

**ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD, SUITE 500  
ARLINGTON, VIRGINIA 22201**

**CONTRACT AMENDMENT**

<b>TO:</b>	DELTA DENTAL OF VIRGINIA	ORIGINAL DATE ISSUED:	SEPTEMBER 17, 2014
	4818 STARKEY ROAD	CONTRACT NO:	719-13-2
	ROANOKE, VA 24018	CONTRACT TITLE:	HEALTH PLANS/DENTAL

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**THIS IS A NOTICE OF AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

The contract documents consist of the terms and conditions of AGREEMENT No. 719-13-2 including any attachments or amendments thereto.

**EFFECTIVE DATE:** JULY 1, 2021

**EXPIRES:** JUNE 30, 2022

**RENEWALS:** NO REMAINING RENEWALS

**COMMODITY CODE(S):** 95300

**EMPLOYEES NOT TO BENEFIT:**

**NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.**

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<b><u>VENDOR CONTACT:</u></b>	KRISTIN MERLO, SVP, COO	<b><u>VENDOR TEL. NO.:</u></b>	(540) 989-8000
<b><u>EMAIL ADDRESS:</u></b>	<a href="mailto:KRISTIN.MERLO@DELTADENTALVA.COM">KRISTIN.MERLO@DELTADENTALVA.COM</a>		
<b><u>COUNTY CONTACT:</u></b>	COLLEEN DONNELLY	<b><u>COUNTY TEL. NO.:</u></b>	(703) 228-3447
<b><u>COUNTY CONTACT EMAIL:</u></b>	<a href="mailto:CDONNELLY@ARLINGTONVA.US">CDONNELLY@ARLINGTONVA.US</a>		

**CONTRACT AUTHORIZATION**

NAME: SHARON LEWIS TITLE: PURCHASING AGENT DATE: 2/23/2021

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 719-13-2  
AMENDMENT NUMBER 3**

This Amendment Number 3 is made on the date of execution by the County and amends Agreement Number 719-13-2, dated September 17, 2014, ("Main Agreement") between Delta Dental of Virginia, 4818 Starkey Road, Roanoke, Virginia 24018 ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend the CONTRACT TERM and CONTRACT RATES called for under the Main Agreement as follows:

- The contract term is hereby extended for the period beginning July 1, 2021 and ending June 30, 2022.
- Fiscal Year 2022 Rates (Exhibit A).

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

DELTA DENTAL OF VIRGINIA

AUTHORIZED DocuSigned by:  
SIGNATURE: Sharon Lewis  
89B86B1AD301462...

AUTHORIZED DocuSigned by:  
SIGNATURE: Kristin Merlo  
443561E09E1C46E...

NAME: SHARON LEWIS  
TITLE: PURCHASING AGENT

NAME AND TITLE: KRISTIN MERLO  
SVP, COO

DATE: 2/23/2021

DATE: 2/23/2021



# Trust the Experts for Your Dental Benefits

**ARLINGTON COUNTY GOVERNMENT**

**Dental Benefit Renewal**

**For the Period of July 1, 2021 - June 30, 2022**



# ARLINGTON COUNTY GOVERNMENT

Group Number: 6289

Administrative Services Only

Renewal Rates Effective: July 1, 2021 - June 30, 2022

1.	Current Enrollment	5,135
2.	Average Enrollment	5,100
3.	Annual Fees at Current	\$215,054
	\$3.49 per employee per month	
4.	Experience Period Paid Claims	\$3,247,977
	Experience Period: January 1, 2020-December 31, 2020	
5.	Change to Reserves	-\$5,079
6.	Benefit and/or Enrollment Adjustment	\$829,859
7.	Trend	\$211,783
8.	Projected Incurred Claims	\$4,284,540
9.	Projected Annual Fees at Renewal	\$221,216
	\$3.59 per employee per month	
10.	Total Projected Expense	\$4,505,756
	Required Escrow	\$357,000
	Current Escrow	<u>\$330,000</u>
	Additional Escrow Required	\$27,000

Renewal rates and/or options are shown on the following page(s).



# ARLINGTON COUNTY GOVERNMENT

Group Number: 6289

Administrative Services Only

Renewal Rates Effective: July 1, 2021 - June 30, 2022

	<u>STANDARD</u>	<u>PREMIUM</u>
1. Current Enrollment	3,977	1,158
2. Average Enrollment	4,036	1,064
3. Annual Fees at Current	\$166,557	\$48,497
\$3.49 per employee per month		
4. Experience Period Paid Claims	\$2,092,030	\$1,155,947
Experience Period: January 1, 2020-December 31, 2020		
5. Change to Reserves	-\$9,811	\$4,732
6. Benefit and/or Enrollment Adjustment	\$563,553	\$266,306
7. Trend	\$137,580	\$74,203
8. Projected Incurred Claims	\$2,783,352	\$1,501,188
9. Projected Annual Fees at Renewal	\$171,329	\$49,887
\$3.59 per employee per month		
10. Total Projected Expense	\$2,954,681	\$1,551,075



# ARLINGTON COUNTY GOVERNMENT

Group Number: 6289

Administrative Services Only

Renewal Rates Effective: July 1, 2021 - June 30, 2022

<b>Current Enrollment</b>	<b><u>STANDARD</u></b>	<b><u>PREMIUM</u></b>
MEmployee Only	1,881	486
Employee and Spouse	952	199
Employee and One Child	184	81
Employee and Children	128	79
Employee and Family	<u>832</u>	<u>313</u>
<b>Total</b>	<b>3,977</b>	<b>1,158</b>
<b>Monthly Fees(per employee per month)</b>		
Renewal Net Fees*	\$3.59	\$3.59
Broker Commission	<u>\$0.00</u>	<u>\$0.00</u>
<b>Total Fees</b>	<b>\$3.59</b>	<b>\$3.59</b>
<b>Total Annual Fees</b>	<b>\$171,329</b>	<b>\$49,887</b>
<b>Recommended One Year Funding Rates</b>		
Employee Only	\$35.01	\$59.54
Employee and Spouse	\$70.01	\$119.06
Employee and One Child	\$76.26	\$129.66
Employee and Children	\$76.26	\$129.66
Employee and Family	\$106.81	\$181.64

\* Delta Dental of Virginia reserves the right to revise the annual fees should the group request changes in their benefits, networks, service levels or subscriber locations. Annual fees 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 fee 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 Virginia and may not be disclosed except to employees or duly authorized agents of ARLINGTON COUNTY GOVERNMENT without express written permission from Delta Dental of Virginia.