

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



**ITEM: 3.36**  
(ID # 24477)

**MEETING DATE:**  
Tuesday, April 30, 2024

**FROM :** HUMAN RESOURCES:

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

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

1. Ratify and Approve Second Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract, effective January 1, 2018, (Attachment A);
2. Ratify and Approve Third Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract, effective January 1, 2021, (Attachment B);
3. Ratify and Approve Fourth Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract, effective January 1, 2022, (Attachment C);
4. Ratify and Approve Fifth Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract, effective January 1, 2023, (Attachment D);
5. Authorize the Chairman of the Board to sign three (3) copies of each amendment; and
6. 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

  
Sarah Franco, Assistant County Executive Officer 4/18/2024

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Spiegel, seconded by Supervisor Gutierrez 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: April 30, 2024  
xc: H.R.

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> Retiree Dental Insurance Premiums			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b>	17/18 – 25/26

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

**BACKGROUND:**

**Summary**

On April 22, 2014, Item 3.24, the Board of Supervisors approved the contract for the DeltaCare USA Group Dental Service contract for the Dental Health Maintenance Organization (DHMO)) plan for active employees and retirees, effective January 1, 2014 through December 31, 2016.

Since approving the original contract in 2014 the Board has approved multiple amendments extending the agreement with DeltaCare USA Group. The last contract extension was approved on December 12, 2023, Item 3.36, extending the DHMO 3-years commencing January 1, 2023 through December 31, 2025.

In an addition to the DeltaCare USA Group Dental Service Contract the contract includes a Multi-State Rider that provides coverage for retirees who reside in Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah and Wyoming.

On September 11, 2018, Item 3.19, the Board of Supervisors approved the First Amendment to the Multi-State Rider to the DeltaCare USA Group Dental Service contract extension commencing January 1, 2017 for retirees. Due to an administrative oversight the Multi-State Riders were excluded in subsequent contract extensions. The attached amendments are submitted to bring the Multi-State Rider concurrent with the DHMO plan.

**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.

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

Fifth Amendment

Effective January 1, 2023 through December 31, 2025, confirms Contract term and Premiums for 36 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**

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.** Second Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract
- ATTACHMENT B.** Third Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract
- ATTACHMENT C.** Fourth Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract
- ATTACHMENT D.** Fifth Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract

  
Gregg Gu, Chief of Deputy County Counsel

4/22/2024

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

FIFTH AMENDMENT

TO

THE MULTI-STATE RIDER to

DELTACARE \* USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

This Fifth Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract ("Fifth Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA, a California nonprofit corporation, and to the COUNTY OF RIVERSIDE, a political subdivision of the State of California, for the purpose of amending the Multi-State Rider to the DeltaCare USA Group Dental Service Contract, originally entered into effective January 1, 2023 and extended thru December 31, 2025 under Group Number 76482, as approved concurrently herewith ("Contract"), as follows:

1. This Fifth Amendment is hereby attached to, and shall form a part of, the Contract identified by the contract number below.

Contract Number: 76482

Group Number(s): See Appendix


Plan: See Appendix

State(s): Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah, Wyoming

2. The APPENDIX and GROUP VARIABLES AND PREMIUMS SCHEDULE to the Multi-State Rider, are **amended** to read as attached hereto and incorporated herein.
3. All other terms and conditions of the Multi-State Rider to DeltaCare USA Group Dental Service Contract currently in effect remain the same.
4. Effective Date: This Fifth Amendment shall be effective January 1, 2023.
5. This Fifth Amendment may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Fifth Amendment agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Fifth Amendment. The parties further agree that the electronic signatures of the parties included in this Fifth Amendment are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

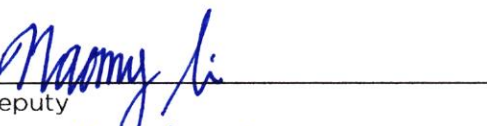
IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Fifth Amendment for services for the County of Riverside.

COUNTY OF RIVERSIDE:

By:   
Chair, Board of Supervisors  
CHUCK WASHINGTON  
Date: 4/30/2024

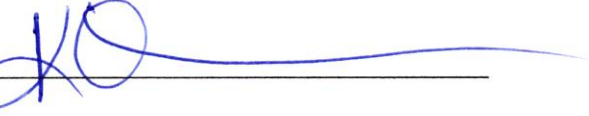
ATTEST:

Clerk of the Board  
Kimberly Rector

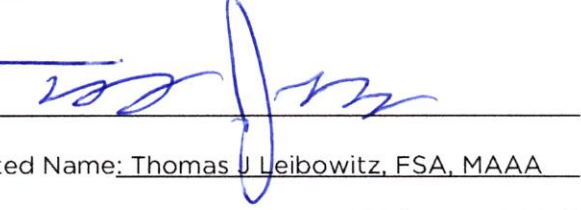
By:   
Deputy  
Date: 4/30/2024

Approved as to form:

Minh C. Tran  
County Counsel

By: 

CONTRACTOR: Delta Dental of California

By:   
Printed Name: Thomas J. Leibowitz, FSA, MAAA  
Title: Senior Vice President and Chief Actuarial Officer  
Date: February 12, 2024

MULTI-STATE RIDER to  
 DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
 (AFFILIATED DENTAL PLANS)

APPENDIX

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
76482-00404	County of Riverside - High AZ	AZ10A
76482-00405	County of Riverside - Retirees High AZ	AZ10A
76482-00406	County of Riverside - COBRA High AZ	AZ10A
76482-01004	County of Riverside - High FL	FL10A
76482-01005	County of Riverside - Retirees High FL	FL10A
76482-01006	County of Riverside - COBRA High FL	FL10A
76482-02904	County of Riverside - High NV	NV10A
76482-02905	County of Riverside - Retirees High NV	NV10A
76482-02906	County of Riverside - COBRA High NV	NV10A
76482-03204	County of Riverside - High NM	NM10A
76482-03205	County of Riverside - Retirees High NM	NM10A
76482-03206	County of Riverside - COBRA High NM	NM10A
76482-03804	County of Riverside - High OR	OR10A
76482-03805	County of Riverside - Retirees High OR	OR10A
76482-03806	County of Riverside - COBRA High OR	OR10A
76482-04404	County of Riverside - High TX	TX10A
76482-04405	County of Riverside - Retirees High TX	TX10A
76482-04406	County of Riverside - COBRA High TX	TX10A
76482-04504	County of Riverside - High UT	UT10A
76482-04505	County of Riverside - Retirees High UT	UT10A
76482-04506	County of Riverside - COBRA High UT	UT10A
76482-05104	County of Riverside - High WY	WY10A
76482-05105	County of Riverside - Retirees High WY	WY10A
76482-05106	County of Riverside - COBRA High WY	WY10A

MULTI-STATE RIDER to  
DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

GROUP VARIABLES AND PREMIUMS SCHEDULE

- A. Client Name: County of Riverside
- B. Group Number: See Appendix
- C. Effective Date: January 1, 2023
- 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   |
| 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.

**DELTA DENTAL OF CALIFORNIA**

18000 Studebaker Road, Suite 530  
Cerritos, CA 90703  
800-422-4234 800-801-7105

FOURTH AMENDMENT

TO

THE MULTI-STATE RIDER to

DELTACARE \* USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

This Fourth Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract ("Fourth Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA, a California nonprofit corporation, and to the COUNTY OF RIVERSIDE, a political subdivision of the State of California, for the purpose of amending the Multi-State Rider to the DeltaCare USA Group Dental Service Contract, originally entered into effective January 1, 2022 and extended thru December 31, 2022 under Group Number 76482, as approved concurrently herewith ("Contract"), as follows:

1. This Fourth Amendment is hereby attached to, and shall form a part of, the Contract identified by the contract number below.

Contract Number: 76482

Group Number(s): See Appendix

Plan: See Appendix


State(s): Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah, Wyoming

2. The APPENDIX and GROUP VARIABLES AND PREMIUMS SCHEDULE to the Multi-State Rider, are **amended** to read as attached hereto and incorporated herein.
3. All other terms and conditions of the Multi-State Rider to DeltaCare USA Group Dental Service Contract currently in effect remain the same.
4. Effective Date: This Fourth Amendment shall be effective January 1, 2022.
5. This Fourth Amendment may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Fourth Amendment agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Fourth Amendment. The parties further agree that the electronic signatures of the parties included in this Fourth Amendment are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.




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

COUNTY OF RIVERSIDE:

By:   
Chair, Board of Supervisors  
CHUCK WASHINGTON  
Date: 4/30/2024

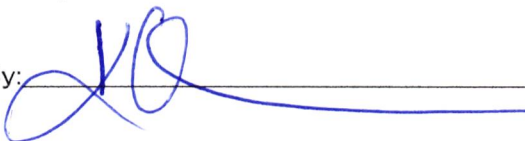
ATTEST:

Clerk of the Board  
Kimberly Rector


By:   
Deputy  
Date: 4/30/2024

Approved as to form:

Minh C. Tran  
County Counsel

By: 

CONTRACTOR: Delta Dental of California

By: 

Printed Name: Thomas J. Leibowitz, FSA, MAAA

Title: Senior Vice President and Chief Actuarial Officer

Date: February 12, 2024

MULTI-STATE RIDER to  
 DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
 (AFFILIATED DENTAL PLANS)

APPENDIX

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
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76482-00406	County of Riverside - COBRA High AZ	AZ10A
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76482-02906	County of Riverside - COBRA High NV	NV10A
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76482-03205	County of Riverside - Retirees High NM	NM10A
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76482-03805	County of Riverside - Retirees High OR	OR10A
76482-03806	County of Riverside - COBRA High OR	OR10A
76482-04404	County of Riverside - High TX	TX10A
76482-04405	County of Riverside - Retirees High TX	TX10A
76482-04406	County of Riverside - COBRA High TX	TX10A
76482-04504	County of Riverside - High UT	UT10A
76482-04505	County of Riverside - Retirees High UT	UT10A
76482-04506	County of Riverside - COBRA High UT	UT10A
76482-05104	County of Riverside - High WY	WY10A
76482-05105	County of Riverside - Retirees High WY	WY10A
76482-05106	County of Riverside - COBRA High WY	WY10A

MULTI-STATE RIDER to  
DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

GROUP VARIABLES AND PREMIUMS SCHEDULE

- A. Client Name: County of Riverside
- B. Group Number: See Appendix
- 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   |
| Primary Enrollee:                                      | \$20.98 |
| Primary Enrollee Plus One Dependent Enrollee:          | \$32.01 |
| Primary Enrollee Plus 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.

**DELTA DENTAL OF CALIFORNIA**

18000 Studebaker Road, Suite 530  
Cerritos, CA 90703  
800-422-4234 800-801-7105

REVISED THIRD AMENDMENT

TO

THE MULTI-STATE RIDER to

DELTACARE<sup>®</sup> USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

This Third Amendment to the Multi-State Rider to DeltaCare USA Group Dental Service Contract ("Third Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA, a California nonprofit corporation, and to the COUNTY OF RIVERSIDE, a political subdivision of the State of California, for the purpose of amending the Multi-State Rider to the DeltaCare USA Group Dental Service Contract, originally entered into effective January 1, 2021 and extended thru December 31, 2021 under Group Number 76482, as approved concurrently herewith ("Contract"), as follows:

1. This Third Amendment is hereby attached to, and shall form a part of, the Contract identified by the contract number below.

Contract Number: 76482

Group Number(s): See Appendix

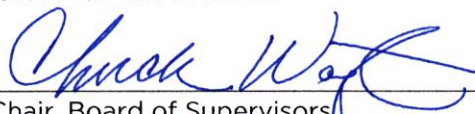
Plan: See Appendix

State(s): Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah, Wyoming

2. The APPENDIX and GROUP VARIABLES AND PREMIUMS SCHEDULE to the Multi-State Rider, are **amended** to read as attached hereto and incorporated herein.
3. All other terms and conditions of the Multi-State Rider to DeltaCare USA Group Dental Service Contract currently in effect remain the same.
4. Effective Date: This Third Amendment shall be effective January 1, 2021.
5. This Third Amendment may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Third Amendment agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Third Amendment. The parties further agree that the electronic signatures of the parties included in this Third Amendment are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code.

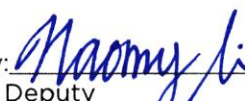
IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Third Amendment for services for the County of Riverside.

**COUNTY OF RIVERSIDE:**

By:   
Chair, Board of Supervisors  
**CHUCK WASHINGTON**  
Date: 4/30/2024

**ATTEST:**

Clerk of the Board  
Kimberly Rector

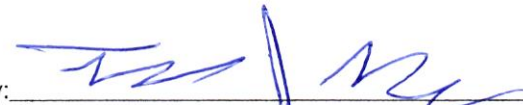
By:   
Deputy  
Date: 4/30/2024

**Approved as to form:**

Minh C. Tran  
County Counsel

By: 

**CONTRACTOR: Delta Dental of California**

By:   
Printed Name: Thomas J. Leibowitz, FSA, MAAA  
Title: Senior Vice President and Chief Actuarial Officer  
Date: February 12, 2024

MULTI-STATE RIDER to  
 DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
 (AFFILIATED DENTAL PLANS)

APPENDIX

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
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76482-00405	County of Riverside - Retirees High AZ	AZ10A
76482-00406	County of Riverside - COBRA High AZ	AZ10A
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76482-01005	County of Riverside - Retirees High FL	FL10A
76482-01006	County of Riverside - COBRA High FL	FL10A
76482-02904	County of Riverside - High NV	NV10A
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76482-05104	County of Riverside - High WY	WY10A
76482-05105	County of Riverside - Retirees High WY	WY10A
76482-05106	County of Riverside - COBRA High WY	WY10A

MULTI-STATE RIDER to  
DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

GROUP VARIABLES AND PREMIUMS SCHEDULE

- A. Client Name: County of Riverside
- B. Group Number: See Appendix
- 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 |         |
| Primary Enrollee:                                      |       | \$19.98 |
| Primary Enrollee Plus One Dependent Enrollee:          |       | \$30.49 |
| Primary Enrollee Plus Two or More Dependent Enrollees: |       | \$47.95 |
- 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.

**DELTA DENTAL OF CALIFORNIA**

18000 Studebaker Road, Suite 530  
Cerritos, CA 90703  
800-422-4234 800-801-7105

REVISED SECOND AMENDMENT

TO

MULTI-STATE RIDER to  
DELTACARE \* USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

This Second Amendment to the DeltaCare USA Group Dental Service Contract ("Second Amendment"), is made by and between and Issued to COUNTY OF RIVERSIDE, for the purpose of amending the original Multi-State Rider to DeltaCare USA Group Dental Service Contract effective January 1, 2018, as follows:

The Group Variables and Premiums Schedule to the Multi-State Rider, attached hereto, is **amended** to read.

This Rider amendment is hereby attached to, and shall form a part of, the Contract identified by the contract number below.

Contract Number: 76482

Group Number(s): See Appendix

Plan: See Appendix

State(s): Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah, Wyoming

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: *Naomy Li*  
Deputy

By: *Chuck Washington*  
Chairman, Board of Supervisors  
CHUCK WASHINGTON

Date: 4/30/2024

Date: 4/30/2024

Approved as to form:

Minh C. Tran  
County Counsel

By: *[Signature]*  
Deputy County Counsel

CONTRACTOR: Delta Dental of California

By: *[Signature]*

Printed Name: Thomas J Leibowitz, FSA, MAAA

Title: Senior Vice President and Chief Actuarial Officer

Date: February 12, 2024

MULTI-STATE RIDER to  
DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

APPENDIX

MULTI-STATE RIDER to  
DELTACARE USA GROUP DENTAL SERVICE CONTRACT  
(AFFILIATED DENTAL PLANS)

APPENDIX

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
76482-00404	County of Riverside - High AZ	AZ10A
76482-00405	County of Riverside - Retirees High AZ	AZ10A
76482-00406	County of Riverside - COBRA High AZ	AZ10A
76482-01004	County of Riverside - High FL	FL10A
76482-01005	County of Riverside - Retirees High FL	FL10A
76482-01006	County of Riverside - COBRA High FL	FL10A
76482-02904	County of Riverside - High NV	NV10A
76482-02905	County of Riverside - Retirees High NV	NV10A
76482-02906	County of Riverside - COBRA High NV	NV10A
76482-03204	County of Riverside - High NM	NM10A
76482-03205	County of Riverside - Retirees High NM	NM10A
76482-03206	County of Riverside - COBRA High NM	NM10A
76482-03804	County of Riverside - High OR	OR10A
76482-03805	County of Riverside - Retirees High OR	OR10A
76482-03806	County of Riverside - COBRA High OR	OR10A
76482-04404	County of Riverside - High TX	TX10A
76482-04405	County of Riverside - Retirees High TX	TX10A
76482-04406	County of Riverside - COBRA High TX	TX10A
76482-04504	County of Riverside - High UT	UT10A
76482-04505	County of Riverside - Retirees High UT	UT10A
76482-04506	County of Riverside - COBRA High UT	UT10A
76482-05104	County of Riverside - High WY	WY10A
76482-05105	County of Riverside - Retirees High WY	WY10A
76482-05106	County of Riverside - COBRA High WY	WY10A

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GROUP VARIABLES AND PREMIUMS SCHEDULE

- A. Client Name: County of Riverside
- B. Group Number: See Appendix
- 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 |         |
| Primary Enrollee:                                      |       | \$19.98 |
| Primary Enrollee Plus One Dependent Enrollee:          |       | \$30.49 |
| Primary Enrollee Plus 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.