

BOS AGREEMENT NO. _____

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. _____**

This Fifth Amendment to BOS Agreement No. 16-003 is entered into this _____ day of _____, 2021, 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, BOS Agreement No. 16-003 was amended for the fourth time on February 26, 2020 with BOS Agreement No. 16-003 A2; 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, BOS Agreement No. 16-003-A1, and BOS Agreement No. 16-003-A2 from December 31, 2020 to December 31, 2021; and

WHEREAS, there is a 10% decrease to the Per Member Per Month premium rate for calendar year 2021; attached as Attachment 2; and,

WHEREAS, BOS Agreement No. 16-003 as amended with Agreement No. HR 17-01, Agreement No. HI 18-02, BOS Agreement No. 16-003-A1, and BOS Agreement No. 16-003-A2, is to be increased with the amount of Eight Hundred Thirty Seven Thousand, One Hundred Dollars (\$837,100) for an employee dental benefits insurance plan for services to be provided in calendar year 2021, for a revised six (6) year total Agreement amount of Five Million Two Hundred Eighteen Thousand, Four Hundred Fifty Dollars (\$5,218,450).

NOW, THEREFORE, we agree as follows:

1. 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, BOS Agreement No. 16-003-A1, and BOS Agreement No. 16-003-A2 from December 31, 2020 to December 31, 2021.
2. There is a 10% decrease to the Per Member Per Month premium rate for calendar year 2021; attached as Attachment 2.
3. BOS Agreement No. 16-003 as amended with Agreement No. HR 17-01, Agreement No. HI 18-02, BOS Agreement No. 16-003-A1, and BOS Agreement No. 16-003-A2, is to be increased by the amount of Eight Hundred Thirty Seven Thousand, One Hundred Dollars (\$837,100) for an employee dental benefits insurance plan for services to be provided in calendar year 2021 for a revised six (6) year total Agreement amount of Five Million Two Hundred Eighteen Thousand, Four Hundred Fifty Dollars (\$5,218,450).

All other terms and conditions of BOS Agreement No. 16-003 as amended with Agreement No. HR 17-01, Agreement No. HI 18-02, BOS Agreement No. 16-003-A1, and BOS Agreement No. 16-003-A2 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:

See Attached Signature Page

WILLIAM SCHURTZ, HR DIRECTOR _____ 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,
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:

William Schurtz 12/21/2020
WILLIAM SCHURTZ, HR DIRECTOR 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: Carmel J. Angelo
Risk Management

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: Janette Ruan
Deputy CEO

CONTRACTOR/COMPANY NAME:

By: See Attached Signature Page

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,
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: _____

ATTACHMENT 2



County of Mendocino
Municipal Dental Pool (MDP) Renewal
Delta Dental PPO (Self-funded) Plan
Effective: January 1, 2021

Rate Tier	Subscribers*	2021 Rates
EE Only	543	\$44.42
EE + Spouse	163	\$74.66
EE + Child(ren)	149	\$91.10
EE + Family	160	\$124.32
Estimated Monthly Premium		\$69,754.74
Estimated Annual Premium		\$837,056.88

*Subscribers based on December 2020 enrollment