

Chris Ewing

MERCER



MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

1225 17th Street, Suite 2200
Denver, CO 80202
303 376 5839 Fax 303 376 0087
chris.ewing@mercer.com
www.mercer.com

November 10, 2008

Amy Sharkey, CCP
Compensation and Benefits Manager
City of Fort Collins Human Resources
215 North Mason, 2nd Floor
P.O. Box 580
Ft. Collins, CO 80522-0580

Subject: Confirmation of Coverage

RENEWALS FOR 2009
(P985 & P902)

Dear Amy,

Enclosed please find signed copies of your Confirmation of Coverage forms for the City of Fort Collins' Medical, Dental, Vision, Life Insurance and Disability renewals. Rates and benefits have been outlined in these documents. Please let me know if you have any questions.

Sincerely,

Chris Ewing

Copy: Wendy Stone, Kathy Dahlman, Mercer

Consulting. Outsourcing. Investments.

P902

CONFIRMATION OF COVERAGE: 2009 Renewal - Dental

CARRIER/POLICY #: **Delta Dental**
Client / Legal name: **City of Fort Collins**
ERISA Plan name: **City of Fort Collins**
Eligible employees: **1,400**
Client / Insured Address: **215 North Mason Street, 2nd Floor
Fort Collins, CO 80522**

This document will confirm placement of the following coverage(s):

√ **Dental (Basic and Comp plans)**
Coverage will be effective on: 1/1/2009
For a period of: 12 months

Rates / fees (including any subsequent period caps or guarantees) for the above-referenced

Dental Fee:
Per employee **\$4.17**

Description of Benefits:

Dental Basic Plan:

In Network
Deductible - \$50 Individual/\$100 Family
Preventive - 80% coinsurance, Ded. Waived
Basic - 60% coinsurance
Major - 50% coinsurance
Calendar Max - \$1,000 (combined w/out-of-network)
Orthodontic Services - Not Covered

Out-of-Network
Deductible - \$50 Individual/\$100 Family
Preventive - 60% coinsurance
Basic - 50% coinsurance (Endo. and Oral Surg. 60%)
Major - 50% coinsurance
Calendar Max - \$1,000 (combined w/in-network)
Orthodontic Services - Not Covered

Dental Comp Plan:

In Network
Deductible - \$25 Individual/\$50 Family
Preventive - 100% coinsurance, Ded. Waived
Basic - 80% coinsurance
Major - 60% coinsurance
Calendar Max - \$2,000 (combined w/out-of-network)
Orthodontic Services - Children only
Orthodontic Services - 50% to \$1,500 lifetime max

Out-of-Network
Deductible - \$25 Individual/\$50 Family
Preventive - 80% coinsurance
Basic - 60% coinsurance (Endo. And Oral Surg 80%)
Major - 50% coinsurance
Calendar Max - \$2,000 (combined w/out-of-network)
Orthodontic Services - Children only
Orthodontic Services - 50% to \$1,500 lifetime max

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Conditions of coverage(s): None

As an authorized representative, I accept this confirmation of coverage. By signing below, I acknowledge agreement with the rates and benefits described above and that subsequent contract(s) shall conform to this document unless otherwise agreed to in writing.

Authorized Representative:

BARBARA KELTY

Legal Name of Insurer/
Administrator

DELTA DENTAL of COLORADO

Signature:

Barbara Kelty

Date:

10/21/08

This form must be signed and returned to Mercer H&B prior to the effective date of coverage.

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MARSH MERRICK ERDOL
GUY CARPENTER OLIVER WYMAN