


FRANKLIN COUNTY

TO: BOARD OF FRANKLIN COUNTY COMMISSIONERS	Reviewed: 
FROM: Gayla Stofko	Ext. 3444
DEPARTMENT: Administration/HR	
DATE: October 22, 2008	No.

ITEM: Approve renewal of contract with Delta Dental to provide benefit services to Franklin County employees for the 2009 calendar year with no increase to premium rates

Background: Franklin County entered into a contract with Delta Dental in 2006 to provide benefit services for Franklin County employees. Since that time Delta Dental has continued to offer contract renewal with no premium rate increase. Delta Dental is offering the option to cover composite (white) fillings on all teeth as opposed to our current coverage which covers composite (white) fillings on anterior (front) teeth only. This benefit, to cover all teeth with composite fillings, is not widespread in the industry. There would be an additional cost to the county should this benefit be provided. The Commission declined this option in 2007 and 2008 and it is recommended that it be declined for 2009 as well.

Recommended Action: Renew the current contract with Delta Dental and decline the additional option.

Attachments: Renewal Policy Endorsement No. 3

February 19, 2008

Ms. Gayla Stofko
Franklin County
1428 South Main Street
Ottawa, KS 66067

RE: Renewal of Group Dental Contract #50117

Dear Ms. Stofko:

Your contract with Delta Dental of Kansas will renew on **January 1, 2009**. We are pleased to be of service to you and your employees and will strive to maintain our business relationship.

It is our continued commitment to you and your employees to provide the highest level of service and administration at a competitive price. We are pleased to report that you will not experience an increase in your premium rates for this next policy year, January 1, 2009 to December 31, 2009.

Your current policy covers composite (white) fillings on anterior (front) teeth only. Effective with your **January 1, 2009** renewal, Delta Dental is offering the option of covering composite fillings on all teeth. This increase in coverage will not affect your administrative rate.

Please initial the box next to your preferred option and return one of the endorsements in the enclosed self-addressed envelope, or fax to 913-381-8312. The other may be attached to your current contract. **This endorsement must be returned by December 1, 2008 to ensure timely submission of your group's renewal.**

We look forward to the continued opportunity to be of service to you and your employees. If you have any questions regarding your renewal, please feel free to contact me.

Sincerely,

Natalie Daney
Senior Account Executive

ND/tmm
Enclosures

**POLICY ENDORSEMENT NO. 3
FOR GROUP #50117**

Attached to and forming a part of the Agreement To Provide Dental Care Benefits between Franklin County (plan #50117) and Delta Dental of Kansas, Inc.

It is agreed and understood that effective with the January 1, 2009, renewal,

Section VIII, Number 8.3 shall read:

In consideration for the services provided hereunder, the Employer agrees to pay Plan a service fee as follows: Three Dollars and Ninety Five Cents (\$3.95) per employee. Said fee shall be calculated and paid monthly.

AND

Section I.7, V shall read:

REGULAR RESTORATIVE DENTISTRY:

Provides amalgam (silver) restorations; composite (white) restorations on anterior (front) teeth; and stainless steel crowns for dependent children under age twelve (12).

OR

REGULAR RESTORATIVE DENTISTRY:

Provides amalgam (silver) restorations; composite (white) restorations; and stainless steel crowns for dependent children under age twelve (12).

Please initial the box next to your preferred option, sign below, and return one copy of the policy endorsement in the enclosed, self-addressed envelope or fax to 913/381-8312 by **December 1, 2008**.

Printed Name

Date

Signature

Agent's Name

Sinda L. Bratton
Delta Dental of Kansas, Inc.