RESOLUTION No. 23-593

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE GROUP DENTAL RENEWAL CONTRACT, FOR THE PERIOD JANUARY 1, 2024, THROUGH DECEMBER 31, 2024, WITH DELTA DENTAL TO PROVIDE DENTAL INSURANCE BENEFITS TO ELIGIBLE ENROLLEES

WHEREAS, the County has maintained a contract with Delta Dental through a plan administrator to provide dental benefits since 1977; and

WHEREAS, on December 15, 2020, the Board of Supervisors approved Resolution 20-517 to enter into a new Dental Administrative Services Contract and approving the Plan Year 2021 Group Dental Application for dental benefits with Delta Dental; and

WHEREAS, on February 8, 2022, the Board of Supervisors approved Resolution 22-087 to renew the Group Dental Contract for the plan year 2022 for administrative and claim services through Delta Dental at a monthly rate of \$10.02 per enrollee; and

WHEREAS, on February 7, 2023, the Board of Supervisors approved Resolution 23-067 to renew the Group Dental Contract for the plan year 2023 increasing the monthly rate to \$10.32 per insured enrollee; and

WHEREAS, the County wishes to renew the Group Dental Renewal Contract for the plan year 2024 at the continued monthly rate of \$10.32 per insured enrollee; and

WHEREAS, the new Group Dental Renewal Contract will cover the period of January 1, 2024, to December 31, 2024.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors, of the County of Nevada, State of California, that the Group Dental Renewal Contract for dental benefits by and between the County of Nevada and Delta Dental for the period January 1, 2024, through December 31, 2024, be and hereby is approved in substantially the same form attached hereto as Exhibit A.

Funds to be disbursed from: 4498-92003-641-1000

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the <u>5th</u> day of <u>December</u>, <u>2023</u>, by the following vote of said Board:

Ayes:

Supervisors Heidi Hall, Edward C. Scofield, Lisa Swarthout,

Susan Hoek and Hardy Bullock.

Noes:

None.

Absent:

None.

Abstain:

None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: Me ll puty CB

Edward C. Scofield, Chair



April 14, 2023

Nevada County 950 Maidu Ave, Ste. 260 Nevada City, CA 95959

RE:

Contract Renewal for Nevada County Delta Dental PPOSM Group# 21089

We appreciate your business and thank you for choosing Delta Dental of California. Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. We have made every attempt to provide the most competitive renewal possible.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The following is the renewal information for your Delta Dental PPOSM dental plan:

Effective Date	January 01, 2024		
Contract Term	January 01, 2024	! - December 31, 2024	
	Current Fee	Renewal Fee	
		1/1/2024 - 12/31/2024	
Administration Fee (per enrollee per month)	\$10.32	\$10.32	

Delta Dental Insurance Company

Telephone: 800-521-2651

Delta Dental of California

Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region

Delta Dental of Delaware, Inc.
Delta Dental of the District of Columbia
Delta Dental of New York, Inc.

Delta Dental of Pennsylvania (Maryland)
Delta Dental of West Virginia

Telephone: 800-932-0783

Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental Contracts for the rates and contract term.

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for January 01, 2024
- 2) Begin paying the rates outlined in this letter with your new contract term.

If you have any questions about your renewal, your Account Manager will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental of California

MohammadReza Navid

Group Vice President, Sales & Marketing

The American Dental Association (ADA) annually updates its standard dental procedure coding system, which is a component of its Code on Dental Procedures and Nomenclature (CDT Code) reference manual. When the ADA changes the codes, carriers must adopt the changes. We process claims according to the current CDT reference manual. Changes made to comply with the CDT Code do not constitute a material change to your dental plan design.

Summary of Contract Amendments to

Nevada County

Delta Dental PPOSM

OTHER INFORMATION

<u>Delta Dental's retro-termination policy for enrollees.</u> As a reminder, Delta Dental's policy is that enrollment may be adjusted retroactively to the immediately preceding three months plus the current month billed if no claims have been processed after the requested termination date for the enrollee.

<u>Provider reimbursement.</u> As a reminder, Delta Dental's policy is to reimburse contracted dentists based on the network payment provisions for the geographic area in which the services are provided.



Nevada County

GROUP NUMBER: 21089

DELTA DENTAL OF CALIFORNIA

January 1, 2024 Renewal

Group Name:

Group Number:

Nevada County
21089

Summary of Group Information

Address: 950 Maidu Ave, Ste. 260

Nevada City, CA 95959

Original Effective Date: January 01, 2021 **Current Contract Effective Date:** January 01, 2023 Renewal Date: January 01, 2024

Current Enrollment: 1,209 primary enrollees (Mar-2023) **Prior Enrollment:** 1,140 primary enrollees (Mar-2022)

Dual Choice?: No

Contract Type: ASC or ASO

Current Commission: \$4.00

Broker: **KEENAN & ASSOCIATES**

Broker Address: PO BOX 4328 TORRANCE, CA 95959

Account Manager: Roanne Villamil



Nevada County

GROUP NUMBER: 21089

DELTA DENTAL OF CALIFORNIA

Rate History Report

Division #00001,08001,09001

January 1, 2024 - December 31, 2024				
<u>Tier</u>	Proposed	Rate Change	Enrollment	% Enrolled
PEPM	\$10.32	0.00%	1,209	100.0%
Total			1,209	100.0%

January 1, 2023 - December 31, 2023				
<u>Tier</u>	<u>Rates</u>	Rate Change	<u>Enrollment</u>	<u>% Enrolled</u>
PEPM	\$10.32	-	1,200	100.0%
Total			1,200	100.0%