



DELTA DENTAL OF COLORADO
PO BOX 173803
Denver, Colorado 80217

DELTA DENTAL BENEFITS CONTRACT

The parties of this Contract are ADAMS COUNTY GOVERNMENT, herein called the "Group," "Applicant," or "Employer" and Delta Dental of Colorado, herein called "Delta Dental."

The following section of the current Delta Dental PPO & EPO contracts have been amended effective January 1, 2021 for a two year period. The balance of such contract is continued as if fully set forth herein except for the amended section as shown below:

Rate Coverage

Composite	Admin Fee
PER MONTH PER SUBSCRIBER	\$ 3.80

This Service Fee is contingent upon total enrollment of all eligible primary subscribers, in accordance with the eligibility provisions in Article III. Should enrollment vary by 10% or more, Delta Dental reserves the right to recalculate the Service Fee based upon actual enrollment. The change in Service Fee would not become effective until the next contract anniversary. If a recalculation becomes necessary, multiple-year contracts will be replaced with a new agreement based upon the new enrollment.

The Service is due the first day of each month, and as further described in Article II. The Monthly Claims Reimbursement Due Date is the 2nd, 12th, and 22nd day or the last business day closest to such date of each month and as further described in Article II.

Countersigned:
Delta Dental of Colorado

Signature

October 19, 2020

Date

Accepted:
Adams County Government - # 1200, 91200, 7195, 97195

Signature

Date