

Delta Dental of Illinois Fully Insured Proposed Renewal Rates for VILLAGE OF OAK PARK

Alternate Plan 1

Current Plans with 3-tier Rate Structure. All benefits remain the same.

Delta Dental PPO Plus Premier Proposed Renewal -- High Plan (Pool 00000)

NOTE: enrollment adjusted for current month for both plans

Current Enrollment		Current Rates	3-Tier Enrollment 12 Month Renewal Rates		% Increase
Employee	72	\$35.01	Employee	72	\$35.01
	0	\$0.00	Employee + 1	30	\$68.11
Family	96	<u>\$100.54</u>	Family	66	<u>\$115.28</u>
Annual Expense:		\$146,070.72			\$146,070.72
					0.0%

Current Enrollment		Current Rates	3-Tier Enrollment 24 Month Renewal Rates		% Increase
Employee	72	\$35.01	Employee	72	\$36.41
	0	\$0.00	Employee + 1	30	\$70.83
Family	96	<u>\$100.54</u>	Family	66	<u>\$119.89</u>
Annual Expense:		\$146,070.72			\$151,913.55
					4.0%

Delta Dental PPO Plus Premier Proposed Renewal -- Low Plan (Pool 00001)

Current Enrollment		Current Rates	3-Tier Enrollment 12 Month Renewal Rates		% Increase
Employee	73	\$26.50	Employee	73	\$26.50
	0	\$0.00	Employee + 1	36	\$51.41
Family	105	<u>\$75.80</u>	Family	69	<u>\$88.53</u>
Annual Expense:		\$118,722.00			\$118,722.00
					0.0%

Current Enrollment		Current Rates	3-Tier Enrollment 24 Month Renewal Rates		% Increase
Employee	73	\$26.50	Employee	73	\$27.56
	0	\$0.00	Employee + 1	36	\$53.47
Family	105	<u>\$75.80</u>	Family	69	<u>\$92.07</u>
Annual Expense:		\$118,722.00			\$123,470.88
					4.0%

Underwriting Considerations

Census Data

Total Current Enrollment Counts			
Single	218	During the current experience period, averaged:	340 enrollees.
Family	<u>302</u>		
Total	520		

Guarantee Terms

Policy and Claim Settlement Practices

All Delta Dental of Illinois standard processing policies, limitations and exclusions apply.

Delta Dental of Illinois reserves the right to recalculate rates in the event of any of the following:

- Change in effective date.
- The number of eligible and/or enrolled employees changes by more than 10% from that identified in this quote.
- The number of enrolled employees falls below the required 40 to maintain individually underwritten status.
- New or changes to legislation or regulations that affect the benefits payable, eligibility or contractual provisions.

Broker Compensation

Proposed rates include the following broker commissions: Fully Insured PPO 4.0%

Acceptance of Delta Dental of Illinois Plan Renewal

Please acknowledge your acceptance of these terms by signing below and returning this page to your Account Manager. You can fax or email a copy of this letter to:

Darren Avant
Senior Account Manager
630-718-4747
davant@deltadentalil.com

Delta Dental of Illinois
111 Shuman Boulevard
Naperville, IL 60563

If we do not receive notification from you at least 30 days prior to your renewal date, we will assume you agree to the proposed rates and renew your current dental benefit plan with the noted 12 month renewal rates.

AGREED AND ACCEPTED --Alternate Plan 1

12 Month Rates ☒

24 Month Rates ☐

Authorized Signature: _____

Date: _____

Printed Name: _____

Please help keep our records current by providing your current contribution levels: _____% Employee _____% Dependent

9/5/2019

UW/PSS
GM/18.7