



Delta Dental of Colorado
PO Box 173803, Denver, CO 80217-3803
303-741-9300 • 1-800-233-0860

9/1/2025

L & M Underground, Inc.
LORI SLATER
7529 S Storm Mtn
Littleton CO 80127

RE: L & M Underground, Inc.
000000W3315

Dear LORI SLATER

Delta Dental of Colorado is pleased to renew your group dental benefit plan. Attached is the rate sheet with your monthly renewal rates effective 12/1/2025. This is your annual renewal period where you can make changes to your existing contract, or accept the rates presented on page two of this letter. Please keep this letter for your records; it's your renewal notification. You will receive an updated contract and booklet within 60 days of your effective date. Please refer to your benefit booklet for full plan details.

The monthly renewal rates are guaranteed for a 12-month term from your effective date. Your group's dental benefit plan will automatically renew, unless you would like to consider alternative plan options from Delta Dental's comprehensive product portfolio.

We're also excited to offer you the opportunity to bundle your dental benefit plan with a best-in-class vision benefit plan, DeltaVision® from Delta Dental of Colorado and VSP Vision Care. We offer you personalized care from VSP network doctors and eyewear at low out-of-pocket costs. This package allows you to manage your dental benefit plan and vision benefit plan under one bill. Vision benefit plan rates are provided on the next page.

We welcome the opportunity to answer your questions or assist with making changes to your plan if necessary. Please contact your broker, your Delta Dental of Colorado account specialist, or Delta Dental Hub at deltadentalhub@ddpco.com or 720-489-4775 for assistance.

Please note that the broker of record will also receive a copy of this letter. We appreciate the opportunity to provide you and your employees with comprehensive coverage.

Thank you for allowing Delta Dental of Colorado to be your partner in oral health.

Sincerely,

A handwritten signature in cursive script, appearing to read "Devin Farrell".

Devin Farrell
Senior Director of Sales Strategy



L & M Underground, Inc.

Monthly Renewal Rates
 12/1/2025 - 11/30/2026
 Account Number - 000000W3315
 NAICS Code - 236220

	Enrollment	Current Rate	Renewal Rate
Group Dental Benefit Plan Renewal			
Subscriber	5	\$43.18	\$44.59
Subscriber-Spouse	0	\$82.93	\$84.71
Subscriber-Child	0	\$88.11	\$91.40
Subscriber-Children	0	\$88.11	\$91.40
Family	1	\$143.40	\$147.13

DeltaVision® Rates

	DeltaVision® 150 + KidsCare	DeltaVision 175	DeltaVision® 175 + EasyOptions + LightCare
Voluntary 3-Tier Rates - Guaranteed for 12-months			
Subscriber	\$6.58	\$10.29	\$17.79
Subscriber-Spouse	\$12.83	\$20.06	\$34.69
Subscriber-Child	\$12.83	\$20.06	\$34.69
Subscriber-Children	\$20.40	\$31.89	\$55.15
Family	\$20.40	\$31.89	\$55.15
Voluntary 4-Tier Rates - Guaranteed for 12-months			
Subscriber	\$6.58	\$10.29	\$17.79
Subscriber-Spouse	\$13.16	\$20.57	\$35.58
Subscriber-Child	\$13.82	\$21.60	\$37.36
Subscriber-Children	\$13.82	\$21.60	\$37.36
Family	\$21.41	\$33.48	\$57.90

*Listed rates are for vision plans bundled with a dental plan. Please contact the Delta Dental Hub at deltadentalhub@ddpco.com for other DeltaVision options. DeltaVision rate guarantee must match the dental at renewal. If you already have a DeltaVision plan, the above rates do not apply. You will receive a separate DeltaVision renewal letter for your specific plan.



DELTA DENTAL OF COLORADO
PO Box 173803
Denver, CO 80217

AMENDMENT TO DELTA DENTAL BENEFITS CONTRACT

Reference is made to the Delta Dental Benefits Contract for the Delta Dental (Maximum Allowable Charge (MAC) Plan) Contract between L & M Underground, Inc., referred to in the Contract as "Group," "Applicant," or "Employer" and Delta Dental of Colorado, referred to in the Contract as, "Delta Dental "and a Contract Group Effective Date of 12/1/2025.

This Amendment to the Contract constitutes your renewal notification. Please keep this for your records.

Effective 12/1/2025 for a 12-month period, the Rate Coverage section of the Contract is hereby amended and restated in its entirety, to read as follows:

Rate Coverage

Coverage Tier	Rate Amt
Subscriber	\$44.59
Subscriber-Spouse	\$84.71
Subscriber-Child	\$91.40
Subscriber-Children	\$91.40
Family	\$147.13

In all other respects, the Contract shall remain in full force and effect and is hereby ratified and confirmed by the parties.

Countersigned:
Delta Dental of Colorado

Signature

9/1/2025

Date

Accepted:
L & M Underground, Inc. 000000W3315

Signature

Date