NOTICE OF AWARD OF CONTRACT

TO: DELTA DENTAL OF VIRGINIA
    4818 STARKEY RD.
    ROANOKE, VA 24018

DATE ISSUED: JULY 5, 2011
CURRENT REFERENCE NO: 170-11-3

CONTRACT TITLE: HEALTH PLANS/DENTAL
PRIOR REFERENCE NO: 240-10-3

THIS IS A NOTICE OF AWARD OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

Your firm is awarded the above referenced contract. The contract term covered by this Notice of Award is effective JULY 1, 2011 and expires on JUNE 30, 2012.

This is the FIVE year award notice of a possible SEVEN year contract.

The contract documents consist of the terms and conditions of Agreement No. 285-06-3, including any exhibits, attached or amendments thereto.

CONTRACT PRICING:
REFER TO AMENDMENT NO. 1 TO AGREEMENT NO. 285-06-3

ATTACHMENTS:
AMENDMENT NO. 1

EMPLOYEES NOT TO BENEFIT:
NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: PETER V. DAVIES II
VENDOR PAYMENT TERMS: NET 30 DAYS
TAX IDENTIFICATION NUMBER (EIN/SSN): 54-0844477
EMAIL ADDRESS: ddavies@deltadentalva.com

COUNTY CONTACT: AMY ROZIER
COUNTY TEL. NO.: 703-228-3489

CONTRACT AUTHORIZATION DISTRIBUTION

IVETTE GONZALEZ  7/5/11  BID FOLDER: 1
PROCUREMENT OFFICER
This Amendment Number 1 ("Amendment") is made on the date of execution by the County and amends Agreement Number 285-06-3 ("Main Agreement") and made between Delta Dental of Virginia, 4818 Starkey Road, Roanoke, Virginia 24018 ("Contractor") and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the work called for and the amounts to be paid under the Main Agreement, the Contractor and the County, in consideration of the promises and other good and valuable consideration specified in this Amendment, amend the Main Agreement as follows:

**EXHIBIT B ("CONTRACT PRICING AND PERFORMANCE GUARANTEES") TO THE MAIN AGREEMENT IS AMENDED TO ADD THE SUBSEQUENT CONTRACT RATES:**

The following Administrative Services Only (ASO) fees are per member per month (PPEM):
- $3.95 PPEM (July 1, 2010 to June 30, 2011)
- $4.05 PPEM (July 1, 2011 to June 30, 2012)
- $4.15 PPEM (July 1, 2012 to June 30, 2013)

**TERMS AND CONDITIONS**

The work and payment called for under this Agreement shall be subject to all terms and conditions of the Agreement. All terms and conditions of the Agreement shall remain in full force and effect for the work covered by this Amendment unless specifically changed by the terms and conditions of this Amendment.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON COUNTRY, VIRGINIA

NAME AND TITLE: RICHARD D. WARREN, JR. PURCHASING AGENT

DATE: 6/11/10

DELTA DENTAL OF VIRGINIA

NAME AND TITLE: Peter V. Davies II Vice President Sales & Marketing

DATE: 5/21/10

TAXPAYER ID (SSN/EIN) 54-0844477

AUTHORIZED SIGNATURE: [Signature]

AUTHORIZED SIGNATURE: [Signature]