

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

370



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
September 17, 2009

**SUBJECT:** Administrative Fees Increase with American Dental Professional Services, LLC

**RECOMMENDED MOTION:** That the Board of Supervisors 1) approve the attached Fifth Amendment to the Administrative Agreement between American Dental Professional Services, LLC, and the County of Riverside, effective January 1, 2010 through December 31, 2011; 2) approve the administrative fee increases; 3) authorize the Chairperson to sign four (4) copies of the attached Amendment; and 4) retain one (1) copy of the signed Amendment and return three (3) copies to Human Resources for distribution.

**BACKGROUND:** On August 23, 2001, the Board approved a contract with American Dental Professional Services (ADPS) to provide administrative services for the County's self-funded dental plans (Local Advantage Plus, Local Advantage Blythe and Freedom Dental Plan). Current administrative fees for the Local Advantage plans are \$2.87, and \$3.02 for the Freedom Dental plan, per enrolled employee per month (PEPM).

(Continued)

\_\_\_\_\_  
 Barbara A. Olivier, Asst. HR Director for  
 Ronald W. Komers  
 Asst. County Executive Officer/Human Resources Dir.

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 1,465.32	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2009/10

<b>SOURCE OF FUNDS:</b> Dental Plan Premiums	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

BY:   
 \_\_\_\_\_  
 Karen L. Johnson

**County Executive Office Signature**

- Consent
- Policy
- Consent
- Policy

Dep't Recomm.:  
Per Exec. Ofc.:

**Prev. Agn. Ref.:** June 24, 2008, 3.36, | **District:** | **Agenda Number:**

**3.60**

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL BY: TAWNY V. LEU DATE: 9/17/09

Departmental Concurrence

**BACKGROUND (continued):**

The last administrative fee increase was January 1, 2008 for these services and was ratified by the Board on June 24, 2008, item 3.36 for a guaranteed two year period. The attached amendment will increase the administrative fee for the Local Advantage plans by 6% to \$3.02 and the Freedom plan by 5% to \$3.15 PEPM. The increase is required to cover increasing administrative cost created by higher utilization and is guaranteed for two years from the effective date of the contract amendment. The County's benefit consultants have reviewed the rate increase and determined that the increase is appropriate when compared to the current market trend for these specific services. Fees are paid wholly by employee and retiree premiums; this fee increase will not require increasing premiums. There is no direct cost to the County for the recommended action.

**FIFTH AMENDMENT  
COUNTY OF RIVERSIDE – AMERICAN DENTAL PROFESSIONAL SERVICES, LLC  
DENTAL PLAN ADMINISTRATION AGREEMENT**

By and Between

The County of Riverside, State of California

And

American Dental Professional Services, LLC

The Dental Plan Administration Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and American Dental Professional Services, LLC (“Contractor”) for administrative services for dental benefit plan enrollees, is hereby amended as follows:

1. EXHIBIT A – FEES

Claims Administration for the Local Advantage Plans are \$3.02 per enrolled employee per month.

Claims Administration for the Freedom Dental Plan is \$3.15 per enrolled employee per month.

**IN WITNESS WHEREOF**, the parties hereto have caused their duly appointed representatives to execute this Fifth Amendment to the Original Administrative Agreement between County of Riverside and American Dental Professional Service, LLC.

**ATTEST:**  
Clerk of the Board  
Kecia Harper-Ihem

By: \_\_\_\_\_  
Deputy

Date: \_\_\_\_\_


**COUNTY OF RIVERSIDE:**

By: \_\_\_\_\_  
Chairman, Board of Supervisors

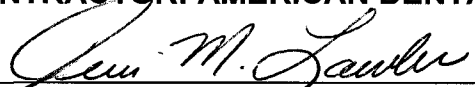
Date: \_\_\_\_\_

Approved as to form and content:

Pamela J Walls  
County Counsel

By:  \_\_\_\_\_

**CONTRACTOR: AMERICAN DENTAL PROFESSIONAL SERVICES, LLC**

By:  \_\_\_\_\_

Printed Name: Terri M. Lawler

Title: President

Date: 8/20/2009