



SDC Renewal for Marion County Public Schools D7816 - 2019

Addendum to Master Group Contract

Initial Effective Date: 11/1/2016

Effective Date of this Contract

(a) The Effective Date of this Contract ("Effective Date") will be 12:01 A.M. on **5/1/2019**, which day and month will be the Anniversary Date ("Anniversary Date"), unless otherwise agreed to by SDC and the Employer. SDC and the Employer agree to an Anniversary Date of **5/1/2020**, unless otherwise agreed to.

(b) The term of this Contract will be for a period of one (1) year following the Effective Date and, unless terminated sooner as provided herein, will be renewed, upon receipt of this signed document, on each Anniversary Date for the one (1) year period beginning on such date upon the payment and acceptance of Rates due on such Anniversary Date; provided that either SDC or Employer may terminate this Contract without cause at any time by giving forty-five (45) days prior written notice of termination to the other party.

<u>Plan # 349</u>	<u>In Network</u>	<u>Out of Network</u>	<u>Tier</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
Preventive & Diagnostic Services	100%	100%	Employee (EE)	\$16.04	\$16.84
Basic Services	50%	50%	EE + Spouse	\$31.92	\$33.52
Major Services	N/A	N/A	EE + Child	\$31.92	\$33.52
Contract maximum (per member, per contract period)	\$750	\$750	EE + Children	\$58.44	\$61.36
Orthodontics	N/A	N/A	EE + Family	\$58.44	\$61.36
Lifetime Orthodontic Maximum	N/A	N/A			
Deductible*	\$50/\$150	\$50/\$150			
Copay	N/A	N/A			

* Deductibles are per contract period and only apply to Basic and Major Services

The above rates are guaranteed for a period of **one year** beginning with the effective date of: **5/1/2019**. These rates include all applicable ACA taxes and fees.

Classification of Eligible Dependents

Dependents are covered to the maximum age of **26**.

Dependents are covered through the end of the **birth month**.

Current Enrollment

Total number of benefit eligible employees -

Total enrolled employees -

Total members -

Contribution/Participation Levels

Current Employer contribution: **Voluntary**

Minimum Eligible employee participation: **2 Enrolled Employees**

If there is a 50% change in the work force, SDC reserves the right to terminate the Contract or adjust the Rates.

Signature & Confirmation

Marion County Public Schools

Signature: _____

Title: _____

Print Name: _____

Date: _____

By signing this Addendum, you certify that you have not changed or altered the information in anyway.



SDC Renewal for Marion County Public Schools D7817 - 2019

Addendum to Master Group Contract

Initial Effective Date: 11/1/2016

Effective Date of this Contract

(a) The Effective Date of this Contract ("Effective Date") will be 12:01 A.M. on **5/1/2019**, which day and month will be the Anniversary Date ("Anniversary Date"), unless otherwise agreed to by SDC and the Employer. SDC and the Employer agree to an Anniversary Date of **5/1/2020**, unless otherwise agreed to.

(b) The term of this Contract will be for a period of one (1) year following the Effective Date and, unless terminated sooner as provided herein, will be renewed, upon receipt of this signed document, on each Anniversary Date for the one (1) year period beginning on such date upon the payment and acceptance of Rates due on such Anniversary Date; provided that either SDC or Employer may terminate this Contract without cause at any time by giving forty-five (45) days prior written notice of termination to the other party.

Plan # 359	In Network	Out of Network	Tier	Current Rates	Renewal Rates
Preventive & Diagnostic Services	100%	100%	Employee (EE)	\$19.71	\$24.64
Basic Services	50%	50%	EE + Spouse	\$39.23	\$49.04
Major Services	50%	50%	EE + Child	\$39.23	\$49.04
Contract maximum (per member, per contract period)	\$1,000	\$1,000	EE + Children	\$71.82	\$89.78
Orthodontics	50%	50%	EE + Family	\$71.82	\$89.78
Lifetime Orthodontic Maximum	\$1,000	\$1,000			
Deductible*	\$50/\$150	\$50/\$150			
Copay	N/A	N/A			

* Deductibles are per contract period and only apply to Basic and Major Services

The above rates are guaranteed for a period of **one year** beginning with the effective date of: **5/1/2019**. These rates include all applicable ACA taxes and fees.

Classification of Eligible Dependents

Dependents are covered to the maximum age of **26**.

Dependents are covered through the end of the **birth month**.

Current Enrollment

Total number of benefit eligible employees -

Total enrolled employees -

Total members -

Contribution/Participation Levels

Current Employer contribution: **Voluntary**

Minimum Eligible employee participation: **2 Enrolled Employees**

If there is a 50% change in the work force, SDC reserves the right to terminate the Contract or adjust the Rates.

Signature & Confirmation

Marion County Public Schools

Signature: _____

Title: _____

Print Name: _____

Date: _____

By signing this Addendum, you certify that you have not changed or altered the information in anyway.



SDC Renewal for Marion County Public Schools D7818 - 2019

Addendum to Master Group Contract

Initial Effective Date: 11/1/2016

Effective Date of this Contract

(a) The Effective Date of this Contract ("Effective Date") will be 12:01 A.M. on **5/1/2019**, which day and month will be the Anniversary Date ("Anniversary Date"), unless otherwise agreed to by SDC and the Employer. SDC and the Employer agree to an Anniversary Date of **5/1/2020**, unless otherwise agreed to.

(b) The term of this Contract will be for a period of one (1) year following the Effective Date and, unless terminated sooner as provided herein, will be renewed, upon receipt of this signed document, on each Anniversary Date for the one (1) year period beginning on such date upon the payment and acceptance of Rates due on such Anniversary Date; provided that either SDC or Employer may terminate this Contract without cause at any time by giving forty-five (45) days prior written notice of termination to the other party.

Plan # 1083	In Network	Out of Network	Tier	Current Rates	Renewal Rates
Preventive & Diagnostic Services	100%	100%	Employee (EE)	\$24.61	\$28.30
Basic Services	80%	80%	EE + Spouse	\$49.04	\$56.40
Major Services	50%	50%	EE + Child	\$49.04	\$56.40
Contract maximum (per member, per contract period)	\$1,000	\$1,000	EE + Children	\$89.71	\$103.17
Orthodontics	50%	50%	EE + Family	\$89.71	\$103.17
Lifetime Orthodontic Maximum	\$1,000	\$1,000			
Deductible*	\$50/\$150	\$50/\$150			
Copay	N/A	N/A			

* Deductibles are per contract period and only apply to Basic and Major Services

The above rates are guaranteed for a period of **one year** beginning with the effective date of: **5/1/2019**. These rates include all applicable ACA taxes and fees.

Classification of Eligible Dependents

Dependents are covered to the maximum age of **26**.

Dependents are covered through the end of the **birth month**.

Current Enrollment

Total number of benefit eligible employees -

Total enrolled employees - **89**

Total members - **212**

Contribution/Participation Levels

Current Employer contribution: **Voluntary**

Minimum Eligible employee participation: **2 Enrolled Employees**

If there is a 50% change in the work force, SDC reserves the right to terminate the Contract or adjust the Rates.

Signature & Confirmation

Marion County Public Schools

Signature: _____

Title: _____

Print Name: _____

Date: _____

By signing this Addendum, you certify that you have not changed or altered the information in anyway.