



STATE OF DELAWARE
DEPARTMENT OF HUMAN RESOURCES
STATEWIDE BENEFITS OFFICE

EFFECTIVE DATE: 07/01/20

CONTACT: Laurene Eheman
RFP and Contract Manager, Statewide Benefits Office
laurene.eheman@delaware.gov
302-739-8331

SUBJECT: **AWARD NOTICE – CONTRACT EXTENSION**

CONTRACT NO: **OMB15002-Dentallns**

CONTRACT TITLE: **Dental Insurance Plan**

KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

The contract renewal is valid for a two (2) year period beginning July 1, 2020 and ending June 30, 2022; the sixth and final year. It may be renewed, however, for additional one-year periods through negotiation between the contractor and State Employee Benefits Committee.

2. VENDOR

Vendor Name: **Delta Dental of Delaware, Inc.**
Address: One Delta Drive
Mechanicsburg, PA 17055

Vendor Name: **Dominion Dental Services, Inc.**
Address: 115 S. Union St., Suite 300
Alexandria, VA 22314

For all Terms and Conditions of the contract, please contact Laurene Eheman, Statewide Benefits Office, as noted above.