

CONTRACT AMENDMENT #3

This agreement constitutes an Amendment to the Contract for Dental Care for Fairfax Water Retirees between the FAIRFAX WATER ("FW") and DELTA DENTAL OF VIRGINIA (the "Contractor") (collectively, the "parties").

In consideration of the mutual covenants set forth herein, the parties agree to amend and modify the Contract effective January 1, 2021 as follows:

Please amend the contract as follows:

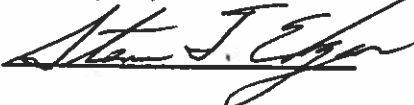
Term

The contract renewal term shall be from January 1, 2021 through December 31, 2022. The renewal shall be based upon the attached renewal proposal. This contract has no renewal options remaining.

In all other respects not specifically mentioned or altered by Amendment, the original Contract shall remain in full force and effect.

FAIRFAX WATER
Procurement Department
8570 Executive Park Avenue
Fairfax, VA 22031

Phone: (703) 289-6261
Fax: (703) 289-6262

By: 

Name: Steve Edgemon

Title: General Manager

Date: 12/18/20

DELTA DENTAL OF VA
4818 Starkey Rd.
Roanoke, VA 24018

Phone: (540) 989-8000
Fax: (540) 776-8106

By: 

Name: Kristin Merlo

Title: SVP/COO

Date: 12/15/2020



Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018-8542
540-989-8000
800-572-3044

October 19, 2020

Ms. Mary Provus
Fairfax County Water Authority-Medicare Eligible Retiree Dental Plan
8570 Executive Park Avenue
Fairfax, VA 22031

Re: Group Number 600310

Dear Ms. Provus:

Delta Dental of Virginia (DDVA) is pleased to renew your group dental benefits plan. Attached are the monthly renewal rates for Fairfax County Water Authority-Medicare Eligible Retiree Dental Plan. Please indicate your acceptance of the renewal by signing below and returning to our office as soon as possible.

Unless you ask us not to do so, we are permitted to provide your broker of record (shown below) or other employees of the same agency who work on your account with certain types of information upon request, such as a listing of enrolled members. Should you decide to change brokers at any time in the future, please let us know so that we can continue to maintain the appropriate safeguards for information about your employees and their dependents.

It has been our pleasure to be of service to you and your employees, and we look forward to the continuation of our partnership. If you have any questions or need additional information, please let us know.

Sincerely,

Kristin N. Merlo
Senior Vice President & COO

Renewal Accepted:

Date:

12/18/20



Fairfax County Water Authority-Medicare Eligible Retiree Dental Plan
Monthly Renewal Rates
Effective 01/01/2021 - 12/31/2022
Group Number 600310

Rate Guarantee: 2 Years

Current Rates

Renewal Rates

Fairfax County Water Authority-Medicare Eligible Retiree Dental Plan

Subscriber	\$49.30	\$49.30
Subscriber-Spouse	\$93.10	\$93.10
Subscriber-Child	\$93.10	\$93.10
Subscriber-Children	\$152.70	\$152.70
Family	\$152.70	\$152.70



Trust the Experts for Your Dental Benefits

FAIRFAX COUNTY WATER AUTHORITY-MEDICARE ELIGIBLE RETIREE DENTAL

Dental Benefit Renewal

For the Period of January 1, 2021 - December 31, 2022



FAIRFAX CO WATER AUTHORITY-MEDICARE ELIGIBLE RETIREE DENTAL
Group Number: 600310
Fully Insured
Renewal Rates Effective: January 1, 2021 - December 31, 2022

1. Current Enrollment	187
2. Average Enrollment	184
Experience Period: June 1, 2019 - May 31, 2020	
3. Projected Premium at Current Rates	\$148,472
4. Projected Incurred Claims	\$96,066
(includes trend and benefit and enrollment adjustments)	
5. Required Retention	\$28,948
(includes taxes, commission and administration)	
6. Required Renewal Premium	\$125,013
7. Indicated Renewal Rate Adjustment	-15.80 %
8. Underwriting Adjustment	15.80 %
9. Final Rate Adjustment*	0.00 %
*Includes 0.00% ACA Fee	

IMPORTANT RENEWAL NOTICE:

Effective January 1, 2014, the Affordable Care Act (ACA) required each health insurer to pay an annual health insurer provider fee. The amount due from each insurer is based upon the insurer's market share of health premiums, including dental plans. The fee moratorium in place for 2019 has not been extended to 2020. Therefore, your renewal rates include an increase of 0.00% to approximate the health insurer provider fee. The fee has been added to any previously negotiated rate caps or guarantees. Delta Dental reserves the right to adjust the rates or fees if ACA legislation changes.



FAIRFAX CO WATER AUTHORITY-MEDICARE ELIGIBLE RETIREE DENTAL

Group Number: 600310

Fully Insured

Renewal Rates Effective: January 1, 2021 - December 31, 2022

Current Enrollment

Employee Only	115
Employee and Spouse	72
Employee and One Child	0
Employee and Children	0
Employee and Family	<u>0</u>
Total	187

Current Rates

Employee Only	\$49.30
Employee and Spouse	\$93.10
Employee and One Child	\$93.10
Employee and Children	\$152.70
Employee and Family	\$152.70

Renewal Rates

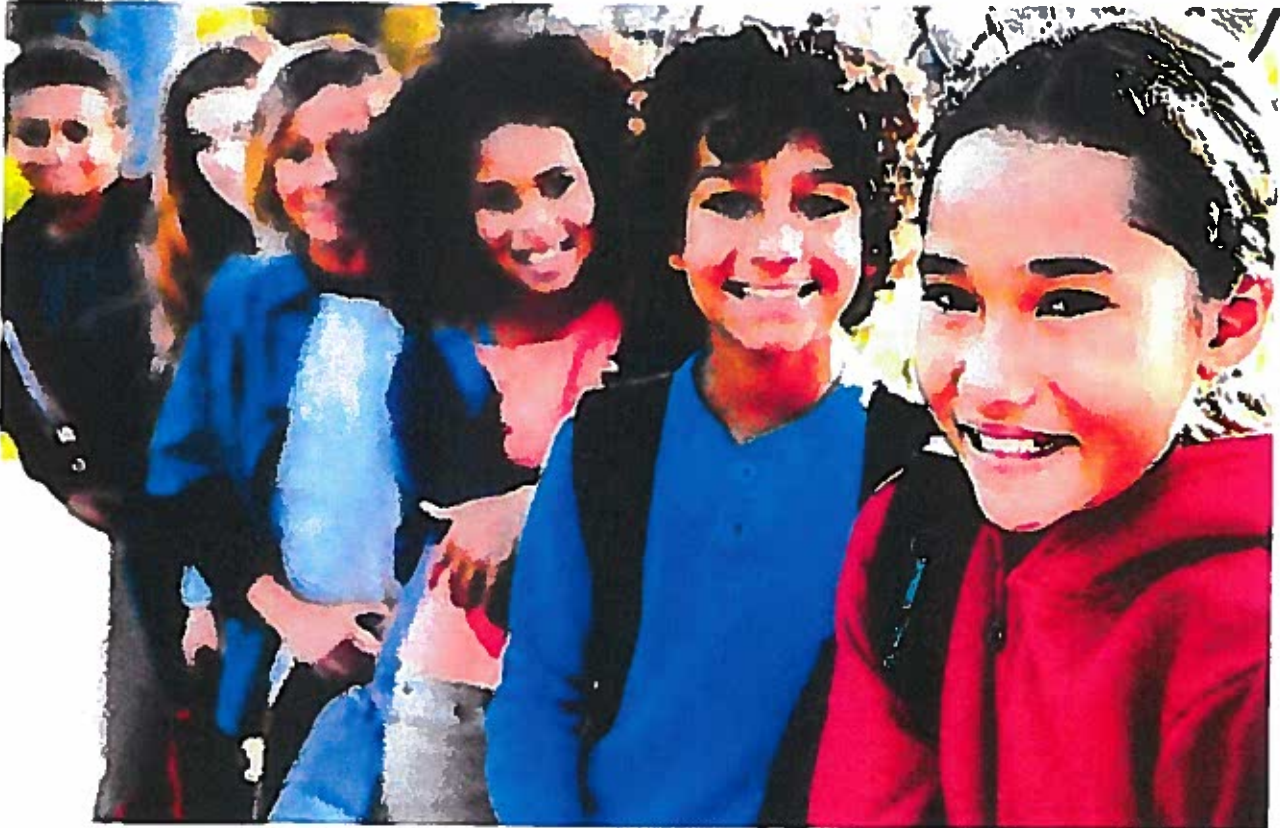
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Broker Commission 0.00%

*Delta Dental of Virginia reserves the right to revise the rates should the group request changes in their benefits, networks, service levels or subscriber locations. Rates 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. Current minimum participation and contribution requirements must be maintained in order to continue coverage.

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 FAIRFAX COUNTY WATER AUTHORITY-MEDICARE ELIGIBLE RETIREE DENTAL without express written permission from Delta Dental of Virginia.



Trust the Experts for Your Dental Benefits

FAIRFAX COUNTY WATER AUTHORITY-MEDICARE ELIGIBLE RETIREE DENTAL

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For the Period of January 1, 2021 - December 31, 2022



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Benefits for Fairfax County Water Authority- Medicare Eligible Retiree Dental Plan
Group Number: 600310
Effective Date: January 1, 2021

Annual Deductible (Applies to Basic and Major Services)	\$50 per person
Annual Maximum	\$2,000 per enrollee, per calendar year
Orthodontic Lifetime Maximum	N/A
Healthy Smile, Healthy You® Program	Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in <i>Healthy Smile, Healthy You®</i> is simple. Visit DeltaDentalVA.com to print an enrollment form.

Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
Diagnostic and Preventive Services	100%	100%	100%	
<ul style="list-style-type: none"> • Oral exams and cleanings • Fluoride applications • Bitewing X-rays • Full mouth/panelpipse X-rays • Sealants • Space maintainers 				<p>Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p> <p>Twice in a calendar year for enrollees under the age of 19.</p> <p>Bitewing X-rays are limited to once in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.</p> <p>Once in a 3-year period.</p> <p>One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p>
Basic Services	80%	80%	80%	
<ul style="list-style-type: none"> • Amalgam (silver) and composite (white) fillings • Stainless steel crowns • Simple extractions • Endodontic services/root canal therapy • Periodontic services • Complex oral surgery • Denture repair and recementation of crowns, bridges and dentures 				<p>Once per surface in a 24-month period.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p> <p>Once per quadrant in a 24-36 month period based on services rendered.</p> <p>Surgical extractions and other surgical procedures.</p> <p>Once in a 12-month period after 6 months from initial placement.</p>

Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
Major Services	50%	50%	50%	
<ul style="list-style-type: none"> • Crowns • Prosthodontics, removable and fixed • Implants 				Once per tooth in a 60-month period for enrollees age 12 and older. Once in a 60-month period for enrollees age 16 and older. Once per site for enrollees age 16 and older.
Orthodontic Services	50%	50%	50%	
<ul style="list-style-type: none"> • Treatment for the proper alignment of teeth 				For subscriber and covered dependents.

COVERAGE IS AVAILABLE FOR

- Enrollee, spouse
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO™ and Delta Dental Premier® dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

Non-Participating dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.

Please visit DeltaDentalVA.com to find a participating dentist in your area.

The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800-237-6060.