



COUNTY OF SANTA CRUZ

Personnel Department Risk Management

701 OCEAN STREET, SUITE 310
SANTA CRUZ, CA 95060

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May 8, 1998

AGENDA: May 19, 1998

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

APPROVE AN INCREASE IN ENCUMBRANCES FOR THE COUNTY'S SELF-FUNDED DENTAL PROGRAM

Dear Members of the Board:

Since 1995, the County's Self-Funded Dental Program has been administered through the County Supervisor's Association of California-Excess Insurance Authority (CSAC-EIA) dental program.

For fiscal year 1997-98, dental claims were projected to be \$905,249 and claims administration was projected to be \$87,994. Based on the County's actual experience for fiscal year 1997-98 dental expenditures are projected to exceed these amounts.

In order to provide payments for claims and claims administration as they become due, we are requesting that your Board authorize an increase in the encumbrance and appropriations by \$78,788 for the contract between the County of Santa Cruz and Preferred Benefits Insurance Administrators, Inc., the third party administrator of the CSAC-EIA dental program. In order to accomplish this increase, we are requesting that your Board approve a transfer from reserves in the amount of \$68,988, the balance of \$9,800 is currently available in this account.

Additionally, we are pleased to report that Delta Dental, the claims administrator, has agreed to continue the current 8% administrative claims cost and \$.60 monthly, per employee enrollment fee through June 30, 1999.

It is, therefore, RECOMMENDED that your Board:

- a. Approve an increase in the appropriations and encumbrances for the contract between the County of Santa Cruz and Preferred Benefit Insurance Administrators, Inc., from \$993,243 to \$1,072,031 (\$78,788) for fiscal year 1997-98; and
- b. Approve a transfer from reserves in the amount of \$68,988; and
- c. Authorize the Personnel Director to sign the attached Amendment to the contract between the County of Santa Cruz and Delta Dental of California to maintain the claims administrative fee of 8% and the \$.60 monthly per employee enrollment fee through June 30, 1999.

Very truly yours,



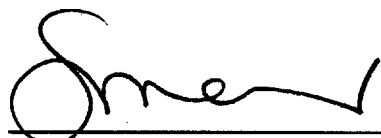
Dania Torres Wong
Personnel Director

DTW: JW/jm

Attachments

cc: Auditor
Personnel

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

AMENDMENT NO. 4 TO AGREEMENT

GROUP #7638

AGREEMENT dated May 6, 1995, as amended, between COUNTY OF SANTA CRUZ and DELTA DENTAL PLAN OF CALIFORNIA "Delta", is hereby further amended, effective July 1, 1996, as follows:

Paragraph 1.4 is amended to read:


1.4 "Contract Term" means the period beginning on July 1, 1996, and ending on June 30, 1999, and each subsequent yearly period during which this Contract remains in effect.

DATED: October 10, 1997

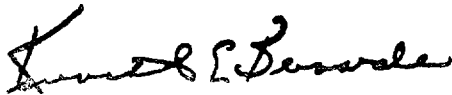
COUNTY OF SANTA CRUZ:

DELTA DENTAL PLAN OF CALIFORNIA:

By: _____

By: 
Vice President, Marketing

By: _____

By: 
Vice President
Underwriting, Actuarial &
Research

APPROVED AS TO FORM:

By:  5-6-98
Office of the County Counsel

COUNTY OF SANTA CRUZ
REQUEST FOR TRANSFER OR REVISION
OF BUDGET APPROPRIATIONS AND/OR FUNDS

106

Department: PERSONNEL

Date: 05/07/98

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 1998

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
BD			

BATCH #	
DATE	

		T/C	INDEX	SUBJECT	PRJ/UCD	AMOUNT	DESCRIPTION
T R A N S F E R	T O		5 1 1 1 0 0	3 5 2 5		5 8 2 3 0 0	CLAIMS ADMIN
			5, 1, 1, 1, 0, 0	3 6 4 5		6 3 1 6 5 0 0	DENTAL CLAIMS
	F R O M		5 1 1 1 0 0	4 9 1 P		6 8 9 8 8 0 0	CLAIMS RESERVES

Explanation:

Based on actual experience for fiscal year 97/98, dental claims are expected to exceed 97/98 appropriations. This transfer is necessary in order to provide payments for claims and claims administration as they become due.

Name Dania Torres Worby by Janet McKinley Title PERSONNEL DIRECTOR

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Linda Wane, Deputy Date 5/7/98

County Administrative Officer's Action: ☒ Recommended to Board ☐ Approved ☐ Not Recommended or Approved

County Administrative Officer Boh Date 5-8-98

State of California }
ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for
County of Santa Cruz } transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
duly entered in the minutes of said Board on

_____, 19____, By _____, Deputy Clerk

Distribution:
1 White - Board of Supervisors
1 Blue - Auditor-Controller

Green-County Administrative Officer
Pink-Originating Department

Goldenrod-Departments1 Control Copy

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

107

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Personnel (Dept.)

Darin Jones (Signature) 5.79 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz (Agency)
and, Preferred Benefit Insurance Administrators 1900 O'Farrell #17
San Mateo, CA 94402 (Name & Address)

2. The agreement will provide administrative services for County's Indemnity Dental Plan.
Preferred Benefits Insurance Administrators for Delta Dental and the
CSAC-EIA Dental Program.

3. The agreement is needed because expertise in claims administration is not
available within the County

4. Period of the agreement is from May 6, 1995 to continuing

5. Anticipated cost is \$ 1,072,031 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: This is an actual increase in the encumbrance from \$993,243 to
\$1,072,031 or \$78,788 3525 from \$87,994 to \$93,817
3645 from \$905,249 to \$978,214

7. Appropriations are budgeted in 511100 (Index#) (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. 71036 Date 5/6/98
are not will be
GARY A. KNUTSON, Auditor - Controller
By Linda Ward Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
 to execute the same on behalf of the
 (Agency). County Administrative Officer

Remarks: (Analyst) By D. Bolu e 5-8-98

Agreement approved as to form. Date

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss

I ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on County Administrative Officer
 19 By Deputy Clerk

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