

EXHIBIT A

**AMENDMENT NO. 1  
TO ADMINISTRATIVE SERVICES CONTRACT WITH DELTA DENTAL OF CALIFORNIA  
(Resolution 20-517)**

---

**THIS AMENDMENT No. 1** is made and is effective as of May 1, 2021, by and between Delta Dental of California ("Contractor") and County of Nevada ("County"), (collectively, the "Parties"). This Amendment No. 1 amends the prior agreement between the Parties, for the provision of dental insurance benefits to eligible enrollees, for the period beginning January 1, 2021 through December 31, 2021.

**WHEREAS**, by Resolution 20-517 the Parties entered into an Agreement to provide dental insurance benefits to eligible enrollees; and,

**WHEREAS**, Delta Dental pays all claims in advance and then invoices the County for reimbursement on a weekly basis; and,

**WHEREAS**, the average weekly invoice is approximately \$30,000; and,

**WHEREAS**, Delta Dental requires a \$150,000 deposit on file to move from weekly to monthly invoicing; and,

**WHEREAS**, the County desires to pay Delta Dental a \$150,000 deposit to pre-fund the payment of claims allowing us to be invoiced monthly; and,

**WHEREAS**, after one-year of the termination date of the Contract between the County and Delta Dental, unless renewed, and the final payment of all outstanding claims, the balance of the \$150,000 deposit shall be returned to the County.

**NOW, THEREFORE**, the parties hereto agree as follows:

1. That this amendment shall be effective as of May 1, 2021.
2. That the Rates and Funding section of the Group Dental Application, is hereby amended to include a \$150,000 pre-fund deposit and to change from a weekly to monthly Claim settlement, as set forth in Attachment 1.
3. That Each group will be calendared for a 12-month claims paid run-out period. Once the run-out period has passed, with the final payment of all outstanding claims made, the balance of the prefund deposit held will be immediately refunded to the County.
4. That in all other respects the prior Agreement of the Parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA

DELTA DENTAL OF CALIFORNIA

By: \_\_\_\_\_  
Steven Rose  
Human Resources Director

By: \_\_\_\_\_  
Mohammadreza Navid  
Group Vice President,  
Sales & Marketing

Approved as to form:

\_\_\_\_\_  
County Counsel

EXHIBIT A  
Attachment 1

RATES AND FUNDING ☐ See Additional Information

<b>Employer Contribution:</b> Employees/Members (%): 100% Dependents (%): 80%		<b>Required Participation:</b> Employees/Members: 933 Dependents:		
<input type="checkbox"/> Non-Retention <input type="checkbox"/> Retention <input type="checkbox"/> Guaranteed Administration <input checked="" type="checkbox"/> ASC				
Claim settlement: Monthly by ACH Credit				
Fee settlement: Monthly by ACH Credit				
Payment Method:				
Rates Payment Frequency: If other:				
	Guaranteed			
From:	01/01/2021			
To:	12/31/2021			
\$ PEPM	10.02			

**Administrative Service Contract Type**

Each group will be calendared for a 12-month claims paid run-out period. Once the run-out period has passed, with the final payment of all outstanding claims made, the balance of the prefund deposit held will be immediately refunded to the client.

Stop Loss:
Prefund: \$150,000.00