

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. 16-003**

This Fourth Amendment to BOS Agreement No. 16-003 is entered into this 25<sup>th</sup> day of February 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and Delta Dental of California, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 16-003 was entered into on January 1, 2016; and

WHEREAS, BOS Agreement No. 16-003 was amended for the first time on January 4, 2017 with Agreement No. HR 17-01; and

WHEREAS, BOS Agreement No. 16-003 was amended for the second time on November 28, 2017 with Agreement No. HI 18-02; and

WHEREAS, BOS Agreement No. 16-003 was amended for the third time on December 19, 2018 with BOS Agreement No. 16-003-A1; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and Delta Dental of California, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to extend the termination date set out in the original BOS Agreement No. 16-003 as amended with Agreement No. HR 17-01, Agreement No. HI 18-02 and BOS Agreement No. 16-003-A1, from December 31, 2019 to December 31, 2020; and

WHEREAS, there is a two percent (2%) increase to the per member per month premium rate for calendar year 2020; attached as Attachment 1; and

WHEREAS, BOS Agreement No. 16-003, and its amendments, is to be increased by the amount of Nine Hundred Forty Thousand, One Hundred Dollars (\$940,100) for dental benefits to be provided in calendar year 2020, for a revised five year total Agreement amount of Four Million Five Hundred Twenty, Three Hundred Fourteen Dollars and Forty Cents (\$4,520,314.40).

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the original BOS Agreement No. 16-003 as amended with Agreement No. HR 17-01, Agreement No. HI 18-02 and BOS Agreement No. 16-003-A1, will be extended from December 31, 2019 to December 21, 2020.
2. There is a two percent (2%) increase to the per member per month premium rate for calendar year 2020.
- 3 BOS Agreement No. 16-003, and its amendments, is to be increased by the amount of Nine Hundred Forty Thousand, One Hundred Dollars (\$940,100) for dental benefits to be provided in calendar year 2020, for a revised five year total Agreement amount of Four Million Five Hundred Twenty, Three Hundred Fourteen Dollars and Forty Cents (\$4,520,314.40).

All other terms and conditions of BOS Agreement No. as amended with Agreement No. HR 17-01, Agreement No. HI 18-02 and BOS Agreement No. 16-003-A1 shall remain in full force and effect.



IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

**DEPARTMENT FISCAL REVIEW:**

DEPARTMENT HEAD

DATE

Budgeted: ☒ Yes ☐ No

Budget Unit: 0715

Line Item: 862239

Grant: ☐ Yes ☒ No

Grant No.:

**COUNTY OF MENDOCINO**

By:

JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

FEB 26 2020

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

By:

Deputy

FEB 26 2020

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By:

Deputy

FEB 26 2020

**INSURANCE REVIEW:**

By:

Risk Management

**EXECUTIVE OFFICE/FISCAL REVIEW:**

APPROVAL RECOMMENDED

By:

Deputy CEO

**CONTRACTOR/COMPANY NAME:**

SEE ATTACHED  
SIGNATURE PAGE

By:

NAME AND ADDRESS OF CONTRACTOR:

Delta Dental of California

100 First Street

San Francisco, CA. 94105

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
Acting County Counsel

By:

Deputy

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section:

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

**DEPARTMENT FISCAL REVIEW:**

SEE ATTACHED  
SIGNATURE PAGE  
DEPARTMENT HEAD \_\_\_\_\_ DATE \_\_\_\_\_  
Budgeted: ☒ Yes ☐ No  
Budget Unit: 0715  
Line Item: 862239  
Grant: ☐ Yes ☒ No  
Grant No.: \_\_\_\_\_

**COUNTY OF MENDOCINO**

By: \_\_\_\_\_  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

By: \_\_\_\_\_  
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: \_\_\_\_\_  
Deputy

**INSURANCE REVIEW:**

By: \_\_\_\_\_  
Risk Management

**EXECUTIVE OFFICE/FISCAL REVIEW:**

APPROVAL RECOMMENDED

By: \_\_\_\_\_  
Deputy CEO

**CONTRACTOR/COMPANY NAME:**

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

**NAME AND ADDRESS OF CONTRACTOR:**

Delta Dental of California  
560 Mission Street, Suite 1300  
San Francisco, CA. 94105

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
Acting County Counsel

By: \_\_\_\_\_  
Deputy

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☐ \_\_\_\_\_  
Mendocino County Business License: Valid ☐ \_\_\_\_\_  
Exempt Pursuant to MCC Section: \_\_\_\_\_



**County of Mendocino****Delta Dental (Municipal Dental Pool)**

Effective: January 1, 2020

Carrier Name

Effective Date Rate Guarantee Plan Design

Current

**RENEWAL**

Renewal

**2020**

Delta Dental 1/1/2020 1 Year		
Rating Structure	Rate	Subscribers
EE	\$49.35	556
EE + Spouse	\$82.95	165
EE + Child(ren)	\$101.22	152
EE + Family	\$138.13	158
<b>Total Monthly Premium</b>	<b>\$78,335.33</b>	
<b>Total Annual Premium</b>	<b>\$940,023.96</b>	
<b>% Change over Current Monthly Premium</b>	<b>2.0%</b>	
<b>\$ Change over Current Annual Premium</b>	<b>\$18,429.96</b>	

Keenan &amp; Associates

CA License # 0451271

12/10/2019