



UNITED INDEPENDENT SCHOOL DISTRICT INFORMATIONAL ITEM

TOPIC Award of District Group Dental Plan Insurance

SUBMITTED BY Robert Chapa OF: Risk Management

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: March 25, 2015

The Employee Benefits Committee (EBC) has concluded renewal negotiations for the District group dental insurance plan (RFP # 016-2011). The EBC has chosen to accept an extension to the original proposal from Delta Dental Insurance Company.

Delta Dental Insurance proposed to leave premiums at the present rates for another year and added two additional years at a "not to exceed" rate of 5% for year 3 and 4.5% for year 3. This will result in 5 consecutive years with NO rate increase.

Low Plan/ 2 year rates

Employee Only	\$16.11
Employee Family	\$45.89

High Plan/ 2 year rates

Employee Only	\$22.69
Employee Family	\$61.20

Dental Insurance premiums are 100% employee paid.



UNITED INDEPENDENT SCHOOL DISTRICT

Robert Chapa
Director of Risk Management

Date: February 18, 2015
To: Cordelia Flores-Jackson,
Director of Purchasing
Re: Dental Insurance Plan Award

Ms. Jackson;

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Please forward contract award letter to Ms. Ida Kelly, Delta Account Manager. Thank You.



February 17, 2015

REVISED

Mr. Robert Chapa
United ISD
201 Lindenwood Drive, Suite 200
Laredo, TX 78045

RE: Contract renewal for United ISD
Group Number 44-15502

Dear Robert:

We appreciate your business and thank you for choosing Delta Dental Insurance Company (Delta Dental). Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. Since there has been little or no change in one or both of these factors, we have determined that no increase in your current rate is necessary. The second year of this renewal term will include a 5% Cap on rates, effective September 1, 2016 through August 31, 2017. The third year of this renewal term will include a 7.5% Cap on rates, effective September 1, 2017 through August 31, 2018.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The rates for the renewal contract period are:

High Plan

Effective date	September 1, 2015	
Contract term	September 1, 2015 – August 31, 2016	
	Current rates	Renewal rates
Employee	\$22.69	\$22.69
Employee & Family	\$61.20	\$61.20

February 13, 2015
Group Number 44-15502

Low Plan

Effective date	September 1, 2015	
Contract term	September 1, 2015 – August 31, 2016	
	Current rates	Renewal rates
Employee	\$16.11	\$16.11
Employee & Family	\$45.89	\$45.89

Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental contracts for the rates and contract term.

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for 2015.
- 2) Begin paying the rates outlined in this letter with your new contract term.

If you choose not to renew your contract, please notify Ida Kelly at 800-775-0523 and advise us in writing.

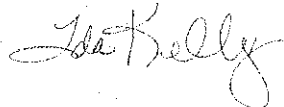
If you have any questions about your renewal, your account manager will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental Insurance Company



Melissa Fullerton
Vice President, Western Region



Ida Kelly
Account Manager

c: Roberto J. Laurel