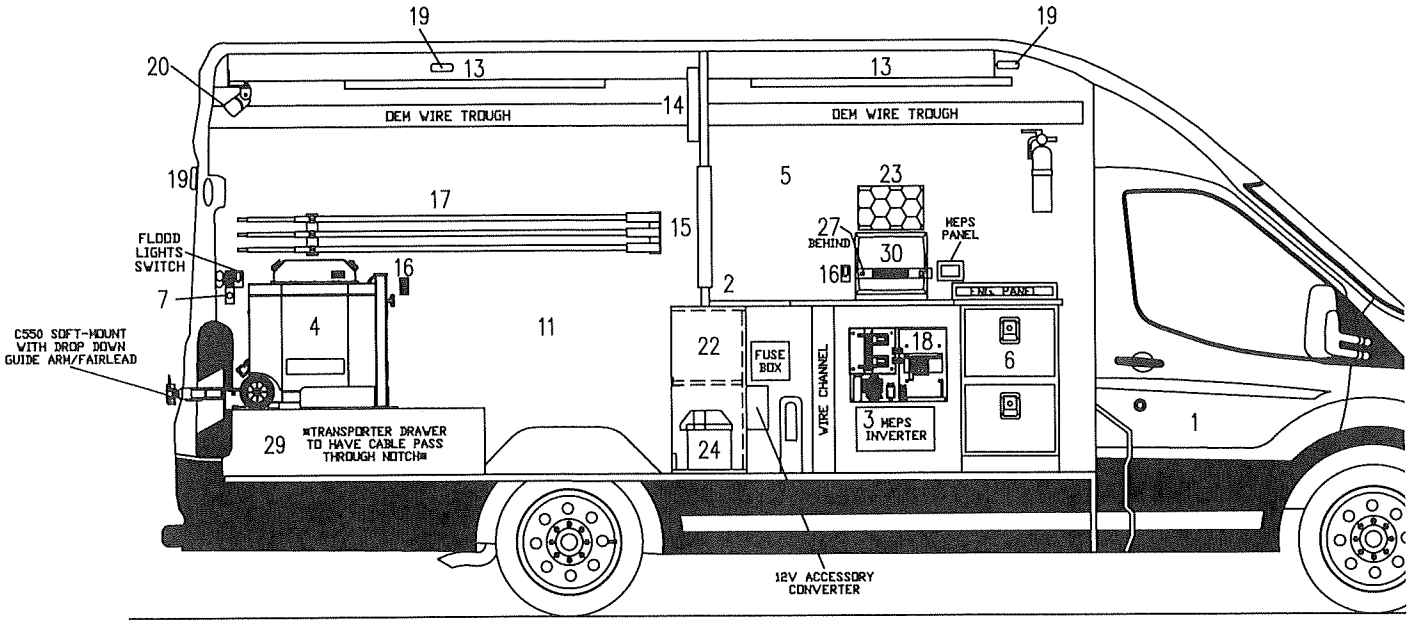

STREETSIDE VIEW

=20

Paul Hellman

From: Rob Stineman <rstineman@ahequipment.com>
Sent: Friday, September 5, 2025 2:17 PM
To: Paul Hellman
Subject: MINICAM CCTV Mainline Camera System QUOTE/ Transit unit- City of Reynoldsburg, OH- A & H 9/5/25
Attachments: editable quote.docx

[NOTICE: This email originated outside of the City of Reynoldsburg.]

Paul, Thank you for the time Thursday to demonstrate the Minicam, INC CCTV camera system represented and serviced by A & H Equipment.
See attached quotation for "Transit vehicle Unit".
https://minicaminc.com/mainline-inspections/

Please keep in mind this system includes:

- Transit Van w full build-out we showed this week/ alternator power system (no generator)
- (2) cameras
- (2) tractors
- All accessories, wheels, tires, cradle, etc.

Pease reach out with any questions or concerns.

Sincerely,

A&H EQUIPMENT
Solutions You Trust Since 1963
800.753.7566

Rob Stineman
Territory Sales Manager
rstineman@ahequipment.com

Gahanna, OH
C: 216.440.9786
ahequipment.com

Scan to View!

VACTOR ELGIN

NEW | USED | RENTAL | PARTS | SERVICE 100% Financing Available

A&H EQUIPMENT

Regional Leadership – World Class Quality

9/5/2025

City of Reynoldsburg, OH

ATTN: Paul Hellman

We are pleased to submit a quotation for the equipment listed below:

Per the Sourcewell Contract #032824-TRK

Minicam, Inc. Pipeline Inspection & Maintenance Solutions

Total Sale Price $290,340.40

Less Sourcewell Discount ..... (7781.91)

Freight, PDI, & Training $6,500.00

Total Net Sale Price $289,058.49

- T350 TRANSIT VAN Ford T350 Transit- RWD, High Roof, 148"Wheelbase, 10-Speed= $68,000.00
- PREM-CARGO-VAN GAS Build-out - Premium Gas Cargo Van Build
- PASS THROUGH Pass Through - wall separating operator from vehicles back end
- VCU500US VCU500 TRUCK MOUNTED CONTROL UNIT 1 Each
- VIP07 Accessory - 7M Link Cable, Van Interface Plate For Use With ACR Reels
- RACKMOUNT-PC Computer - Intel Core i7 processor, 16GB RAM, 256GB M.2 SSD Drive, 1TB, Windows Operating System

- ACR350US Cable Reel - Fully Automatic Cable Reel for Minicam Proteus Systems with 1150' of Cable

- VGP350 Van Mounted Fully Adjustable Cable Guide Roller for ACR350 Reels

- CRP140 Tractor - For use with Minicam Proteus systems in 6" to 24" pipes with Automatic Camera Lift

- CPL150S Tractor - For use with Minicam Proteus systems in 6" to 18" pipes with Manual Camera Lift

- CAM028L Camera - Minicam CAM028L Camera with Pan & Rotate and Lasers, Powerful LED's, for 6" and up

- CAM028L Camera - Minicam CAM028L Camera with Pan & Rotate and Lasers, Powerful LED's, for 6" and up

- ALB-300 Accessory - Backup Camera with Auxiliary Lighting for Minicam Proteus Tractors

- PCC01 Accessory - Cradle Attachment for Minicam CRP140/150 Tractors, centers camera in pipes up to 48"

- QRW90CB/150 Tractor Wheel - 90mm Carbide Quick Release wheel for use with Minicam CRP140/150 Tractors 4 Each

- QRW250BT/150 Tractor Wheel - 250mm Rubber Balloon Quick Release wheel for use with Minicam PCC01 Cradle 4 Each

- QRW115SR/150 Tractor Wheel - 115mm Soft Rubber Quick Release wheel for use with Minicam CRP140/150 Tractors 4 Each

- QRW140SR/150 Tractor Wheel - 140mm Soft Rubber Quick Release wheel for use with Minicam CRP140/150 Tractors 4 Each

- QRW140XLSR/150 Tractor Wheel - 140mm with XL Hub Soft Rubber Quick Release wheel 4 Each

- QRW115CB/150 Tractor Wheel - 115mm Carbide Quick Release wheel for use with Minicam CRP140/150 Tractors 2 Each

- PKP01 Proteus Pressure Kit

- 88100Z Accessory - CO2 Cannister- 74g - 5/8 Thread 2 Each

- Accessory - Cable Guide Pulley for lower manhole into sewer line join

- TRP01 USE TRP: Manhole Top Roller Assembly

This quotation becomes a contract for payment and delivery of the merchandise listed above only when signed by the customer or one of its officers.

Customer: _____

By: _____

Date: _____

Rob Stineman

Rob Stineman
A. & H. Equipment Company

Midwest Technology Solutions
1108 Orchard Place
Frankfort, IN 46041 US
eking@midwest-tech.net

Estimate

ADDRESS
Paul Hellman
City of Reynoldsburg
7232 E Main St
Reynoldsburg, OH 43068

SHIP TO
Paul Hellman
City of Reynoldsburg
7232 E Main St
Reynoldsburg, OH 43068

ESTIMATE 1915
DATE 08/21/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	HD400	2025 Ford T-350 Cargo CFG-4 Voyager HD Van see attach	1	292,755.00	292,755.00

SUBTOTAL	292,755.00
TAX	0.00
TOTAL	**$292,755.00**

Accepted By

Accepted Date

Voyager Vehicle Mountable System Package
*****Stock Unit*****

Component List:

1 **Aries DC400 Voyager All-in-One Desktop Controller, including:**
7" color flat touch-screen status & diagnostics monitor
Sealed connector for interconnect cable to reel
Camera controls
Tractor controls
Reel controls
Internal overlay module with footage & inclination
Alphanumeric full "QWERTY" keyboard for video titling and report data input

1 Storage and transportation box (460281)

1 **Truck mount inter-connect cables**

1 **Aries HD400 Voyager zoom, rotate & horizontal tilt camera w/ high-intensity LED lighting and integrated self-cleaning lens wiper system, including:**
Voyager zoom pan and tilt camera w/ multi-axis infinite rotation
Integrated on-demand self-cleaning lens wiper system
120X zoom (10X optical & 12X digital)
High-resolution 1080(V) x 1920(H) output
Auto-focus and iris with manual override
Maintenance-free directional white LED lighting that follows the camera's field of view
High-sensitivity camera sensor for low-light applications
"Starlite" low-light level amplification feature with (4) user selectable amplification steps
Automatic home feature with forks at sides of camera head
"One Touch Scanning" feature with (2) user selectable continuous joint scan presets
"Quick Look" preset view positions (6) (Up, Down, Right, Left, Lat R, Lat L)
Robust, environmentally sealed camera for use in live pipe, including:
Scratch-resistant sapphire lens window
Camera recessed behind forks for frontal impact protection
Rubber bumpers on forks
Camera housing with hardened metal finishes and non-corrosive metals
Recessed fasteners & no camera protrusions
Proportionately slowed camera movements when zooming
Fast-check internal pressure monitoring system
On-screen camera diagnostics functions including:
Camera internal pressure, temperature, operating hours, internal power regulated voltage value, camera model, serial number, firmware revision, control error recognition, LED current value.

1 Camera storage and transport case (460283)
1 Camera nitrogen recharge kit (950011)

1 **Aries TR400 Voyager steerable selfpropelled transporter for 6" relined to 24" lines, including:**
Transporter assembly with continuous duty 120-Watt brushless drive motors
Remotely-operated electric camera lifting mechanism
Fast-check pressure monitoring system
Rear viewing camera with LED lighting
512 Hz internal locating beacon
Integrated inclinometer system

6 Rubber wheels, 3-3/8" diameter for 6" lines *(580660)*

4 Rubber wheels, 4-3/8" diameter for 8-12" lines (580661)

4 Rubber wheels, 5" diameter for 12-18" lines (580662)

4 Extended hub dually rubber wheels, 5" diameter for 18-24" lines (580663)

1 Auxiliary detachable light head (LH40)

1 Set maintenance parts (950351)
1 Storage and transport case (460282)

1 PR400 Voyager cable and reel assembly, including:
Lightweight aluminum frame
Drum and motor assembly with electric clutch
Cable level wind assembly with one-button adjustment
Sealed continuous contact 6-conductor slip ring assembly
Distance meter encoder
Emergency stop push button switch
1200' of 6-conductor Kevlar-strengthened cable with water-block to prevent wicking
AC power switch
120 VAC power input plug with cord
Cable guide rollers on extendable downrigger assembly with single-button deployment and spring-loaded top roller for easy cable removal.
Drum tensioner control with knob for fine adjustment
CANbus controlled cable management system
6-pin cable termination
1 HC400 handheld pendant with 15' coiled cable for at-manhole operation of reel & transporter
1 Wireless Xbox One X style handheld controller (822655)

1 Under reel storage drawer

1 22" LCD flat panel monitor, TV/PC viewing, includes desktop mounting brackets

1 22" LCD flat panel monitor, TV viewing, includes wall mounting brackets

1 HD-video amplifier/distributor

1 Cable manhole guide system including:
1 Manhole top roller assembly
1 Tiger tail bottom cable guide
1 Tractor lowering/lift hook assembly
8 Fiberglass extension poles

1 Maintenance tool kit

2 Operation, maintenance, and spare parts manuals

1

1

Estimate

DATE	ESTIMATE #
8/21/2025	2624

MIDWEST TECHNOLOGY SOLUTIONS

Midwest Technology
Solutions
707 W Morrison
Frankfort, IN 46041 US

BILL TO	SHIP TO

Item	Description	Qty	Rate	Amt
CUSTOM-TRANSIT-INVERTER	Standard E-CUTTER LAYOUT FRONT CONTROL ROOM: 1-RUBBER FLOORING 1FIBERGLASS COVERED AND INSULATED WALLS (HARD WALL) 1-15000 BTU LOW PRO AC 1-INTERIOR PARTITION WALL W/WINDOW 1-CONTROL ROOM COUNTER TOP WORKSTATION 2-ALUMINUM OVERHEAD STORAGE COMPARTMENTS (24") 1-CONTROL ROOM LED LIGHTS 2-110V OUTLETS ABOUT COUNTERTOP IN FRONT 1-12V USB CHARGING STATION 1-BNC,S-VIDEO,HDMI VIDEO CABLES RAN TO BACK MONITOR 1-INTERIOR ETHERNET PORT CHAINED TO OUTSIDE PORT 1-3 DRAWER CABINET NEXT TO PARTITION REAR WORK AREA: 2-LED CEILING MOUNTED LIGHTS 2-110V OUTLETS ABOVE WORK STATION 1-12V USB CHARGING STATION 1-WORKBENCH REAR CURBSIDE 1- WATER AREA FOR TANK AND PUMP 1-110V ELECTRICAL OUTLET BEHIND MONITO 1- BATTERY CONTROL CENTER (REAR CURBSIDE) 1- ROOF MOUNTED SOLAR CHARGING KIT 1-LED ARROW BOARD 2-ROOF MOUNTED STROBES 1 INVERTOR SYSTEM & BATTERIES- VICTRON 2-LABELED DOUBLE LIGHT SWITCHES	1		

	1- ADDITIONAL HIGH VIS STROBE KIT (SIDES AND FRONT) 2- REAR MOUNTED FLOOD LIGHTS 2-110V RECEPTS STREETSIDE PER PRINT 1-SOLID PANDUIT 24" LONG			
			SUBTOTAL	
			DISCOUNT	
			TAX	
			TOTAL	

Pricing is subject to change based upon final approved prints. The above estimate is simply an estimate and is not considered to be final pricing. Please note, all past due invoices will be subject to a late fee.

Accepted by: _____

Date: _____

Reynoldsburg
OHIO • 1839

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Declaring the Official Intent and Reasonable Expectation of the City of Reynoldsburg on Behalf of the State of Ohio (The Borrower) to Reimburse Its Capital Improvement Fund (410) with the Proceeds of Tax Exempt Debt of the State of Ohio

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

A RESOLUTION DECLARING THE OFFICIAL INTENT AND REASONABLE EXPECTATION OF THE CITY OF REYNOLDSBURG ON BEHALF OF THE STATE OF OHIO (THE BORROWER) TO REIMBURSE ITS CAPITAL IMPROVEMENT FUND (410) WITH THE PROCEEDS OF TAX EXEMPT DEBT OF THE STATE OF OHIO

WHEREAS, the City of Reynoldsburg has entered into an Ohio Public Works Commission (OPWC) loan agreement to partially finance the Waggoner Road, Phase I Improvement Project; and

WHEREAS, construction related costs have been incurred and now the City seeks OPWC loan reimbursement; and

WHEREAS, OPWC requires Council to approve a Resolution of Intent to comply with federal regulations pertaining to the proceeds of tax-exempt debt which is the funding source of our loan.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF

REYNOLDSBURG, OHIO:

SECTION 1: The City of Reynoldsburg reasonably expects to receive a reimbursement for the Project named Waggoner Road, Phase I Improvement Project as set forth in Appendix A of the Project Agreement with the proceeds of bonds to be issued by the state of Ohio.

SECTION 2: The maximum aggregate principal amount of bonds, other than for costs of issuance, expected to be issued by the state of Ohio for reimbursement to the local subdivision is $3,500,000.00.

SECTION 3: The Clerk of the City of Reynoldsburg is hereby directed to file a copy of this Resolution with the City of Reynoldsburg for the inspection and examination of all persons interested therein and to deliver a copy of this Resolution to OPWC.

SECTION 4. That this Council finds and determines that all formal actions of this Council concerning and relating to the passage of this resolution were taken in an open meeting of this Council, and that all deliberations of this Council and of any committee that resulted in those formal actions were in meetings open to the public in compliance with law.

SECTION 5. That this Resolution is effective immediately upon passage by Council and following the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Health Insurance Coverage with Medical Mutual of Ohio for the Period from January 1, 2026 through December 31, 2026

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The City of Reynoldsburg entering into a contract with Medical Mutual of Ohio for the period from January 1, 2026 through December 31, 2026.

A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Health Insurance Coverage with Medical Mutual of Ohio for the Period from January 1, 2026 through December 31, 2026

WHEREAS, the City of Reynoldsburg has held a contract with Medical Mutual of Ohio for the health care benefits for the officers and employees; and

WHEREAS, the contract with Medical Mutual of Ohio is an annual contract that expires December 31, 2025; and

WHEREAS, the Mayor is hereby authorized to execute a contract with Medical Mutual of Ohio on behalf of the City of Reynoldsburg.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized to renew the health insurance

contract with Medical Mutual of Ohio for the period from January 1, 2026 through December 31, 2026.

SECTION 2. That upon adoption by Council, this Resolution shall be in effect January 1, 2026 following the signature of the Mayor.

PROPRIETARY & CONFIDENTIAL

Proposal For:

CITY OF REYNOLDSBURG - (WorkSpring)

Effective Date: 1/1/2026
End Date: 12/31/2026
County: Franklin
State: Ohio

Quote ID: 0141835-01

Friday, October 3, 2025
11:35 AM

It is Medical Mutual Services' position that the information contained in this response constitutes trade secrets protected by O.R.C. §1333.61, et seq. This information would provide an economic benefit to our competitors. Medical Mutual Services takes steps to keep the information confidential by marking it as "proprietary" and by using non-disclosure agreements, where applicable, to protect its confidentiality when it is released. O.R.C. §1333.62 protects against misappropriation of trade secrets by allowing courts to enjoin disclosure.

Under O.R.C. §149.43(A)(1)(v) records are not public if the release of the records is prohibited by state or federal law. Since trade secrets are protected by the state law set forth in O.R.C. §1333.62, the exception against disclosure set forth in §149.43(A)(1)(v) applies to this response.

MEDICAL MUTUAL

Group Name: **CITY OF REYNOLDSBURG - (WorkSpring)**
Effective: **January 1, 2026 - December 31, 2026**

CITY OF REYNOLDSBURG-WorkSpring

Benefit Highlights & Premium Rates	HSA $3400	
Product / Network	SuperMed Plus	
HSA Option	Yes	
Includes Major Med. Rx?	Yes	
	NETWORK	NON-NETWORK
Deductible Type	Embedded	
Single Deductible	$3,400	$4,800
Family Deductible	$6,800	$9,600
Employer Coinsurance % *	100%	80%
Single Out of Pocket (Excludes Deductible)	$0	$3,800
Family Out of Pocket (Excludes Deductible)	$0	$7,600
Single Maximum Out of Pocket	$4,000	$8,600
Family Maximum Out of Pocket	$8,000	$17,200
Office Visit	100% After Deductible	80% After Deductible
Specialist Office Visit	100% After Deductible	80% After Deductible
Urgent Care Office Visits	100% After Deductible	80% After Deductible
Emergency Room Visits**	100% After Deductible	
Inpatient Services	100% After Deductible	80% After Deductible
Prescription Drug Card Benefit Highlights	**Major Medical Drug**	
Single Deductible	$3,400	
Family Deductible	$6,800	
	Retail	Mail Order
Generic Copay	N/A	N/A
Formulary Copay	N/A	N/A
Non-Formulary Copay	N/A	N/A
4th Tier Copay	N/A	N/A
	OTHER	

Rates Effective 1/1/2026 - 12/31/2026:	Enrolled	Minimum Rates	Maximum Rates	Billing Rates
Contingent Premium Rates		95%	100%	100%
Single	48	$765.02	$805.28	$805.28
Family	110	$2,057.46	$2,165.75	$2,165.75
Monthly Premium			***$276,886***	

Group Official Plan/Rate Selections	Initial Here _____

Rate Acceptance

Group Official Initial: _____ *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: Stephanie Connell

Title: Human Resources Director

Date: 10/07/2025

*** Some non-network services will be covered at a coinsurance less than what is shown.**

**** Emergency room visits that do not qualify as an emergency may be covered at a lesser amount. Coverage for emergency visits and emergency services may vary.**

In accordance with Ohio law, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.

Employers must disclose any funding of deductibles or coinsurance provided to employees. If funding is not disclosed, Medical Mutual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments.

Rates reflect the federally mandated fees. All fees are subject to state premium tax. Fees are subject to change. When a contract period spans more than one calendar year, the fees are averaged over the length of the period.

Rates and premiums for periods beginning January 1, 2022 do not include potential or actual exposure due to section 4980I of the Internal Revenue Code -- Excise Tax on High Cost Employer-Sponsored Health Coverage under the Affordable Care Act. Any Excise tax determined to be payable on your plan(s) will be billed separately from health plan premium rates.

The limiting age for dependent children is 26, except in the case of physical or intellectual disability.

Effective January 1, 2016, Ohio law lowered the limiting age for dependent children from 28 to 26. However, as a large group customer you still have options available to you. You may continue covering dependent children to age 28, reduce the age to 26 for both new and existing dependent children or reduce the age to 26 for new dependent children only. Please note that children with a physical or intellectual disability are not impacted by the change in Ohio law. Please contact your Medical Mutual representative to discuss your options in detail.

Quote ID: 0141835-01

CITY OF REYNOLDSBURG - (WorkSpring)
1/1/2026
Disclaimers & Contingencies

- Proposal expires in 60 days or upon effective date.
- Rates assume Medical Mutual is the only carrier, with 75% of net eligible employees enrolled.
- Rates are subject to change if enrollment varies by more than 10% from 158 contracts quoted.
- Ancillary coverages will be packaged with Medical coverage and not sold separately.
- Disclosure of disabled participants is required.
- Misrepresentation may result in rescission of coverage.
- Rates include standard reporting and administration.
- Rates include broker commission of $30.00 PEPM based on Medical LOB only
- Employers must disclose any funding of deductibles or coinsurance provided to employees. If funding is not disclosed, Medical Mutual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments.

- Covered employees will automatically have access to Medical Mutual's Essentials wellness program, which includes online health resources, health assessments, Weight Watchers discounts, 24/7 nurse line and tobacco cessation programs. If not already enrolled in a buy up program, additional wellness program options are available upon request for an additional fee.
- The rates in this proposal may include Patient-Centered Outcomes Research Institute Fee (PCORI), Reinsurance Fee, Exchange Fee, and Market Share Fee when applicable which are federally mandated. Additionally, this policy, Medical Mutual, or you as a Plan Sponsor may become subject to taxes, fees or other charges imposed by State, Local, or Federal governments (collectively, "fees"). Medical Mutual reserves the right to adjust your premium or funding rate (or add the fees to the invoice) consistent with the effective date of the new fees imposed by the government. Adjustments may or may not be noted in a line item on monthly invoices. All fees are subject to change during the contract period.
- Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification if it impacts the contents of the SBC. Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
- Effective January 1, 2016, Ohio law lowered the limiting age for dependent children from 28 to 26. However, as a large group customer you still have options available to you. You may continue covering dependent children to age 28, reduce the age to 26 for both new and existing dependent children or reduce the age to 26 for new dependent children only. Please note that children with a physical or intellectual disability are not impacted by the change in Ohio law. Please contact your Medical Mutual representative to discuss your options in detail.

Rate Acceptance

Group Official Initial: _____ *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: Stephanie Cornell

Title: Human Resources Director

Date: 10/07/2025

Reynoldsburg
OHIO • 1839

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Dental Insurance Coverage with Delta Dental for the period from January 1, 2026 through December 31, 2026

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The City of Reynoldsburg entering into a contract with Delta Dental for the period beginning January 1, 2026 through December 31, 2026.

A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Dental Insurance Coverage with Delta Dental for the period from January 1, 2026 through December 31, 2026

WHEREAS, the City of Reynoldsburg provides its employees dental benefits with Delta Dental; and

WHEREAS, the contract with Delta Dental expires on December 31, 2025; and

WHEREAS, the cost for the one-year plan beginning January 1, 2026 through December 31, 2026 will be the same as the existing coverage.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized to renew the Delta Dental contract for the period from January 1, 2026 through December 31, 2026.

SECTION 2. That upon adoption by Council, this Resolution shall be in effect January 1, 2026 following the signature of the Mayor.

P.O. Box 30416
Lansing, MI 48909-7916

https://www.DeltaDentalOH.com

August 26, 2025

Ms. Cindy McDermott
Willis Towers Watson Midwest, Inc.
775 Yard St Ste 200
Columbus, OH 43212-3891

Dear Ms. McDermott,

Enclosed is renewal information for one of your Delta Dental Plan of Ohio groups that renews in the month of January. A renewal letter indicating the group's renewal rates is included.

Please ensure that the enclosed renewal documents are delivered to the group.

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Adam Q Clifton
Senior Account Manager

Enclosures:
0280-0001 City of Reynoldsburg

DELTA DENTAL

P.O. Box 30416
Lansing, MI 48909-7916

https://www.DeltaDentalOH.com

August 26, 2025

Mr. Joe Begeny
Mayor
City of Reynoldsburg
7232 E Main St
Reynoldsburg, OH 43068-2014

Re: Dental Plan Rate Review, Group #0280-0001

Dear Mr. Begeny,

Thank you for placing your confidence in Delta Dental. We are committed to improving the oral health of our communities by providing access to the nation's largest dental network at competitive rates. This allows your enrollees to obtain the dental care they need to remain healthy.

We have completed a comprehensive review of your dental plan premiums, and your renewal documents were provided to your agent. Enclosed is a contract for the renewal of your existing dental plan. Please have your group's authorized representative sign the contract and return it to me at your earliest convenience. If we are not in receipt of the signed contract by the effective date, we will consider remittance of payment as acceptance of the contract, and we will continue to administer your dental benefits accordingly. By permitting us to do so, you accept the terms of this contract in full and agree that this contract is binding, even if you do not return a signed copy of the contract to us. If you do not wish to renew coverage, please provide notice to us in accordance with your Contract. Notwithstanding the above terms of this contract, all delinquent balances due to Delta Dental must be paid in full prior to acceptance on the above-mentioned renewal date. If there is a deficit at the time of your acceptance, Delta Dental reserves the right to revoke this offer and terminate your existing contract upon its natural expiration date.

Also included is a rate sheet outlining the premiums applicable to your new contract period, and a Benefit Highlight Sheet noting some of the benefits available under your current contract. These documents are intended to serve as quick reference guides outlining some of your contract and are not part of the contract noted above.

Please call me at (614) 776-2309 if you have any questions or if I can be of help in any way. Thank you, we look forward to continuing our relationship with you and we greatly appreciate your business.

Sincerely,

Adam Q Clifton
Senior Account Manager

cc: Ms. Cindy McDermott

Delta Dental of Ohio

Renewal Rates for City of Reynoldsburg #0280

Effective January 1, 2026

Rates - Non-Retention		
Rates per enrollee per month	**Current Rate(s)** January 1, 2025 through December 31, 2025	**Renewal Rate(s)** January 1, 2026 through December 31, 2026
Composite	$99.18	$99.18
Overall Percent Change	0.00%	

Rating Requirements
Minimum client contributions: 100 percent for employee and 100 percent for dependent(s).
Tied to medical: No

Rating Assumptions
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year non-retention contract.
Self-billing is not allowed and you agree to pay as invoiced each month.
Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and reference cards.
Printed dentist directories are not included. You can find participating dentists on our website at https://www.DeltaDentalOH.com.
The plan specifications are subject to Delta Dental's standard exclusions and limitations, including: ➢ Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months. ➢ Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months. ➢ People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment. ➢ Fluoride treatments are payable twice in any period of 12 consecutive months for people age 18 and under. ➢ Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period. ➢ Sealants are not a Covered Service. ➢ Composite resin (white) restorations are payable on all teeth, including posterior teeth. ➢ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services. ➢ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services. ➢ People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Delta Dental of Ohio
Dental Benefit Highlights for
City of Reynoldsburg #0280

Delta Dental PPO™ (Point-of-Service) *Coverage effective **January 1, 2026***	**Delta Dental PPO™ Dentist**	**Delta Dental Premier® Dentist**	**Nonparticipating Dentist**
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	**100%**	**100%**	**100%**
Palliative Treatment - to temporarily relieve pain	**100%**	**100%**	**100%**
Brush Biopsy - to detect oral cancer	**100%**	**100%**	**100%**
Radiographs - X-rays	**100%**	**100%**	**100%**
Basic Services			
Minor Restorative Services - fillings and crown repair	**75%**	**75%**	**75%**
Endodontic Services - root canals	**75%**	**75%**	**75%**
Periodontic Services - to treat gum disease	**75%**	**75%**	**75%**
Oral Surgery Services - extractions and dental surgery	**75%**	**75%**	**75%**
Major Restorative Services - crowns	**75%**	**75%**	**75%**
Other Basic Services - misc. services	**75%**	**75%**	**75%**
Relines and Repairs - to prosthetic appliances	**75%**	**75%**	**75%**
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	**75%**	**75%**	**75%**
Orthodontic Services			
Orthodontic Services - braces	**75%**	**75%**	**75%**
Orthodontic Age Limit -	**through age 18 and under**	**through age 18 and under**	**through age 18 and under**

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.*

Maximum Payment – $1,500 per Member total per Benefit Year on all services except orthodontic services. $1,500 per Member total per lifetime on orthodontic services.

Deductible – None.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at https://www.DeltaDentalOH.com.

DELTA DENTAL®

Delta Dental Contract
For
City of Reynoldsburg

This Contract ("Contract") is entered into by and between City of Reynoldsburg (the "Contractor") and Delta Dental Plan of Ohio, Inc., an Ohio non-profit corporation ("Delta Dental"). Contractor and Delta Dental may each be individually referred to as a "Party" or together as "Parties". This is a legally binding contract between the Contractor and Delta Dental and is effective on January 1, 2026, the ("Effective Date").

Section I. Declarations

The benefits available are as set forth in this Contract. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision contained in subsequent sections of this Contract.

A. **Effective Date:** 12:01 A.M. Standard Time, January 1, 2026

B. **First Renewal Date:** January 1, 2027

C. **Group Number**: 0280-0001

D. **Rate(s):**

Composite - $99.18 per month per Enrollee

This rate is contingent upon 100% enrollment of the eligible Enrollees of the defined group and their Dependents. Rates do not include any applicable claims taxes.

DELTA DENTAL PLAN OF OHIO, INC.

BY: _____
President and CEO

DATE: August 26, 2025

CONTRACTOR

BY: _____
(Authorized Signature)

_____
(Title)

DATE: _____

Section II. Definitions

A. Contract

This document, including the Certificate and applicable Summary (ies) of Dental Plan Benefits (the terms of which are incorporated herein), and, if applicable, any appendices, supplements, riders, successor agreements, renewal letters, or renewals now or hereafter issued or executed.

B. Rate

The amount, per Enrollee and Enrollee classification, the Contractor agrees to pay Delta Dental® each month. This amount, or the information necessary to compute it, is specified in the Declarations Section.

C. License

A limited, non-transferable, non-exclusive, non-sublicensable, temporary license granted to Contractor by Delta Dental to access and use Delta Dental's web portals.

Any capitalized terms not defined herein are defined in the Certificate.

Section III. Eligibility

A. Eligibility and Enrollment

Contractor shall have sole responsibility for determining the eligibility of, and shall manage the enrollment, disenrollment, and contribution obligations of all Members.

B. Eligibility Requirements and Waiting Periods for Members

Eligibility requirements and waiting periods for Members are set forth in the Certificate and the applicable Summary(ies) of Dental Plan Benefits.

C. General Eligibility Rules

No person will be eligible for Benefits under this Contract unless the Contractor has either currently enrolled that person as an Enrollee or currently listed or acknowledged that person as a Dependent. Contractor shall provide eligibility information in accordance with Section V.B. of this Contract.

D. Termination of Eligibility

Eligibility for Benefits will terminate for all Members under this Contract at the earlier of:

1. The termination of this Contract; or
2. Midnight of the last day of the month for which payment has been made if the Contractor fails to make the payments required by this Contract. Notwithstanding the foregoing, if payment is not paid within 30 days of being invoiced, Delta Dental shall put all claims on hold until payment is made. If invoice remains unpaid past 30 days, Delta Dental shall have the right to terminate the Contract.

Eligibility of an individual Member will also terminate under the following circumstances:

1. The Member ceases to meet the definition of an Enrollee or a Dependent as defined by this Contract;
2. The Member fails to comply with the eligibility requirements of this Contract; or
3. The Member commits fraud or misrepresentation in the submission of any claim.

A Member whose eligibility is terminated may not continue group coverage under this Contract, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, or comparable, non-preempted state law ("COBRA"). An affiliate of Delta Dental also may offer coverage under an individual direct payment policy to a Member whose eligibility is terminated.

E. Continuation Coverage – COBRA

The other provisions of this Contract notwithstanding, eligibility for Benefits will continue for a person who is required to be provided with and elects continuation coverage pursuant to COBRA, provided:

1. Continuation coverage is required to be provided under COBRA, the person elects COBRA coverage and the Contractor notifies Delta Dental that the person is eligible for Benefits under COBRA. Not all employers are subject to the continuation coverage requirements contained in COBRA. For those that are not, this Section III.D. does not apply. Contractor should consult with its legal counsel to determine how and when the law applies.

2. Continuation coverage shall only be in effect up to the first day of the month after the person notifies the Contractor that he or she no longer wants coverage from Delta Dental, the date a COBRA premium payment was due and was not remitted by the end of the COBRA Grace Period, or until the end of that person's continuation coverage period, whichever occurs first.

3. Further, if the Contractor fails to make payments required by this Contract, continuation coverage shall only remain in effect until the last day of the month for which payment has been made to Delta Dental by the Contractor; provided, however, that any payment for COBRA continuation coverage received during a period that is 30 days following the date the COBRA premium payment was due (the "COBRA Grace Period") will provide continuation coverage from the due date. A person's coverage may be retroactively reinstated for the 60-day COBRA "election" period if the Contractor pays the applicable Rate for the period within the 45-day period following the date of the COBRA election. Delta Dental may, at its sole option and without notice, continue coverage, if legally required.

4. Continuation coverage will not continue beyond the termination of this Contract.

5. The person who is receiving continuation coverage is responsible for the costs of any services provided after he or she is no longer eligible for continuation coverage under this Section III.D.

6. Contractor shall be solely responsible for identifying Members entitled to COBRA continuation coverage. Contractor shall provide all required notices, collect all necessary payments, and otherwise administer all facets of its COBRA program. In the event that Contractor continues to provide eligibility information to Delta Dental for a Member during the COBRA election period, as opposed to terminating coverage and then retroactively reinstating the Member upon the Member's election of COBRA coverage, Contractor shall be liable for any Benefits paid or Rates due during that period if the Member ultimately does not elect COBRA coverage.

7. The monthly Rate that must be paid on behalf of any person who is provided coverage under this Section III.D. will be based on the COBRA continuation coverage rates in effect during that month.

8. A person who continues coverage will be considered to be a Member under this Contract and the dental care certificate as long as coverage is provided under this Section III.D.

9. Delta Dental does not assume any of the obligations assigned by COBRA to the Contractor or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA), and the Contractor agrees that it will perform those obligations in full.

F. Loss of Eligibility During Treatment

1. If a Member loses eligibility while receiving dental treatment, only Covered Services received while that person was eligible under the Contract will be payable.

2. Certain services begun before the loss of eligibility may be covered if they are completed within a 60-day period measured from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental.

Section IV. Benefits

Delta Dental agrees to provide Benefits to Members in accordance with the terms and conditions set forth in this Contract and the policies and procedures of Delta Dental. Notwithstanding the foregoing, Contractor acknowledges that Delta Dental periodically updates its Certificates to account for CDT code changes issued by the American Dental Association and processing policy changes made by Delta Dental, and Contractor agrees that any such changes shall apply to this Contract provided that Delta Dental provides Contractor prior notice of any such changes. Such changes shall become effective as of the date indicated in such notice.

Section V. Agreements

A. Delta Dental Agrees:

1. To provide all claims processing, service, and administration of Benefits to Members of the Contractor subject to the terms

and conditions of this Contract.

2. To provide to the Contractor, for submission to the Enrollee, a Certificate of the Benefits provided pursuant to this Contract.

3. To endeavor to enlist Dentists to become Participating Dentists in sufficient number to ensure an adequate choice of Dentists, and to make periodic checks as to the adequacy of care provided by Dentists to Members covered by this Contract. Delta Dental is not required to provide a dental appointment to a Member.

4. To contractually require each Participating Dentist to schedule and render all dental treatment provided under this Contract according to the standards of the dental profession in the community in which the dental procedures are rendered.

5. Consistent with any applicable law protecting the confidentiality of a patient's health records, data, or information, to make standard reports available to the Contractor upon request for no additional charge and to provide agreed-to, non-standard reports on a time and materials basis.

6. To provide a copy of the Certificate, Summary(ies) of Dental Plan Benefits and Delta Dental's Notice of Privacy Practices to Contractor for distribution to Enrollees at the Contractor's or Plan Sponsor's expense.

B. Contractor Agrees:

1. Unless otherwise stated in the Declarations Section of this Contract, to pay Delta Dental the monthly Rate specified in the Declarations Section of this Contract as billed by Delta Dental, with no payment adjustments for updates not yet reflected on the monthly invoice. To ensure timely coverage, unless otherwise stated in the Declaration Section of this Contract, the amount to be paid will be due by the 5th of the month of the intended coverage. For example, the premium for April coverage is due on April 5th. If payment is not received by the due date, Delta Dental shall, at its sole discretion, have the right to suspend claims processing, unless otherwise stated in the Declaration Section of this Contract. Coverage will terminate effective the first day of the coverage month if Delta Dental receives no payment by the end of the coverage month.

   Delta Dental may, at its sole option, send notification to the Contractor of an adjustment in Rates, Benefits, or Copayments to correct potential adverse group experience resulting from the following:

   a. Information provided upon enrollment proves to be in error; or

   b. Terms and provisions of the Contract are materially violated; or

   c. Initial size or composition of the group changes by 10% or more unless otherwise set forth in the Declarations section of this Contract; or

   d. Monthly invoices are not paid as billed.

   Delta Dental will provide the Contractor written notice 30 days prior to implementing any adjustment. If the Contractor refuses to accept this adjustment, Delta Dental may, in its sole discretion, terminate this Contract.

2. To pay all premiums in accordance with subparagraph 1 above in full, irrespective of any Member contributions or COBRA payments. Delta Dental shall not be responsible for collecting Members' contributions or COBRA payments.

3. To enroll as Members with Delta Dental all eligible employees, retirees or members of the Contractor, including that employee's, retiree's or member's Dependents, who enroll for Benefits during the enrollment periods set forth in the Certificate. Contractor shall not enroll any employees, retirees or members of the Contractor, or any such person's Dependents, at any time other than during the enrollment periods set forth in the Certificate. Contractor shall provide to Delta Dental, in a format requested by Delta Dental, an initial enrollment file prior to the initial Effective Date of this Contract.

4. To provide Delta Dental with all eligibility data needed to process claims under this Contract. Eligibility data shall be provided in a timely manner, which in the case of electronic eligibility files shall in no event be less than monthly, and in the format requested by Delta Dental. Delta Dental will not accept additions, terminations, and/or retroactive eligibility updates more than six months after the date of a Member's change in eligibility. Notwithstanding the foregoing, if the Contractor requests that a Member's eligibility be terminated retroactively and a claim was incurred for that Member or any member of that Member's family after the requested termination date, eligibility for that Member and the Member's entire family will continue at the expense of the Contractor until the end of the month in which the claim was incurred. In

no event will any Rate adjustments for time periods greater than six months be made for retroactive terminations, and no credits will be issued for any month in which claims were incurred.

5. To permit Delta Dental, by its auditors or other authorized representatives, on reasonable advance written notice, to inspect the Contractor's records to verify the accuracy of the eligibility data submitted to Delta Dental. In the event of a discrepancy, Contractor agrees to reconcile any errors in payment with Delta Dental.

6. To provide each Enrollee with copies of the Certificate, the applicable Summary of Dental Plan Benefits, Section 1557 notices, and all privacy notices (including, but not limited to all notice of privacy practices) as may be required by any applicable federal or state law, at such intervals as may be required by law from time to time.

7. To pay for any agreed-to, non-standard reports on a time and materials basis.

8. To consult as necessary with its own legal counsel regarding the selected covered benefits and to be responsible for determining all potential tax consequences relating to the covered benefits it selects.

Section VI. General Provisions

A. Independent Contractors. Dentists providing services are independent contractors, and neither the Contractor nor Delta Dental will be liable for any act or omission of any Dentist, his or her employees or agents, or any person providing dental or other professional services to Members.

B. Binding Effect. All Members, by enrolling in This Plan, are bound by the terms and conditions of this Contract.

C. Payment Limitations. Delta Dental will make no payment for services or supplies if a claim for such has not been received by Delta Dental within one year following the date the services or supplies were furnished.

D. Marketing Materials. Except for those standard documents and materials Delta Dental generates to administer This Plan, neither Party shall publish or distribute any materials regarding This Plan without the prior written approval of the other Party.

E. Legal Action. Unless otherwise prohibited by applicable state or federal law, no action or legal claim arising out of or related to this Contract shall be brought against Delta Dental unless Contractor, or the Member, has first provided Delta Dental with at least 60 days' advance written notice of such claim. Notwithstanding the foregoing, in any event, no action shall be brought by either Party or a Member more than three years after the legal claim first arose, or after expiration of the applicable statute of limitations, whichever is shorter.

F. Dispute Resolution. Delta Dental will establish procedures for resolving all questions raised by a Dentist, a Contractor, or a Member in regard to claims for Benefits allowed or denied under the terms of this Contract. These procedures will be used both for the initial determination of those questions and for the resolution of appeals made on the basis of those initial determinations. To the extent the benefit plan sponsored by the Contractor is governed by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the procedures established for determining the Benefits to which a Member is entitled will comply with the requirements set forth in ERISA Section 503 as applicable to a limited scope dental benefit plan, and the regulations thereunder, for providing a "full and fair review" of all benefit claims. The ERISA-required claims procedures will be set forth in detail in the Certificate that is to be distributed to Enrollees and that describes the Benefits under this Contract. All determinations made according to this procedure will be final and binding on the Dentist, the Contractor, and the Member; provided, however, that the Member may exercise his or her legal rights after this determination as described in the Claims Appeal Procedure contained in the Certificate.

G. Severability. If any provision of this Contract is in violation of the laws of the State in which this Contract was issued, that provision shall be deemed to be void, but the invalidation of that provision will not otherwise impair or affect the rest of the Contract. When any provision in this Contract is in conflict with such laws, the rights, duties and obligations of Delta Dental, the Contractor and all Members shall be governed by such laws.

H. Compliance with Applicable Law. This Contract is subject to change if, in the future, federal and state laws and regulations require Delta Dental or the Contractor to comply with such laws and regulations. Should any such change to this Contract be necessary by law, the Contractor will receive written notice from Delta Dental informing the Contractor of the reasons for any change to the Contract and the process by which the Contractor will receive an amended Contract.

I. Additional Services. Delta Dental may from time to time provide additional services or coverage by rider or other notice. Delta Dental may withdraw those services or coverage at any time after giving notice.

J. Notices. Any notice required or permitted to be given by this Contract will be considered given if in writing and personally delivered, or if in writing and deposited in the United States mail with postage prepaid, addressed to the person at their last address of record.

K. Amendment and Assignment. No agent has authority to change any part of this Contract. No changes to this Contract will be valid unless both Parties approve them in writing. Delta Dental shall have the discretion to assign its rights and responsibilities under this Contract to an affiliated entity. If Delta Dental chooses to assign its rights and responsibilities, it shall assign them to an appropriately licensed entity capable of performing similar functions at similar levels as Delta Dental. Delta Dental shall serve written notice of the assignment to Contractor and said notice shall provide the name and address of the assignee. Neither this Contract nor any part of it shall be assigned by Contractor without the prior written consent of Delta Dental, and any attempt at assignment by Contractor without such consent by Delta Dental shall be null and void. Subject to the foregoing limitation, this Contract shall be binding upon the parties and their respective successors and assigns.

L. Subrogation. To the extent that This Plan provides or pays Benefits for Covered Services, Delta Dental is subrogated to any right the Member may have to recover from another, his or her insurer, or under his or her "Medical Payments" coverage or any "Uninsured Motorist," "Underinsured Motorist," or other similar coverage provisions.

M. Right of Recovery Due to Fraud. If Delta Dental pays for services or supplies that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to the acts of the Contractor, and/or Member, it may recover that payment from the person or entity that committed such fraud. Delta Dental may recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to the person(s) or entity(ies) that committed such fraud. Delta Dental will provide an explanation of the payment being recovered at the time the deduction is made.

N. Force Majeure. Unless otherwise stated in the Declarations Section of this Contract, neither Delta Dental (including its agents, directors, officers, and employees) nor Contractor shall be liable for delays in performance due to circumstances beyond their reasonable control. Each Party shall be excused from performance under this Contract and shall have no liability to the other Party for any period during which it is prevented from performing any of its obligations (other than payment obligations), in whole or in part, as a result of delays caused by the other Party or by an act of God, war, terrorism, civil unrest, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, and such nonperformance shall not be a default under or grounds for termination of this Contract. Notwithstanding the foregoing, Force Majeure shall not excuse Contractor's payment obligations under this Contract.

O. Assignment of Benefits. Unless otherwise stated in the Declarations Section of this Contract, Benefits to Members are for the personal benefit of those Members and cannot be transferred or assigned; provided, however, Delta Dental shall pay Participating Dentists directly on behalf of Members.

P. Governing Laws. This Contract will be governed by and interpreted under the laws of the State of Ohio.

Q. Legally Mandated Benefits. If any applicable law requires broader coverage or more favorable treatment for a Member than is provided by this Contract, that law shall control over the language of this Contract.

R. Entire Agreement. This Contract constitutes the entire agreement between the Parties.

S. Effect of Errors on Coverage. Typographical or administrative errors shall not deprive a Member of Benefits. Neither shall such errors create any rights to additional benefits not in accordance with all of the terms, conditions, limitations, and exclusions of this Contract.

T. Bankruptcy or Insolvency. Contractor shall notify Delta Dental immediately in the event of bankruptcy or other insolvency. Delta Dental reserves all rights and remedies with respect to the Contractor's bankruptcy or other insolvency, including but not limited to, the right to automatically terminate or modify performance under this Contract to the extent permitted by applicable law.

U. Other Goods and Services. From time to time, Delta Dental may offer or provide Members certain goods and services, including discounts on dental services provided by Participating Dentists in addition to the dental coverage (including without limitation toothbrushes, dental floss and other oral hygienic devices/products). Delta Dental also may arrange for third-party vendors to provide goods and services at a discount to Members. Though Delta Dental may make the arrangements, the third-party vendors are solely liable for providing the goods and services. Delta Dental shall not be responsible for providing or failing to provide the goods and services to Members. Further, Delta Dental shall not be liable to Members for negligent provision of the goods and services by third-party vendors. Delta Dental reserves the right to terminate or change these goods or services at any time.

V. Web Portal License.

1. Delta Dental grants to Contractor the License to access and use Delta Dental's web portals solely for the purpose of

administering and/or viewing Member Benefits as set forth in this Contract, subject to any additional terms and conditions appearing on such web portals. Under this license grant, Contractor's Members are permitted to access and use Member Portal, and Contractor and its officers, directors, employees, contractors and agents are permitted to access and use Benefit Manager Toolkit as necessary solely for the purposes of administering Contractor's dental plan. Access to Member Portal and Benefit Manager Toolkit shall be limited to individuals located within the United States and Canada.

2. Contractor is solely responsible for managing access to the web portals, for securing the usernames and passwords of its officers, directors, employees, contractors, agents and Members ("End Users") who use or access such web portals, and for any violation of this Contract by any such End Users. Delta Dental shall not be liable for Contractor's or Contractor's End Users' failure to properly secure their usernames or passwords and, unless otherwise exempt by law, Contractor shall hold harmless Delta Dental its affiliates, members, officers, employees and agents from and against any and all losses, claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees and expenses related to the defense of any claims) resulting from or arising out of (i) Contractor's, or Contractor's End Users', failure to properly manage access or secure usernames and passwords, (ii) any breach of this Contract by Contractor or its End Users; or (iii) any negligent or willful misuse of Delta Dental's web portals by Contractor or its End Users.

3. Contractor agrees that, to the extent its End Users will be entering eligibility data into Benefit Manager Toolkit on Contractor's behalf, Contractor shall be solely responsible for the accuracy and completeness of the eligibility data entered. Unless otherwise exempt by law, Contractor shall hold harmless Delta Dental its affiliates, members, officers, employees and agents from and against any and all losses, claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees and expenses related to the defense of any claims) resulting from or arising out of any eligibility data entered by Contractor's End Users.

4. Contractor acknowledges that Delta Dental's web portals permit individuals to view and access Protected Health Information ("PHI"), as that term is defined by the Health Insurance Portability and Accountability Act ("HIPAA"). Contractor therefore certifies that, when using the web portals, it and its End Users will abide by the provisions of HIPAA and all other applicable laws. As such, Contractor agrees that it and its End Users shall access and use Delta Dental's web portals for the sole purpose of viewing their own Benefits and/or performing plan administration functions on behalf of Contractor.

5. Contractor recognizes and agrees that Delta Dental retains sole title, right and interest in the intellectual property rights of its web portals including, but not limited to, any applicable patents, trademarks and/or copyrights. Contractor understands that the license granted herein transfers neither title nor proprietary rights to Contractor with respect to any web portals. As such, neither Contractor nor any of its End Users shall attempt to reproduce, modify, reverse assemble, reverse compile or reverse engineer the source code of Delta Dental's web portals.

6. Delta Dental reserves the right to terminate this license grant at any time with or without cause. This license grant shall terminate immediately upon termination of the Contract.

Section VII. Coordination of Benefits

All Benefits under this Contract shall be subject to the coordination of benefits provision set forth in the Certificate.

Section VIII. Term and Termination

This Contract shall remain in full force and effect for the initial term commencing on the Effective Date and continuing until the First Renewal Date, as specified in the Declarations Section. Thereafter, the Contract may be renewed for subsequent terms as specified in the Declarations Section or in a renewal letter, unless Contractor or Delta Dental provides written notice of its intent not to renew at least 30 days prior to the expiration of the then current term. Delta Dental shall have the option of terminating this Contract if:

A. The Contractor fails to make a required payment before expiration of the Grace Period specified; or

B. Delta Dental cancels pursuant to Section V.B.1 of this Contract; or

C. The size of the group changes by 10% or more, or the composition of the group materially changes from the time of initial application, and Delta Dental elects not to exercise its rating rights as set forth in Section V.B.1; or

D. The Contractor permits Enrollees and/or Dependents to enroll in This Plan outside of the Open Enrollment Period and/or the Special Enrollment Periods set forth in the Certificate; or

E. The Contractor has otherwise materially breached this Contract.

Unless otherwise stated in the Declarations Section of this Contract, the Contractor may terminate this Contract without cause by providing Delta Dental with 30 days' prior written notice.

Upon termination of this Contract, the Contractor is liable to Delta Dental for any Rate that was then due and unpaid. In the event this Contract terminates mid-month, Contractor shall be liable to Delta Dental for all premiums due and owing through the end of the month in which termination occurs.

Section IX. Confidentiality and Disclosure

A. The Parties acknowledge that in the course of performing under this Contract each Party may be provided with or given access to information, in oral, recorded or written form, that is proprietary and confidential to the other Party (collectively referred to as the "Confidential Information"). Such Confidential Information includes, but is not limited to: information regarding the other Party's management, business, organizational structure, policies, procedures, business relationships, intellectual property, copyrights, patents, trademarks, software, data, databases, system designs, specifications, documentation, code, architecture, structure, algorithms, techniques, processes, protocols, product materials, notes, slides, ideas, Maximum Approved Fees, Allowed Amounts, preferred provider reports, actuarial formulas, providers' personal information, and financial terms of this Contract.

B. Confidential Information shall not include any information that:

1. Is already known to the Party at the time of the disclosure (as evidenced by written documentation existing at that time);

2. Is generally available to the public or becomes publicly known through no wrongful act of a Party; or

3. Is received by a Party from a third-party who had a legal right to provide it (as evidenced by written documentation existing at that time).

C. The Parties each will make all reasonable, necessary and appropriate efforts to safeguard each other's Confidential Information. Each Party will safeguard the other's Confidential Information to the same extent that it safeguards information relating to its own business, which in no event will be less than the safeguards that a reasonably prudent business would exercise under similar circumstances.

D. Each Party agrees not to use, distribute or exploit each other's Confidential Information, in whole or in part, for its own benefit or that of any third party and will not disclose such Confidential Information to any other person or entity without each other's prior written consent. A Party shall be responsible for any breach of this Contract by its employees, authorized subcontractors, agents or representatives.

E. Notwithstanding anything to the contrary in this Section, the Parties shall be permitted to disclose Confidential Information as required by order of a court of law, administrative agency, or other governmental body; provided, however, the Party shall provide reasonable advance written notice to the other Party to the extent allowed by law in order to allow that Party the opportunity to seek a protective order or otherwise limit such disclosure, and the disclosing Party shall reasonably cooperate with the other Party to limit any such disclosure or to seek a protective order. If a Party is nonetheless required to disclose the other Party's Confidential Information, said Party shall only disclose the minimum information necessary to respond to the legal request. Notwithstanding the foregoing, Delta Dental shall not be required to provide Contractor notice prior to responding to governmental agency subpoenas regarding potential provider fraud or abuse.

DELTA DENTAL®

Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group #0280-0001
City of Reynoldsburg

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	75%	75%	75%
Endodontic Services – root canals	75%	75%	75%
Periodontic Services – to treat gum disease	75%	75%	75%
Oral Surgery Services – extractions and dental surgery	75%	75%	75%
Major Restorative Services – crowns	75%	75%	75%
Other Basic Services – misc. services	75%	75%	75%
Relines and Repairs – to prosthetic appliances	75%	75%	75%
Major Services			
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	75%	75%	75%
Orthodontic Services			
Orthodontic Services – braces	75%	75%	75%
Orthodontic Age Limit –	through age 18 and under	through age 18 and under	through age 18 and under

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people age 18 and under.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are not a Covered Service.

- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – $1,500 per Member total per Benefit Year on all services except orthodontic services. $1,500 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 75% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible – None.

Waiting Period – Enrollees who are eligible for dental benefits are covered on the first day of the month following the date of hire.

Eligible People – All full-time employees of the City and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your Spouse and your Children to the end of the calendar year in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Coordination of Benefits –If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which your employment is terminated.

Delta Dental PPO™

Our national PPO program

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE AND/OR DENTAL CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DENTISTS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE COORDINATION OF BENEFITS SECTION, AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

Welcome!

Your dental program is administered by Delta Dental Plan of Ohio, Inc., a nonprofit health-insuring corporation, doing business as Delta Dental of Ohio. Delta Dental of Ohio is the state's dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at 800-524-0149 or access our website at www.DeltaDentalOH.com.

You can easily verify your own Benefit, Claims and eligibility information online 24 hours a day, seven days a week by visiting www.DeltaDentalOH.com and selecting the link for our Member Portal. The Member Portal will also allow you to print claim forms and ID cards, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

TABLE OF CONTENTS

Note: Please read this Certificate together with the Summary of Dental Plan Benefits. The Summary of Dental Plan Benefits lists the specific provisions of your group dental plan. If a statement in the Summary conflicts with a statement in this Certificate, the statement in the Summary applies to This Plan and you should ignore the conflicting statement in this Certificate.

IMPORTANT: If you opt to receive dental care services that are not covered benefits under this plan, a participating dental care provider may charge you his or her normal fee for such services. Prior to providing you with dental care services that are not covered benefits, the dental care provider will provide you with an estimated cost for each service.

I. Delta Dental PPO Certificate

Delta Dental Plan of Ohio, Inc., referred to herein as Delta Dental, issues this Certificate to you, the Enrollee. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a contract between Delta Dental and the Contractor.

The Benefits provided under This Plan may change if any state or federal laws change.

Delta Dental agrees to provide Benefits as described in this Certificate and the Summary of Dental Plan Benefits.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.

Goran M. Jurkovic, CPA, CGMA
President and CEO
Delta Dental Plan of Ohio, Inc.

II. Definitions

Adverse Benefit Determination

Any denial, reduction or termination of the benefits for which you filed a Claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

The amount permitted under the applicable fee schedule for This Plan, which was selected by your Contractor, and upon which Delta Dental will base its payment for a Covered Service.

Benefit Year

The period during which any benefit frequency limitation and/or annual maximum payment will apply. This will be the calendar year unless your Contractor elects a different period to serve as the Benefit Year. (See the Summary of Dental Plan Benefits for your Benefit Year.) If the Benefit Year is based upon a calendar year, the terms Benefit Year and Calendar Year may be used interchangeably.

Benefits

Payment for the Covered Services that have been selected under This Plan.

Certificate

This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and the Contractor.

Child(ren)

Your natural child(ren), stepchild(ren), adopted child(ren), child(ren) by virtue of legal guardianship, or child(ren) who is/are residing with you during the waiting period for adoption or legal guardianship.

Claim

A request for payment for a Covered Service. Claims are not conditioned upon your seeking advance approval, certification, or authorization to receive payment for any Covered Service.

Completion Date

The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- For dentures and partial dentures, on the delivery dates;
- For crowns and bridgework, on the permanent cementation date;
- For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Copayment

The percentage of the charge, if any, that you must pay for Covered Services.

Contractor

The employer, organization, group, or association sponsoring This Plan.

Covered Services

The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and subject to the terms of this Certificate.

Deductible

The amount a person and/or a family must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

Delta Dental

Delta Dental Plan of Ohio, Inc., a nonprofit health-insuring corporation providing dental benefits. Delta Dental is not an insurance company.

Delta Dental Member Plan

An individual dental benefit plan that is a member of the Delta Dental Plans Association, the nation's largest, most experienced system of dental health plans.

Delta Dental Premier® Dentist Schedule

The maximum fee allowed per procedure for services rendered by a Premier Dentist as determined by that Dentist's local Delta Dental Member Plan.

Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- **Delta Dental PPO Dentist ("PPO Dentist")** – a Dentist who has signed an agreement with the Delta Dental Member Plan in his or her state to participate in Delta Dental PPO.
- **Delta Dental Premier® Dentist ("Premier Dentist")** – a Dentist who has signed an agreement with the Delta Dental Member Plan in his or her state to participate in Delta Dental Premier.
- **Nonparticipating Dentist** – a Dentist who has not signed an agreement with any Delta Dental Member Plan to participate in Delta Dental PPO or Delta Dental Premier.
- **Out-of-Country Dentist** – A Dentist whose office is located outside the United States and its territories. Out-of-Country Dentists are not eligible to sign participating agreements with Delta Dental.

PPO Dentists and Delta Dental Premier Dentists are sometimes collectively referred to herein as **"Participating Dentists."** Wherever a definition or provision of this Certificate differs from another state's Delta Dental Member Plan and its agreement with Participating Dentists, the agreement in that state with that Dentist will be controlling.

Delta Dental Premier Dentists, Nonparticipating Dentists, and Out-of-Country Dentists are sometimes collectively referred to herein as **"Non-PPO Dentists."**

Deny/Denied/Denial

When a Claim for a particular service is denied for payment due to certain contractual limitations/exclusions. You will be responsible for paying your Dentist the applicable amount for such service regardless of the Dentist's participating status.

Dependent(s)

Your dependents are as defined by the rules of eligibility as stated in your Summary of Dental Plan Benefits.

Enrollee

You, when the Contractor notifies Delta Dental that you are eligible to receive Benefits under This Plan. An Enrollee may sometimes be referred to as a "subscriber".

Maximum Approved Fee

The Maximum Approved Fee is the lowest of:

- The Submitted Amount
- The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service or supply, irrespective of the Dentist's contractual agreement with another dental benefits organization.
- The maximum fee that the local Delta Dental Member Plan approves for a given procedure in a given region and/or specialty based upon applicable Participating Dentist schedules and internal procedures.

Participating Dentists agree not to charge Delta Dental patients more than the Maximum Approved Fee for a Covered Service. In all cases, Delta Dental will make the final determination regarding the Maximum Approved Fee for a Covered Service.

Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for Covered Services. See the Summary of Dental Plan Benefits for the maximum payments applicable to This Plan.

Member(s)

Any Enrollee or Dependent with coverage under This Plan.

Nonparticipating Dentist Fee

The maximum fee allowed per procedure for services rendered by a Nonparticipating Dentist as determined by Delta Dental.

Open Enrollment Period

The period of time, as determined by the Contractor, during which a Member may enroll or be enrolled for Benefits.

Out-of-Country Dentist Fee

The maximum fee allowed per procedure for services rendered by an Out-of-Country Dentist as determined by Delta Dental.

PPO Dentist Schedule

The maximum fee allowed per procedure for services rendered by a PPO Dentist as determined by that Dentist's local Delta Dental Member Plan.

Pre-Treatment Estimate

A voluntary and optional process where Delta Dental issues a written estimate of dental benefits that may be available under your coverage for your proposed dental treatment. Your Dentist submits the proposed dental treatment to Delta Dental in advance of providing the treatment.

A Pre-Treatment Estimate is for informational purposes only and is not required before you receive any dental care. It is not a prerequisite or condition for approval of future dental benefits payment. You will receive the same Benefits under This Plan whether or not a Pre-Treatment Estimate is requested. The benefits estimate provided on a Pre-Treatment Estimate notice is based on benefits available on the date the notice is issued. It is not a guarantee of future dental benefits or payment.

Availability of dental benefits at the time your treatment is completed depends on several factors. These factors include, but are not limited to, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any

coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. A request for a Pre-Treatment Estimate is not a Claim or a preauthorization, precertification or other reservation of future Benefits.

Processing Policies

Delta Dental's policies and guidelines used for Pre-Treatment Estimate and payment of Claims. The Processing Policies may be amended from time to time.

Special Enrollment Period

A period outside of the Open Enrollment Period in which you or your Dependent can obtain coverage under This Plan due to qualifying life event.

Spouse

Your legal spouse.

Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Participating Dentist cannot charge you or your Dependents for the difference between this amount and the Maximum Approved Fee.

Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate and supersedes any contrary provision of this Certificate.

Teledentistry

The delivery of dental services through the use of synchronous, real-time communication and the delivery of services of a dental hygienist or expanded function dental auxiliary pursuant to a dentist's authorization.

This Plan

The dental coverage established for Members pursuant to this Certificate and your Summary of Dental Plan Benefits.

III. Enrolling in This Plan

The Open Enrollment Period, if applicable, will be established by the Contractor and will occur on an annual basis. During the Open Enrollment Period, all eligible persons as defined in your Summary of Dental Plan Benefits may enroll in This Plan. You and/or your Dependents may not enroll in This Plan at any other time during the applicable Benefit Year except in the following instances:

a. Newly hired or rehired employees (if applicable): You will be eligible to enroll on the date for which employment compensation begins or, if applicable, that date plus the number of days specified as a waiting period in the Summary of Dental Plan Benefits.

b. New Spouse: Your new Spouse will be eligible to enroll on the date of marriage.

c. Newborn: Your newborn will be eligible to enroll on the date of birth.

d. Legal adoptions or guardianships: Your newly adopted Child(ren) and/or the minor Child(ren) that you and/or your Spouse have guardianship over will be eligible to enroll on the earlier of (a) the date that the legal petition for adoption or guardianship becomes legally final, or (b) the date on which the Child(ren) begins residing with the Enrollee and the Enrollee assumes responsibility for the Child(ren) while waiting for adoption or guardianship to become final.

e. New Stepchild: Your new stepchild will be eligible to enroll on the date that the Child's natural parent becomes a Dependent.

f. To the extent Contractor permits Dependents other than those defined in this Certificate to enroll in This Plan, such Dependents will be eligible to enroll on the date that they become an eligible Dependent. Any such additional Dependents permitted by Contractor shall be set forth in your Summary of Dental Plan Benefits.

g. All others will be permitted on the date that Delta Dental approves in writing the enrollment or listing of those people, unless compelled by a court or administrative order to otherwise provide Benefits for a Dependent.

IV. Selecting a Dentist

You may choose any Dentist. Your out-of-pocket costs are likely to be less if you go to a Delta Dental Participating Dentist.

To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at www.DeltaDentalOH.com or call 800-524-0149.

V. Accessing Your Benefits

To utilize your dental benefits, follow these steps:

1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
2. Make an appointment with your Dentist and tell him or her that you have dental benefits with Delta Dental. If your Dentist is not familiar with This Plan or has any questions, have him or her contact Delta Dental by writing to Delta Dental, Attention: Customer Service, P.O. Box 9089, Farmington Hills, Michigan 48333-9089, or calling the toll-free number at 800-524-0149.
3. After you receive your dental treatment, you or the dental office staff will file a Claim form, completing the information portion with:
    a. The Enrollee's full name and address
    b. The Enrollee's Member ID number
    c. The name and date of birth of the person receiving dental care

d. The Contractor's name and number

Notice of Claim Forms

Delta Dental does not require special Claim forms. However, most dental offices have Claim forms available. Participating Dentists will fill out and submit your dental Claims for you.

Mail Claims and completed information requests to:

Delta Dental
P.O. Box 9085
Farmington Hills, Michigan 48333-9085

Pre-Treatment Estimate

A Pre-Treatment Estimate is not required to receive payment, but it allows Claims to be processed more efficiently and allows you to know what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment. Once treatment is complete, the dental office will submit a Claim to Delta Dental for payment.

Written Notice of Claim and Time of Payment

Because the amount of your Benefits is not conditioned on a Pre-Treatment Estimate decision by Delta Dental, all Claims under This Plan are post-service Claims. All Claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Once a Claim is filed, Delta Dental will adjudicate it within 30 days of receiving it. If there is not enough information to adjudicate your Claim, Delta Dental will notify you or your Dentist within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the Claim, and (d) inform you or your Dentist that the information must be received within 45 days or your Claim will be Denied if the services were performed by a Nonparticipating Dentist, or not chargeable to the Member if the services were performed by a Participating Dentist. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it has 15 days to adjudicate your Claim. If you or your Dentist does not supply the requested information, Delta Dental will deny your Claim. In such case, you will be responsible for all charges if the services were performed by a Nonparticipating Dentist. If the services were performed by a Participating Dentist, the services will not be chargeable to the Member. Once Delta Dental adjudicates your Claim, it will notify you within five days.

Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any Claim you file or any review of a Denied Claim you wish to pursue (see the Claims Appeal Procedure section). You should contact your Contractor, call Delta Dental's Customer Service department, toll-free, at 800-524-0149, or write them at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089, to request a form to designate the person you wish to appoint as your representative. Delta Dental will only recognize the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your Claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

Questions and Assistance

Questions regarding your coverage should be directed to your Contractor or call Delta Dental's Customer Service department, toll-free, at 800-524-0149. You may also write to Delta Dental's Customer Service department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089. When writing to Delta Dental, please include your name, the Contractor's name and number, the Enrollee's Member ID number, and your daytime telephone number.

VI. How Payment is Made

Delta Dental shall make payments for Covered Services in accordance with the type of plan selected by the Contractor. The type of plan selected will be identified in your Summary of Dental Plan Benefits.

Delta Dental PPO (Point-of-Service)

If your Dentist is a Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayments and/or Deductibles. Unless prohibited by state law, you will be responsible for the Maximum Approved Fee for most commonly performed non-covered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount.

If your Dentist is a Nonparticipating Dentist, Delta Dental will base payment on the Nonparticipating Dentist Fee for Covered Services.

If your Dentist is an Out-of-Country Dentist, Delta Dental will base payment on the Out-of-Country Dentist Fee for Covered Services.

For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will send payment to you unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

Delta Dental PPO (Standard)

Regardless of your Dentist's participating status, Delta Dental will base its payment on the lesser of the Submitted Amount or the PPO Dentist Schedule.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable

Copayments and/or Deductibles. If your Dentist is not a PPO Dentist, but is a Premier Dentist, you will also be responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for Covered Services, in addition to Copayments and/or Deductibles. Unless prohibited by state law, you will be responsible for the Maximum Approved Fee for most commonly performed non-covered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount.

For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will send payment to you unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

Orthodontics

If This Plan includes orthodontics, it will be identified on and paid as reflected in your Summary of Dental Plan Benefits.

Covered Services Requiring Multiple Visits

In the event a Covered Service requires more than one visit with your Dentist, payment for the Covered Service will be rendered upon Completion Date.

VII. Benefit Categories

The Benefits covered by This Plan are set forth in your Summary of Dental Plan Benefits.

VIII. Exclusions and Limitations

Exclusions

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for these services will be your responsibility:

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Services received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Medicaid or Medicare.
2. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations, with the exception of congenitally missing teeth.
3. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental.
4. Services completed or appliances completed before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service).
5. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
6. General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
7. Charges for hospitalization, laboratory tests, histopathological examinations and miscellaneous tests.
8. Charges for failure to keep a scheduled visit with the Dentist.
9. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
10. Services or supplies, as determined by Delta Dental that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
11. Services or supplies, as determined by Delta Dental, which are specialized procedures or techniques.
12. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the supervision of a licensed Dentist. Treatment rendered by any other licensed dental professional may be covered only as solely determined by the Contractor and/or Delta Dental.
13. Services or supplies for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
14. Services or supplies received due to an act of war, declared or undeclared, or terrorism.
15. Services or supplies covered under a hospital, surgical/medical, or prescription drug program.
16. Services or supplies that are not within the categories of Benefits selected by the Contractor and that are not covered under the terms of this Certificate.
17. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
18. Caries preventive medicament.
19. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, immunization counseling, home care medicaments, etc.).
20. Space maintainers for maintaining space due to premature loss of anterior primary teeth.
21. Lost, missing, or stolen appliances of any type, or replacement or repair of orthodontic appliances or space maintainers.
22. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
23. Veneers.

24. Prefabricated crowns used as final restorations on permanent teeth.
25. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. If Orthodontic Services are Covered Services, this exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the Contract between Delta Dental and the Contractor.
26. Implant/abutment supported interim fixed denture for edentulous arch.
27. Soft occlusal guard appliances.
28. Paste-type root canal fillings on permanent teeth.
29. Replacement, repair, relines, or adjustments of occlusal guards.
30. Chemical curettage.
31. Nerve dissection.
32. Administration of neuromodulators.
33. Administration of dermal fillers.
34. Application of hydroxyapatite medicament.
35. Services associated with overdentures.
36. Metal bases on removable prostheses.
37. The replacement of teeth beyond the normal complement of teeth.
38. Personalization or characterization of any service or appliance.
39. Temporary crowns used for temporization during crown or bridge fabrication.
40. Posterior bridges in conjunction with partial dentures in the same arch, sharing at least one posterior edentulous space in common.
41. Precision abutments, attachments and stress breakers.
42. Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as tooth extraction, periradicular surgery, soft tissue grafting, guided tissue regeneration, implants, ridge augmentation, ridge preservation/extraction sites, apicoectomy sites, hemisections, and periodontal or implant bone grafting.
43. Bone replacement grafts and specialized implant surgical techniques, including radiographic/surgical implant index.
44. Indexing for osteotomy using dynamic robotic assisted or dynamic navigation.
45. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint.
46. Diagnostic photographs and cephalometric films, unless done for orthodontics and orthodontics are a Covered Service.
47. 3-D facial scans and images, and printings of such scans and images.
48. Myofunctional therapy.
49. Mounted case analyses.
50. Molecular, antigen or antibody testing for a public health related pathogen.
51. Vaccinations.
52. Bone replacement grafts when performed in conjunction with a hemisection.
53. Fabrication, adjustment, reline, or repair of sleep apnea appliances.
54. The administration of a home sleep apnea test, or screening for sleep apnea related breathing disorders.
55. Sleep apnea services.
56. Fabrication, delivery, or titration of oral appliance therapy (OAT) morning repositioning device.
57. Fabrication and replacement of a custom removable clear plastic temporary aesthetic appliance.
58. Removal of non-resorbable barrier.
59. Intraoral tomosynthesis images.
60. Direct to consumer orthodontic services and/or supplies, unless Delta Dental has received a Delta Dental-approved and signed treating dentist attestation form from a Dentist licensed in the state where the Member resides.
61. Any and all taxes applicable to the services.
62. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

Delta Dental will make no payment for the following services or supplies. Participating Dentists may not charge Members for these services or supplies. All charges from Nonparticipating Dentists for the following services or supplies are your responsibility:

1. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
2. The completion of forms or submission of Claims.
3. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
4. Caries risk assessment performed on a Member age two or under.
5. Local anesthesia.
6. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
7. Infection control.

8. Temporary, interim, or provisional crowns.
9. Gingivectomy as an aid to the placement of a restoration.
10. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
11. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
12. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the condition.
13. Post-operative X-rays, when done following any completed service or procedure.
14. Periodontal charting.
15. Pins and preformed posts, when done with core buildups.
16. Any substructure when done for inlays, onlays, and veneers.
17. Removal of an indirect restoration on a natural tooth.
18. Excavation of a tooth resulting in the determination of non-restorability.
19. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
20. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
21. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
22. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
23. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling in the presence of gingival inflammation.
24. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
25. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
26. Full mouth debridement when done within 30 days of scaling and root planing.
27. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
28. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
29. Full mouth debridement, when done on the same day as a comprehensive periodontal evaluation.
30. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as a sealant, sealant repair, preventive resin restoration or interim caries arresting medicament performed on the same tooth.
31. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
32. Reline, rebase, or any adjustment or repair within six months of the delivery of a denture.
33. Reline or any adjustment or repair to a sleep apnea appliance within six months of the delivery.
34. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
35. Adjustments, temporary relines, or tissue conditioning within three months of delivery of an immediate denture.
36. Reline, rebase, or any adjustment or repair within six months of the delivery of a denture when performed by the same office.
37. Repairs for implants/abutment supported prosthesis within six months of the delivery of the prosthesis when performed by the same office.
38. Periapical and/or bitewing X-rays, when done within a clinically unreasonable period of time of performing full mouth X-rays, as determined solely by Delta Dental.
39. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to deliver services, including but not limited to teledentistry services.
40. Capture only images which are not associated with any interpretation or reporting.
41. 3-D intraoral and dental scans.
42. Frenulectomy when performed on the same day as any other surgical procedure(s) in the same surgical area by the same dentist or dental office.

43. Surgical removal of implant body when performed within three months of an implant/mini-implant on the same tooth by the same dentist or dental office.
44. Non-surgical implant removal when performed within six months of an implant/mini-implant on the same tooth by the same dentist or dental office.
45. Accessing and retorquing loose implant screw is not payable when performed on the same day as implant maintenance, replacement of an implant screw, or repair procedures on an implant supported prosthesis by the same dentist or dental office.
46. Scaling and root planing when performed on the same day as surgical root repair or exposures.
47. Surgical repair or exposure of root when performed on the same day as endodontic or periodontal surgical procedures.
48. Intraorifice barriers.
49. Removal of non-resorbable barrier when performed by the same dentist who placed the barrier.
50. Excision of benign or malignant lesions, salivary glands or incisional biopsy of oral soft tissue when performed in the same area and on the same day as another surgical procedure by the same dentist or dental office.
51. Nerve dissection is not payable when done on the same day as the removal of an impacted tooth-completely bony, with unusual surgical complications.
52. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

Limitations

The Benefits for the following services or supplies are limited as follows, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the actual date (i.e., to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan or, at the request of your Contractor, any dental plan:

1. Bitewing X-rays are payable once per calendar year, unless a full mouth X-ray which include bitewings has been paid in that same year.
2. Panoramic or full mouth X-rays (which may include bitewing X-rays) are payable once in any five-year period.
3. Any combination of teeth cleanings (prophylaxes (general or periodontal cleanings), full mouth debridement, scaling in the presence of inflammation, and periodontal maintenance procedures) are payable twice per calendar year. Full mouth debridement is payable once in a lifetime.
4. Oral examinations and evaluations (not including limited problem focused evaluations or patient screenings) are only payable twice per calendar year, regardless of the Dentist's specialty.
5. Patient screening is payable once per calendar year.
6. Preventive fluoride treatments are payable twice per calendar year for people age 18 and under.
7. Bilateral space maintainers are payable once per arch in a lifetime for people age 13 and under.
8. Unilateral space maintainers are payable once per quadrant in a lifetime for people age 13 and under.
9. A distal shoe space maintainer is payable for first permanent molars once per quadrant for people age eight and under.
10. Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth. Subsequent minor restorations on the same tooth are also subject to this five-year limitation.
11. Crowns or onlays are payable only for extensive loss of tooth structure due to caries (decay) or fracture (lost or mobile tooth structure).
12. Individual crowns over implants are payable at the prosthodontic benefit level once in a five-year period.
13. Substructures, porcelain, porcelain substrate, and cast restorations are not payable for age 11 and under.
14. Band stabilization is payable once per lifetime only on posterior permanent teeth.
15. Hard full or partial arch occlusal guards are payable once in any five-year period.
16. An interim partial denture is payable only for the replacement of permanent anterior teeth for people age 16 and under or during the healing period for people age 17 and over. Absent a showing of medical necessity, the healing period shall not exceed 30 days from the date of the extraction.
17. Biologic materials to aid in soft and osseous tissue regeneration are payable once per natural tooth in a 36-month period.
18. Prosthodontic Services limitations:
    a. One complete upper and one complete lower denture, and any implant used to support a denture, are payable once in any five-year period.
    b. A removable partial denture, endosteal implant (other than to support a denture), or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
    c. A removable unilateral partial denture is payable once per quadrant in any five-year period unless the loss of additional teeth requires the construction of a new appliance.

d. Fixed bridges and removable partial dentures are not payable for people age 15 and under.

e. Rebase hybrid prostheses are payable once in any five-year period per appliance.

f. A reline or the complete replacement of denture base material is payable once in any three-year period per appliance.

g. Implant removal is payable once per tooth or area in a five-year period.

h. Implant maintenance is payable once per arch per any 12-month period.

i. Removal of a broken implant retaining screw is payable once in a five-year period.

j. Accessing and retorquing loose implant screw is payable once every 24 months per implant.

k. Replacement of an implant screw is payable once every 24 months per implant.

19. Orthodontic Services limitations, if covered under your Plan pursuant to your Summary of Dental Plan Benefits:

    a. Orthodontic Services are payable for Members pursuant to the age limits specified in your Summary of Dental Plan Benefits.

    b. If the treatment plan terminates before completion for any reason, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.

    c. Upon written notification to Delta Dental and to the patient, a Dentist may terminate treatment for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.

20. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. However, Delta Dental will make payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a Claim for those services within one year of the date of service.

21. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.

22. Care terminated due to the death of a Member will be paid to the limit of Delta Dental's liability for the services completed or in progress.

23. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

    Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

    a. Overdentures – Delta Dental will pay only the amount that it would pay for a conventional denture.

    b. Inlays, regardless of the material used – Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.

    c. Implant/abutment supported complete or partial dentures – Delta Dental will pay only the amount that it would pay for a conventional denture.

    d. Gold foil restorations – Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.

    e. Posterior stainless steel crowns with esthetic facings, veneers or coatings – Delta Dental will pay only the amount that it would pay for a conventional stainless steel crown.

24. Repair of implant/abutment supported prosthesis is payable once in any 12-month period.

25. Maximum Payment: All Benefits available under This Plan are subject to the Maximum Payment limitations set forth in your Summary of Dental Plan Benefits.

26. If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.

27. Caries risk assessments are payable once in any 12-month period for Members age 3-18.

28. Assessments of salivary flow by measurement are payable once in any 36-month period.

29. Scaling and debridement of a single implant in the presence of mucositis is payable once per tooth in any 24-month period.

30. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restoration involving the occlusal surface.

31. Interim caries arresting medicament is payable twice per tooth per Benefit Year and is limited to five applications per day.

32. Sealants are covered once per tooth per lifetime on first permanent molars for Members age nine and under.

33. Sealants are covered once per tooth per lifetime on second permanent molars for Members age 14 and under.
34. One cone beam CT is allowed within a 12-month period except when performed for TMD treatment.
35. Restorations performed within two months of caries arresting medicament.
36. Excisional biopsy of minor salivary glands is payable twice per lifetime, absent a showing of medical necessity.
37. Incisional biopsy of oral soft tissue is payable twice per calendar year, absent a showing of medical necessity.
38. Processing policies may otherwise limit payment by Delta Dental for services or supplies.

Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Participating Dentists may not charge Members for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the actual date (i.e., to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan or, at the request of your Contractor, any dental plan.

1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
3. Recementation of a crown, onlay, inlay, veneer, space maintainer, or bridge within six months of the seating date.
4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
5. Root planing is payable once in any two-year period.
6. Periodontal surgery is payable once in any three-year period.
7. A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
8. Tissue conditioning is payable twice per arch in any three-year period.
9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
10. The allowance for an implant repair will not exceed half the fee for a new prosthesis.
11. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
12. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period when performed by the same office.
13. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface when performed by the same office.
14. A sealant, sealant repair or preventive resin restoration is not payable when performed within 24 months of a sealant, sealant repair or preventive resin restoration performed on the same tooth.
15. One caries risk assessment is allowed on the same date of service.
16. One caries risk assessment is allowed within a 12-month period when done by the same dentist/dental office.
17. One assessment of salivary flow by measurement is allowed within a 12-month period when done by the same dentist/dental office
18. Processing policies may otherwise limit payment by Delta Dental for services or supplies.

IX. Coordination of Benefits

Coordination of Benefits ("COB") applies to This Plan when a Person has health care coverage under more than one plan. "Plan" is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable Expense.

Definitions

Plan

A Plan is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts.

1. Plan includes: group and non-group insurance contracts, health insuring corporation ("HIC") contracts, Closed Panel Plans or other forms of group or group-type coverage (whether insured or uninsured); medical care components of long-term care contracts, such as skilled nursing care; medical benefits under group or individual automobile contracts; and Medicare or any other federal governmental plan, as permitted by law.
2. Plan does not include: hospital indemnity coverage or other fixed indemnity coverage; accident only coverage;

specified disease or specified accident coverage; supplemental coverage as described in Revised Code sections 3923.37 and 1751.56; school accident type coverage; benefits for non-medical components of long-term care policies; Medicare supplement policies; Medicaid policies; or coverage under other federal governmental plans, unless permitted by law.

Each contract for coverage under (1) or (2) above is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

This Plan

For purposes of this Article IX, This Plan means, the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other Plans. Any other part of the contract providing health care benefits is separate from This Plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

Order of Benefit Determination Rules

The Order of Benefit Determination Rules determine whether This Plan is a Primary Plan or Secondary Plan when the person has health care coverage under more than one Plan.

When This Plan is primary, it determines payment for its Benefits first before those of any other Plan without considering any other Plan's Benefits. When This Plan is secondary, it determines its Benefits after those of another Plan and may reduce the Benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable Expense.

Allowable Expense

Allowable Expense is a health care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any Plan covering the person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable Expense and a benefit paid. An expense that is not covered by any Plan covering the person is not an Allowable Expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a covered person is not an Allowable Expense.

The following are examples of expenses that are not Allowable Expenses:

1. The difference between the cost of a semi-private hospital room and a private hospital room is not an Allowable Expense, unless one of the Plans provides coverage for private hospital room expenses.
2. If a person is covered by two or more Plans that compute their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable Expense.
3. If a person is covered by two or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable Expense.
4. If a person is covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology and another plan that provides its benefits or services on the basis of negotiated fees, the Primary Plan's payment arrangement shall be the Allowable Expense for all Plans.
5. The amount of any benefit reduction by the Primary Plan because a covered person has failed to comply with the Plan provisions is not an Allowable Expense. Examples of these types of plan provisions include second surgical opinions, precertification of admissions, and preferred provider arrangements.

Closed Panel Plan

Closed Panel Plan is a Plan that provides health care benefits to covered persons primarily in the form of services through a panel of providers that have contracted with or are employed by the Plan, and that excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

Custodial Parent

Custodial Parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the Child resides more than one half of the calendar year excluding any temporary visitation.

Order of Benefits Determination Rules

When a person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:

1. The Primary Plan pays or provides its benefits according to its terms of coverage and without regard to the benefits under any other Plan.
2. Except as provided in paragraph 3 below, a Plan that does not contain a COB provision that is consistent with Ohio regulation is always primary unless the provisions of both Plans state that the complying Plan is primary.
3. Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are superimposed over base Plan hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed Panel Plan to provide out-of-network benefits.

4. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

5. Each Plan determines its order of benefits using the first of the following rules that apply:

   Non-Dependent or Dependent. The plan that covers the Person other than as a dependent, for example as an employee, member, policyholder, subscriber, or retiree, is the Primary Plan and the plan that covers the person as a dependent is the Secondary Plan. However, if the Person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent, and primary to the Plan covering the person as other than a dependent (e.g. a retired employee), then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, policyholder, subscriber or retiree is the Secondary Plan and the other Plan is the Primary Plan.

   Dependent Child covered under more than one Plan. Unless there is a court decree stating otherwise, when a dependent Child is covered by more than one Plan the order of benefits is determined as follows:

   a. For a dependent Child whose parents are married or are living together, whether or not they have ever been married:

      - The Plan of the parent whose birthday falls earlier in the calendar year is the Primary Plan; or
      - If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary Plan.

      However, if one spouse's Plan has some other coordination rule (for example, a "gender rule" which says the father's Plan is always primary), we will follow the rules of that Plan.

   b. For a dependent Child whose parents are divorced or separated or not living together, whether or not they have ever been married:

      - If a court decree states that one of the parents is responsible for the dependent Child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to plan years commencing after the Plan is given notice of the court decree;
      - If a court decree states that both parents are responsible for the dependent Child's health care expenses or health care coverage, the provisions of subparagraph (a) above shall determine the order of benefits;
      - If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent Child, the provisions of subparagraph (a) above shall determine the order of benefits; or
      - If there is no court decree allocating responsibility for the dependent Child's health care expenses or health care coverage, the order of benefits for the Child are as follows:
        (1) The Plan covering the Custodial Parent;
        (2) The Plan covering the spouse of the Custodial Parent;
        (3) The Plan covering the non-custodial parent; and then
        (4) The Plan covering the spouse of the non-custodial parent.

   c. For a dependent Child covered under more than one Plan of individuals who are not the parents of the Child, the provisions of subparagraph (a) or (b) above shall determine the order of benefits as if those individuals were the parents of the Child.

   Active employee or retired or laid-off employee. The Plan that covers a person as an active employee, that is, an employee who is neither laid off nor retired, is the Primary Plan. The Plan covering that same person as a retired or laid-off employee is the Secondary Plan. The same would hold true if a person is a dependent of an active employee and that same person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled "Non-Dependent or Dependent" can determine the order of benefits.

   COBRA or state continuation coverage. If a person whose coverage is provided pursuant to COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the person as an employee, member, subscriber, or retiree or covering the person as a dependent of an employee, member, subscriber, or retiree is the Primary Plan and the COBRA or state or other federal continuation coverage is the Secondary Plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled "Non-Dependent or Dependent" can determine the order of benefits.

   Longer or shorter length of coverage. The Plan that covered the person as an employee, member, policyholder, subscriber, or retiree longer is the Primary Plan and the Plan that covered the person the shorter period of time is the Secondary Plan.

If the preceding rules do not determine the order of benefits, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan. In addition, This Plan will

not pay more than it would have paid had it been the primary plan.

Effect on the Benefits of This Plan

When This Plan is secondary, it may reduce its Benefits so that the total benefits paid or provided by all Plans during a plan year are not more than the total Allowable Expenses. In determining the amount to be paid for any claim, the Secondary Plan will calculate the benefits it would have paid in the absence of other health care coverage and apply that calculated amount to any Allowable Expense under its Plan that is unpaid by the Primary Plan. The Secondary Plan may then reduce its payment by the amount so that, when combined with the amount paid by the Primary Plan, the total benefits paid or provided by all Plans for the claim do not exceed the total Allowable Expense for that claim. In addition, the Secondary Plan shall credit to its Plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage.

If a covered person is enrolled in two or more Closed Panel Plans and if, for any reason, including the provision of service by a non-panel provider, Benefits are not payable by one Closed Panel Plan, COB shall not apply between that Plan and other Closed Panel Plans.

Right to Receive and Release Needed Information

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under This Plan and other Plans. Delta Dental may get the facts it needs from or give them to other organizations or persons for the purpose of applying these rules and determining benefits payable under This Plan and other Plans covering the person claiming benefits. Delta Dental need not tell, or get the consent of, any person to do this. Each person claiming Benefits under This Plan must give Delta Dental any facts it needs to apply those rules and determine Benefits payable.

Facility of Payment

A payment made under another plan may include an amount that should have been paid under This Plan. If it does, Delta Dental may pay that amount to the organization that made that payment.

That amount will then be treated as though it were a Benefit paid under This Plan. Delta Dental will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Delta Dental is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

Coordination Disputes

If you believe that we have not paid a claim properly, you should first attempt to resolve the problem by contacting us. You or your Dentist should contact Delta Dental's Customer Service department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, 800-524-0149, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089. You may also follow the Claims Appeal Procedure below. If you are still not satisfied, you may call the Ohio Department of Insurance for instructions on filing a consumer complaint. Call 1-800-686-1526 or visit the Department's website at http://insurance.ohio.gov.

X. Reconsideration and Claims Appeal Procedure

Reconsideration

If you receive notice of an Adverse Benefit Determination and you think that Delta Dental incorrectly denied all or part of your Claim, you or your Dentist may contact Delta Dental's Customer Service department and ask them to reconsider the Claim to make sure it was processed correctly. You may do this by calling the toll-free number, 800-524-0149, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089.

When writing, please enclose a copy of your explanation of benefits and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your Claim.

A request for reconsideration is not required and should not be considered a formal request for review of a denied Claim. Delta Dental provides this opportunity for you to describe problems or submit an explanation or additional information that might indicate your Claim was improperly denied, and allow Delta Dental to correct any errors quickly and immediately.

Whether or not you have asked Delta Dental informally to reconsider its initial determination, you can request a formal review using the Formal Claims Appeal Procedure described below.

Formal Claims Appeal Procedure

If you receive notice of an Adverse Benefit Determination, you, or your Authorized Representative, should seek a review as soon as possible, but **you must file your request for review within 180 days** of the date that you received that Adverse Benefit Determination.

To request a formal review of your Claim, send your request in writing to:

Dental Director
Delta Dental
P.O. Box 30416
Lansing, Michigan 48909-7916

Please include your name and address, the Enrollee's Member ID, the reason why you believe your Claim was wrongly denied, and any other information you believe supports your Claim. You also have the right to review the contract between Delta Dental and the Contractor and any documents related to it. If you would like a record of your request and proof that Delta Dental received it, mail your request certified mail, return receipt requested.

The Dental Director or any person reviewing your Claim will not be the same as, nor subordinate to, the person(s) who initially decided your Claim. The reviewer will grant no deference to the prior decision about your Claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the Claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your Claim even if the information was not available when your Claim was initially decided.

If the decision is based, in whole or in part, on a dental or medical judgment (including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate), the reviewer will consult a dental health care professional with appropriate training and experience, if necessary. The dental health care professional will not be the same individual or that person's subordinate consulted during the initial determination.

The reviewer will make a determination within 60 days of receipt of your request. If your Claim is denied on review (in whole or in part), you will be notified in writing. The notice of an Adverse Benefit Determination during the Formal Claims Appeal Procedure will meet the requirements described below.

Manner and Content of Notice

If your contractor has elected electronic delivery EOBs on behalf of This Plan, you will receive all notices of Adverse Benefit Determinations electronically. Your notice of an Adverse Benefit Determination will inform you of the specific reasons(s) for the denial, the pertinent plan provisions(s) on which the denial is based, the applicable review procedures for dental Claims, including time limits and that, upon request, you are entitled to access all documents, records and other information relevant to your Claim free of charge. This notice will also contain a description of any additional materials necessary to complete your Claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in court if you receive an Adverse Benefit Determination after your Claim has been completely reviewed according to this Formal Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination, and will include a statement that a copy of such rule, guideline or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

If you are still not satisfied, you may contact the Ohio Department of Insurance for instructions on filing a consumer complaint by calling 614-644-2673 or 800-686-1526. You may also write to the Consumer Services Division of the Ohio Department of Insurance, 50 W. Town St., Third Floor, Suite 300, Columbus, Ohio, 4321543215 or visit the Department's website at http://insurance.ohio.gov.

XI. Termination of Coverage

Your Delta Dental coverage may automatically terminate:

- When the Contractor advises Delta Dental to terminate your coverage.
- On the first day of the month for which the Contractor has failed to pay Delta Dental.
- For fraud or misrepresentation in the submission of any Claim.
- For your Dependent, when they no longer qualify as a Dependent.
- For any other reason stated in the Contract between Delta Dental and the Contractor.

Delta Dental will not continue eligibility for any person covered under This Plan beyond the termination date requested by the Contractor. A person whose eligibility is terminated may not continue group coverage under this Certificate, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 or comparable, non-preempted state law ("COBRA").

XII. Continuation of Coverage

If the Contractor is required to comply with COBRA and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and your dental coverage would otherwise end, you and your Dependents may have the right to continue that coverage at your expense.

When is Plan Continuation Coverage Available?

Continuation coverage is available if your coverage or a covered Dependent's coverage would end because:

1. Your employment, if applicable, ends for any reason other than your gross misconduct.
2. You do not qualify as an Enrollee as set forth in your Summary of Dental Plan Benefits.
3. You are divorced or legally separated.
4. You die.
5. Your Dependent is no longer a Dependent.
6. You become enrolled in Medicare (if applicable).

7. You are called to active duty in the armed forces of the United States.

If you believe you are entitled to continuation coverage, you should contact the Contractor to receive the appropriate documentation required under the Employee Retirement Income Security Act of 1974 ("ERISA").

XIII. General Conditions

Assignment

Services and Benefits are for the personal benefit of Members and cannot be transferred or assigned, other than to pay Participating Dentists directly.

Subrogation and Right of Reimbursement

To the extent that This Plan provides or pays Benefits for Covered Services, Delta Dental is subrogated to any right you and/or your Dependent has to recover from another party or entity, including but not limited to, that party's insurer, or any other insurer that you or your Dependent may have, which would have been the primary payer if not for the payments made by Delta Dental. This includes but is not limited to, automobile, home, and other liability insurers, as well as any other group health plans.

To the extent that Delta Dental has a subrogation right, you and/or your Dependent must:

1. Provide Delta Dental with any information necessary to identify any other person, entity or plan that may be obligated to provide payments or benefits for the Covered Services that were paid for by Delta Dental,
2. Cooperate fully in Delta Dental's exercise of its right to subrogation and reimbursement,
3. Not do anything to prejudice those rights (such as settling a claim against another party without notifying Delta Dental, or not including Delta Dental as a co-payee of any settlement amount),
4. Sign any document that Delta Dental determines is relevant to protect Delta Dental's subrogation and reimbursement rights, and
5. Provide relevant information when requested.

The term "information" includes any documents, insurance policies, and police or other investigative reports, as well as any other facts that may reasonably be requested to help Delta Dental enforce its rights. Failure by you or your Dependent to cooperate with Delta Dental may result, at the discretion of Delta Dental, in a reduction of future benefit payments available to you or your Dependent under This Plan of an amount up to the aggregate amount paid by Delta Dental that was subject to Delta Dental's equitable lien, but for which Delta Dental was not reimbursed. Please note that Delta Dental's recovery pursuant to this section is subject to your rights as a subrogee as set forth in ORC Section 2323.44.

Obtaining and Releasing Information

While you and/or your Dependent(s) are enrolled in This Plan, you and/or your Dependent(s) agree to provide Delta Dental with any information it needs to process Claims and administer Benefits for you and/or your Dependent(s). This includes allowing Delta Dental access to your dental records.

Dentist-Patient Relationship

Members are free to choose any Dentist. Each Dentist is solely responsible for the treatment and/or dental advice provided to the Member, and Delta Dental does not have any liability resulting therefrom.

Loss of Eligibility During Treatment

If a Member loses eligibility while receiving dental treatment, only Covered Services received while that person was covered under This Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental. The difference between Delta Dental's payment and the total fee for those services is your responsibility. This provision does not apply to orthodontics if covered under This Plan.

Late Claims Submission

Delta Dental will make no payment for services or supplies if a Claim for such has not been received by Delta Dental within one year following the date the services or supplies were completed. In the event that a Participating Dentist submits a Claim more than one year from the date of service, Delta Dental will deny that portion of the Claim that Delta Dental would have paid if the Claim had been timely submitted, and such denied portion of the Claim will not be chargeable to the Member. However, you will remain responsible for any applicable Deductible and/or Copayment. In the event that a Nonparticipating Dentist submits a Claim more than one year from the date of service, Delta Dental will Deny the Claim and you may be responsible for the full amount.

Change of Certificate or Contract

No changes to this Certificate, your Summary of Dental Plan Benefits, or the underlying contract are valid unless Delta Dental approves them in writing.

Actions

You cannot bring an action on a legal claim arising out of or related to this Certificate unless you have provided at least 60 days' written notice to Delta Dental, unless prohibited by applicable state law. In addition, you cannot bring an action more than three years after the legal claim first arose or after expiration of the applicable statute of limitations, whichever is shorter. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim. Except as set forth above, this provision does not preclude you from seeking a judicial decision or pursuing other available legal remedies.

Change of Status

You must notify Delta Dental, through the Contractor, of any event that changes the status of a Dependent. Events that can affect the status of a Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

Governing Law

This Certificate and the underlying group Contract will be governed by and interpreted under the laws of the state of Ohio.

Right of Recovery Due to Fraud

If Delta Dental pays for services that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a Claim that contains false or misrepresented information, or pays a Claim that is determined to be fraudulent due to your acts or acts of your Dependents, it may recover that payment from you or your Dependents. Delta Dental may recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to you or your Dependents. Delta Dental will provide an explanation of the payment recovery at the time the deduction is made.

Insolvency

Delta Dental is not a member of any guaranty fund, and in the event of Delta Dental's insolvency, Enrollees are protected only to the extent that the hold harmless provision required by section 1751.13 of the Ohio Revised Code applies to the health care services rendered.

In the event of insolvency of Delta Dental, an Enrollee may be financially responsible for health care services rendered by a provider or health care facility that is not under contract with Delta Dental, whether or not Delta Dental authorized the use of the provider or health care facility.

Legally Mandated Benefits

If any applicable law requires broader coverage or more favorable treatment for you or your Dependents than is provided by this Certificate, that law shall have control over the language of this Certificate.

Any person intending to deceive an insurer, who knowingly submits an application or files a Claim containing a false or misleading statement, is guilty of insurance fraud.

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. We only accept anti-fraud calls at this number.

ANTI-FRAUD TOLL-FREE HOTLINE:

800-524-0147

Notice Concerning Coverage Limitations and Exclusions under the Ohio Life and Health Insurance Guaranty Association Act

Residents of Ohio who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Ohio Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The Ohio Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Ohio. You should not rely on coverage by the Ohio Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is *NOT* provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. You should check with your insurance company representative to determine if you are only covered in part or not covered at all.

Insurance companies or their agents are required by law to give or send you this notice. *However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.*

Ohio Life and Health Insurance Guaranty Association
485 Metro Place South Suite 270
Dublin, OH 43017
614-442-6601
www.olhiga.org

Ohio Department of Insurance
50 West Town Street Third Floor-Suite 300
Columbus, OH 43215
614-686-1526
www.insurance.ohio.gov

The state law that provides for this safety-net coverage is called the Ohio Life and Health Insurance Guaranty Association Act. On the back of this page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, individuals will be protected by the life and health insurance guaranty association if they live in Ohio and hold a life or health insurance contract, annuity contract, unallocated annuity contract; if they are insured under a group insurance contract, issued by a member insurer; or if they are the payee or beneficiary of a structured settlement annuity contract. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a medical, health or dental care corporation, an HMO, a fraternal benefit society, a mutual protective association or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out: The association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the association will pay a maximum of $300,000, except as specified below, no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. The association will not pay more than $100,000 in cash surrender values, $500,000 in major medical insurance benefits, $300,000 in disability or long-term care insurance benefits, $100,000 in other health insurance benefits, $250,000 in present value of annuities, or $300,000 in life insurance death benefits. Again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages, the association will pay a maximum of $300,000, except for coverage involving major medical insurance benefits, for which the maximum of all coverages is $500,000.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the act: For unallocated annuities that fund governmental retirement plans under §§401, 403(b) or 457 of the Internal Revenue Code, the limit is $250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the association be liable to spend more than $300,000 in the aggregate per individual, except as noted above. For covered unallocated annuities that fund other plans, a special limit of $1,000,000 applies to each contract holder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, of course, the contract limits also apply.

For more information about the Ohio Life & Health Insurance Guaranty Association, visit our website at:

www. olhiga.org.

As of 11/15/2018

Discrimination is Against the Law.

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). This plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This plan provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). This plan provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Civil Rights Coordinator. If you believe this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users call 711). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

DELTA DENTAL

Delta Dental Contract
For
City of Reynoldsburg

This Contract ("Contract") is entered into by and between City of Reynoldsburg (the "Contractor") and Delta Dental Plan of Ohio, Inc., an Ohio non-profit corporation ("Delta Dental"). Contractor and Delta Dental may each be individually referred to as a "Party" or together as "Parties". This is a legally binding contract between the Contractor and Delta Dental and is effective on January 1, 2026, the ("Effective Date").

Section I. Declarations

The benefits available are as set forth in this Contract. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision contained in subsequent sections of this Contract.

A. **Effective Date:** 12:01 A.M. Standard Time, January 1, 2026

B. **First Renewal Date:** January 1, 2027

C. **Group Number**: 0280-0001

D. **Rate(s):**

Composite - $99.18 per month per Enrollee

This rate is contingent upon 100% enrollment of the eligible Enrollees of the defined group and their Dependents. Rates do not include any applicable claims taxes.

DELTA DENTAL PLAN OF OHIO, INC.

BY: _____
President and CEO

DATE: August 26, 2025

CONTRACTOR

BY: _____
(Authorized Signature)

Mayor
(Title)

DATE: 10-7-2025

Reynoldsburg
OHIO • 1839

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the Mayor to Execute a Renewal Contract with Mutual of Omaha for Employee Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Insurance for the Period of January 1, 2026 through December 31, 2026

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The City of Reynoldsburg entering into a contract with Mutual of Omaha for the period beginning January 1, 2026 through December 31, 2026.

A Resolution Authorizing the Mayor to Execute a Renewal Contract with Mutual of Omaha for Employee Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Insurance for the Period of January 1, 2026 through December 31, 2026

WHEREAS, the City of Reynoldsburg has a contract with Mutual of Omaha Life Insurance Company for employee Life, Accidental Death & Dismemberment, Short Term Disability, and Long Term Disability; and

WHEREAS, the previous contact with Mutual of Omaha Life Insurance Company expires on December 31, 2025; and

WHEREAS, the Mayor has requested that Council authorize him to execute a renewal of that contract, which is attached and incorporated herein by reference on behalf of the City of Reynoldsburg.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized and directed to enter into a contract with Mutual of Omaha Life Insurance Company for employee Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability beginning January 1, 2026 through December 31, 2026.

SECTION 2. That the contract is attached hereto and incorporated herein on behalf of the City of Reynoldsburg.

SECTION 3. That this Resolution, upon adoption by Council, shall be in effect on January 1, 2026 following the signature of the Mayor.

Renewal Information and Exhibits

Prepared For:

City of Reynoldsburg

Group ID: G000B9KT

Renewal Effective Date: January 1, 2026

Thank you for choosing Mutual of Omaha Insurance Company or one of its affiliates, as City of Reynoldsburg's benefits provider. It has been our pleasure to provide City of Reynoldsburg with group benefits and services that are unique to its needs. We are committed to providing unparalleled service that will meet the needs of our customers.

Each renewal period, we analyze current benefit and rate structures to determine the appropriate rates for continued group insurance protection for your valued employees. This process includes recalculation of the premium rates to reflect factors like:

- Plan features
- Demographics
- Experience
- Any adjustments to our underlying rate structure

Based on our review, please find below the renewal rates for City of Reynoldsburg's benefit plans. We appreciate your business and look forward to the continued opportunity to meet your group insurance needs.

Renewal Contact Information

Elizabeth Torok
Renewal Executive
Cincinnati Group Office
513/448-3773
Elizabeth.Torok@mutualofomaha.com

CITY OF REYNOLDSBURG

LIFE AND AD&D

Rate Guarantee Period - January 1, 2026 to January 1, 2028
Additional Value Added Services Included - Travel Assistance/Identity Theft Assistance

Life

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$2,191.94	$2,191.94	$0.00

Class Description

All Eligible Managers, Directors and Municipal Employees

All Eligible Police Officers & Sergeants, Excluding Police Lieutenants, Police Chiefs, Police Clerks & Police Dispatchers

All Eligible Police Dispatchers

All Active Managers, Directors and Municipal Employees not eligible for STD/LTD

Employee Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
189	$15,116,800	$0.145	$0.145

AD&D

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$302.34	$302.34	$0.00

Employee Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
189	$15,116,800	$0.020	$0.020

CITY OF REYNOLDSBURG

VOLUNTARY LIFE AND AD&D

Rate Guarantee Period - January 1, 2026 to January 1, 2028

Voluntary Life

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$2,192.68	$2,192.68	$0.00

Class Description

All Eligible Managers, Directors and Municipal Employees

All Eligible Police Officers & Sergeants, Excluding Police Lieutenants, Police Chiefs, Police Clerks & Police Dispatchers

All Eligible Police Dispatchers

All Active Managers, Directors and Municipal Employees not eligible for STD/LTD

Employee & Spouse Rate Basis - per $1,000

Age of Employee	Lives	Volume	Current Rate	Renewal Rate
Less than 25	1	$100,000	$0.06	$0.06
25-29	4	$360,000	$0.08	$0.08
30-34	5	$350,000	$0.09	$0.09
35-39	9	$900,000	$0.11	$0.11
40-44	12	$1,200,000	$0.18	$0.18
45-49	4	$340,000	$0.30	$0.30
50-54	8	$560,000	$0.50	$0.50
55-59	10	$950,000	$0.78	$0.78
60-64	8	$320,000	$1.21	$1.21
65-69	3	$111,000	$2.18	$2.18
70-74	0	$0	$3.90	$3.90
75-79	0	$0	$6.43	$6.43
80-84	0	$0	$13.04	$13.04
85-89	0	$0	$13.04	$13.04
90-100	0	$0	$13.04	$13.04

Child(ren) Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
19	$370,000	$0.16	$0.16

Voluntary AD&D

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$170.53	$170.53	$0.00

Class Description

All Eligible Managers, Directors and Municipal Employees

All Eligible Police Officers & Sergeants, Excluding Police Lieutenants, Police Chiefs, Police Clerks & Police Dispatchers

All Eligible Police Dispatchers

All Active Managers, Directors and Municipal Employees not eligible for STD/LTD

Employee & Spouse Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
64	$5,191,000	$0.03	$0.03

Child(ren) Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
19	$370,000	$0.04	$0.04

CITY OF REYNOLDSBURG

SHORT-TERM DISABILITY

Rate Guarantee Period - January 1, 2026 to January 1, 2028

STD

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$1,841.62	$1,841.62	$0.00

Class Description

All Eligible Managers, Directors and Municipal Employees

Employee Rate Basis - per $10 of Total Weekly Benefit

Lives	Volume	Current Rate	Renewal Rate
102	$76,734	$0.24	$0.24

CITY OF REYNOLDSBURG

LONG-TERM DISABILITY

Rate Guarantee Period - January 1, 2026 to January 1, 2028

LTD

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$1,916.83	$1,916.83	$0.00

Class Description

All Eligible Managers, Directors and Municipal Employees

Employee Rate Basis - per $100 of Monthly Covered Payroll

Lives	Volume	Current Rate	Renewal Rate
102	$580,858	$0.33	$0.33

Mutual of Omaha
Short-Term and Long-Term Disability (STD/LTD) Contract Update

Why did Mutual of Omaha update the Disability contracts?

To ensure that you and your employees are insured with modern, best-in-class provisions and language that lead the industry, we continually look for ways to improve the products and services we offer. With your renewal, you will receive an updated STD and/or LTD contract that offers our latest language and benefit provisions and include items such as:

- **Reasonable Accommodation Benefit**

  Our STD and LTD contracts now have a new standard provision that is included. The Reasonable Accommodation Benefit provides a benefit to you for your expenses incurred for covered services used to get an employee back to work and to remain at work. Expenses can be submitted to the assigned claims consultant/analyst for the claim to be reviewed.

- **Reinstatement of Insurance**

  Employees who have their insurance reinstated within the duration outlined in their contract will no longer have to re-satisfy the preexisting condition provision if the preexisting condition was satisfied prior to insurance ending. If the preexisting condition was not satisfied, credit will be given for the time employed prior to insurance ended. Also, a new Reinstatement of Insurance due to Leave of Absence provision is available to add to the STD and/or LTD contracts if you are wanting to allow reinstatements of insurance without re-satisfying the waiting period.

- **Updated Definitions**

  Multiple definitions have been reworded to allow for increased flexibility and updated language. These include definitions of:

  - Actively Working/Active Work
  - Basic Monthly Earnings and Basic Weekly Earnings
  - Elimination Period
  - Medically Necessary
  - Regular and Appropriate Care and Treatment
  - Social Security Normal Retirement Age
  - Spouse

Will benefits or claims be affected by the update?

There will be no change in how benefits are paid for claims with a date of disability prior to the effective date of the upgrade. The new contract provisions start as soon as the enhanced contract becomes effective on the group's renewal date.

Mutual of Omaha
Short-Term and Long-Term Disability (STD/LTD) Contract Update

Why did Mutual of Omaha update the Disability contracts?

To ensure that you and your employees are insured with modern, best-in-class provisions and language that lead the industry, we continually look for ways to improve the products and services we offer. With your renewal, you will receive an updated STD and/or LTD contract that offers our latest language and benefit provisions and include items such as:

- ***Reasonable Accommodation Benefit**

  Our Non-Contributory and Gross-up STD and LTD contracts now have a new standard provision that is included. The Reasonable Accommodation Benefit provides a benefit to you for your expenses incurred for covered services used to get an employee back to work and to remain at work. Expenses can be submitted to the assigned claims consultant/analyst for the claim to be reviewed.

  *Not available on Voluntary or Contributory plans.

- **Reinstatement of Insurance**

  Employees who have their insurance reinstated within the duration outlined in their contract will no longer have to re-satisfy the preexisting condition provision if the preexisting condition was satisfied prior to insurance ending. If the preexisting condition was not satisfied, credit will be given for the time employed prior to insurance ended. Also, a new Reinstatement of Insurance due to Leave of Absence provision is available to add to the STD and/or LTD contracts if you are wanting to allow reinstatements of insurance without re-satisfying the waiting period.

- **Updated Definitions**

  Multiple definitions have been reworded to allow for increased flexibility and updated language. These include definitions of:

  - Actively Working/Active Work
  - Basic Monthly Earnings and Basic Weekly Earnings
  - Elimination Period
  - Medically Necessary
  - Regular and Appropriate Care and Treatment
  - Social Security Normal Retirement Age
  - Spouse

Will benefits or claims be affected by the update?

There will be no change in how benefits are paid for claims with a date of disability prior to the effective date of the upgrade. The new contract provisions start as soon as the enhanced contract becomes effective on the group's renewal date.

Mutual of Omaha Employee Benefits

Voluntary | Accident | Life
Critical Illness | Dental | Vision
Hospital Indemnity | Disability

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the City Auditor to Remove a Police Vehicle from the City's Fixed Asset List for the Reynoldsburg Police Department

APPROVALS:

Joe Begeny
Stephen Cicak
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The Reynoldsburg Division of Police respectfully requests the removal of the following vehicle from the Fixed Assets inventory:

- **FA1901 Car #: 3091 2009 Honda Accord-Gray Vin#:** JHMCP26359C007557

The vehicle is no longer deemed necessary for operational use or has reached the end of its serviceable life. We intend to dispose of the vehicle through a future trade-in. The proceeds from its sale will be allocated toward the purchase of a used vehicle to support continued departmental operations.

A RESOLUTION AUTHORIZING THE CITY AUDITOR TO REMOVE A POLICE VEHICLE FROM THE CITY'S FIXED ASSET LIST FOR THE REYNOLDSBURG POLICE DEPARTMENT

WHEREAS, the City of Reynoldsburg Police Department is requesting the removal of a City police vehicle as it has reached the end of its serviceable life for the department; and

WHEREAS, this vehicle will be traded-in on a future vehicle.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the City Auditor be and is hereby authorized and directed to remove the following item from the City's Fixed Asset list:

Tag #	Description of Item	VIN
FA1907	2009 Honda Accord	JHMCP26359C007557

SECTION 2. That upon adoption by Council, this Resolution shall be in effect immediately following the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Declaring the Official Intent and Reasonable Expectation of the City of Reynoldsburg on Behalf of the State of Ohio (The Borrower) to Reimburse Its Capital Improvement Fund (410) with the Proceeds of Tax Exempt Debt of the State of Ohio

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

A RESOLUTION DECLARING THE OFFICIAL INTENT AND REASONABLE EXPECTATION OF THE CITY OF REYNOLDSBURG ON BEHALF OF THE STATE OF OHIO (THE BORROWER) TO REIMBURSE ITS CAPITAL IMPROVEMENT FUND (410) WITH THE PROCEEDS OF TAX EXEMPT DEBT OF THE STATE OF OHIO

WHEREAS, the City of Reynoldsburg has entered into an Ohio Public Works Commission (OPWC) loan agreement to partially finance the Waggoner Road, Phase I Improvement Project; and

WHEREAS, construction related costs have been incurred and now the City seeks OPWC loan reimbursement; and

WHEREAS, OPWC requires Council to approve a Resolution of Intent to comply with federal regulations pertaining to the proceeds of tax-exempt debt which is the funding source of our loan.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF

REYNOLDSBURG, OHIO:

SECTION 1: The City of Reynoldsburg reasonably expects to receive a reimbursement for the Project named Waggoner Road, Phase I Improvement Project as set forth in Appendix A of the Project Agreement with the proceeds of bonds to be issued by the state of Ohio.

SECTION 2: The maximum aggregate principal amount of bonds, other than for costs of issuance, expected to be issued by the state of Ohio for reimbursement to the local subdivision is $3,500,000.00.

SECTION 3: The Clerk of the City of Reynoldsburg is hereby directed to file a copy of this Resolution with the City of Reynoldsburg for the inspection and examination of all persons interested therein and to deliver a copy of this Resolution to OPWC.

SECTION 4. That this Council finds and determines that all formal actions of this Council concerning and relating to the passage of this resolution were taken in an open meeting of this Council, and that all deliberations of this Council and of any committee that resulted in those formal actions were in meetings open to the public in compliance with law.

SECTION 5. That this Resolution is effective immediately upon passage by Council and following the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Health Insurance Coverage with Medical Mutual of Ohio for the Period from January 1, 2026 through December 31, 2026

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The City of Reynoldsburg entering into a contract with Medical Mutual of Ohio for the period from January 1, 2026 through December 31, 2026.

A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Health Insurance Coverage with Medical Mutual of Ohio for the Period from January 1, 2026 through December 31, 2026

WHEREAS, the City of Reynoldsburg has held a contract with Medical Mutual of Ohio for the health care benefits for the officers and employees; and

WHEREAS, the contract with Medical Mutual of Ohio is an annual contract that expires December 31, 2025; and

WHEREAS, the Mayor is hereby authorized to execute a contract with Medical Mutual of Ohio on behalf of the City of Reynoldsburg.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized to renew the health insurance

contract with Medical Mutual of Ohio for the period from January 1, 2026 through December 31, 2026.

SECTION 2. That upon adoption by Council, this Resolution shall be in effect January 1, 2026 following the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Dental Insurance Coverage with Delta Dental for the period from January 1, 2026 through December 31, 2026

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The City of Reynoldsburg entering into a contract with Delta Dental for the period beginning January 1, 2026 through December 31, 2026.

A Resolution Authorizing the Mayor to Enter into a Contract for the City of Reynoldsburg's Dental Insurance Coverage with Delta Dental for the period from January 1, 2026 through December 31, 2026

WHEREAS, the City of Reynoldsburg provides its employees dental benefits with Delta Dental; and

WHEREAS, the contract with Delta Dental expires on December 31, 2025; and

WHEREAS, the cost for the one-year plan beginning January 1, 2026 through December 31, 2026 will be the same as the existing coverage.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized to renew the Delta Dental contract for the period from January 1, 2026 through December 31, 2026.

SECTION 2. That upon adoption by Council, this Resolution shall be in effect January 1, 2026 following the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: A Resolution Authorizing the Mayor to Execute a Renewal Contract with Mutual of Omaha for Employee Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Insurance for the Period of January 1, 2026 through December 31, 2026

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

The City of Reynoldsburg entering into a contract with Mutual of Omaha for the period beginning January 1, 2026 through December 31, 2026.

A Resolution Authorizing the Mayor to Execute a Renewal Contract with Mutual of Omaha for Employee Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Insurance for the Period of January 1, 2026 through December 31, 2026

WHEREAS, the City of Reynoldsburg has a contract with Mutual of Omaha Life Insurance Company for employee Life, Accidental Death & Dismemberment, Short Term Disability, and Long Term Disability; and

WHEREAS, the previous contact with Mutual of Omaha Life Insurance Company expires on December 31, 2025; and

WHEREAS, the Mayor has requested that Council authorize him to execute a renewal of that contract, which is attached and incorporated herein by reference on behalf of the City of Reynoldsburg.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized and directed to enter into a contract with Mutual of Omaha Life Insurance Company for employee Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability beginning January 1, 2026 through December 31, 2026.

SECTION 2. That the contract is attached hereto and incorporated herein on behalf of the City of Reynoldsburg.

SECTION 3. That this Resolution, upon adoption by Council, shall be in effect on January 1, 2026 following the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: An Ordinance Appropriating Funds Between Various Accounts within the Street Department, and Declaring an Emergency

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

two-read emergency

REASON FOR EMERGENCY:

The increased costs for repairs, and uninsured accidents involving city property has depleted our 5339 account.

STAFF REPORT:

The increased costs for repairs, and uninsured accidents involving city property has depleted our 5339 account. The light, past snow season has allowed us to conserve salt funds available for transfer.

An Ordinance Appropriating Funds Between Various Accounts within the Street Department, and Declaring an Emergency

WHEREAS, it is necessary to appropriate funds from one Street Department account to another as costs for miscellaneous contract services have increased in part due to an accident involving City property.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

Section 1. That an amount of $140,000.00 in the unappropriated account number 260.268.5253 Ice Control be and is hereby appropriated to account number 260.268.5339 Miscellaneous Contract Services.

Section 2. That this Ordinance is deemed to be an emergency measure necessary for the immediate financial needs of the City to transfer funds due to an increase in costs for

contracted services. Upon adoption by Council, this Ordinance shall be in effect immediately upon the signature of the Mayor.

Reynoldsburg
OHIO • 1839

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: An Ordinance Authorizing the Mayor to Purchase a Camera Van and Related Equipment for the Wastewater Department, Appropriate Funds Therefor, and Waive Competitive Bidding

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

AN ORDINANCE AUTHORIZING THE MAYOR TO PURCHASE A CAMERA VAN AND RELATED EQUIPMENT FOR THE WASTEWATER DEPARTMENT, APPROPRIATE FUNDS THEREFOR, AND WAIVE COMPETITIVE BIDDING

WHEREAS, the Wastewater Department has determined a need to purchase a new CCTV camera van with the existing equipment being given to the Stormwater Department; and

WHEREAS, M-Tech has been identified as the best vendor to provide a camera system package at a total cost of $258,908.00 for the unit, plus additional add-ons. This purchase includes a van, add-ons, two cameras, unlimited hands-on training etc. For an additional $7,500.00 per employee, M-Tech will provide a two-day class where employees will receive PACP certifications; and

WHEREAS, this purchase will be made through the Ohio State bid contract.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO

SECTION 1. That the Mayor be and is hereby authorized to purchase from M-Tech a CCTV camera van for the amount of $258,908.00 and $7,500.00 to send 6 employees to a two-day PACP training.

SECTION 2. That funds ($258,908.00) be appropriated from the unappropriated sewer fund 720.000.0000 and appropriated to account number 720.736.5632 Motor Vehicles.

SECTION 3. That the cost of the training be paid from account number 720.736.5339 Miscellaneous Contract Services.

SECTION 4. That this purchase is being made using Ohio STS number #800905, thus waiving competitive bidding.

SECTION 5. This Ordinance shall be effective thirty days following approval of Council and the signature of the Mayor.

STAFF REPORT
REYNOLDSBURG CITY COUNCIL

DATE: October 27, 2025

RE: An Ordinance Authorizing the Mayor to Enter into an Agreement with Media Promotion Enterprise (MPE) for the 2026 Tomato Festival

APPROVALS:

Joe Begeny
Stephen Cicak
Chris Shook
Mollie Prasher

EMERGENCY:

REASON FOR EMERGENCY:

STAFF REPORT:

AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT WITH MEDIA PROMOTION ENTERPRISES (MPE) FOR THE 2025 TOMATO FESTIVAL

WHEREAS, the City of Reynoldsburg, in preparation of the 2025 Tomato Festival, needs to secure entertainment contracts well in advance of the event; and

WHEREAS, the City has successfully used Media Promotion Enterprises (MPE) as the contractor that negotiates and handles the various agreements with performing artists; and

WHEREAS, the Mayor is authorized to begin the process to secure entertainment for the 2025 Tomato Festival in an amount not to exceed $200,000.00.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF REYNOLDSBURG, OHIO:

SECTION 1. That the Mayor be and is hereby authorized to enter into an agreement with Media Promotion Enterprises (MPE) for a price not to exceed $200,000.00.

SECTION 2. That $185,000.00 will be budgeted in account number 110.344.5339

Miscellaneous Contract Services in the 2026 Budget with $15,000.00 being used as a deposit in 2025 from the 2025 Budget from account number 110.344.5339 Miscellaneous Contract Services.

SECTION 3. That upon adoption by Council, this Ordinance shall be in effect following the signature by the Mayor.

TALENT & PRODUCTION CONTRACT – REYNOLDSBURG, OH

This agreement, and the attached addenda herein, duly executed this 12 September 2025, between **Media Promotion Enterprises** (herein known as "MPE or Producer") and the **Reynoldsburg Tomato Festival – Reynoldsburg, OH** (herein known as "Purchaser") shall verify the terms and conditions of our agreement regarding the following entertainment event.

Event:	2026 Reynoldsburg Tomato Festival
Dates:	August 5, 2025 – Load-in Main Stage & Production August 6, 2025 - TBD August 7, 2025 - TBD August 8, 2025 - TBD
Location:	Huber Park Reynoldsburg, OH
Times:	Headliners: 8:30PM

OBLIGATIONS OF PRODUCER

1. National Talent/Artist/s
   MPE agrees to present and subsequently provide national level entertainment options for 2026.

2. Production
   MPE agrees to provide a professional production package as required by ARTIST/S and that package as well as other elements to produce the event will appear in a separate contract.
   Producer agrees to provide a professional production package to meet the needs of the Artist/s. This includes the following:

   1 – Covered portable stage with sound fly-bays & wings
   1 – Professional public address system per Artist/s specifications
   1 – Professional lighting package per Artists/s specifications
   1 – Backline equipment if applicable per Artist/s specifications.

3. Promotional Materials
   MPE shall forward to the PURCHASER all approved promotional images/material provided by the ARTIST. There may be NO announcements, listings, inclusions in public calendars, websites, postings etc. of any kind, anywhere without approval. All marketing and advertising plans, including, but not limited to, presenting radio stations, promotional comps, approved admats, artist and fan club holds, radio/tv spots and ticket header must be submitted for approval. MPE will work to get any assets approved quickly.

4. Staffing
   MPE agrees to provide on-site staff to facilitate the needs of the ARTIST/s and production crew.

5. Hospitality
   MPE agrees to provide stage water, towels, and other dressing room hospitality and rider requirements as needed by each ARTIST.

6. Ground Transportation
Producer agrees to provide all local ground transportation from the Airport, Hotel, and Venue with exception of larger groups utilizing the City's sprinter van. Purchaser agrees to provide driver for City van as needed.

7. Advance – Schedule
Producer agrees to provide a full production schedule and to coordinate all entertainment activities with the Artist/s, production team, and City and will distribute a final flowchart to all parties.

OBLIGATIONS OF PURCHASER

1. Venue Access
PURCHASER agrees to avail premises to MPE beginning Wednesday if needed for production load-in and through Saturday for load-out in order to execute the requirements of ARTIST'S contract. PURCHASER agrees that no other activities will take place on the stage during load in, sound check or line check of headlining ARTIST or other act provided by the PRODUCER. PURCHASER agrees that all stage activities will be under control of PRODUCER. PURCHASER agrees to provide adequate location for ARTIST to set up and sell merchandise with ARTIST retaining all proceeds thereof.

2. Hotel Accommodations
PURCHASER to provide hotel accommodations for ARTIST and crew not to exceed $7500.00. A rooming list shall be provided a minimum of thirty (30) days before show date to ensure availability of rooms. Higher level ARTIST/s may require a minimum 4 Star or higher property.

3. Security
PURCHASER shall provide security from the time ARTIST'S equipment arrives until it has been loaded back into ARTIST'S or Contractor's trucks. PURCHASER shall not handle ARTIST'S equipment. PURCHASER shall provide security to fulfill the obligations of the ARTIST/S.

4. Power/Electric Service
PURCHASER agrees to provide power as needed to fulfill the requirements of MPE's contract with the ARTIST. If utilizing generator power 1 - 200amp 3phase service for sound and 1 – 200amp 3phase service for lighting will be required.

5. Labor
PURCHASER agrees to provide 6 strong, able bodied, and sober individuals for production load-in on Wednesday and load-in and load-out of Headlining Artists on Thursday through Saturday. Times are TBD and will be listed on the final production schedule.

6. Catering/Meals/Green Room
PURCHASER to provide catered meals per ARTIST'S specifications for lunch and dinner on Friday and Saturday not to exceed $3500.00. PURCHASER to make a private space available indoors within walking distance from stage. A space should be made available indoors for exclusive use of each headlining Artist each day.

7. Security
PURCHASER shall provide security from the time ARTIST/S arrives until it has been loaded back into ARTIST/S or PRODUCER'S trucks. PURCHASER shall fence in backstage area securely. PURCHASER also agrees to provide overnight security for the venue.

8. Advertising and Ticketing
PURCHASER agrees this will be a 100% free show. PURCHASER will be responsible for all advertising, promotion, ticketing, taxes, licensing, and permits as locally required. PURCHASER agrees to submit all marketing materials to MPE for approval by ARTIST before use. PURCHASER agrees to hold all advertising until deposit is received by MPE unless otherwise approved.

9. Hold Harmless
PURCHASER agrees to hold PRODUCER harmless of and from all claims, actions, causes of action, and losses, arising out of or in conjunction with any matter and/or endeavor undertaken by the PURCHASER outside the scope and authority of the terms of this agreement.

10. Force Majeure
PURCHASER agrees that all entertainment performances are subject to Force Majeure parameters. Provided that the ARTISTS are present on location and able to perform pursuant to the terms hereof, payment of all guaranteed compensation shall be made to MPE. The obligation of the ARTIST to perform is subject to detention or prevention by accidents of ground transportation, Acts of God, riots, strikes, labor disputes, epidemics, any act or order of public authority, or any cause, similar or dissimilar beyond the control of MPE, PURCHASER, and ARTIST, which, in the PURCHASER'S determination, would prevent or interfere with the presentation of the show.

In the event of inclement weather creating dangerous or unsafe performance conditions, resulting in cancellation of any show, MPE is to be paid in full. The final decision pertaining to the exercise of this item will lie with the PURCHASER upon consultation with MPE and the Artist's representatives.

11. Special Provisions
Sponsorships shall not imply a relationship with the ARTIST/S.

Cancellation: Each situation will be handled on a case by case basis. PURCHASER and PRODUCER agree that outside of a Force Majure parameter a cancellation may occur due to federal or state mandated order. Producer will work with Purchaser to reschedule the above-mentioned acts to 2026. This decision shall be made at minimum 30 days from the beginning of the event.

Confidentiality: Subject to the Public Record laws, all terms are strictly confidential. The terms of this Agreement, as well as correspondence and documentation related to this Agreement, are confidential to the parties and may not be disclosed to any third parties without the prior written consent of the parties hereto, except as disclosure may be required to professional advisors or by law or court order, or for carrying out the purposes of this Agreement.

Broadcast: PURCHASER will not have the right to broadcast, record or televise, or otherwise reproduce the Performance(s) or any part thereof. If Purchaser televises the performance hereunder on a jumbotron or similar screen during Artist's performance, then any and all tapes or other recordings - physical, digital or other - created for purposes of such real-time broadcast, shall be surrendered by Purchaser to Artist at the completion of Artist's performance.

SIGNATURES TO APPEAR ON THE FOLLOWING PAGE

(304) 697-4222
(800) 788-4006
joe@mpe-entertainment.com

423 Sixth Avenue
Huntington, WV 25701
www.mpe-entertainment.com

50 Years
1971-2021

PAYMENT TERMS

Purchaser and Producer agree the total contracted amount not to exceed $200,000.00 will be paid as follows and listed on the final contract:

1) Payment 1: A deposit of any amount may be payable to MPE Entertainment by certified funds on or before December 31, 2025.

2) Payment 2: A payment of the remaining amount to equal 50% will be due with the final contract once the Artists are selected.

3) Payment 3: The remaining balance of 50% of the final contract payable to MPE Entertainment will be due on or before August 8, 2026.

4) Any amount of the total contracted amount of $200,000.00 that goes unused in 2026 will be carried over to 2027 if applicable.

BY SIGNING THIS AGREEMENT, THE PARTIES ACKNOWLEDGE THAT THEY ARE AUTHORIZED TO DO SO; AND, ASSUME RESPONSIBILITY TO SATISFY ALL TERMS AND CONDITIONS OF THIS CONTRACT.

PURCHASER

X_____

Signatory: Joe Begeny
Title: Mayor
Address: City of Reynoldsburg
7232 E Main Street
Reynoldsburg, OH 43068
Phone: (614) 322-6839 (Off)
Email:

MPE - PRODUCER

X_____

Signatory: Joe Eddins
Title: President
Address: Media Promotion Enterprises, LLC
423 Sixth Avenue
Huntington, WV 25701
Phone: (304) 697-4222
Email: joe@mpe-entertainment.com

CERTIFICATION OF FUNDS/BOND/P.O.

I hereby certify that the funds required to meet the Purchaser's obligation, payment, or expenditure under this Agreement have been appropriated or authorized for such purpose and are free from any obligation now outstanding.

_____ _____

Signatory Printed Name: Date