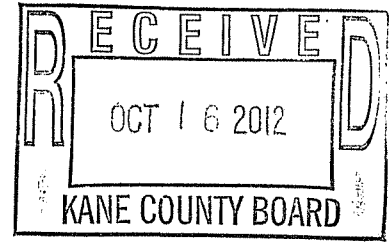


County of Kane
Office of County Board
Kane County Government Center



Karen McConnaughay
Chairman
630-232-5930



719 Batavia Avenue
Geneva, Illinois 60134
Fax 630-232-9188

DOCUMENT VET SHEET

for
Karen McConnaughay
Chairman, Kane County Board

Name of Document: DELTA DENTAL 2013 RENEWAL

Submitted by: Global Benefits to Sheila McCraven

Date Submitted: 10/15/12

Examined by: Joseph Lulves

(Print name)

[Signature]

10-16-12

(Date)

Post on Web: Yes No Atty. Initials VR

Comments: 12-304 (Missing resolution!)

*Vetted by Joe Lulves in person COB office (10-16-12)

Chairman signed: Yes No OCTOBER 16, 2012
(Date)

Document returned to: _____



Financial Exhibit
Current Plan

Renewal Date: 01/01/13

Proposed Renewal - PPO / DHM (Monthly Switch with Plan 275)				
	Current Enrollment	Current Rates	12 Month Renewal Rate	% Increase
Employee	386	\$26.92	\$27.65	2.7%
Family	706	\$70.80	\$72.71	2.7%
Annual Expense:		\$724,511.04	\$744,072.84	2.7%

Underwriting Considerations

Census Data

Total Current Enrollment Counts

Single	386
Family	706
Total	1092

During the current experience period, County of Kane averaged 1098 enrollees.

Guarantee Terms

Policies and Claim Settlement Practices

All Delta Dental of Illinois standard processing policies, limitations and exclusions apply.

Delta Dental of Illinois reserves the right to recalculate rates in the event of any of the following:

- Change in effective date.
- The number of eligible and/or enrolled employees changes by more than 10% from that identified in this quote.
- The number of enrolled employees falls below the required 40 to maintain individually underwritten status.
- New or changes to legislation or regulations that affect the benefits payable, eligibility or contractual provisions.

Broker Compensation

Proposed rates include the following broker commissions:

Fully Insured PPO	0.0%
Fully Insured DHMO	0.0%

Acceptance of Renewal

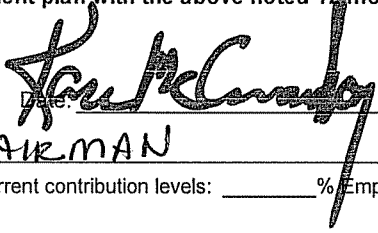
Please acknowledge your acceptance of these terms by signing below and returning this page to your Account Manager.

Beth Tortorici
Delta Dental of Illinois
111 Shuman Boulevard
Naperville, IL 60563
Phone 630-718-4763 Fax 630-983-4163

If we do not receive notification from you at least 30 days prior to your renewal date, we will assume you agree to the proposed rates and renew your current dental benefit plan with the above noted 12 month renewal rates.

AGREED AND ACCEPTED (Current Plan) :

County of Kane DDIL #10304 ALL

By: 

Title: COUNTY BOARD CHAIRMAN

Please help keep our records current by providing your current contribution levels: _____ % Employee _____ % Dependent

UW/PSS
08/02/12