

AMENDMENT NO: 1

Group No 16058

IT IS AGREED that the Contract effective January 1, 2012 between **DELTA DENTAL INSURANCE COMPANY** and **CITY OF STAFFORD** is hereby **AMENDED** effective October 1, 2014 to add the Buy-Up Plan:

- “Orthodontic Benefits” is **ADDED** to section 4.04, ARTICLE 4, BENEFITS, LIMITATIONS AND EXCLUSIONS.
 - **Orthodontic Benefits** (*Applicable to Enrollees in the Buy-Up Plan*)
Procedures performed by a Dentist using appliances to treat malocclusion of teeth and/or jaws which significantly interferes with their function.
- “Limitations on Orthodontic Benefits” is **ADDED** to section 4.06, ARTICLE 4, BENEFITS, LIMITATIONS AND EXCLUSIONS.
 - **Limitations on Orthodontic Benefits:**
 - (1) The maximum amount payable for each Enrollee during the Enrollee’s lifetime is specified in the Appendix A.
 - (2) Orthodontic Benefits will be provided in two (2) payments after the person becomes covered (the initial payment at the banding date and the second in 12 months); however, for treatment plans of less than \$500 or when the treatment plan is 12 months or less, one (1) payment will be made.
 - (3) Benefits are not paid to repair or replace any orthodontic appliance received under this program.
 - (4) Benefits are not provided for orthodontic retreatment procedures.
 - (5) Orthodontic Benefits are limited to Dependent Child Enrollees to the end of the month of their 26th birthday.
 - (6) Non-orthodontic procedures performed for the purpose of orthodontic treatment are subject to the Orthodontic coinsurance and lifetime maximum if covered as Benefits under Delta Dental’s standard processing policies.
- The sections “Benefits, Deductible, Maximum Amount and Monthly Premiums” under APPENDIX A, GROUP POLICY SCHEDULE are **DELETED** and **REPLACED** with the following.

Benefits:	Core Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic & Preventive Benefits:	100%	100%	100%	100%
Basic Benefits:	80%	80%	80%	80%
Major Benefits:	50%	50%	50%	50%
Orthodontic Benefits:	Not Covered		50%	50%
Deductible:				
Per Enrollee per Calendar Year:	\$50		\$50	
Per Family per Calendar Year:	\$150		\$150	
Diagnostic and Preventive Benefits and Orthodontic Benefits, if applicable, are not subject to the deductible.				
Maximum Amounts:				
Per Enrollee per Calendar Year:	\$1,000		\$1,500	
Lifetime for Orthodontic Services per Dependent Child Enrollee:	Not Covered		\$1,500	

Premiums:

Monthly Amount: *(Effective October 1, 2014 thru September 30, 2016)*

	Core Plan	Buy-Up Plan
Per Primary Enrollee:	\$19.37	\$23.76
Per Primary Enrollee and Spouse:	\$45.75	\$56.11
Per Primary Enrollee and Child(ren):	\$41.53	\$50.93
Per Primary Enrollee and Family:	\$67.93	\$83.31

Except as **AMENDED** all terms and provisions of this Contract shall remain unchanged.

CITY OF STAFFORD

Contractholder's Signature

DELTA DENTAL INSURANCE COMPANY



Anthony S. Barth / President