



# COUNTY OF SANTA CRUZ

209

## Personnel Department Risk Management

701 OCEAN STREET, SUITE 310  
SANTA CRUZ, CA 95060

TELEPHONE: (408) 454-2600  
FAX (408) 454-2245  
TDD: (408) 454-2123

AGENDA: June 8, 1999

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:

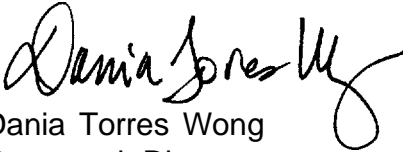
Since 1995, the County's Self-Funded Dental Program has been- administered through the CSAC-Excess Insurance Authority dental program.

For fiscal year 1998-99, dental claims are projected to be \$1,198,050 and claims administration is projected to be \$110,655. Unprecedented claims experience coupled with an increase in the maximum annual benefit to \$1,200 has caused dental expenditures to exceed the amounts encumbered for this benefit.

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 encumbrances for the contract between the County and Preferred Benefits Insurance Administrations, Inc. the third party administrator of the CSAC-Excess Insurance Authority dental program. Sufficient funds are available within current appropriations to allow for an increase of \$78,834 in encumbrances.

It is, therefore, RECOMMENDED that your Board authorize an increase in encumbrances in budget index 511100 by \$78,834 for fiscal year 1998-99.

Very truly yours,

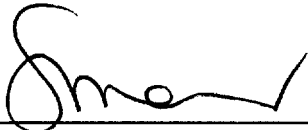


Dania Torres Wong  
Personnel Director

DTW: JM/jm

cc: Auditor; Personnel

RECOMMENDED:



---

SUSAN A. MAURIELLO  
County Administrative Officer

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

2 1 1

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

FROM: Personnel/Risk Management (Dept.)

Janet McKinley (Signature) 5-26-99 (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)  
Preferred Benefit Insurance Administrators  
and, P. O. Box 5062, San Mateo, CA 94402-0455 (Name & Address)
2. The agreement will provide administrative services for the County's Indemnity Dental Plan.  
Preferred Benefit Administrators for Delta Dental and the CSAC-EIC 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 \$ \$1,308,705.00 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: This increase to the encumbrance is \$78,834. This is an increase from  
\$1,229,871 to \$1,308,705. Claims admin, subobject 3525 increase will be \$6,008.00  
and Dental Claims, subobject 3645, increase will be \$72,286.00
7. Appropriations are budgeted in 511100 (Budget) 3525 (Account)

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

Appropriations are available and have been encumbered. Contract No. 81036 Date 5/26/99  
are not will be  
GARY A. KNUTSON, Auditor-Controller  
By Jim Wal 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).

Remarks: jm (Analyst)

County Administrative Officer  
By Michael Date 5/28/99

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