



Contract Number

22-720 A2

SAP Number

Human Resources Department

Department Contract Representative	<u>Sandra Wakcher</u>
Telephone Number	<u>(909) 387-5787</u>
Contractor	<u>Delta Dental of California</u>
Contractor Representative	<u>Marisa Hakala</u>
Telephone Number	<u>(562) 403 - 4013</u>
Contract Term	<u>July 30, 2022 – July 23, 2027</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>N/A</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

This Amendment No. 2 to Contract No. 22-720, entered into as of May 20, 2025, hereby amends the terms of the Contract between San Bernardino County (County) and Delta Dental of California (Delta Dental) as follows:

- 1) The list of Exhibits on page 2 of Contract 22-720 is hereby amended by inserting the attached May 14, 2025 letter (Contract Renewal for San Bernardino County, Delta Dental PPO™ Group# 18757 and DeltaCare® USA Group# 78852) as a new Exhibit E. This new Exhibit E is hereby incorporated into Contract 22-720 by this reference.
- 2) This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.
- 3) All other terms and conditions of the Contract remain unchanged.

SAN BERNARDINO COUNTY

Delta Dental of California

(Print or type name of corporation, company, contractor, etc.)

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

By ►

(Authorized signature - sign in blue ink)

Name Peter Andersen

(Print or type name of person signing contract)

Title Vice President National & Special Accounts

(Print or Type)

Dated: _____

Address 18000 Studebaker Rd., Suite 530

Cerritos, CA 90703

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Jose A. Mendoza, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Gina King, HR Assistant Director

Date _____

Reviewed/Approved by Department

►

Leonardo Gonzalez, HR Director

Date _____