

DELTA DENTAL OF PENNSYLVANIA

DEPOSIT AGREEMENT

to

DENTAL SERVICE CONTRACT

<u>Group No.</u>	<u>Group Name</u>	<u>Effective Date</u>
<u>01292</u>	<u>WARREN COUNTY SCHOOL DISTRICT</u>	<u>July 1, 2017</u>

1. TERMINATION DATE OF THIS CONTRACT PERIOD: June 30, 2018

2. DEPOSIT PAYMENT:

The Company shall pay monthly during the term of this Contract to Delta Dental as a deposit the sum of \$33,000.00, in accordance with the rating method set forth in this Deposit Agreement, Section 3, on the first day of each month, from which such deposits shall be paid the share of the cost of Services provided to Enrollees for which Delta Dental is obligated under this Contract.

3. COST-PLUS RATING METHOD:

The Company shall be liable to Delta Dental for the cost of claims incurred plus \$4.20 per Employee per month as administrative reimbursement during the time the Contract is in force. In order to discharge its liability, the Company shall remit to Delta Dental the pre-fund premium described in this Deposit Agreement, Section 2, from which shall be paid the cost of claims incurred and the administrative reimbursement. If the total pre-fund premium exceeds the cost of claims paid plus the administrative reimbursement during a calendar quarter in which the Contract is in force, the difference shall be payable by Delta Dental to Company within thirty (30) days after the end of the calendar quarter. If the cost of claims paid plus administrative reimbursement during the calendar quarter in which the contract is in force exceeds the total pre-fund premium, the difference shall be payable by Company to Delta Dental within thirty (30) days after the end of the calendar quarter. Calculations for the final quarterly period during which the Contract is in force shall be made from the cost of claims incurred. Claims incurred means claims paid plus the current percentage of claims paid which the independent accountants of Delta Dental consider represents the amount of claims incurred but unreported.


IN WITNESS WHEREOF, the parties hereto have caused this Dental Service Contract to be renewed with the substitution of this Deposit Agreement for the Deposit Agreement attached to the original Contract; in all other respects the original Contract shall remain in full force and effect.

WARREN COUNTY SCHOOL DISTRICT

By: _____

Title: _____

DELTA DENTAL OF PENNSYLVANIA

By:  _____

Title: President & CEO _____