



Human Resource Services

Agenda# \_\_\_\_\_ January 7, 2014

Lakeside Plaza Building  
1401 Lakeside Drive, Suite 200  
Oakland, CA 94612-4305  
TDD: (510) 272-3703

December 3, 2013

Honorable Board of Supervisors  
County of Alameda  
1221 Oak Street, Suite 536  
Oakland, CA 94612-4305

**Subject: Adoption of 2014 Dental Plan Rates, County Contribution,  
Contract Amendments**

Dear Board Members:

**Recommendations:**

It is recommended that your Board

1. Approve the continuation of the County contribution for the DeltaCare USA, Delta Dental PPO Plus Premier, and PPO + Premier Supplemental (formerly Spousal Plan) Dental Plans effective for the Plan Year beginning February 1, 2014 through January 31, 2015.
2. Authorize the President to sign the 2014 contract amendments for DeltaCare USA and Delta Dental PPO Plus Premier.

**Summary/Discussion:**

Delta Dental provides administrative services for the County's self-funded Preferred Provider (PPO) products – Delta Dental PPO Plus Premier and PPO + Premier Supplemental Plan (formerly Spousal Plan). Delta Dental PPO Plus Premier Plan and PPO + Premier Supplemental Plan will continue with the administrative fee of 5.20% of claims under a new three year fee guarantee.

The dental managed care product – DeltaCare USA is a fully insured plan with premiums paid to and administered by Delta Dental. We received a 9.80% year over year increase due to past years utilization. Again, this comes with three year rate guaranteed starting in 2014.

**Adoption of 2014 Dental Plan Rates, County Contribution, Contract Amendments**

January 7, 2014

Page 2

Below is a summary of the 2014 Dental Plan premiums:

<b>PPO/Indemnity</b>	<b><u>Self</u> <u>Change</u></b>	<b><u>Self + 1</u></b>	<b><u>Family</u></b>
Delta Dental PPO Plus Premier 0.0%	\$42.76	\$81.10	\$123.88
Delta Dental PPO + Supplemental 0.0% (formerly Spousal Plan)	\$19.30	\$36.66	\$55.84
<b>Panel Provider (DMO) Plan</b>			
DeltaCare USA 9.80%	\$30.04	\$50.80	\$77.86

**Financing:**

The budget appropriation contains funds for the Dental Plans.

Very truly yours,



*for* Mary Welch, Interim Director  
Human Resource Services

cc: Susan Muranishi, County Administrator  
Patrick O'Connell, Auditor-Controller  
Donna Ziegler, County Counsel

November 21, 2013

Ms. Ava Lavender  
County of Alameda  
1405 Lakeside Drive  
Oakland, CA 94612

**Re: Delta Dental 2014 Renewal**

Dear Ava:

Please find below an outline of the changes that will take effect on February 1, 2014 for the County of Alameda Delta Dental plans.

**Delta Dental PPO #02155**

The Delta Dental PPO plus Premier Plan will renew for a 3-year period beginning 2/1/2014 through 1/31/2017 as follows:

<i>Delta PPO</i>	<b><i>February 1, 2014</i></b>	
<i>Contract Term</i>	<b><i>Three Year</i></b>	
<i>% of Increase</i>	<b><i>0%</i></b>	
<i>Delta PPO</i>	<b><i>Current</i></b>	<b><i>Renewal</i></b>
<i>Plan Rates</i>		
<i>Administration Charge</i>	<b><i>5.20%</i></b>	<b><i>5.20%</i></b>

ACMEA General & Confidential, CEMU and Unrepresented Management active employees will have their maximum increased from the current \$1450 contract year maximum to \$1550 contract year maximum effective on 2/1/2014. As a result of this benefit change an amendment is attached which includes updates to Appendix A, Benefits Provided and Appendix D, Division List.

Delta Dental of California  
Headquarters:  
100 First Street  
San Francisco, CA 94105  
Telephone: 415-972-8300

Southern California  
Sales:  
17871 Park Plaza Drive  
Suite 200  
Cerritos, CA 90703  
Telephone: 562-403-4040

Commercial Programs  
Claims Processing  
Customer Service:  
P.O. Box 997330  
Sacramento, CA 95899-7330

Offices in:  
Cerritos, Fresno,  
Rancho Cordova,  
San Diego and  
San Francisco

**DeltaCare® USA #72029**

The DeltaCare® USA plan will renew for a 3-year period beginning 2/1/2014 through 1/31/2017 as follows:

<i>DeltaCare®USA</i>	<b>February 1, 2014</b>	
<i>Contract Term</i>	<b>Three Year</b>	
<i>% of Increase</i>	<b>9.80%</b>	
<b>DeltaCare®USA Plan Rates</b>		
	<b>Current</b>	<b>Renewal</b>
<i>One Party</i>	<b>\$27.36</b>	<b>\$30.04</b>
<i>Two Party</i>	<b>\$46.26</b>	<b>\$50.80</b>
<i>Three Party +</i>	<b>\$70.92</b>	<b>\$77.86</b>

Thank you for your continued business. We value our relationship with the County of Alameda and look forward to providing excellent customer service to you and your members over the next contract period.

Sincerely,



\_\_\_\_\_  
Ileana da Silva  
Account Manager  
National & Special Accounts

Enclosure

Accepted by:

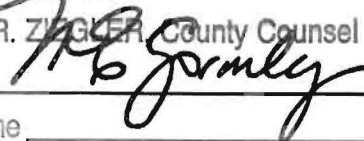
\_\_\_\_\_  
County of Alameda

Approved as to Form

DONNA R. ZIGLER, County Counsel

By \_\_\_\_\_

Print Name \_\_\_\_\_



**AMENDMENT NO. 3 TO AGREEMENT  
(RENEWAL)  
GROUP #02155**

AGREEMENT dated February 1, 2010, as amended, between COUNTY OF ALAMEDA and DELTA DENTAL OF CALIFORNIA "Delta Dental," is hereby further amended, effective February 1, 2014, as follows:

Paragraph 1.5 is amended to read:

1.5 "Contract Term" means the period beginning on February 1, 2014, and ending on January 31, 2017 and each subsequent yearly period during which this Contract remains in effect.

Appendix A, Benefits Provided, attached hereto is hereby amended.

Appendix D, Division List, attached hereto, is hereby amended.

**COUNTY OF ALAMEDA  
GROUP NUMBER: 02155**

**Date Amendment Signed:** \_\_\_\_\_

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

Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**DATE: November 20, 2013**

**DELTA DENTAL OF CALIFORNIA**



**Belinda Martinez  
Senior Vice President  
Sales/Marketing**



**Kevin Jackson  
Group Vice President  
Underwriting & Actuarial**

ONYX 2190790 (11-20-2013)

Approved as to Form

DONNA M. ZINGLER, County Counsel

By  \_\_\_\_\_

Print Name \_\_\_\_\_

**APPENDIX A  
BENEFITS PROVIDED**

**Plan 1200 Benefits:**

<b>Applicable Percentages:</b>	<b>PPO</b>	<b>Non-PPO</b>
Diagnostic and Preventive Benefits:	100%	100%
Basic Benefits:	85%	80%
Crowns, Inlays, Onlays and Cast Restorations Benefits:	80%	80%
Prosthodontic Benefits:	80%	80%
Orthodontic Benefits:	See Appendix C	
TMJ Benefits:	See Appendix F	

**Maximum:**

Contract Year Maximum Amount:	\$1,200.00
Lifetime Orthodontic Maximum Amount:	See Appendix C
Lifetime TMJ Maximum Amount:	See Appendix F

**Deductible:**

<b>Deductible Amount (Per Plan Year):</b>	\$45.00
---	---------

**Plan 1350 Benefits:**

<b>Applicable Percentages:</b>	<b>PPO</b>	<b>Non-PPO</b>
Diagnostic and Preventive Benefits:	100%	100%
Basic Benefits:	85%	80%
Crowns, Inlays, Onlays and Cast Restorations Benefits:	80%	80%
Prosthodontic Benefits:	80%	80%
Orthodontic Benefits:	See Appendix C	
TMJ Benefits:	See Appendix F	

**Maximum:**

Contract Year Maximum Amount:	\$1,350.00
Lifetime Orthodontic Maximum Amount:	See Appendix C
Lifetime TMJ Maximum Amount:	See Appendix F

**Deductible:**

<b>Deductible Amount (Per Plan Year):</b>	\$45.00
---	---------

**Plan 1450 Benefits:**

<b>Applicable Percentages:</b>	<b>PPO</b>	<b>Non-PPO</b>
Diagnostic and Preventive Benefits:	100%	100%
Basic Benefits:	85%	80%
Crowns, Inlays, Onlays and Cast Restorations Benefits:	80%	80%
Prosthodontic Benefits:	80%	80%
Orthodontic Benefits:	See Appendix C	
TMJ Benefits:	See Appendix F	

**Maximum:**

Contract Year Maximum Amount:	\$1,450.00
Lifetime Orthodontic Maximum Amount:	See Appendix C
Lifetime TMJ Maximum Amount:	See Appendix F

**Deductible:**

<b>Deductible Amount (Per Plan Year):</b>	\$45.00
---	---------

**Plan 1550 Benefits:**

<b>Applicable Percentages:</b>	<b>PPO</b>	<b>Non-PPO</b>
Diagnostic and Preventive Benefits:	100%	100%
Basic Benefits:	85%	80%
Crowns, Inlays, Onlays and Cast Restorations Benefits:	80%	80%
Prosthodontic Benefits:	80%	80%
Orthodontic Benefits:	See Appendix C	
TMJ Benefits:	See Appendix F	

**Maximum:**

Contract Year Maximum Amount:	\$1,550.00
Lifetime Orthodontic Maximum Amount:	See Appendix C
Lifetime TMJ Maximum Amount:	See Appendix F

**Deductible:**

<b>Deductible Amount (Per Plan Year):</b>	\$45.00
---	---------

**DSA Supplemental Plan Benefits:**

**Applicable Percentages:**

Diagnostic and Preventive Benefits:	25%
Basic Benefits:	25%
Crowns, Inlays, Onlays and Cast Restorations Benefits:	25%
Prosthetic Benefits:	25%
Orthodontic Benefits:	See Appendix C
TMJ Benefits	NA

**Maximum:**

Contract Year Maximum Amount:	\$600.00
Lifetime Orthodontic Maximum Amount:	See Appendix C
Lifetime TMJ Maximum Amount:	NA

**Deductible:**

<b>Deductible Amount:</b>	NA
---------------------------	----

**Supplemental Plan Benefits:**

**Applicable Percentages:**

Diagnostic and Preventive Benefits:	25%
Basic Benefits:	25%
Crowns, Inlays, Onlays and Cast Restorations Benefits:	25%
Prosthetic Benefits:	25%
Orthodontic Benefits:	See Appendix C
TMJ Benefits:	NA

**Maximum:**

Contract Year Maximum Amount:	\$600.00
Lifetime Orthodontic Maximum Amount:	See Appendix C
Lifetime TMJ Maximum Amount:	NA

**Deductible:**

<b>Deductible Amount:</b>	NA
---------------------------	----

NA = Not Applicable



**APPENDIX D  
DIVISION LIST**

<b>DELTA DENTAL GROUP NUMBERS</b>	<b>Group #02155</b>
	<b>Division #</b>
County of Alameda-Actives <b>Plan 1200</b>	00111
County of Alameda – <b>Supplemental Plan</b>	01111
County of Alameda – COBRA <b>Supplemental Plan</b>	01012
County of Alameda – COBRA <b>Plan 1200</b>	01021
County of Alameda – Actives <b>Plan 1350</b>	00112
County of Alameda – COBRA <b>Plan 1350</b>	01112
County of Alameda – Actives <b>Plan 1450</b>	00114
County of Alameda – COBRA <b>Plan 1450</b>	01114
Deputy Sheriffs Ortho- <b>DSA Plan</b>	00150
Deputy Sheriffs Ortho - <b>DSA Supplemental Plan</b>	00151
Deputy Sheriffs Ortho - COBRA <b>DSA Plan</b>	02050
Deputy Sheriffs Ortho - COBRA <b>Supplemental DSA Plan</b>	02051
DSA Ortho PMI Option ( <b>Ortho only</b> )	00160
County of Alameda ( <b>Ortho only</b> )-COBRA	02060
<b>SUBGROUPS:</b>	
Livermore Area Parks & Rec <b>Plan 1450</b>	00113
Livermore Area Parks & Rec – <b>Supplemental Plan</b>	01113
Livermore Area Parks & Rec Cobra <b>Plan 1450</b>	01123
Alameda County Fairgrounds <b>Plan 1200</b>	00117
Alameda County Fairgrounds – <b>Supplemental Plan</b>	01117
Alameda County Fairgrounds – Cobra <b>Plan 1450</b>	01127
Alameda County Law Library <b>Plan 1450</b>	00018
Alameda County Law Library – <b>Supplemental Plan</b>	01018
Alameda County Law Library – Cobra <b>Plan 1450</b>	01028
Housing Authority of Alameda County <b>Plan 1450</b>	00020
Housing Authority of Alameda County – <b>Supplemental Plan</b>	01020

Housing Authority of Alameda County – Cobra <b>Plan 1450</b>	01030
Alameda County Transportation Authority <b>Plan 1450</b>	00021
Alameda County Waste Management Authority <b>Plan 1450</b>	00122
Alameda County Waste Management Authority – Cobra <b>Plan 1450</b>	01132
Alameda County Fire Dept <b>Plan 1450</b>	00123
Alameda County Fire Dept – <b>Supplemental Plan</b>	02123
Alameda County Fire Dept – COBRA <b>Plan 1450</b>	01133
ACFD Dispatch Center- <b>Plan 1450</b>	00180
ACFD Dispatch Center - <b>COBRA Plan 1450</b>	01180
East Bay Foundation <b>Plan 1450</b>	00124
East Bay Foundation COBRA <b>Plan 1450</b>	01024
East Bay Foundation – <b>Supplemental Plan</b>	01034
Retired Municipal Judges <b>Plan 1450</b>	00031
Associated Community Action Program <b>Plan 1450</b>	00170
Associated Community Action Program – <b>Supplemental Plan</b>	01170
Associated Community Action Program – COBRA <b>Plan 1450</b>	02170
ACMEA General & Confidential, CEMU and Unrepresented Management active employees – <b>Plan 1550</b>	01115
ACMEA General & Confidential, CEMU and Unrepresented Management COBRA – <b>Plan 1550</b>	09115

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

RENEWAL AMENDMENT  
TO  
DELTACARE<sup>®</sup> USA GROUP DENTAL SERVICE CONTRACT

THIS AGREEMENT is made by and between DELTA DENTAL OF CALIFORNIA ("Delta Dental") and County of Alameda, DeltaCare USA Group # (See Appendix A) for the purpose of amending the original DeltaCare USA Group Dental Service Contract as follows:

Effective June 18, 2013:

Article 6 – Enrollee Complaint Procedure, Paragraph 6.04, the following paragraph is hereby **deleted**:

IMR is generally not applicable to a dental plan, unless that dental plan covers services related to the practice of medicine or is offered pursuant to a contract with a health plan providing medical, surgical or hospital services.

Effective February 1, 2014:

Paragraph 4.05 is amended to read:

4.05 Claims for covered Emergency Services or preauthorized Specialist Services should be sent to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if the Enrollee can show that it was not reasonably possible to submit the claim within that time. The address for claims submission is: Claims Department, P.O. Box 1810, Alpharetta, GA 30023.

Paragraph 6.01 is **amended** to read:

6.01 Delta Dental shall provide notification if any dental services or claims are denied, in whole or in part, stating the specific reason or reasons for the denial. If an Enrollee has any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental, or the quality of dental services performed by a Contract Dentist, he or she may call Delta Dental's Customer Service department at 800-422-4234, or the complaint may be addressed in writing to:

Quality Management Department  
P.O. Box 6050  
Artesia, CA 90702

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Applicant and 4) the Dentist's name and facility location.

Paragraph 8.04 is **amended** to read:

8.04 Termination at the end of a Contract Term, for any reason, shall be by at least 60 days advance written notice of termination by certified mail given by the party desiring to terminate to the other party.

In the event that Delta Dental shall desire to change Premiums or Benefits effective at the end of any Contract Term, advice of such changes will be given to Applicant upon at least 60 days written notice. Such notice shall renew the Contract for another Contract Term at the rates and with the coverage as stated in the notice unless Applicant provides written notification to Delta Dental by certified mail on or before the date stated in the notice that Applicant does not choose to renew.

Schedule C, attached hereto and 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 have executed this Contract and have affixed their signatures on:

\_\_\_\_\_  
(Date)

**County of Alameda**  
\_\_\_\_\_  
(Group Name)


By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Date: December 3, 2013


DELTA DENTAL OF CALIFORNIA



Belinda Martinez  
Senior Vice President, Sales/Marketing



Kevin Jackson  
Group Vice President, Underwriting & Actuarial

Approved as to Form  
DONNA R. ZIEGLER, County Counsel  
By   
Print Name \_\_\_\_\_

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: County of Alameda
- B. Group Number: See Appendix A
- C. Effective Date: February 1, 2014
- 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:   | CA41R |         |
| California Primary Enrollee:   |       | \$30.04 |
| California Primary Enrollee Plus<br>One Dependent Enrollee:          |       | \$50.80 |
| California Primary Enrollee Plus<br>Two or More Dependent Enrollees: |       | \$77.86 |
- G. Remit Premium Payment to: Delta Dental of California  
Dept. #0170  
Los Angeles, CA 90084-0170
- 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>
02029-0003	COUNTY OF ALAMEDA - ALAMEDA FIRE DEPT-COB
02029-0005	COUNTY OF ALAMEDA - COBRA
02029-0009	COUNTY OF ALAMEDA - HOUSING AUTH-COBRA
02029-0010	COUNTY OF ALAMEDA - HOUSING AUTHORITY
02029-0011	COUNTY OF ALAMEDA - LIVERMORE PRK&REC
02029-0015	COUNTY OF ALAMEDA - EXTENDED BENEFITS
02029-0016	COUNTY OF ALAMEDA - COUNTY OF ALAMEDA
02029-0021	COUNTY OF ALAMEDA - EAST BAY FNDTN GRAD
02029-0022	COUNTY OF ALAMEDA - EAST BAY FNDTN GRD-COB
02029-0023	COUNTY OF ALAMEDA - ACFD DISPATCH CTR
02029-0024	COUNTY OF ALAMEDA - ACFD DISPATCH CTR-COB
02029-0025	COUNTY OF ALAMEDA - DSA ACTIVE
02029-0026	COUNTY OF ALAMEDA - DSA COBRA
02029-0027	COUNTY OF ALAMEDA - CO FAIR ASSOC
02029-0028	COUNTY OF ALAMEDA - CO FAIR ASSOC COBRA
02029-0029	COUNTY OF ALAMEDA - TRANS AUTH
02029-0030	COUNTY OF ALAMEDA - TRANS AUTH COBRA
02029-0031	COUNTY OF ALAMEDA - WASTE MGMNT AUTH
02029-0032	COUNTY OF ALAMEDA - WASTE MGMNT AUTH COBRA
02029-0033	COUNTY OF ALAMEDA - RET MUNC JUDGES
02029-0034	COUNTY OF ALAMEDA - RET MUNC JUDGES COBRA
02029-0035	COUNTY OF ALAMEDA - CO LAW LIBRARY
02029-0036	COUNTY OF ALAMEDA - CO LAW LIBRARY COBRA