

**POLICY ENDORSEMENT NO. 704 - 0 - 06092015**

Attached to and forming a part of the Contract to Provide Dental Care Benefits between County Of Dane and Delta Dental of Wisconsin, Inc.

It is agreed and understood that Declarations, Section 7, Monthly Premium will be replaced with the following, effective January 1, 2016 and ending on December 31, 2016:

Single Coverage (employee, 1 Party)	\$48.11
Family Coverage (employee and spouse, 2 Party)	\$135.65
Family Coverage (employee and child(ren))	\$135.65
Family Coverage (full family, 3+ Party)	\$135.65