



Delta Dental of Idaho
555 E Parkcenter Blvd
Boise, ID 83706

Tracy Rusho
West Bonner School District #83
134 Main St
Priest River, ID 83856

May 1, 2026

RE: RENEWAL NOTICE OF RATE CHANGE

Dear Tracy:

Thank you for choosing Delta Dental of Idaho. We appreciate West Bonner School District #83's continued business and support. We're pleased to partner with you to keep smiles healthy.

We completed the renewal process and your premiums for a one-year contract will increase by 4%. Your dental premium rates for a one-year contract period, September 01, 2026 through August 31, 2027 are noted below:

	Plan1
Employee	38.17
Employee + Spouse	76.34
Employee + One Child	75.88
Employee + Two or more Children	111.13
Employee + Spouse + 1 or more Children	147.06

As a reminder, late enrollee waiting periods may be waived if employees or dependents enroll during the plan's annual open enrollment period effective with the renewal date.

As per Section IX of your contract, renewal is automatic unless you notify Delta Dental of Idaho within 30 days prior to your renewal date that you do not wish to renew your contract. Payment of the first month's premium is considered acceptance of the terms and conditions of this renewal contract.

Delta Dental of Idaho provides the state's largest dental network, a convenient mobile app, and a mobile-friendly website allowing members immediate access to claims and coverage information, a digital or printable ID card, and a national dentist search. We also offer several additional programs for our members. Our Health through Oral Wellness® (HOW) program provides extra preventive benefits for high-risk members with no added premium. Members can use a discount hearing program offered through Amplifon, access dental services during an emergency via Teledentistry.com, and receive a discounted fee for adult and child orthodontia. Visit deltadentalid.com/employer or contact your sales representative for details.

We look forward to serving you, your employees, and their families for years to come.

Thank You,

Gabriella Schriver
Sales Representative

On behalf of our group, this renewal is accepted.

Printed Name: _____

Signature: _____

Date: _____

cc: Daniel Taylor
PO Box 171
Sandpoint, ID 83864

Sales Department
(208) 489-3567
(800) 356-7586
sales@deltadentalid.com