CHANDLER arizona

City Clerk Document No. _____

City Council Meeting Date: September 23, 2021

AMENDMENT TO CITY OF CHANDLER AGREEMENT
DENTAL SERVICE PLAN
CITY OF CHANDLER AGREEMENT NO. 1193

THIS CALENDAR YEAR 2022 AMENDMENT (CY 2022 Amendment) to Agreement No. 1193 for a dental service plan (the Agreement), is made and entered by and between the City of Chandler, an Arizona municipal corporation (City), and Delta Dental Plan of Arizona, Inc. (Contractor), (City and Contractor may individually be referred to as Party and collectively referred to as Parties) and made _____, 2021 (Effective Date).

RECITALS

WHEREAS, the Parties entered into an Agreement to provide Employer Group Dental benefits effective January 1, 2002; and

WHEREAS, the Agreement has been periodically amended to adjust the plan and rates and extend the term of the Agreement through December 31, 2021, subject to the terms and conditions of the Agreement, as amended; and

WHEREAS, Contractor offered renewal under the existing terms and conditions without a change in fees and guaranteed the rates for the two-year period of January 1, 2022, through December 31, 2023; and

WHEREAS, the Parties wish to extend the Agreement for one year from January 1, 2022, through December 31, 2022, and to give the City Manager, or designee, the discretionary authority to agree to extend the Agreement for an additional year from January 1, 2023, through December 31, 2023 (CY 2023).

AGREEMENT

NOW THEREFORE, the Parties agree as follows:

1. The recitals are accurate and are incorporated and made a part of the Agreement by this reference.

2. The term of the Agreement is extended for one year from January 1, 2022, through December 31, 2022, subject to the same terms and conditions, at the rates reflected in the renewal proposal attached as Exhibit A to this CY 2022 Amendment.

3. The City Manager, or designee, may agree to extend the Agreement for an additional one-year term of January 1, 2023, through December 31, 2023 (CY 2023) subject to the same terms and conditions.

4. All other terms and conditions of the Agreement remain unchanged and in full force and effect. If a conflict or ambiguity arises between this CY 2022 Amendment and the Agreement, the terms and conditions in this CY 2022 Amendment prevail and control.

IN WITNESS WHEREOF, the Parties have entered into this Amendment on the Effective Date.

FOR THE CITY

By: _____

Its: Mayor

FOR THE CONTRACTOR

By: Brad Clothier

Its: EVP, Business Development

APPROVED AS TO FORM:

By: _____

City Attorney REK

ATTEST:

By: _____

City Clerk

Exhibit A

DELTA DENTAL®

May 13, 2021

Carol Osterhaus
City of Chandler
PO Box 4008 Ms 703
Chandler AZ 85244

Re: City of Chandler Renewal - Group #1193
Contract Term: January 1, 2022 - December 31, 2022

Dear Carol,

On behalf of all of us at Delta Dental of Arizona, thank you for your continued confidence. We are honored to be part of your employee benefits offering and it is a privilege to partner with you to protect your employees' oral health and well-being. We look forward to our continued collaboration and the opportunity to provide additional solutions to improve the overall health of your employees.

Based on our thorough financial review, your renewal fees for the January 1, 2022 to December 31, 2023 contract term are:

	Current Fee	Renewal Fee	Fully Insured equivalent rates
Employee	$4.89	$4.89	$40.50
EE + 1	$4.89	$4.89	$78.80
EE + 2 or more	$4.89	$4.89	$130.71

To keep your plan in place and avoid a lapse in coverage, **please sign and date below and return this letter to me by November 30, 2021.**

We are excited to continue partnering with you on dental benefits and introduce you to some of our other quality products, like vision, FSA, HSA and COBRA administration. If you have questions about your renewal or would like to learn more about our other products, contact me at 602-588-3930 or nlschilling@deltadentalaz.com.

As you begin to prepare for open enrollment, be sure to check out the variety of resources available at deltadentalaz.com/employer to educate your employees on their benefits offering. I'm always available to help as well.

We know you have many choices for dental benefits and thank you for your continued partnership!

Sincerely,

Nicole Schilling
Account Executive II, Delta Dental of Arizona
602-588-3930
nlschilling@deltadentalaz.com

_____ _____

Authorized Signature Date