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DELTA DENTAL OF ARIZONA

5656 W. Talavi Blvd.

Glendale, AZ 85306

(602) 938-3131

An Arizona Not For Profit Dental Service Plan

Employer Group Dental Contract

The completion of the Master Application and premium payment made by City of Glendale is the consideration that binds the parties. City of Glendale will be called Employer Group in this Employer Group Dental Contract. The Employer Group Dental Contract, henceforth in this document, will be referred to as This Contract. Delta Dental Of Arizona will be referred to as DDAZ in This Contract. The Master Application is a part of This Contract and binds the parties.

This Contract:

- A. Is issued for the Initial Rate Guarantee Period outlined below; and
- B. May be renewed for successive renewal periods by the payment of premiums set by DDAZ on each renewal date and by a signed contract amendment indicating the renewal effective date, and any applicable changes to this contract.

The length of each renewal period will be set by DDAZ, but will not be less than twelve – (12) months except for the initial change of a contract term.

Entire Contract and Contract Amendments:

This Contract with all Appendices, the Dental Benefits Booklet, the Appeals Booklet (if applicable) and the Master Application of the Employer Group constitute the Entire Contract between the parties. A copy of the Employer Group's Master Application, the Dental Benefits Booklet, and the Appeals Packet (if applicable) are attached to This Contract when issued.

This Contract may be changed in whole or in part. No change in This Contract will be valid unless it is approved in writing by DDAZ's Chief Executive Officer and given to the Employer Group for attachment to This Contract. No agent has the authority to change This Contract or to waive any of its provisions.

Employer Group Number:	City of Glendale
Original contract effective date:	July 1, 2005
Restated contract Effective Date:	July 1, 2011
Initial Coverage Period:	July 1, 2011 through June 30, 2012

CITY OF GLENDALE, an Arizona
municipal corporation



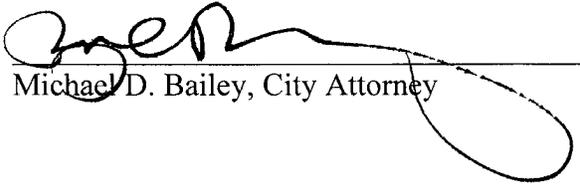
Brenda S. Fischer, City Manager

ATTEST:



Pamela Hanna, City Clerk (SEAL)

APPROVED AS TO FORM:



Michael D. Bailey, City Attorney

EXHIBIT A
The Plan
Solicitation No. RFP 04-46

Plan

[see attached]

SUMMARY OF BENEFITS

Delta Dental of Arizona, Inc.
Employer Group Dental Contract

Group · 04211

Group Name: CITY OF GLENDALE

Summary

Effective Date : 07/01/2008

This is the date which this document is effective.

Contract Year · July 1st through June 30th

This is the twelve (12) month period for which these Contract benefits apply

Benefit Year : January 1st through December 31st

Benefit Year means the annual period specified in the Employer Group Dental Contract for calculation of benefits, co-payment, and deductibles under This Contract.

Age Limits : Child: 19 Student: 25

Deductible : \$50.00 per person, \$150.00 per family

Annual Benefit Year Maximum : \$1500.00

REFER TO THE DENTAL BENEFITS BOOKLET DESCRIPTION OF SERVICES FOR A MORE DETAILED DESCRIPTION INCLUDING LIMITATIONS AND EXCLUSIONS. BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE EMPLOYER GROUP DENTAL CONTRACT.

Predetermination recommended for services over \$250.

Routine (Deductible does not apply to these services) **100%**
(No waiting period)

Diagnostic

- Exams, evaluations or consultations (Twice in a Benefit Year)
- X-rays: Full Mouth/Panorex, or vertical bitewings (Once in a three (3) year period) Bitewings (Twice in a Benefit Year)

Preventive

- Topical Application of Fluoride (children to the age of eighteen (18) - twice in a benefit year)
- Routine Cleanings (limited to twice in a benefit year), or one (1) difficult cleaning may be exchanged for one (1) routine cleaning, however, the difficult cleaning is limited to not more than once in a five (5) year period.
- Space Maintainers (For missing posterior primary (baby) teeth) up to age fourteen (14)

Basic (Deductible does apply to these services) **80%**
(No waiting period)

Restorative

- Fillings consisting of silver amalgam; and in the case of front teeth only, composite tooth color fillings - Once per tooth surface in a two (2) year period.
- Sealants for children (Once in a three (3) year period for permanent molars & bicuspids up to age nineteen (19).
- Stainless Steel Crowns (For primary (baby) teeth only)

Oral Surgery

- Extractions and Surgical Procedures including pre and post treatment care
- General Anesthesia and Intravenous Sedation/Analgesia - As stated in the Covered Dental Services section of this benefit booklet.

Periodontics

- Treatment of Gum Disease (Non-surgical-once every two (2) years/Surgical once every three (3) years).

Endodontics

- Additional endodontic procedures, such as retreatment, limited to once in a three (3) year period.
- Root Canal Treatment (Permanent Teeth);Pulpotomy (Primary (baby) Teeth) Once per tooth per lifetime.

Emergency (Palliative Treatment)

- Emergency treatment for the relief of pain

Major (Deductible does apply to these services) **50%**
(Becomes a benefit following 6 (six) months of continuous coverage of the Individual under this plan)

Restorative

- Cast Crowns - Onlays (five (5) year waiting period for replacement last performed).

Prosthodontics

- Bridges -Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.
- Complete Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.
- Implants are only a benefit to replace a single missing tooth, bounded by teeth on each side. Limited to \$1,000.00 per tooth, per lifetime and is applied to the patient's benefit year maximum.
- Partial Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.

Bridge and Denture Repair

- Repair of such appliances to their original condition including relining of dentures.

Orthodontic (Annual deductible does not apply to these services) **50%**
(Becomes a benefit following 6 (six) months of continuous coverage of the Individual under this plan)

Orthodontic Services

- **ORTHODONTICS:** The program will pay (50%) of the Orthodontics Services for adults & child(ren) age eight (8) and older. Benefits are limited to a maximum of (\$1,500) per lifetime of the patient. This maximum is separate from the benefit year maximum for your other dental benefits.

Humanitarian Services A dependent child who is engaged in documented humanitarian services, such as the Peace Corps or a religious mission is covered with the same age limitations as students. Authorized proof of this status will be required. The Humanitarian Services must satisfy the following: 1) the organization must be exempt from Federal Income Tax and 2) contributions to the organization qualify for charitable deduction.

Employer Group Dental Contract

This Employer Group Dental Contract includes the following Appendices:

- Appendix A: Summary of Benefits
- Appendix B: Employer Group Specifications
- Appendix C: Funding Agreement

Delta Dental of Arizona and the Employer Group agree to comply with all provisions set forth in This Employer Group Dental Contract.

AUTHORIZED SIGNATURES

City of Glendale

Delta Dental of Arizona

By: _____

By:  _____
R. Allan Allford

Title: _____

Title: President/CEO _____

Date: _____

Date: March 7, 2011 _____