

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



ITEM: 3.18  
(ID # 20667)

**MEETING DATE:**

Tuesday, December 13, 2022

**FROM :** HUMAN RESOURCES:

**SUBJECT:** HUMAN RESOURCES: Approval of the DeltaCare USA Group Dental Service Contract Amendments, All Districts. [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve Second Amendment to the DeltaCare USA Group Dental Service Contract, effective January 1, 2018, (Attachment A);
2. Approve Third Amendment to DeltaCare USA Group Dental Service Contract, effective January 1, 2021, (Attachment B);
3. Approve Fourth Amendment to DeltaCare USA Group Dental Service Contract, effective January 1, 2022, (Attachment C);
4. Authorize the Chairman of the Board to sign three (3) copies of each amendment; and
5. Direct the Clerk of the Board to retain one (1) copy of each amendment and return two (2) copies of each amendment to Human Resources for distribution.

**ACTION:Policy**

*Michael Bowers*

Michael Bowers, Assistant HR Director 11/21/2022

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Washington, seconded by Supervisor Spiegel and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, and Hewitt  
Nays: None  
Absent: Perez  
Date: December 13, 2022  
xc: HR

Kecia R. Harper  
Clerk of the Board

By: *Cindy Jandy*  
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Employee Deductions and Retiree Dental Insurance Premiums			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b>	17/18 – 22/23

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

**BACKGROUND:**

**Summary**

On April 22, 2014, Item 3-24, the Board of Supervisors approved contracts for the Delta Dental Health Maintenance Organization (DHMO) and Preferred Provider Organization (DPPO) plans for active employees and retirees, effective January 1, 2014 through December 31, 2016.

On September 11, 2018, Item 3.19, the Board of Supervisors approved the DHMO 3-year contract extension commencing January 1, 2017 through December 31, 2019 for active employees and retirees.

The attached amendments confirm the Group Variables and Premiums for the DHMO plans for active employees and retirees.

**Second Amendment**

Effective January 1, 2018 through December 31, 2020, extends Contract term and Premiums for 36 months.

**Third Amendment**

Effective January 1, 2021 through December 31, 2021, extends Contract term and Premiums for 12 months.

**Fourth Amendment**

Effective January 1, 2022 through December 31, 2022, confirms Contract term and Premiums for 12 months.

**Prev. Agn. Ref.:** 09/11/18, Item 3.19 **District:** All

**Impact on Residents and Businesses**

There is no direct impact to private citizens or businesses in the County of Riverside.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

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

Currently, there are 7,292 participants enrolled in the DHMO plan. There is no direct cost to the County for this recommended action. Dental insurance premiums are paid by active employees and retirees enrolled in the plan.

**Contract History and Price Reasonableness**

Delta Dental continues to offer one of the largest national provider networks with a full range of dental care programs. Delta Dental is committed to providing quality service and rates aligned with the average market trend, and the County's claims utilization.

**ATTACHMENTS:**

**ATTACHMENT A.** Second Amendment to DeltaCare USA Group Dental Service Contract

**ATTACHMENT B.** Third Amendment to DeltaCare USA Group Dental Service Contract

**ATTACHMENT C.** Fourth Amendment to DeltaCare USA Group Dental Service Contract

  
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Meghan Hahn, Principal Management Analyst 12/1/2022

DELTA DENTAL OF CALIFORNIA  
18000 Studebaker Road, Suite 530, Cerritos, CA 90703  
800-422-4234 800-801-7105

SECOND AMENDMENT TO  
DELTACARE® USA GROUP DENTAL SERVICE CONTRACT

This Second Amendment to the DeltaCare USA Group Dental Service Contract ("Second Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA ("Delta Dental"), a California non-profit corporation, and the COUNTY OF RIVERSIDE ("County" or "Applicant"), a political subdivision of the state of California, DeltaCare USA Group #76482, for the purpose of amending the original DeltaCare USA Group Dental Service Contract, as follows:

Effective January 1, 2018:

Schedule C, Group Variables and Premiums, attached hereto, is **amended** to read. Appendix A is hereto attached.

All other aspects of the DeltaCare USA Group Dental Service Contract currently in effect remain the same.

DEC 13 2022 3.18

IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Second Agreement for Services for the County of Riverside.

**ATTEST:**

Clerk of the Board  
Kecia Harper

By: Cindy Gurney  
Deputy

Date: 12/13/2022

**COUNTY OF RIVERSIDE:**

Chairman, Board of Supervisors  
Jeff Hewitt

By: Jeff Hewitt  
Chairman, Board of Supervisors

Date: 12/13/2022

Approved as to form:

County Counsel

By: KBM  
Deputy County Counsel

**CONTRACTOR: Delta Dental of California**

By: [Signature]

Printed Name: Mohammad Navid

Title: Senior Vice President, Chief Relationship & Business Development Officer

Date: September 12, 2022

DEC 13 2022 3:18

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: County of Riverside
- B. Group Number: 76482 (See Appendix A)
- C. Effective Date: January 1, 2018
- D. Contract Term: 36 Months
- E. Eligible Present Employees: As defined by the Applicant.  
Eligible New Employees: As defined by the Applicant.
- F. Premiums per Month:
- |  |       |         |
|--|-------|---------|
| Plan Type:   | CA10A |         |
| California Primary Enrollee:   |       | \$19.98 |
| California Primary Enrollee Plus<br>One Dependent Enrollee:          |       | \$30.49 |
| California Primary Enrollee Plus<br>Two or More Dependent Enrollees: |       | \$47.95 |
- G. Remit Premium Payment to: Attn: Accounts Receivable  
Delta Dental Insurance Company  
P.O. Box 677006 Dallas,  
TX 75267-7006
- H. Wash Language: Employees added on or prior to the 15<sup>th</sup> of the month are payable for that month; employees added after the 15<sup>th</sup> of the month are not payable for that month. Terminations received prior to the 16<sup>th</sup> of the month are not payable for that month; terminations received on or after the 16<sup>th</sup> of the month are payable for that month.

APPENDIX A

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
76482-00501	County of Riverside - High CA	CA10A
76482-00505	County of Riverside - Retirees High CA	CA10A
76482-00506	County of Riverside - COBRA High CA	CA10A
76482-00507	County of Riverside - Law Library for CAonly	CA10A

DELTA DENTAL OF CALIFORNIA  
18000 Studebaker Road, Suite 530, Cerritos, CA 90703  
800-422-4234 800-801-7105

THIRD AMENDMENT TO  
DELTACARE® USA GROUP DENTAL SERVICE CONTRACT

This Third Amendment to the DeltaCare USA Group Dental Service Contract ("Third Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA ("Delta Dental"), a California non-profit corporation, and the COUNTY OF RIVERSIDE ("County" or "Applicant"), a political subdivision of the state of California, DeltaCare USA Group #76482, for the purpose of amending the original DeltaCare USA Group Dental Service Contract, as follows:

Effective January 1, 2021:

Schedule C, Group Variables and Premiums, attached hereto, is **amended** to read. Appendix A is hereto attached.

All other aspects of the DeltaCare USA Group Dental Service Contract currently in effect remain the same.

DEC 13 2022 3.18



IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Third Agreement for Services for the County of Riverside.

**ATTEST:**

Clerk of the Board  
Kecia Harper

By: Cindy Jaramila  
Deputy

Date: 12/13/2022

**COUNTY OF RIVERSIDE:**

Chairman, Board of Supervisors  
Jeff Hewitt

By: Jeff Hewitt  
Chairman, Board of Supervisors

Date: 12/13/2022

Approved as to form:

County Counsel

By: KBm  
Deputy County Counsel

**CONTRACTOR: Delta Dental of California**

By: [Signature]  
Printed Name: Mohammad Navid

Title: Senior Vice President, Chief Relationship & Business Development Officer

Date: September 12, 2022

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: County of Riverside
- B. Group Number: 76482 (See Appendix A)
- C. Effective Date: January 1, 2021
- D. Contract Term: 12 Months
- E. Eligible Present Employees: As defined by the Applicant.  
Eligible New Employees: As defined by the Applicant.
- F. Premiums per Month:
- |  |       |         |
|--|-------|---------|
| Plan Type:   | CA10A |         |
| California Primary Enrollee:   |       | \$19.98 |
| California Primary Enrollee Plus<br>One Dependent Enrollee:          |       | \$30.49 |
| California Primary Enrollee Plus<br>Two or More Dependent Enrollees: |       | \$47.95 |
- G. Remit Premium Payment to: Attn: Accounts Receivable  
Delta Dental Insurance Company  
P.O. Box 677006  
Dallas, TX 75267-7006
- H. Wash Language: Employees added on or prior to the 15<sup>th</sup> of the month are payable for that month; employees added after the 15<sup>th</sup> of the month are not payable for that month. Terminations received prior to the 16<sup>th</sup> of the month are not payable for that month; terminations received on or after the 16<sup>th</sup> of the month are payable for that month.

APPENDIX A

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
76482-00501	County of Riverside - High CA	CA10A
76482-00505	County of Riverside - Retirees High CA	CA10A
76482-00506	County of Riverside - COBRA High CA	CA10A
76482-00507	County of Riverside - Law Library for CA only	CA10A

**DELTA DENTAL OF CALIFORNIA**  
17871 Park Plaza Drive, Suite 200, Cerritos, CA 90703  
800-422-4234 800-801-7105

**FOURTH AMENDMENT TO  
DELTACARE® USA GROUP DENTAL SERVICE CONTRACT**

This Fourth Amendment to the DeltaCare USA Group Dental Service Contract ("Fourth Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA ("Delta Dental"), a California non-profit corporation, and the COUNTY OF RIVERSIDE ("County" or "Applicant"), a political subdivision of the state of California, DeltaCare USA Group #76482, for the purpose of amending the original DeltaCare USA Group Dental Service Contract, as follows:

Effective January 1, 2022:

Schedule C, Group Variables and Premiums, attached hereto, is **amended** to read. Appendix A is hereto attached.

All other aspects of the DeltaCare USA Group Dental Service Contract currently in effect remain the same.

DEC 13 2022 3.18

IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Fourth Agreement for Services for the County of Riverside.

**ATTEST:**

Clerk of the Board  
Kecia Harper

By: *Cindy Juarez*  
Deputy

Date: 12/13/2022

**COUNTY OF RIVERSIDE:**

Chairman, Board of Supervisors  
Jeff Hewitt

By: *Jeff Hewitt*  
Chairman, Board of Supervisors

Date: 12/13/2022

Approved as to form:

County Counsel

By: *KBW*  
Deputy County Counsel

**CONTRACTOR: Delta Dental of California**

By: *[Signature]*

Printed Name: Mohammad Navid

Title: Senior Vice President, Chief Relationship & Business Development Officer

Date: September 12, 2022

DEC 13 2022 3.18

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: County of Riverside
- B. Group Number: 76482
- C. Effective Date: January 1, 2022
- D. Contract Term: 12 Months
- E. Eligible Present Employees: As defined by the Applicant.  
Eligible New Employees: As defined by the Applicant.
- F. Premiums per Month:
- |  |       |         |
|--|-------|---------|
| Plan Type:   | CA10A |         |
| California Primary Enrollee:   |       | \$20.98 |
| California Primary Enrollee Plus                                     |       |         |
| One Dependent Enrollee:  |       | \$32.01 |
| California Primary Enrollee Plus<br>Two or More Dependent Enrollees: |       | \$50.35 |
- G. Remit Premium Payment to: Attn: Accounts Receivable  
Delta Dental Insurance Company  
P.O. Box 647006  
Dallas, TX 75264-7006
- H. Wash Language: Employees added on or prior to the 15<sup>th</sup> of the month are payable for that month; employees added after the 15<sup>th</sup> of the month are not payable for that month. Terminations received prior to the 16<sup>th</sup> of the month are not payable for that month; terminations received on or after the 16<sup>th</sup> of the month are payable for that month.