



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:

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

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

A handwritten signature in black ink, appearing to read 'M. Navid', written in a cursive style.

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

Delta Dental's retro-termination policy for enrollees. 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.

Provider reimbursement. 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

Summary of Group Information	
Group Name:	Nevada County
Group Number:	21089
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>	<u>Proposed</u>	<u>Rate Change</u>	<u>Enrollment</u>	<u>% Enrolled</u>
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>	<u>Rate Change</u>	<u>Enrollment</u>	<u>% Enrolled</u>
PEPM	\$10.32	-	1,200	100.0%
Total			1,200	100.0%