



Delta Dental of Wisconsin
www.deltadentalwi.com

Grace Gervasi
City Of Dodgeville
100 E Fountain St
Dodgeville WI 53533-0000

Thank you for choosing Delta Dental as your dental benefits company. Your renewal for the upcoming year is enclosed.

Group number: 12610-0

Renewal date: January 1, 2025

<u>Coverage Type</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>Change</u>
Single Coverage (employee, 1 Party)	\$44.67	\$44.67	.00%
Family Coverage (employee and spouse, 2 Party)	\$118.29	\$118.29	.00%
Family Coverage (employee and child(ren))	\$118.29	\$118.29	.00%
Family Coverage (full family, 3+ Party)	\$118.29	\$118.29	.00%

Provider costs, claims experience, and plan design changes (if applicable) influence the rates for your dental plan. As your dental carrier, we are committed to controlling these costs and helping you incorporate plan innovations that deliver the best value for your benefits investment.

Delta Dental’s leadership in dental benefits provides you with:

- The largest dental networks across the United States, with agreed-to fee schedules and treatment guarantees that save money for you and your employees.
- Cost management strategies that save groups over \$100 million annually.

If you are satisfied with your current plan and renewal rates, no action is required. The new rates will automatically go into effect on your renewal date.

However, if you have concerns about your renewal, would like to explore options for changing your plan, or if we can be of further assistance, please contact your agent who is listed below or call us at 800-236-3713 or email sales@deltadentalwi.com.

Thank you for allowing Delta Dental to serve your dental benefits needs.

Suzie Hoag
Senior Account Manager

cc: Elizabeth Dannenberg
T.I.C. Inc
PO Box 57
Mineral Point WI 53565-0000

POLICY ENDORSEMENT NO. 12610 - 0 - 08142024

Attached to and forming a part of the Contract to Provide Dental Care Benefits between City Of Dodgeville and Delta Dental of Wisconsin, Inc.

It is agreed and understood that Declarations, Section 7, Monthly Premium will be replaced with the following, effective January 1, 2025 and ending on December 31, 2025:

Single Coverage (employee, 1 Party)	\$44.67
Family Coverage (employee and spouse, 2 Party)	\$118.29
Family Coverage (employee and child(ren))	\$118.29
Family Coverage (full family, 3+ Party)	\$118.29