

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION AUTHORIZING EXECUTION OF AN ADDENDUM TO  
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 2010 calendar year.

2. That DDIL has agreed to provide additional services to the program 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 That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.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



## **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](mailto:sbeitzel@deltadentalil.com)**

**This renewal is for January 1, 2010 to December 31, 2011.**

---

### **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**

<b>Delta Dental PPO With Delta Dental Premier "Safety Net"</b>			
	<b>Current Rate</b>	<b>Proposed Rate</b>	<b>Rate Change</b>
<b>Administration Fee</b>	<b>\$3.73</b>	<b>\$3.73</b>	<b>0.0%</b>
<b>Group is in the middle of a 2 year rate guarantee (1/1/09-12/31/10)</b>			
<b>Funding Factors (includes multi-line discount)</b>			
	<b>Current Funding Factors</b>	<b>Recommended Funding Factors</b>	<b>% Change</b>
<b>Single</b>	<b>\$35.24</b>	<b>\$35.45</b>	<b>0.6%</b>
<b>Family</b>	<b>\$108.80</b>	<b>\$109.45</b>	<b>0.6%</b>

<b>Vision</b>			
	<b>Current Rate</b>	<b>Proposed Rate</b>	<b>Rate Change</b>
<b>Single</b>	<b>\$4.37</b>	<b>\$4.37</b>	<b>0.0%</b>
<b>Family</b>	<b>\$12.22</b>	<b>\$12.22</b>	<b>0.0%</b>

<b>Proposed Renewal Action –Alternate Plan 1 Add Posterior Composites and Implants. All other benefits remain the same</b>			
	<b>Current Funding Factors</b>	<b>Recommended Funding Factors</b>	<b>% Change</b>
<b>Single</b>	<b>\$35.24</b>	<b>\$36.34</b>	<b>3.1%</b>
<b>Family</b>	<b>\$108.80</b>	<b>\$112.19</b>	<b>3.1%</b>

**Underwriting Assumptions**

1. The proposed renewal ASO fees will be in effect from: January 1, 2010 to December 31, 2010.
2. The projection is based on 131 singles and 270 families.

	<b>Current</b>	<b>Alternate 1</b>
Projected Annual Incurred Claims:	\$392,408	\$402,218
Projected Annual Administration Fee:	\$ 17,949	\$ 17,949
Projected Annual Total Cost:	\$410,357	\$420,167

3. All of our standard processing policies, limitations and exclusions apply.
4. During the current experience period of January 1, 2010 to December 31, 2010, VILLAGE OF DOWNERS GROVE averaged 401 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 Beltzel, Delta Dental of Illinois, 801 Ogden Avenue, Lisle, IL 60532.

If we do not receive notification from you by December 1, 2009, Delta Dental of Illinois will assume you agree to the proposed ASO fees and renew your current dental benefit plan.

\_\_\_\_\_ Current

\_\_\_\_\_ Alternate 1

***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](http://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.**