## DeltaVision® Proposed Renewal Rates for **COUNTY OF FRANKLIN** Current Plan

Current Enrollment		Current Rates		12 Month Renewal Rates	% Increase
Employee	80		\$6.19	\$6.31	2.0%
Family	23	\$15.48		\$15.79	2.0%
		Annual Expense:	\$10,214.88	\$10,419.18	2.0%
Current Enrollment		Current Rates		24 Month Renewal Rates	% Increase
Employee	80		\$6.19	\$6.31	2.0%
Family	23		\$15.48	\$15.79	2.0%
		Annual Expense:	\$10,214.88	\$10,419.18	2.0%

Delta Vision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.

## **Underwriting Considerations**

Policies and Claim Settlement Practices

Standard processing policies, limitations and exclusions apply.

Renewal Date:

April 1, 2024

We reserve the right to recalculate rates in the event of any of the following:

- · Change in effective date.
- The number of eligible and/or enrolled employees fails to satisfy contractual agreements.
- · New or changes to legislation or regulations that affect the benefits payable, eligibility or contractual provisions.

## **Broker Compensation**

Proposed rates include the following broker commissions:

Vision:

10.0%

Acceptance of Renewal

Please acknowledge your acceptance of these terms by signing below and returning this page to your Account Manager. You can fax or email a copy of this letter to:

Cecilia Spencer

Account Manager

630-718-4952

cspencer@deltadentalil.com

Delta Dental of Illinois

111 Shuman Boulevard

Naperville, IL 60563

If we do not receive notification from you at least 30 days prior to your renewal date, we will assume you agree to the proposed rates and renew your current DeltaVision oplan with the noted12 month renewal rates.

DDIL # 8424

AGREED AND ACCEPTED

☑ 12 Month Rates

☐ 24 Month Rates

Authorized Signature:

Date: 2/18/25

1/15/2025



