



AGENDA ITEM SUMMARY

Agenda Item:

2027 Group dental insurance renewal with Delta Dental of Kansas

Person Submitting Item:

Dr. Eric Punswick

Background and Summary:

Renewal for 2027 employee group dental insurance with Delta Dental of KC.

Rate increase of 4% for Base and Buy Up Plans.

Budget Source:

Employee paid benefit

Strategic Plan Alignment:

Empowering Exemplary Educators and Staff

Recommendation:

Approve



PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick
Purpose: (please explain in detail why we need the items or services requested)			
Renewal for 2027 employee group dental insurance with Delta Dental of KC.			
Rate increase of 4% for Base and Buy Up Plans.			
Employee cost for Base Plan: \$1,218,205 (estimated)			
Employee cost for Buy-Up Plan: \$306,974 (estimated)			
Fund:	Employee paid	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefit
Does this use Bond Funds? (if yes, see below)		No	
☐ This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		☐ This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

Check all that apply to this Purchase:

- | | |
|--|--|
| ☐ This is a New Contract | ☐ This is a New Bid/RFP |
| ☒ This is a Renewal Contract | ☐ This is a Purchase from Bid/RFP # _____ |
| ☐ This is a Curriculum purchase | ☐ This Purchase requires BOE Signatures |
| ☐ This can be purchased off of _____ | Contract # _____ |

Begin Date: 1/1/2027	End Date: 12/31/2027
Company: Delta Dental of Kansas Inc	Street Address: 4000 W. 114th Street, Suite 320
Contact Name: Erin Baker	City: Leawood
Telephone: (913) 381-4928	State: KS
Email: EBaker@deltadentalks.com	Zip Code: 66211
Cost: \$ 1,525,179.00 Estimated	
Prior Year Cost: \$ 1,628,495.00 Estimated	
Terms: (Annual, Multi-Year, One-Time): Annual	

Month:(board meeting) October 2026 Budget Administrator Dr. Eric Punswick Date 9/30/2026



Trust the Experts for Your Benefits

USD #229-BLUE VALLEY

Benefit Renewal

For the Period of 01/01/2027 to 12/31/2027

Account Executive: Erin Baker / ebaker@deltadentalks.com



USD #229-BLUE VALLEY
GROUP NUMBER: 00000001698

Fully Insured

Renewal Rates Effective: 01/01/2027 to 12/31/2027

Current Enrollment

USD #229-BLUE VALLEY-BUYUP

Employee Only	220
Employee and Spouse	38
Employee and One Child	18
Employee and Children	39
Employee and Family	44
Total	359

Current Rates

Employee Only	\$46.96
Employee and Spouse	\$93.82
Employee and One Child	\$110.24
Employee and Children	\$110.24
Employee and Family	\$179.18

Renewal Rates

Employee Only	\$48.86
Employee and Spouse	\$97.56
Employee and One Child	\$114.64
Employee and Children	\$114.64
Employee and Family	\$186.34

*Delta Dental of Kansas reserves the right to revise the annual rates should the group request changes in their benefits, networks, service levels or subscriber locations. Annual rates may also be changed if the total enrollment, enrollment distribution by product, enrollment tier or employee locations differ by 10% or more from the current enrollment noted in this document. We also reserve the right to re-evaluate the rates in the event of updated government regulations for the dental industry.

STATEMENT OF CONFIDENTIALITY

The information contained in this document is the property of Delta Dental of Kansas and may not be disclosed except to employees or duly authorized agents of USD #229-BLUE VALLEY without express written permission from Delta Dental of Kansas.



USD #229-BLUE VALLEY
GROUP NUMBER: 00000001698

Fully Insured

Renewal Rates Effective: 01/01/2027 to 12/31/2027

Current Enrollment

USD #229-BLUE VALLEY-BASE

Employee Only	1398
Employee and Spouse	140
Employee and One Child	91
Employee and Children	189
Employee and Family	185
Total	1998

Current Rates

Employee Only	\$36.50
Employee and Spouse	\$71.08
Employee and One Child	\$83.50
Employee and Children	\$83.50
Employee and Family	\$135.66

Renewal Rates

Employee Only	\$37.96
Employee and Spouse	\$73.92
Employee and One Child	\$86.84
Employee and Children	\$86.84
Employee and Family	\$141.08

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USD #229-BLUE VALLEY
GROUP NUMBER: 00000001698
Fully Insured

Renewal Rates Effective: 01/01/2027 to 12/31/2027

USD #229-BLUE VALLEY

1. Current Enrollment	2357
2. Average Enrollment	2294
Experience Period: 03/01/2025 to 02/28/2026	
3. Paid Premium	\$1,559,780.70
4. Paid Claims	\$1,457,092.58
Trend 1.1127	
5. Required Retention	\$202,771.49
(includes taxes and administration costs)	
6. Commission	\$0.00
7. Total Loss Ratio	119.13%
8. Final Rate Adjustment	4%
• 2nd of 2 yr contract • Option of 5% cap per 2028	

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