

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF THE RENEWAL
OF AN ADMINISTRATIVE SERVICES CONTRACT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND DELTA DENTAL OF ILLINOIS**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois,
as follows:

1. That the Village ("Village of Downers Grove") currently has an Administrative Services Contract with Delta Dental of Illinois ("DDIL"), for the administration of an employee group dental program for the 2008 calendar year.

2. That DDIL has agreed to renew said contract for administrative services for the 2009 and 2010 calendar years, pursuant to the attached Renewal Package ("Renewal").

3. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Renewal, substantially in the form submitted to this meeting, together with such changes as the Manager shall deem necessary.

4. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Renewal.

5. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

6. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk

November 11, 2008

Mary Lalonde
VILLAGE OF DOWNERS GROVE
801 Burlington Avenue
Downers Grove, IL 60515

RE: VILLAGE OF DOWNERS GROVE, Contract # 8338
Renewal Notification January 1, 2009

Dear Mary :

Enclosed is Delta Dental of Illinois' renewal package for VILLAGE OF DOWNERS GROVE. It includes your group's renewal rates and underwriting assumptions.

New Products

We are also expanding the products available to you. Delta Dental of Illinois is now offering **life and disability insurance** packages and **vision care plans** through TruAssure Insurance Company, a wholly owned subsidiary of Delta Dental of Illinois. A TruAssure vision care benefit gives enrollees access to a national, integrated network of both independent providers and leading optical retailers through EyeMed Vision Care's strong network. Enclosed is a TruAssure vision care plan quote for one of our most popular plans to give you an idea of how valuable the plan can be to your employees. **You can save up to 7% on your dental rate by adding qualifying TruAssure Vision, Life and Disability products.** If you would like additional information about TruAssure vision care plan or life and disability insurance plans, please do not hesitate to contact your broker or consultant .

Web Site

As a reminder, our web site, www.deltadentalil.com features the Subscriber Connection, where enrollees can:

- Find network dentists
- Check claim status
- Get contact information
- Retrieve benefit information
- Print EOBs (Explanation of Benefits)
- Print an ID card

I welcome the opportunity to meet with you to review this information. If you have any questions or would like to schedule a meeting to discuss your renewal, please do not hesitate to contact me. After you have reviewed the enclosed information, please indicate your acceptance of this renewal by signing and returning a copy of the signature page to us.

The entire Delta Dental of Illinois team values your business. We are honored that you selected us as your dental benefits carrier and we look forward to continuing our relationship for many years to come.

Sincerely,

Stacy Beitzel
Senior Account Executive
630-724-4042
sbeitzel@deltadentalil.com

cc: GCG Financial



Renewal Package

for

VILLAGE OF DOWNERS GROVE

Presented by:

**Stacy Beitzel
Senior Account Executive
Delta Dental of Illinois
801 Ogden Avenue
Lisle, IL 60532**

**Phone 630-724-4042
Fax 630-724-4242
Email sbeitzel@deltadentalil.com**

This renewal is for January 1, 2009 to December 31, 2010.

Confidentiality Agreement

By accepting this renewal, you agree that all information is confidential and has been provided by Delta Dental of Illinois for your use or that of the specified client only. Therefore, you agree not to disclose any information (except to the specified client, broker, consultant or agent) without the express written permission of Delta Dental of Illinois. It is acknowledged that information to be furnished in this renewal is in all respects confidential in nature, other than information that is available in the public domain through other means. Use or disclosure of information contained in this plan is strictly forbidden without obtaining written consent of Delta Dental of Illinois.

Upon request, this document is to be immediately returned to Delta Dental of Illinois, 801 Ogden Avenue, Lisle, IL 60532.

Delta Dental of Illinois
801 Ogden Avenue
Lisle, IL 60532

Proposed Renewal Self Insured

Delta Dental PPO With Delta Dental Premier "Safety Net"			
	Current Rate	Proposed Rate (2 YR)	Fee Change
Administration Fee	\$3.82	\$3.93	2.9%
Current Plan Funding Factors			
	Current Funding Factors	Recommended Funding Factors	% Change
Single	\$32.18	\$35.24	9.5%
Family	\$99.34	\$108.80	9.5%
Option 1 (TruAssure)			
	Current Rate	Proposed Rate (2 YR)	Fee Change
Administration Fee	\$3.82	\$3.73	-2.1%
	Current Funding Factors	Recommended Funding Factors	% Change
Single	\$32.18	\$35.24	9.5%
Family	\$99.34	\$108.80	9.5%

Underwriting Assumptions

1. The proposed renewal ASO fees will be in effect from: January 1, 2009 to December 31, 2010.
2. The projection is based on 141 singles and 278 families.

Projected Annual Incurred Claims:	\$401,950.00
Projected Annual Administration Fee:	\$19,763.96
Projected Annual Total Cost:	\$421,714.00
3. All of our standard processing policies, limitations and exclusions apply.
4. During the current experience period of January 1, 2008 to December 31, 2008, VILLAGE OF DOWNERS GROVE averaged 419 enrollees. If enrollment changes by more than 10% we reserve the right to revise our ASO fees.

5. Please acknowledge your acceptance of these terms and rates by signing below and returning this page. **You can fax this letter to 630-724-4242, or mail attn: Stacy Beitzel, Delta Dental of Illinois, 801 Ogden Avenue, Lisle, IL 60532.**

If we do not receive notification from you by December 1, 2008, Delta Dental of Illinois will assume you agree to the proposed ASO fees and renew your current dental benefit plan.

Current Plan _____ Option 1 (TruAssure) _____

AGREED AND ACCEPTED:

VILLAGE OF DOWNERS GROVE, Contract #8338

By: _____ Date: _____

Title: _____

Contact Sheet

For questions about your renewal, please contact:

Stacy Beitzel, Senior Account Executive
630-724-4042
fax 630-724-4242
sbeitzel@deltadentalil.com

Our Operations Specialists work directly with our groups. Each Operations Specialist will be able to assist you with any account-related questions you may have, as well as enrollment activities and fulfillment. **For questions about ongoing account administration, claims and other account inquiries, please contact the following Operations Specialist:**

Erma McGahee
630-724-4068
fax 630-724-4268
emcgahee@deltadentalil.com

For supply requests, please go to our Web site at www.deltadentalil.com and select Supply Connection in the Employer section.

Your enrollees can reach Delta Dental of Illinois' Customer Service department by calling 1-800-323-1743.