

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



ITEM: 3.36  
(ID # 23496)

**MEETING DATE:**  
Tuesday, December 12, 2023

**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 Fifth Amendment to the DeltaCare USA Group Dental Service Contract, effective January 1, 2023, (Attachment A);
2. Approve Sixth Amendment to DeltaCare USA Group Dental Service Contract, effective January 1, 2024, (Attachment B);
3. Approve Seventh Amendment to DeltaCare USA Group Dental Service Contract, effective January 1, 2025, (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**

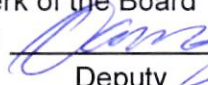
  
Michael Bowers, HR Director 11/9/2023

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Gutierrez, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: December 12, 2023  
xc: HR

Kimberly A. Rector  
Clerk of the Board  
By:   
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>	22/23 – 25/26

**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.

On December 13, 2022, Item 3.118, the Board of Supervisors approved the DHMO 3-year contract extension commencing January 1, 2020 through December 31, 2022 for active employees and retirees.

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

**Fifth Amendment**

Effective January 1, 2023 through December 31, 2023, extends Contract term and Premiums for 12 months.

**Sixth Amendment**

Effective January 1, 2024 through December 31, 2024, extends Contract term and Premiums for 12 months.

**Seventh Amendment**

Effective January 1, 2025 through December 31, 2025, 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.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
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**SUPPLEMENTAL:**

**Additional Fiscal Information**

Currently, there are 7,550 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.** Fifth Amendment to DeltaCare USA Group Dental Service Contract

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

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

  
Gregg Gu, Chief Deputy County Counsel 11/28/2023

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

SEVENTH AMENDMENT TO  
DELTACARE® USA GROUP DENTAL SERVICE CONTRACT

This Seventh Amendment to the DeltaCare USA Group Dental Service Contract ("Seventh 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, 2025:


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

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

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

ATTEST:  
Clerk of the Board  
Kimberly Rector

COUNTY OF RIVERSIDE:

By:   
Deputy

By:   
Chairman, Board of Supervisors

KEVIN JEFFRIES

Date: 12/12/2023

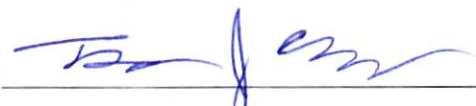
Date: 12/12/2023

Approved as to form:

Minh C. Tran  
County Counsel

By:   
Katherine Wilkins,  
Deputy County Counsel

CONTRACTOR: Delta Dental of California

By: 

Printed Name: Thomas J. Leibowitz, FSA, MAAA

Title: Senior Vice President and Chief Actuarial Officer

Date: July 17, 2023

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: County of Riverside
- B. Group Number: 76482
- C. Effective Date: January 1, 2025
- 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
  - Primary Enrollee: \$21.61
  - Primary Enrollee: Plus One Dependent Enrollee: \$32.97
  - Primary Enrollee: Plus Two or More Dependent Enrollees: \$51.86
- 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.

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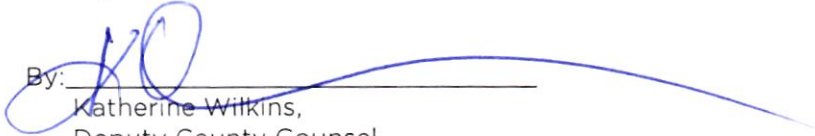
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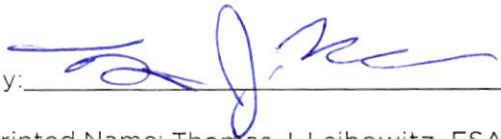
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- F. Premiums per Month:
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|---|-------|---------|
| Plan Type:  | CA10A |         |
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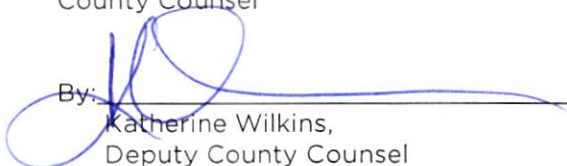
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