



Yolanda Baldovinos
Agency Director

Thomas L. Berkley Square
2000 San Pablo Avenue, Oakland, CA 94612
510-271-9100 / Fax: 510-271-9108
ybaldovi2@co.alameda.ca.us
www.alamedasocialservices.org

May 17, 2010

Honorable Public Authority
Administration Building
Oakland, CA 94612

Dear Public Authority Members:

SUBJECT: Approval of amendments to standard agreement with Delta Dental, Inc. (DeltaCare USA) for the Public Authority Homecare Workers' Health Benefit Plan

RECOMMENDATION:

To continue offering negotiated dental care services to In-Home Supportive Services (IHSS) homecare workers as part of their negotiated health insurance benefit coverage, it is recommended that your Board:

1. Approve and authorize the President of the Public Authority Board to sign an amendment to the standard service agreement PO #6322, Procurement #1106 with Delta Dental, Inc., (Location: San Francisco, CA; Principal: Kenneth Bernardi) with an annual maximum award of \$765,000 (for DeltaCare USA coverage), approving an increase in the monthly rate for health insurance benefit coverage from \$18.28 for a rate increase to \$20.07 per worker, effective July 1, 2010; and,
2. Approve continued automatic yearly renewals of the contract with Delta Dental, Inc. for DeltaCare USA health coverage (prepaid dental plan), provided all terms and conditions remain unchanged.

SUMMARY/DISCUSSION:

This letter requests action by your Board to continue offering dental care prepaid services by approving a rate increase for DeltaCare USA DHMO dental plan as a part of negotiated health benefits to In-Home Supportive Services Workers (IHSS). Delta Dental has projected costs relating to the prepaid dental plan in a rate increase from \$18.28 to \$20.07 per enrollee monthly. Starting July 1, 2010 the new rate of \$20.07 reflects a \$1.79 increase per worker. The rate increase is based on the cost of dental services in the Bay Area, dental service utilization, the composition of the group

and other cost factors. The current rate of \$18.28 went into effect on July 1, 2007 and has remained the same through June 30, 2010. This prepaid dental plan offers no co-pay and acts as a health maintenance organization with a set list of dentists.

Automatic yearly renewals have been approved by your Board as long as all terms and conditions remain the same; otherwise, renewals of these contracts will be negotiated and brought to your Board for approval.

SELECTION PROCESS/CRITERIA:

Your Board approved the addition of dental care to IHSS worker health plan coverage on January 7, 2003 (File No. 17537). Delta Dental's DeltaCare, USA is one of two dental health coverages available to PA/IHSS workers. The selection of Delta Dental, Inc. as the continuing dental care vendor was part of the most recent negotiation process resulting in the current MOU (October 1, 2009 to September 30, 2013) with the Public Authority for In Home Supportive Services in Alameda County and United Long-Term Care Workers' Union, SEIU, Local 6434. To ensure that these negotiated dental care services to homecare workers would continue, Board approval was given for automatic yearly renewals on December 20, 2005 (File No. 20420, Item 30 A-C). Therefore, the Small, Local and Emerging Business (SLEB) Waiver requirement was determined unnecessary by the General Services Agency on April 14, 2008.

FINANCING:

Financing for this contract is included in the approved Social Services Agency budget for FY 2010-2011. There are no changes to net County costs.

Sincerely,



Yolanda Baldovinos
Agency Director

Attachments: One set of 5 Standard Agreement amendment documents for Board President signature.

cc: Auditor-Controller
County Administrator
County Counsel

**REQUEST TO ENCUMBER CONTRACT FUNDS OR
TO LIQUIDATE ENCUMBERED FUNDS**

PART I: REQUEST FROM CONTRACTING DEPARTMENT

Contractor's Name: Delta Dental, Inc. (DeltaCare USA) **RATE CHANGE ONLY**

Contractor's Tax ID: 94-1461312 Contractor's Vendor ID: 26875

Description of Contract: Dental health services for IHSS workers

Master Contract #: _____ Procurement Contract #: 1106

Procurement Contract Begin Date: 7/1/06 Expire Date: 6/30/11 (rate change only) *Note: 110-9 Automatic yearly renewal was already sent to Auditors on 7/13/10.

Elation Project Info: Sub-Contractor Compliance _____ Labor Compliance _____

Board Waiver # _____ GSA Waiver # Board Approved-labor agreement Federal Fund Waiver # N/A

A. ENCUMBER FUNDS IN A NEW PURCHASE ORDER

Date of Board Minute Order: _____ File/Item/Contract Number: _____

Total Amount Authorized By Board: _____ Amount to be Encumbered: _____

B. ADD FUNDS TO AN EXISTING PURCHASE ORDER PO Number: 6322

Date of Board Minute Order: 7/29/10 File/Item/Contract Number: _____

Total Amount Authorized By Board: \$765,000 Amount to be Encumbered: -0- (See *note above-The authorized amount has already been requested on a separate 110-9. Total amount to be encumbered for FY 10/11 is \$765,000.)

C. LIQUIDATE FUNDS FROM A PURCHASE ORDER

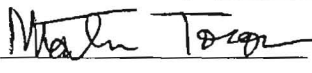
Purchase Order Number: _____ Amount to be Liquidated: _____

ACCOUNTING INFORMATION

Business Unit	Account	Fund	Dept	Program	BY	Subclass	Proj/Grant	Amount
SOCSA	640002	10000	320500	33500	2011			-0-
							Total	-0- **

****Rate Change Only**

Send Response to: Diane DeVore-Farrugia QIC: 20203 Phone: 510.267.8633

Authorized Signature:  Department: Finance/Contracts Office Date: 7/17/10

PART II: RESPONSE FROM AUDITOR-CONTROLLER

- The Auditor-Controller encumbered _____ in a new PO. The PO Number is _____
- The Auditor-Controller added _____ to PO Number _____
- The Auditor-Controller liquidated _____ from PO Number _____
- This form is being returned for you due to insufficient funds in the appropriation account.
- The following information is needed before this request can be processed.

Signature of Contract Processor _____ Date: _____

AMENDMENT TO AGREEMENT (Revised 7/1/10)

This Amendment to Agreement (“Amendment”) is made by the Public Authority For In-Home Supportive Services in Alameda County (“Contract Holder”) and Delta Dental of California, (“Delta Dental”) with respect to the prepaid dental service agreement (Delta Dental Care USA Group # 5230) entered into by Delta Dental and the Contract Holder on July 1, 2005, referred to herein as the “Contract” (originally initiated and executed on October 1, 2003), pursuant to which Delta Dental provides a prepaid dental plan to IHSS workers as part of their choice of dental benefits.

“Contract Holder” and Delta Dental, agree as follows:

- 1) For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Contract Holder and Delta Dental agree to amend the Agreement in the following respects:
- 2) Except as otherwise stated in this Amendment, the terms and provisions of this Amendment will be considered to be effective as of July 1, 2010 (Effective Date).
- 3) The term of the Agreement is currently scheduled to expire on June 30, 2010. As of the Effective Date, the term of the Agreement is extended through June 30, 2011.
- 4) In consideration for Delta Dental’s additional cost of service, the Contract Holder shall pay Delta Dental:
 - a) A rate of \$20.07 per month per worker, beginning July 1, 2010. This is an increase of \$1.79 from the previous rate of \$18.28 (from July 1, 2007 to June 30, 2010). For rate increase and related information, see Attachment A-1.
 - b) There is no change in the currently Board approved award level of \$765,000.00 for July 1, 2010 to June 30, 2011.

This amendment is reflective of the side letter, Attachment A-1, dated July 1, 2010, defining rate and related renewal documents.

In order to ensure continuity of benefit availability, the Contract Holder will confer on a monthly basis with Delta Dental regarding service utilization and ensure availability of

funds to maintain benefit availability during the Contract Term. In the event annualized Premiums for Group 5230 exceed seven hundred sixty-five thousand dollars (\$765,000.00) during the course of the Contract Term and additional funds are not made available by the Contract Holder to Delta Dental, Delta Dental reserves the right to terminate the Contract on the last day of the month for which Premiums were paid.

5) DEBARMENT AND SUSPENSION CERTIFICATION:

a. By signing this Amendment and Exhibit D, Debarment and Suspension Certification, Contractor agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549.

b. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principles:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
2. Shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

6) Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement are and remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the Agreement as of the day and year first above written.

PUBLIC AUTHORITY FOR
IN-HOME SUPPORTIVE SERVICES IN
ALAMEDA COUNTY

DELTA DENTAL OF CALIFORNIA

By: _____
Signature

By: Belinda Yau
Signature

Name: Alice Lai-Bitker
(Printed)

Name: Belinda Martinez
(Printed)

Title: President of the Public Authority For
In-Home Supportive Services in Alameda
County

Title: Senior VP Sales + MKTG

Date: July 14, 2010

AND BY:

Approved as to Form:

By: Kevin Jackson
Signature

Name: Kevin Jackson
(Printed)

By: _____
County Counsel Signature

Title: Group V.P. Underwriting

Date: July 14, 2010

APPROVED AS TO FORM
RICHARD E. WINNIE

By: Richard E. Winnie

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



July 1, 2010

Public Authority In-Home Sport Svc
6955 Foothill Boulevard, Floor 3
Oakland, CA 94605-2455

RE: PUBLIC AUTHORITY IN-HOME SPORT SVC
DeltaCare® USA DHMO/PREPAID GROUP #See Appendix A

We are pleased to present your upcoming DeltaCare USA DHMO/prepaid contract renewal, and welcome this opportunity to thank you for allowing us to provide your members with their dental benefits. Delta Dental of California ("Delta Dental") is committed to providing you with the most innovative plan designs combined with world-class customer service. Your benefits have been updated with the CDT-2009 American Dental Association (ADA) Current Dental Terminology and procedure codes. The code updates do not affect the delivery of benefits under your program.

Under your DeltaCare USA prepaid plan, the renewal date of your two -year contract is **July 1, 2010**. In order to maintain the same high standards and level of care currently provided, it is necessary to increase your rates by 9.77% to fulfill capitation and administrative trend requirements, as described below:

We have enclosed your prepaid Utilization Report for your review.

	<u>Current Rates</u>	<u>Renewal Rates</u>
Enrollee only	\$18.28	\$20.07

Your current contract will automatically renew at the rates listed above, unless written termination notification is received via email to GRecord-Cerritos@delta.org or by Certified Mail™ to the attention of your account manager on or before June 1, 2010.

This renewal letter should be kept with your contract documents, as it serves as an amendment to your *Group Dental Service Contract*. If you have any questions regarding this renewal, please feel free to contact your account manager at:

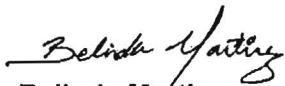
Delta Dental of California
100 First Street
San Francisco, CA 94105
(415) 972-8300

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, LA, ME, MI, NC, OK, OR, RI, SC, SD, 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, except CA. These companies are financially responsible for their own products

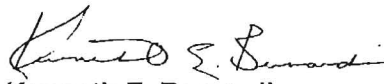
Thank you for choosing Delta Dental and for this opportunity to continue meeting your dental benefit needs. We truly appreciate your business.

Sincerely,

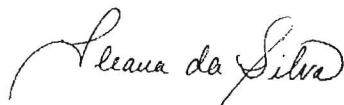
Delta Dental of California



Belinda Martinez
Senior Vice President, Sales/Marketing



Kenneth E. Bernardi
Vice President, Underwriting & Actuarial



Ileana Da Silva
Account Manager

cc:

APPENDIX A

<u>Group #</u>	<u>Group Name</u>
05230-0001	PUBLIC AUTH IN-HOME SPRT SVC - ALAMEDA CTY
05230-0002	PUBLIC AUTH IN-HOME SPRT SVC - COBRA

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, OK, OR, RI, SC, SD, 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, 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, except CA. These companies are financially responsible for their own products.

**PUBLIC AUTH IN-HOME SPRT SVC
RENEWAL EXPERIENCE AND UNDERWRITING REQUIREMENTS
CONTRACT #: 05230**

Renewal Date: 07/01/2010
Plan Type: CAA20

Original Effective Date: 10/01/2003
Contract #: 05230

Area Covered: CA

Current Mix:

ENROLLMENT

Current: 2461 Date: 01/2010

Previous: 3180 Date: 12/2007

Composite 2,461

**UTILIZATION STATISTICS
SUMMARY**

REPORTING PERIOD: 10/08 - 09/09

% Providers Reporting	94.35%
% Population Represented	94.97%
% Utilization	6.96% **

- 1) The % Providers Reporting is the % of group dentists reporting utilization data.
- 2) The % Population Represented is the % of the group's enrollees assigned to those dentists reporting utilization data.
- 3)**The % Utilization is an average monthly utilization rate which is calculated by dividing the number of reported patient visits for the month by the total group population, which includes primary enrollees and dependents. Please note, this does not reflect utilization on a per enrollee or per dependent basis.

DeltaCare[®] USA

Group Utilization Reports

REPORT TYPE	DESCRIPTION
Group Occurrence Profile Report	This report presents a summary <i>by procedure</i> of all services received by the group's enrollees from assigned network dentists during a specified period.
Group Occurrence Profile by Categories	This report contains a summary of all procedures received by DeltaCare USA enrollees <i>by major dental categories</i> (i.e., restorative, prosthodontic, etc.) from assigned network dentists during a specified period. This report used in conjunction with the Occurrence Profile Report will enable groups to determine the distribution of procedures among major dental categories.
Group Utilization Rate Report	This report contains the total number of primary enrollee and dependent visits to network dentists, the percentage of dentists reporting utilization data for the group, and an average monthly group utilization rate during a specified period. The utilization rate is the average monthly utilization based on number of patient <i>visits</i> for the group; it does not reflect utilization on a per enrollee or per dependent basis. This information is provided by month, as well as in total.

PLEASE NOTE: All of the above utilization reports exclude specialty care services received by members from in-network and out-of-network specialists.

DeltaCare[®] USA

Occurrence Profile by Categories Definitions

PROCEDURE	DEFINITIONS
DIAGNOSTIC	The procedures in this category are examinations, x-rays and study models. These services are used to determine the dental health of the enrollee and to plan the enrollee's treatment needs.
PREVENTIVE	This category includes cleanings, topical application of fluoride and tooth sealant. These services are done to avoid the need for more extensive dental care.
RESTORATIVE	This category is made up of fillings (amalgam and resin) and full crown coverage of teeth. These services are done to repair teeth damaged by decay or breakage.
ENDODONTIC	The procedures in this category are primarily root canals. Root canals are procedures done to save teeth from being lost (extracted) as a result of extensive decay or breakage.
PERIODONTAL	This category includes procedures involved in the treatment of gum disease. Procedures would include interceptive care (scaling and root planing) and extensive therapeutic periodontal surgery (gum surgery). Periodontal therapy is done to repair damage due to bone loss resulting from gum disease.
PROSTHODONTICS REMOVABLE	Partial and full dentures are generally the procedures found in this category. These appliances can be put in and taken out of the patient's mouth. Repairs and relining of full and partial dentures also fall into this category.
PROSTHODONTICS FIXED	The procedures in this category are those used to replace missing teeth. This would include appliances that are permanently cemented into the patient's mouth (fixed bridges), as well as repairs to fixed bridges.
SURGERY	Oral surgery is primarily the removal of teeth that cannot be saved with root canal therapy, periodontal therapy and/or fillings and crowns. Depending on the complexity of the extraction, the removal of teeth can be done by a general dentist or a specialist (oral surgeon).
OTHER	This category is made up of emergency treatment services and would include procedures to alleviate a patient's pain until he or she can be seen for more extensive care. This category would also include office visits where the patient was seen but no specific treatment was performed.

CLIENTS WITH BLOCK CODE: 465 PUBLIC AUTHORITY IN-HOME SUPPORT SERVICE

PROC	09	09	09	09	09	09	09	09	09	08	08	08	TOT	PROC	% DIST
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
DIAGNOSTIC															
D0120	Periodic Oral Exam	21	20	23	22	34	27	28	25	21	21	19	23	284	5.71%
D0140	Limited Oral Evaluation Problem Focused	9	10	13	13	10	15	16	16	8	12	6	5	133	2.67%
D0150	Comprehensive Oral Evaluation	30	51	38	29	42	40	38	30	36	43	25	25	427	8.59%
D0160	Extensive Oral Evaluation-Prblm Focused	1	0	0	0	3	0	2	0	0	0	0	0	6	0.12%
D0170	Re-Evaluation--Limited, Problem Focused	0	0	1	0	0	0	0	0	0	0	0	0	1	0.02%
D0180	Comprehensive Periodontal Evaluation	0	0	0	2	0	1	1	0	1	1	0	1	7	0.14%
D0210	Intraoral--Complete Series (w/Bitewings)	24	30	18	13	21	20	21	17	17	29	14	17	241	4.85%
D0220	Intraoral--Periapical--First Film	21	33	35	37	51	47	41	30	33	29	22	18	397	7.98%
D0230	Intraoral--Periapical--Each Add'l Film	26	56	70	61	80	96	81	54	66	45	23	23	681	13.69%
D0240	Intraoral--Occlusal Film	0	4	0	0	0	0	2	0	0	0	0	0	6	0.12%
D0250	Extraoral--First Film	0	0	0	0	0	1	0	0	0	0	0	0	1	0.02%
D0270	Bitewing--Single Film	0	4	3	2	2	2	4	3	1	2	2	0	25	0.50%
D0272	Bitewings--Two Films	8	8	5	9	8	11	8	5	6	7	5	5	85	1.71%
D0273	Bitewings--Three Films	0	0	0	0	0	0	0	0	0	1	1	0	2	0.04%
D0274	Bitewings--Four Films	12	21	20	24	34	25	27	16	20	15	14	12	240	4.83%
D0330	Panoramic Film	3	0	6	3	5	2	2	6	2	2	2	3	36	0.72%
D0415	Collection of Microorganisms	0	0	2	1	1	0	0	0	0	0	0	0	4	0.08%
D0431	Adjunctive Pre-Diagnostic Test	0	1	0	0	1	0	0	0	0	1	1	0	4	0.08%
D0470	Study Models (Diagnostic Casts)	0	1	0	0	0	0	0	0	0	0	0	0	1	0.02%
D0999	Unspecified Diagnostic Proc, by Report**	122	142	148	154	160	166	179	152	124	158	126	108	1,739	
SUBTOT		155	239	234	216	292	287	271	202	211	208	134	132	2,581	51.90%
PREVENTIVE															
D1110	Prophylaxis--Adult	28	34	39	32	48	49	35	29	39	31	28	25	417	8.39%
D1204	Topical Fluoride-Adult	5	2	3	5	4	4	4	6	4	5	3	2	47	0.95%
D1206	Topical Fluoride Varnish	1	0	0	0	0	0	0	1	0	0	0	0	2	0.04%
D1330	Oral Hygiene Instructions	5	7	5	6	9	8	3	2	6	6	4	3	64	1.29%
SUBTOT		39	43	47	43	61	61	42	38	49	42	35	30	530	10.66%
RESTORATIVE															

CLIENTS WITH BLOCK CODE: 465 PUBLIC AUTHORITY IN-HOME SUPPORT SERVICE

PROC		09	09	09	09	09	09	09	09	08	08	08	TOT	PROC	% DIST
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
D2140	Amalgam--One Surf, Primary/Permanent	6	0	2	4	6	5	11	2	8	1	1	6	52	1.05%
D2150	Amalgam--Two Surf, Primary/Permanent	3	3	1	3	1	1	12	5	4	7	5	10	55	1.11%
D2160	Amalgam--Three Surf, Primary/Permanent	0	1	0	1	0	0	7	1	2	2	1	2	17	0.34%
D2161	Amalgam--Four or More Surf, Prim/Perm	1	0	0	0	0	0	1	0	1	1	0	0	4	0.08%
D2330	Resin--One Surface--Anterior	1	4	5	4	3	5	3	7	2	1	3	0	38	0.76%
D2331	Resin--Two Surfaces--Anterior	1	0	4	5	1	3	2	5	1	3	2	3	30	0.60%
D2332	Resin--Three Surfaces--Anterior	5	0	0	7	0	2	0	2	1	0	2	1	20	0.40%
D2335	Resin--Four or More Surfaces--Anterior	0	0	1	0	0	1	2	0	0	0	0	0	4	0.08%
D2391	Resin--Based Composite 1 Surf, Posterior	5	4	11	11	10	4	4	9	3	14	9	5	89	1.79%
D2392	Resin--Based Composite 2 Surf, Posterior	1	5	5	6	10	7	7	4	2	0	3	3	53	1.07%
D2393	Resin--Based Composite 3 Surf, Posterior	1	1	0	2	1	1	4	0	0	2	1	0	13	0.26%
D2394	Resin--Based Composite 4 Surf, Posterior	0	0	0	1	0	0	0	0	0	0	1	0	2	0.04%
D2530	Inlay--Metallic--Three or More Surfaces	0	0	0	0	1	0	0	0	0	0	0	0	1	0.02%
D2740	Crown--Porcelain/Ceramic Substrate	1	0	0	0	0	0	0	0	0	1	1	0	3	0.06%
D2750	Crown--Porc Fused to High Noble Metal	7	5	5	9	7	4	5	7	5	5	7	4	70	1.41%
D2751	Crown--Porc Fused to Predom. Base Metal	2	1	2	3	3	5	2	3	2	1	1	0	25	0.50%
D2752	Crown--Porcelain Fused To Noble Metal	0	0	1	0	2	0	0	3	0	0	0	0	6	0.12%
D2790	Crown--Full Cast High Noble Metal	0	0	0	0	0	0	0	1	0	0	0	0	1	0.02%
D2791	Crown--Full Cast Predominantly Base Metl	1	0	0	2	0	2	4	2	0	2	3	2	18	0.36%
D2799	Provisional Crown	0	1	0	0	1	0	0	0	0	0	0	0	2	0.04%
D2920	Recement Crown	0	5	0	0	1	1	2	1	0	1	1	1	13	0.26%
D2940	Sedative Filling	1	0	0	1	0	0	0	0	0	0	1	0	3	0.06%
D2950	Core Buildup, Including Any Pins	8	3	3	5	4	9	5	4	3	5	4	1	54	1.09%
D2952	Cast Post and Core in Addition to Crown	0	0	1	0	0	1	0	1	0	0	0	1	4	0.08%
D2954	Prefabricated Post & Core Add. to Crown	3	4	5	7	6	5	5	4	2	3	0	1	45	0.90%
D2962	Labial Veneer (Porcelain Laminate)--Lab	0	0	0	5	0	0	0	1	0	0	0	0	6	0.12%
D2999	Unspec. Restorative Procedure, by Report	0	0	1	1	0	1	0	2	1	1	0	2	9	0.18%
SUBTOT		47	37	47	77	57	57	76	64	37	50	46	42	637	12.81%
ENDODONTICS															
D3221	Pulpal Debridement, Prim & Perm Teeth	0	0	0	1	0	0	0	0	0	0	0	0	1	0.02%

CLIENTS WITH BLOCK CODE: 465 PUBLIC AUTHORITY IN-HOME SUPPORT SERVICE

PROC		09	09	09	09	09	09	09	09	09	08	08	08	TOT	PROC	% DIST
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
D3310	Endo Anterior (excl Final Restoration)	0	3	0	3	1	2	2	2	1	1	0	1	16	0.32%	
D3320	Endo Bicuspid (excl Final Restoration)	1	0	1	0	1	4	1	1	2	0	1	2	14	0.28%	
D3330	Endo Molar (excl Final Restoration)	1	0	2	1	1	0	1	0	0	1	0	0	7	0.14%	
SUBTOT		2	3	3	5	3	6	4	3	3	2	1	3	38	0.76%	
PERIODONTICS																
D4211	Gingivectomy/Gingivoplasty-1-3 Cont Tth	0	0	0	0	0	0	0	0	0	1	0	0	1	0.02%	
D4240	Gingival Flap Procedure, 4+Teeth/Quad	0	0	4	0	0	0	0	0	0	0	0	0	4	0.08%	
D4249	Clinical Crown Lengthening--Hard Tissue	0	0	1	0	0	0	2	0	0	0	0	0	3	0.06%	
D4260	Osseous Surgery--4+Teeth/Quad	0	0	0	0	0	0	0	0	0	2	1	0	3	0.06%	
D4263	Bone Replacement Graft--1st Site in Quad	0	0	0	0	0	0	0	0	0	1	1	0	2	0.04%	
D4266	Guided Tissue Regeneration--Resorbable	0	0	0	0	0	0	0	0	0	0	1	0	1	0.02%	
D4341	Perio Scaling & Root Planing, 4+Tth/Quad	19	44	42	47	34	23	43	33	24	56	38	28	431	8.67%	
D4342	Perio Scaling & Root Planing-1-3Tth/Quad	2	0	0	0	0	0	1	0	0	1	3	0	7	0.14%	
D4355	Full Mouth Debridement	2	1	4	0	0	2	0	2	1	2	1	1	16	0.32%	
D4381	Localized Delivery of Antimicrobial Agent	4	5	8	13	9	4	3	6	1	15	31	0	99	1.99%	
D4910	Periodontal Maintenance	5	2	7	5	4	4	5	6	4	2	3	8	55	1.11%	
D4999	Unspecified Perio Procedure, by Report	0	0	0	0	2	0	4	0	4	2	0	0	12	0.24%	
SUBTOT		32	52	66	65	49	33	58	47	34	82	79	37	634	12.75%	
PROSTHODONTICS/REMOVABLE																
D5110	Complete Upper Denture (Maxillary)	1	0	1	0	1	0	0	1	0	1	1	0	6	0.12%	
D5120	Complete Lower Denture (Mandibular)	0	0	1	0	0	1	0	1	0	0	1	0	4	0.08%	
D5130	Immediate Upper Denture (Maxillary)	0	1	0	0	0	0	0	0	0	0	2	0	3	0.06%	
D5140	Immediate Lower Denture (Mandibular)	0	0	0	0	0	0	0	0	0	0	2	0	2	0.04%	
D5211	Upper Partial Denture--Resin Base	0	0	1	0	1	0	0	0	0	0	0	0	2	0.04%	
D5213	Upper Partial Denture--Cast Metal Frmwrk	2	0	0	0	1	0	0	0	0	0	1	0	4	0.08%	
D5214	Lower Partial Denture--Cast Metal Frmwrk	2	0	0	0	1	1	1	0	0	2	1	0	8	0.16%	
D5225	Maxillary Partial Denture -Flexible Base	0	0	0	0	1	1	0	0	0	1	0	0	3	0.06%	
D5226	Mandibular Partial Denture-Flexible Base	0	0	1	0	0	1	0	0	0	0	0	0	2	0.04%	
D5410	Adjust Complete Denture--Upper (Max)	1	0	0	0	0	1	0	1	0	0	0	0	3	0.06%	

CLIENTS WITH BLOCK CODE: 465 PUBLIC AUTHORITY IN-HOME SUPPORT SERVICE

PROC		09	09	09	09	09	09	09	09	09	08	08	08	TOT	PROC	% DIST
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
D5411	Adjust Complete Denture--Lower (Mand)	0	0	0	1	0	1	0	0	0	1	0	0	3	0.06%	
D5422	Adjust Partial Denture--Lower (Mand)	0	0	0	0	0	0	0	1	0	0	0	0	1	0.02%	
D5510	Repair Broken Complete Denture Base	0	0	1	0	0	0	0	0	0	0	0	0	1	0.02%	
D5630	Repair or Replace Broken Clasp	0	0	1	0	0	0	0	0	0	0	0	0	1	0.02%	
D5640	Replace Broken Teeth--Per Tooth	0	0	0	0	0	1	1	0	0	0	0	0	2	0.04%	
D5650	Add Tooth to Existing Partial Denture	3	0	0	1	0	0	0	0	0	0	0	1	5	0.10%	
D5731	Reline Complete Lower Denture, Chairside	1	0	0	0	0	0	0	0	0	0	0	0	1	0.02%	
D5740	Reline Partial Upper Denture, Chairside	1	0	0	0	0	0	0	0	0	0	0	0	1	0.02%	
D5750	Reline Complete Upper Denture, Lab	0	0	0	1	1	2	0	0	0	0	0	0	4	0.08%	
D5751	Reline Complete Lower Denture, Lab	0	0	0	0	0	1	0	0	0	1	0	0	2	0.04%	
D5761	Reline Lower Partial Denture, Lab	0	0	0	0	0	0	0	0	0	0	0	1	1	0.02%	
D5810	Interim Complete Upper Denture (Max)	0	0	0	0	0	0	0	1	0	0	0	0	1	0.02%	
D5820	Interim Upper Partial Denture (Max)	0	0	0	1	0	0	0	0	0	1	0	0	2	0.04%	
D5821	Interim Lower Partial Denture (Mand)	0	0	0	1	0	0	0	1	0	0	1	0	3	0.06%	
D5999	Unspecified Max. Prosthesis, by Report	0	0	0	2	0	0	0	0	1	0	0	0	3	0.06%	
SUBTOT		11	1	6	7	6	10	2	6	1	7	9	2	68	1.37%	
PROSTHODONTICS (FIXED)																
D6240	Pontic--Porc Fused to High Noble Metal	0	4	0	0	0	2	8	1	1	1	0	2	19	0.38%	
D6241	Pontic--Porc Fused to Predominantly Mtl	0	0	3	0	0	0	0	1	0	1	0	0	5	0.10%	
D6750	Crown--Porcelain Fused to High Noble Mtl	0	8	0	0	0	2	6	2	2	2	0	4	26	0.52%	
D6751	Crown--Porc Fused to Predominantly Metal	0	0	4	0	0	0	0	2	0	0	0	0	6	0.12%	
D6791	Crown--Full Cast Predominantly Base Metl	0	0	0	0	0	0	0	0	0	1	0	0	1	0.02%	
D6972	Prefab. Post & Core & Bridge Retainer	0	1	0	0	0	0	0	0	0	0	0	0	1	0.02%	
SUBTOT		0	13	7	0	0	4	14	6	3	5	0	6	58	1.17%	
ORAL SURGERY																
D7140	Extraction--Erupted Tooth/Exposed Root	3	3	3	6	0	8	12	0	11	14	23	0	83	1.67%	
D7210	Surgical Removal of Erupted Tooth	2	1	5	7	8	7	6	6	2	5	7	3	59	1.19%	
D7230	Removal of Impacted Tooth--Partial Bony	0	1	0	0	0	0	0	0	0	0	0	0	1	0.02%	
D7240	Removal of Impacted Tooth--Full Bony	0	0	0	0	0	5	0	0	0	0	0	0	5	0.10%	

CLIENTS WITH BLOCK CODE: 465 PUBLIC AUTHORITY IN-HOME SUPPORT SERVICE

PROC		09	09	09	09	09	09	09	09	08	08	08	TOT	PROC	% DIST
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
D7250	Surgical Removal of Residual Tooth Root	1	0	0	0	0	0	0	0	0	2	2	0	5	0.10%
D7510	Incision & Drainage of Abscess-Intraoral	0	0	0	0	0	0	1	0	0	0	0	0	1	0.02%
D7953	Bone Replacement Graft for Ridge Preserv	0	1	0	1	0	0	1	0	2	16	0	0	21	0.42%
SUBTOT		6	6	8	14	8	20	20	6	15	37	32	3	175	3.52%
ADJUNCTIVE GENERAL SERVICES															
D9110	Palliative Treatment of Dental Pain	1	5	5	4	4	6	4	2	4	2	2	4	43	0.86%
D9215	Local Anesthesia	0	0	2	0	1	3	0	0	0	1	0	0	7	0.14%
D9230	Analgesia, Anxiolysis, Nitrous Oxide	0	0	0	0	1	0	0	0	0	0	0	0	1	0.02%
D9310	Consultation	4	1	0	2	1	1	1	1	3	1	1	0	16	0.32%
D9430	Office Visit for Observation	4	8	5	3	2	3	7	10	5	7	4	6	64	1.29%
D9630	Other Drugs and/or Medicaments, by Reprt	2	0	5	5	0	0	6	4	0	1	0	2	25	0.50%
D9910	Application of Desensitizing Medicament	1	6	10	12	6	0	2	6	0	17	17	4	81	1.63%
D9940	Occlusal Guard, by Report	2	0	0	0	0	0	0	0	0	1	0	0	3	0.06%
D9999	Unspecified Adjunctive Procedure, by Rpt	0	0	3	0	1	2	2	1	0	0	1	2	12	0.24%
SUBTOT		14	20	30	26	16	15	22	24	12	30	25	18	252	5.07%
GRAND TOTAL		306	414	448	453	492	493	509	396	365	463	361	273	4,973	100.00%

** PROCEDURE D0999 (OFFICE VISIT FEE) NOT INCLUDED IN TOTALS

DATE	DIAGNOSTIC	PREVENTIVE	RESTORATIVE	ENDODONTIC	PERIODONTIC	PROSTHETICS		SURGERY	OTHER	TOTAL
						REMOVABLE	FIXED			
JAN	155	39	47	2	32	11		6	14	306
FEB	239	43	37	3	52	1	13	6	20	414
MAR	234	47	47	3	66	6	7	8	30	448
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	628	129	131	8	150	18	20	20	64	1168
	53.77%	11.04%	11.22%	0.68%	12.84%	1.54%	1.71%	1.71%	5.48%	100.00%
APR	216	43	77	5	65	7		14	26	453
MAY	292	61	57	3	49	6		8	16	492
JUN	287	61	57	6	33	10	4	20	15	493
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	795	165	191	14	147	23	4	42	57	1438
	55.29%	11.47%	13.28%	0.97%	10.22%	1.60%	0.28%	2.92%	3.96%	100.00%
JUL	271	42	76	4	58	2	14	20	22	509
AUG	202	38	64	3	47	6	6	6	24	396
SEP	211	49	37	3	34	1	3	15	12	365
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	684	129	177	10	139	9	23	41	58	1270
	53.86%	10.16%	13.94%	0.79%	10.94%	0.71%	1.81%	3.23%	4.57%	100.00%
OCT	208	42	50	2	82	7	5	37	30	463
NOV	134	35	46	1	79	9		32	25	361
DEC	132	30	42	3	37	2	6	3	18	273
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	474	107	138	6	198	18	11	72	73	1097
	43.21%	9.75%	12.58%	0.55%	18.05%	1.64%	1.00%	6.56%	6.65%	100.00%
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
TOTAL	2581	530	637	38	634	68	58	175	252	4973
	51.90%	10.66%	12.81%	0.76%	12.75%	1.37%	1.17%	3.52%	5.07%	100.00%
Compared to:										
2008	51.83%	17.94%	13.23%	0.84%	8.52%	0.98%	0.94%	1.95%	3.78%	100.00%
Companywide Percentages										

** PROCEDURE D0999 (OFFICE VISIT FEE) NOT INCLUDED IN TOTALS

CLIENTS WITH BLOCK CODE: 465 PUBLIC AUTHORITY IN-HOME SUPPORT SERVICE

PERIOD	EMPLOYEE VISITS	DEPENDENT VISITS	UTILIZATION RATE	PANEL REPORTING	% OF PANEL REPORTING	% OF ALL ENROLLEES
OCT, 08	163	0	7.85%	123	93.18%	91.01%
NOV, 08	137	0	6.70%	122	95.31%	95.02%
DEC, 08	113	0	5.48%	125	96.15%	95.06%
FOURTH QUARTER, 08	413	0	6.68%	370	94.87%	93.65%
JAN, 09	126	0	5.89%	126	96.92%	99.58%
FEB, 09	143	0	6.89%	121	93.79%	95.00%
MAR, 09	154	0	7.28%	125	96.15%	93.95%
FIRST QUARTER, 09	423	0	6.68%	372	95.62%	96.13%
APR, 09	158	0	7.30%	124	94.65%	93.88%
MAY, 09	166	0	7.33%	130	94.89%	99.34%
JUN, 09	176	0	7.78%	130	95.58%	96.50%
SECOND QUARTER, 09	500	0	7.47%	384	95.04%	96.56%
JUL, 09	184	0	8.06%	124	89.85%	95.84%
AUG, 09	156	0	6.91%	129	94.16%	94.86%
SEP, 09	128	0	5.55%	127	94.07%	96.20%
THIRD QUARTER, 09	468	0	6.83%	380	92.68%	95.63%
** TOTAL	1,804	0	6.92%	1,506	94.53%	95.51%
Compared to:						
2008 Companywide Percentages:			7.62%		88.86%	91.64%

EXHIBIT C

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES	MINIMUM LIMITS
A Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D Endorsements and Conditions: <ol style="list-style-type: none"> 1. ADDITIONAL INSURED: All insurance required above with the exception of Personal Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: <u>County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives.</u> 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement with the following exception: Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following termination and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). Pursuant to the provisions of this Agreement, insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods: <ul style="list-style-type: none"> - Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured (covered party), or at minimum named as an "Additional Insured" on the other's policies. - Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured. 7. CANCELLATION OF INSURANCE: All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County of cancellation. 8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The require certificate(s) and endorsements must be sent to: <ul style="list-style-type: none"> - Department/Agency issuing the contract - With a copy to the Contracts Office (2000 San Pablo Ave. 4th floor, Oakland, CA 94612) 	

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/04/2009

PRODUCER
 MARSH RISK & INSURANCE SERVICES
 345 CALIFORNIA STREET, SUITE 1300
 CALIFORNIA LICENSE NO. 0437153
 SAN FRANCISCO, CA 94104

J04700-ALL-GAXP-09 10 Cert

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 DELTA DENTAL OF CALIFORNIA
 100 FIRST STREET
 SAN FRANCISCO, CA 94105

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Zurich Insurance Co.	40142
INSURER B: N/A	N/A
INSURER C: N/A	N/A
INSURER D:	
INSURER E:	

COVERAGES 5

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLA 6549393-00	08/01/09	08/01/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PHY DAMAGE COMP/COLL DED 1,000	GLA6549393900	08/01/09	08/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AUTO ONLY: \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				IWC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 COUNTY OF ALAMEDA, ITS BOARD OF SUPERVISORS, THE INDIVIDUAL MEMBERS THEREOF, AND ALL COUNTY OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE INCLUDED AS ADDITIONAL INSURED'S WITH RESPECT TO NAMED INSURED'S OPERATIONS AND AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER SEA-001218498-20

Alameda County Social Services Agency
 Attn: Contracts Office
 2000 San Pablo Ave., 4TH Floor
 Oakland, CA 94612

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services
 Susan Lind *Susan Lind*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/09

PRODUCER
ISI Southern California
Lic # 0351162
21600 Oxnard Street, 8th Floor
Woodland Hills, CA 91367

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Delta Dental of California, Inc.
100 First Street
San Francisco, CA 94105

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Liberty Mutual Insurance Company	23043
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WA766D004215029	08/01/09	08/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Proof of Coverage.

*Except 10 Days Cancellation Notice for Non-Payment of Premium.

CERTIFICATE HOLDER

Alameda County Social Service Agency
Contracts Office
2000 San Pablo Ave., 4th Floor
Oakland, CA 94612

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lisa Piscitello

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

EXHIBIT D

**COUNTY OF ALAMEDA
DEBARMENT AND SUSPENSION CERTIFICATION**

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principles, and any named or unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space.

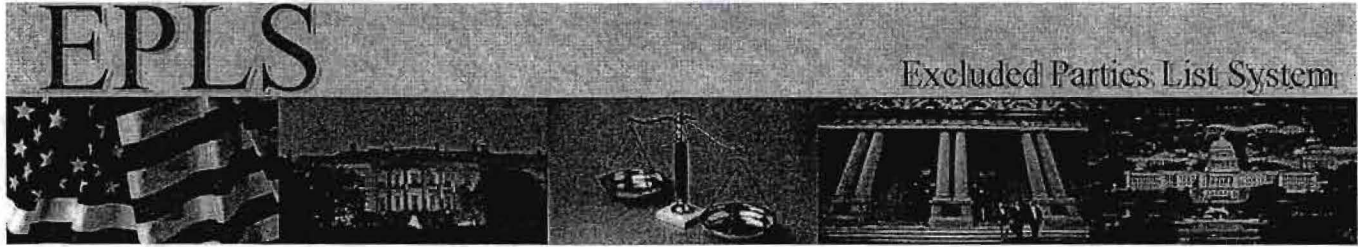
Exceptions will not necessary result in denial of award, but will be considered in determining contractor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Delta Dental of California

PRINCIPAL: Belinda Martinez TITLE: Senior VP Sales + mktg

SIGNATURE: Belinda d'awo DATE: July 14, 2010



Search - Current Exclusions

- > [Advanced Search](#)
- > [Multiple Names](#)
- > [Exact Name and SSN/TIN](#)
- > [MyEPLS](#)
- > [Recent Updates](#)
- > [Browse All Records](#)

View Cause and Treatment Code Descriptions

- > [Reciprocal Codes](#)
- > [Procurement Codes](#)
- > [Nonprocurement Codes](#)

Agency & Acronym Information

- > [Agency Contacts](#)
- > [Agency Descriptions](#)
- > [State/Country Code Descriptions](#)

OFFICIAL GOVERNMENT USE ONLY

- > [Debar Maintenance](#)
- > [Administration](#)
- > [Upload Login](#)

EPLS Search Results

Search Results for Parties Excluded by

Exact Name : Delta Dental
SSN/TIN

As of 14-Jul-2010 10:41 AM EDT
[Save to MyEPLS](#)

Your search returned no results.

[Back](#) [New Search](#) [Printer-Friendly](#)

Resources

- > [Search Help](#)
- > [Public User's Manual](#)
- > [FAQ](#)
- > [Acronyms](#)
- > [Privacy Act Provisions](#)
- > [News](#)

Reports

- > [Advanced Reports](#)
- > [Recent Updates](#)
- > [Dashboard](#)

Archive Search - Past Exclusions

- > [Advanced Archive Search](#)
- > [Multiple Names](#)
- > [Recent Updates](#)
- > [Browse All Records](#)

Contact Information

- > [For Help: Federal Service Desk](#)