

June 10, 2016

Ms. Gloria Roark
CITY OF JONESBORO
300 S Church St
Suite 100
Jonesboro, AR 72401-2911

Re: Dental Plan Rate Review, Group #9448-00010000, 0001C001, 0002A001, 0002C001, 0003A001, 0003C001

Dear Ms. Roark,

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. Enclosed are the rates and renewal documents related to your contract renewal. Payment of the new rates will be your consent to renew Delta Dental coverage. No action is required from you at this time unless you wish to change the benefits you offer.

If your coverage or budget goals have changed, please contact Mr. Jim Keith Agan or me for more plan design options. We can administer many different plan designs to suit your needs and provide you with a comprehensive analysis of how any changes would affect your rates. Benefit changes can be effective at your renewal, but you must request them no later than 15 days prior to your plan's renewal date.

This is a prepaid dental benefits program, so your group's first payment at these rates is due by January 1. If you do not wish to renew coverage, please provide notice to us in accordance with your Contract. Notwithstanding the above terms of this "evergreen" 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, enclosed please find Delta Dental's Gramm-Leach-Bliley Act notice regarding our privacy practices. This is being provided to you as described in Article 8 of your contract. Please be sure your employees are provided access to this policy which is also available at our website www.deltadental.com. Please call me at (501) 992-1760 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,



Brian Bass
Account Manager

cc: Mr. Jim Keith Agan

Delta Dental of Arkansas
Renewal Rates for CITY OF JONESBORO #9448
Effective January 1, 2017

Rates		
Rates per subscriber per month	Current Rate(s) January 1, 2016 through December 31, 2016	Renewal Rate(s) January 1, 2017 through December 31, 2017
Subscriber only	\$26.92	\$26.92
Subscriber with one or more dependents	\$85.72	\$85.72
Overall Percent Change		0.00%

Rating Requirements

Minimum client contributions: 0 percent for employee and 0 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 contract.

These rates assume that claims from nonparticipating dentists will be paid using our participating dentist fee tables.

Self-billing is not allowed and you agree to pay as invoiced each month.

Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at www.deltadentalar.com.

Printed dentist directories are not included. You can find participating dentists on our website at www.deltadentalar.com.