

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 2

TO: LIMITED DISTRIBUTION - DEPARTMENT OF ADMINSTRATIVE SERVICES (DAS), HUMAN RESOURCES DIVISION (HRD)

FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: CONTRACT FOR DENTAL INSURANCE FOR EXEMPT STATE OF OHIO EMPLOYEES

Attached are pages 3 and 4 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to correct the FY13 dates on the Cost Summary.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Carol Clingman
carol.clingman@das.state.oh.us

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Affected Contractor(s):

HR00001075
Delta Dental
4100 Okemos Road
Okemos, MI 48864
gkucan@deltadentaloh.com

RFP Response Clarifications:

Per its February 5, 2009 letter, Delta Dental has agreed to withdraw any exception statements made as part of its original CSP submission #CSP903909 on January 14, 2009, to Ohio's Scope of Work and Deliverables and Terms and Conditions. Also, Delta Dental is in agreement that composite resin (white) restorations and porcelain crowns will be covered services on posterior teeth as applicable under its Plan A #9273-0001, 0099 and Plan B #9273-1001,1099.

COST SUMMARY

TITLE: Dental Insurance for Exempt State of Ohio Employees

RFP NUMBER: CSP903090

INDEX NUMBER: DAS001

UNSPSC NUMBER: 85122000

EFFECTIVE DATE OF PLAN: July 1, 2009

ITEM NUMBER: 00000000000015926

DELTA DENTAL PPO AND DELTA PREMIER ADMINISTRATIVE FEES	July 1, 2009 Dec. 31, 2009	January 1, 2010 June 30, 2010	July 1, 2010- June 30, 2011	July 1, 2011- June 30, 2012	July 1, 2012- June 30, 2013
• Annual Set-up fee	Included	Included	Included	Included	Included
• Claim Administration	\$ 2.07	\$ 2.54	\$ 2.60	\$ 2.64	\$ 2.82
• Network Access	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25
• Fiduciary Liability	Included	Included	Included	Included	Included
• Utilization Review	Included	Included	Included	Included	Included
• Other Fees	Included	Included	Included	Included	Included
Total PEPM ASO Fee	\$ 2.32	\$ 2.79	\$ 2.85	\$ 2.89	\$ 3.07

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CONTRACTOR INDEX

CONTRACTOR AND TERMS:

CONTRACT NO.: CSP903909-1 (06/30/12)

HR00001075
 Delta Dental
 4100 Okemos Road
 Okemos, MI 48864

Terms: Net 30

Remit to:
 Delta Dental
 P.O. Box 79001
 Detroit, MI 48279-0454

CONTRACTOR'S CONTACT: Jerry Kucan,

Telephone (614) 901-7120
 Fax (614) 890-1274
 Email gkucan@deltadentaloh.com

* To correct the FY13 dates.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
2	06/11/12	To correct FY13 dates listed on the Cost Summary.
1	04/04/12	To advise of contract renewal effective 07/01/12 through 06/30/13 and of a price increase in the ASO fee for Fiscal Year 2013.