

050705-31

ADDENDUM

This addendum is intended to become a part of that certain contract between Delta Dental Plan of Wyoming and Laramie County Employees, dated July 17, 2001, pertaining to dental plan coverage for the period of August 1, 2001, through June 30, 2003.

This addendum renews the said contract for a period of one year (s), beginning July 1, 2005, through June 30, 2006. The renewal rates are as follows:

Employee only:	\$20.75
Employee plus spouse:	\$44.65
Employee plus child(ren):	\$50.35
Employee and family:	\$67.60

Retirees shall have the opportunity to select Delta Dental at the time of their retirement. Should the retiree decline coverage at that time or at a later date, the retiree cannot reapply for coverage at any time in the future.

In witness hereof, Delta Dental Plan of Wyoming has caused this addendum to be signed this the 29th day of June 2005.

Laramie County Employees

By

Diane Humphrey

Title

Chairman

Date

July 6, 2005

Attest: Debra R. Lathrop

Delta Dental Plan of Wyoming

By

Kerry B. Hall

Title

Pres./CEO

Date

June 29, 2005

Received And Approved
As To Form Only
By The County Attorney

6/29/05

[Signature]

c. budget
attorney

COPY OF RECORD

**LARAMIE COUNTY CLERK
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM PROCESSING FORM**

1. DATE OF PROPOSED ACTION: July 7, 2005

2. AGENDA ITEM:		
<input type="checkbox"/> Appointments	<input type="checkbox"/> Bids/Purchases	<input type="checkbox"/> Claims
<input checked="" type="checkbox"/> Contracts/agreements/leases	<input type="checkbox"/> Grants	<input type="checkbox"/> Land Use: Variances/Board App/Plats
<input type="checkbox"/> Proclamations	<input type="checkbox"/> Public Hearings/Rules & Reg's	<input type="checkbox"/> Reports & Public Petitions
<input type="checkbox"/> Resolutions	<input type="checkbox"/> Other	

3. DEPARTMENT: H.R.

Deleted: []

APPLICANT: Delta Dental Plan of Wyoming AGENT: Emily Smith

4. DESCRIPTION: Consideration of a Group Contract Addendum between Laramie County and Delta Dental Plan of WYoming, renewing the benefit plan for the period of July 1, 2005 through June 30, 2006, including new premium rates.

Amount \$

From 7/1/05

To 6/30/06

5. DOCUMENTATION: 2 Originals and (4) four copies

2nd original to Em 7-7-05

<u>Commissioner</u>	<u>Clerks Use Only:</u>	<u>Signatures</u>
Humphrey_____		Co Attny _____
Knudson_____		Assist Co Attny _____
Ketcham_____		Grants Manager _____
Action _____		Outside Agency _____
Postponed/Tabled _____		