



Delta Dental of Wisconsin  
www.deltadentalwi.com

Amy Utzig  
County Of Dane  
210 Martin Luther King Jr Blvd  
Madison WI 53709-0000

Thank you for choosing Delta Dental as your dental benefits company. Your renewal for the upcoming year is enclosed.

Group number: 5012-0                      Renewal date: January 1, 2021

<u>Coverage Type</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>Change</u>
Single Coverage (employee, 1 Party)	\$48.94	\$48.94	.00%
Family Coverage (employee and spouse, 2 Party)	\$138.02	\$138.02	.00%
Family Coverage (employee and child(ren))	\$138.02	\$138.02	.00%
Family Coverage (full family, 3+ Party)	\$138.02	\$138.02	.00%

Provider costs, claims experience, and plan design changes (if applicable) influence the rates for your dental plan. As your dental carrier, we are committed to controlling these costs and helping you incorporate plan innovations that deliver the best value for your benefits investment.

Delta Dental’s leadership in dental benefits provides you with:

- The largest dental networks across the United States, with agreed-to fee schedules and treatment guarantees that save money for you and your employees.
- Cost management strategies that save groups over \$100 million annually.

***If you are satisfied with your current plan and renewal rates, no action is required. The new rates will automatically go into effect on your renewal date.***

However, if you have concerns about your renewal, would like to explore options for changing your plan, or if we can be of further assistance, please contact your agent who is listed below or call us at 800-236-3713 or email [sales@deltadentalwi.com](mailto:sales@deltadentalwi.com).

Thank you for allowing Delta Dental to serve your dental benefits needs.

Sunshine Mikulak  
Sr Account Manager

cc: Gerald Brown  
M3 INSURANCE SOLUTIONS  
PO Box 8950  
Madison WI 53708-8950

**POLICY ENDORSEMENT NO. 5012 - 0 - 05122020**

Attached to and forming a part of the Contract to Provide Dental Care Benefits between County Of Dane and Delta Dental of Wisconsin, Inc.

It is agreed and understood that Declarations, Section 7, Monthly Premium will be replaced with the following, effective January 1, 2021 and ending on December 31, 2021:

Single Coverage (employee, 1 Party)	\$48.94
Family Coverage (employee and spouse, 2 Party)	\$138.02
Family Coverage (employee and child(ren))	\$138.02
Family Coverage (full family, 3+ Party)	\$138.02