DELTA DENTAL

GROUP DENTAL APPLICATION

Delta Dental Insurance Company
(Domiciled in the state of Delaware)
1130 Sanctuary Parkway
Alpharetta, GA 30009

APPLICANT INFORMATION

Name of Applicant: Weber County Corporation			
Street Address: 2380 Washington Blvd, Suite 340			
City: Ogden	State: UT	Zip: 84401	Situs State: UT
Fed. ID/TIN: 87-6000308	Group Type: Government	Delta Dental Group #: 23712	
Contract Term From: 1/1/2026	Contract Term Through: 12/31/2028		

PLAN TYPES

☑ Delta Dental PPO plus Premier™ ☐ Delta Dental PPO™

PLAN FEATURES

PPO Reimbursement	Premier Reimbursement	Non-Delta Dental Reimbursement
PPO Contracted Fees	Premier Contracted Fees	PPO Contracted Fees

☐ Incentive ☐ Flexible Dual Choice ☐ Table of Allowance ☐ Copay ☐ Step

BENEFIT DESIGN

Coinsurance Categories	PPO (%)	Premier (%)	Non-Delta Dental (%)	Service Category
Exams	100%	100%	100%	D&P
X-Rays	100%	100%	100%	D&P
Prophylaxis	100%	100%	100%	D&P
Fluoride	100%	100%	100%	D&P
Space Maintainers	100%	100%	100%	D&P
Sealants	100%	100%	100%	D&P
Minor Restorative	80%	80%	80%	Basic
Stainless Steel Crowns	50%	50%	50%	Major
Endodontics	80%	80%	80%	Basic
Periodontics; Surgical	80%	80%	80%	Basic
Periodontics; Non-Surgical	80%	80%	80%	Basic
Periodontics; Maintenance	80%	80%	80%	Basic
Denture Repair/Rebase/Reline	50%	50%	50%	Major
Extractions	80%	80%	80%	Basic
Surgical Extractions	50%	50%	50%	Major
Other Oral Surgery	50%	50%	50%	Major
Palliative Treatment	80%	80%	80%	Basic
Sedation & Anesthesia	50%	50%	50%	Major
Consultation	80%	80%	80%	Basic
Major Restorative	50%	50%	50%	Major
Prosthodontics; Removable	50%	50%	50%	Major
Prosthodontics; Fixed	50%	50%	50%	Major
Implants	50%	50%	50%	Major
Orthodontic (Ortho) Services	50%	50%	50%	Orthodontics
TMJ Services	Not Covered	Not Covered	Not Covered	Not Covered

Ortho Benefited for:	Adults, Children and Students
Ortho to child age:	26
Ortho to student age:	26

BENEFIT DESIGN

Deductibles	PPO	Premier	Non-Delta Dental
Per Member/Calendar Year	$50	$50	$50
Per Family/Calendar Year	$150	$150	$150
Annual Deductible Waived for	D&P and Orthodontics		
Deductible Waiver Applies to	All Providers		
Lifetime Ortho Deductible per Member	$0	$0	$0
Deductible 4th quarter carryover applies	No		

Maximums	PPO	Premier	Non-Delta Dental
Per Member/Calendar Year	$3,000	$3,000	$3,000
Lifetime Ortho Maximum per Member	$1,000	$1,000	$1,000
Annual Maximum waived for D&P	N/A		

Waiting Periods		
Waived for Initial Enrollees	N/A	☐ Basic: months ☐ Major: months
Waiting periods applied from the Effective Date reported for the:	N/A	☐ Orthodontics: months ☐ Other: months

RATES AND FUNDING

Employer Contribution:	**Required Participation**
Employees/Members (%): 90%	Employees/Members: 719
Dependents (%): 90%	

☐ Non-Retention ☐ Retention ☐ Guaranteed Administration ☑ ASC

Claim Settlement Payment Frequency: Weekly Payment Method: ACH Credit

Fee Settlement Payment Frequency: Monthly Payment Method: ACH Credit

Payment Method: N/A

Rates Payment Frequency: N/A

	Guaranteed				
From:	1/1/2026				
To:	12/31/2028				
$ PEPM	$6.00				

Administrative Service Contract Type

In addition to the PEPM administrative charge, Delta Dental's administrative charge for PPO and Premier network claims savings is 12% of the savings derived from PPO and Premier network utilization relative to 90th Percentile.

Stop Loss: Prefund:

ELIGIBILITY INFORMATION

Eligible Individuals

☑ All Employees/Members ☑ Retirees ☐ Other:

☑ Spouse ☐ Domestic Partner ☑ Children to age: 26 ☑ Students to age: 26

Eligibility Requirements

Termination for primary enrollees is: end of the month

Termination for spouse or domestic partner is: end of the month

Termination for children/students is: end of the month

Children/Student marital status: Regardless of marital, student or support status

Does this dental only policy replace an existing dental benefits only policy? Yes

Additional Information

Revised Program C - Plan 1
Posterior Composites paid at the Amalgam Benefits.

Application is herewith made for a dental insurance contract from ***Delta Dental Insurance Company*** (Delta Dental). Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant, is returned to Delta Dental and is accepted by Delta Dental; 2) the premium is paid; and 3) enrollment procedures are completed, no claims will be paid for Enrollees under the contract. It is understood that this Application is offered as an inducement for issuance of a dental insurance contract by Delta Dental. Such contract will be based exclusively on the information given to or acquired by Delta Dental from this Application and the terms of said contract will be issued separately. The contract will be deemed accepted and approved based on the Applicant's payment of premium after delivery of the contract. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant.

This plan shall become effective only upon issuance of a written agreement executed by a duly authorized officer of Delta Dental. In the absence of fraud or intentional misrepresentation of material fact, the statements in this application are deemed to be representations and not warranties. Any misrepresentation, omission, concealment of fact or incorrect statement which is material to the acceptance of risk may prevent recovery if, had the true facts been known to Delta Dental we would not in good faith have issued the contract at the same premium rate.

Except as otherwise limited by the Health Insurance Portability Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental contract for which the Applicant is applying. Delta Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental plan as described in the group dental insurance contract or as permitted or required by law. Delta Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental insurance contract to be executed between the Applicant and Delta Dental.

The contract provided dental benefits only. Review your contract carefully.

Executed this day of 20 for the Applicant at: Ogden, UT

(City and State)

By: Signature:

Authorized Delta Dental Representative:

Michael G. Hankinson, Esq., President

BROKER OF RECORD TYPE: Producer		
Legal Entity/Payee Name: GBS BENEFITS INC		
Contact Name: Riley Nelson		Contact Phone: 435-764-1281
Contact Email: riley.nelson@gbsbenefits.com		State license #:
Legal Entity NPN:	Agency TIN:	Commission: $2.50 PEPM
Office Address: 2200 S MAIN ST STE 600		
City: SOUTH SALT LAKE	State: UT	Zip: 84115
Payment Address: N/A		
City: N/A	State:	Zip:

BROKER OF RECORD TYPE:		
Legal Entity/Payee Name:		
Contact Name:		Contact Phone:
Contact Email:		State license #:
Legal Entity NPN:	Agency TIN:	Commission:
Office Address:		
City:	State:	Zip:
Payment Address:		
City:	State:	Zip:

BROKER OF RECORD TYPE:		
Legal Entity/Payee Name:		
Contact Name:		Contact Phone:
Contact Email:		State license #:
Legal Entity NPN:	Agency TIN:	Commission:
Office Address:		
City:	State:	Zip:
Payment Address:		
City:	State:	Zip: