



May 14, 2025

REVISED

San Bernardino County
175 W. 5th Street, 1st Floor
San Bernardino, CA 92415

RE: Contract Renewal for San Bernardino County
Delta Dental PPO™ Group# 18757
DeltaCare® USA Group# 78852

We appreciate your business and thank you for choosing Delta Dental of California. Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. We have made every attempt to provide the most competitive renewal possible.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The following is the renewal information for your Delta Dental PPO™ dental plan:

<i>Effective Date</i>	<i>July 26, 2025</i>	
<i>Contract Term</i>	<i>July 26, 2025 - July 23, 2027</i>	
<i>18757</i>	<i>Current Fee</i>	<i>Renewal Fee</i>
		<i>7/26/2025 - 7/23/2027</i>
<i>Administration Fee (per enrollee per month)</i>	<i>\$2.20</i>	<i>\$2.20</i>

In addition to the PEPM administrative charge, Delta Dental retains a portion of the savings derived from Premier network utilization.

The following is the renewal information for your DeltaCare® USA dental plan:

<i>Effective Date</i>	<i>July 26, 2025</i>	
<i>Contract Term</i>	<i>July 26, 2025 - July 23, 2027</i>	
<i>78852 - Current Plan 1</i>	<i>Current Rates</i>	<i>Renewal Rates</i>
		<i>7/26/2025 - 7/23/2027</i>
<i>% change</i>		<i>0.00%</i>
<i>Enrollee Only</i>	<i>\$18.28</i>	<i>\$18.28</i>
<i>Enrollee + 1 Dependent</i>	<i>\$31.41</i>	<i>\$31.41</i>
<i>Enrollee + 2 or more Dependents</i>	<i>\$41.89</i>	<i>\$41.89</i>

As part of our continued commitment to you and your dental program, Delta Dental maintains a high level of service. Delta Dental continues to assure you of our dedication through ongoing review of our performance standards. Please refer to the attached guarantee exhibit for further details.

Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental Contracts for the rates and contract term.

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for July 26, 2025
- 2) Begin paying the rates outlined in this letter with your new contract term.

If you have any questions about your renewal, your Account Manager will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental of California



MohammadReza Navid

Executive Vice President, Chief Relationship and Business Development Officer

The American Dental Association (ADA) annually updates its standard dental procedure coding system, which is a component of its Code on Dental Procedures and Nomenclature (CDT Code) reference manual. When the ADA changes the codes, carriers must adopt the changes. We process claims according to the current CDT reference manual. Changes made to comply with the CDT Code do not constitute a material change to your dental plan design.

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY - Dentegra Insurance Company; NH and VT - Dentegra Insurance Company of New England; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and Washington, D.C. - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York; PA - Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Summary of Contract Amendments to

San Bernardino County

Delta Dental PPO™, DeltaCare® USA

OTHER INFORMATION

Delta Dental's retro-termination policy for enrollees. As a reminder, Delta Dental's policy is that enrollment may be adjusted retroactively to the immediately preceding three months plus the current month billed if no claims have been processed after the requested termination date for the enrollee.

Provider reimbursement. As a reminder, Delta Dental's policy is to reimburse contracted dentists based on the network payment provisions for the geographic area in which the services are provided.

Retained savings. In addition to the PEPM administrative charge, Delta Dental retains 70% of the savings derived from Premier network utilization.

OHCA Notification

Please be informed that consistent with the group application and group contract terms, Delta Dental considers its relationship with fully insured group health plans as subject to HIPAA's "Organized Health Care Arrangement" (OHCA) privacy rules as defined in 45 Code of Federal Regulations (C.F.R.) §164.501. Functionally, the exchange of enrollment information between Delta Dental and your group remains the same.

While a Business Associate Agreement is not required between Delta Dental and your fully insured group health plan within an OHCA, any Protected Health Information (PHI) exchanged or shared between the entities remains subject to HIPAA's minimum necessary rule and other privacy rules in addition to any applicable state laws and regulations governing the disclosure of individually identifiable health information.

Additionally, confidentiality requirements remain applicable to the exchange of information within an OHCA.