# City of Jacksonville, Florida

*Lenny Curry, Mayor*

Employee Services Department
City Hall, 117 West Duval St., Suite 150
Jacksonville, Florida 32202


ONE CITY. ONE JACKSONVILLE.

MEMORANDUM

TO: Greg Pease, Chairperson
Professional Services Evaluation Committee

FROM: Mary DiPerna, Division Chief, Compensation and Benefits
Carolina Teran-Oceguera, Manager, Compensation and Benefits

SUBJECT: P28-16 Group Dental Insurance Plan
Amendment #3

DATE: July 9, 2019

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This is to recommend that the City approve the third amendment to the contract with Delta for group dental insurance. The contract shall be for a one-year period effective January 1, 2020 through December 31, 2020; rates will increase by 6.5% and the total indebtedness for CY 2019 shall not exceed $4,300,000; the maximum indebtedness shall not exceed $15,770,645.

All other terms and conditions shall remain the same as proposed. Nothing contained herein shall be amended, modified, or otherwise revised, without prior approval from the PSEC and the Mayor.

Thanks.

Attachment: Letter of Renewal 2020

DELTA DENTAL

www.deltadentalin-.com

July 12, 2019

REVISED

City of Jacksonville
117 West Duval Street Suite 150
Jacksonville, FL 32202

RE: Contract Renewal for City of Jacksonville
Delta Dental PPO℠ Group# 18491
DeltaCare® USA Group# 78758

We appreciate your business and thank you for choosing Delta Dental Insurance Company. 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. Our analysis indicates that an increase in your current rate is necessary. We have made every attempt to keep this increase as low as possible.

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 following is the renewal information for your Delta Dental PPO℠ dental plan:

| ***Effective Date*** | ***January 01, 2020*** | |
|---|---|---|
| ***Contract Term*** | ***January 01, 2020 - December 31, 2021**** | |
| ***18491 - Division #00001, 08004, 09001*** | ***Current Rates*** | ***Renewal Rates 1/1/2020 - 12/31/2020*** |
| ***% change*** | | ***6.50%*** |
| ***Enrollee Only*** | ***$30.70*** | ***$32.70*** |
| ***Enrollee + Spouse*** | ***$61.41*** | ***$65.40*** |
| ***Enrollee + Children*** | ***$77.99*** | ***$83.06*** |
| ***Family*** | ***$104.86*** | ***$111.68*** |

| *18491 - Division #00002, 08005, 09002* | *Current Rates* | *Renewal Rates* |
|---|---|---|
| | | *1/1/2020 - 12/31/2020* |
| *% change* | | *6.50%* |
| *Enrollee Only* | *$19.19* | *$20.44* |
| *Enrollee + Spouse* | *$38.38* | *$40.88* |
| *Enrollee + Children* | *$48.71* | *$51.87* |
| *Family* | *$65.57* | *$69.83* |
| *18491 - Division #00003, 08006, 09003* | *Current Rates* | *Renewal Rates* |
| | | *1/1/2020 - 12/31/2020* |
| *% change* | | *6.50%* |
| *Enrollee Only* | *$39.39* | *$41.95* |
| *Enrollee + Spouse* | *$78.81* | *$83.93* |
| *Enrollee + Children* | *$99.96* | *$106.46* |
| *Family* | *$134.55* | *$143.30* |

**** Includes a not to exceed of 6.5% for 1/1/2021 to 12/31/2021***

The following is the renewal information for your DeltaCare® USA dental plan:

| *Effective Date* | *January 01, 2020* | |
|---|---|---|
| *Contract Term* | *January 01, 2020 - December 31, 2021** | |
| *78758 - Division #00001, 00002, 09001* | *Current Rates* | *Renewal Rates* |
| | | *1/1/2020 - 12/31/2020* |
| *% change* | | *6.50%* |
| *Enrollee Only* | *$12.07* | *$12.86* |
| *Enrollee + Spouse* | *$21.13* | *$22.50* |
| *Enrollee + Children* | *$25.35* | *$27.00* |
| *Family* | *$37.41* | *$39.84* |

**** Includes a not to exceed of 6.5% for 1/1/2021 to 12/31/2021***

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.

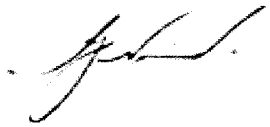
To renew your dental plan contract, please follow these steps:

1) Review this letter for changes to your dental plan for January 01, 2020
2) Begin paying the rates outlined in this letter with your new contract term.

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



MohammadReza Navid
Group Vice President, Sales

The American Dental Association (ADA) annually updates its standard dental procedure coding system, which is a component of its Code on Dental Procedures and Nomenclature (CDT Code) reference manual. When the ADA changes the codes, carriers must adopt the changes. We process claims according to the current CDT reference manual. Changes made to comply with the CDT Code do not constitute a material change to your dental plan design.

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY - Dentegra Insurance Company; NH and VT - Dentegra Insurance Company of New England; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and Washington, D.C. - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York; PA - Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

**Summary of Contract Amendments to**

**City of Jacksonville**

**Delta Dental PPO℠, DeltaCare® USA**

***OTHER INFORMATION***

Delta Dental's retro-termination policy for enrollees. As a reminder, Delta Dental's policy is that enrollment may be adjusted retroactively to the immediately preceding three months plus the current month billed if no claims have been processed after the requested termination date for the enrollee.

Provider reimbursement. As a reminder, Delta Dental's policy is to reimburse contracted dentists based on the network payment provisions for the geographic area in which the services are provided.

## OHCA Notification

Please be informed that consistent with the group application and group contract terms, Delta Dental considers its relationship with fully insured group health plans as subject to HIPAA's "Organized Health Care Arrangement" (OHCA) privacy rules as defined in 45 Code of Federal Regulations (C.F.R.) §164.501. Functionally, the exchange of enrollment information between Delta Dental and your group remains the same.

While a Business Associate Agreement is not required between Delta Dental and your fully insured group health plan within an OHCA, any Protected Health Information (PHI) exchanged or shared between the entities remains subject to HIPAA's minimum necessary rule and other privacy rules in addition to any applicable state laws and regulations governing the disclosure of individually identifiable health information.

Additionally, confidentiality requirements remain applicable to the exchange of information within an OHCA.