

Attachment A1 - Blue Shield Plan Active Employees

BLUE SHIELD EPO Low Option	2016 Monthly Medical Premium*
Employee Only	\$685.25
Employee with 1 Dependent	\$1,267.25
Employee with Two or more dependents	\$1,991.25
BLUE SHIELD EPO High Option	2016 Monthly Medical Premium*
Employee Only	\$794.25
Employee with 1 Dependent	\$1,469.25
Employee with Two or more dependents	\$2,307.25
BLUE SHIELD PPO	2016 Monthly Medical Premium*
Employee Only	\$1,046.25
Employee with 1 Dependent	\$1,933.25
Employee with Two or more dependents	\$3,040.25
BLUE SHIELD HDHP	2016 Monthly Medical Premium*
Employee Only	\$597.25
Employee with 1 Dependent	\$1,069.25
Employee with Two or more dependents	\$1,682.25

* Excluding \$4.69 monthly premium for Employee Assistance Plan and Care Counsel Healthcare Assistance Plan

Attachment A 2 - Early Retiree Plan (with and without Medicare Dependents)

Non-Medicare (NMC) Retiree with Non-Medicare Dependents

BLUE SHIELD EPO Low Option	2016 Monthly Medical Premium*
NMC Retiree only	\$1,319.25
NMC Retiree + NMC dep	\$2,441.25
NMC Retiree + 2 or more NMC depts	\$3,833.25
BLUE SHIELD EPO High Option	2016 Monthly Medical Premium*
NMC Retiree only	\$1,529.25
NMC Retiree + NMC dep	\$2,829.25
NMC Retiree + 2 or more NMC depts	\$4,443.25
BLUE SHIELD PPO	2016 Monthly Medical Premium*
NMC Retiree only	\$1,345.25
NMC Retiree + NMC dep	\$2,486.25
NMC Retiree + 2 or more NMC depts	\$3,910.25
BLUE SHIELD HDHP	2016 Monthly Medical Premium*
NMC Retiree only	\$1,029.25
NMC Retiree + NMC dep	\$1,904.25
NMC Retiree + 2 or more NMC depts	\$2,993.25

Non-Medicare Retiree with Medicare (MC) Dependents

BLUE SHIELD EPO Low Option	2016 Monthly Medical Premium
NMC Retiree + 1 MC dep	\$2,026.25
BLUE SHIELD EPO High Option	2016 Monthly Medical Premium
NMC Retiree + 1 MC dep	\$2,258.25
BLUE SHIELD PPO	2016 Monthly Medical Premium
NMC Retiree + 1 MC dep	\$2,145.25

* Excluding \$4.69 monthly premium for Employee Assistance Plan and Care Counsel Healthcare

Medicare Retiree with Non-Medicare Dependents

BLUE SHIELD EPO Low Option	2016 Monthly Medical Premium*
MC Retiree Only	\$705.25
MC Retiree + 1 NMC dep	\$1,827.25
MC Retiree + 2 NMC deps	\$3,219.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,534.25
BLUE SHIELD EPO High Option	2016 Monthly Medical Premium*
MC Retiree Only	\$728.25
MC Retiree + 1 NMC dep	\$2,028.25
MC Retiree + 2 NMC deps	\$3,642.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,757.25
BLUE SHIELD PPO	2016 Monthly Medical Premium*
MC Retiree Only	\$802.25
MC Retiree + 1 NMC dep	\$1,943.25
MC Retiree + 2 NMC deps	\$3,367.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,743.25
BLUE SHIELD HDHP	2016 Monthly Medical Premium*
MC Retiree Only	\$812.25
MC Retiree + 1 NMC dep	\$1,687.25
MC Retiree + 2 NMC deps	\$2,776.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,497.25

Medicare Retiree with Medicare Dependents

BLUE SHIELD EPO Low Option	2016 Monthly Medical Premium*
MC Retiree + 1 MC dep	\$1,412.25
MC Retiree + 2 MC deps	\$2,117.25
BLUE SHIELD EPO High Option	2016 Monthly Medical Premium*
MC Retiree + 1 MC dep	\$1,457.25
MC Retiree + 2 MC deps	\$2,184.25
BLUE SHIELD PPO	2016 Monthly Medical Premium*
MC Retiree + 1 MC dep	\$1,602.25
MC Retiree + 2 MC deps	\$2,403.25
BLUE SHIELD HDHP	2016 Monthly Medical Premium*
MC Retiree + 1 MC dep	\$1,622.25
MC Retiree + 2 MC deps	\$2,434.25

* Excluding \$4.69 monthly premium for Employee Assistance Plan and Care Counsel Healthcare Assistance Plan

Medicare Retiree with Non-Medicare Dependents (with EGWP PDP)

BLUE SHIELD EPO Low Option + EGWP PDP	2016 Monthly Medical Premium
MC Retiree Only	\$634.25
MC Retiree + 1 NMC dep	\$1,756.25
NMC Retiree + 1 MC dep	\$1,756.25
MC Retiree + 2 NMC deps	\$3,148.25
NMC Retiree + 1 MC dep + 1 NMC dep*	\$3,148.25
MC Retiree + 1 MC dep + 1 NMC dep*	\$2,390.25
BLUE SHIELD EPO High Option + EGWP PDP	2016 Monthly Medical Premium
MC Retiree Only	\$657.25
MC Retiree + 1 NMC dep	\$1,957.25
NMC Retiree + 1 MC dep	\$1,957.25
MC Retiree + 2 NMC deps	\$3,571.25
NMC Retiree + 1 MC dep + 1 NMC dep*	\$3,571.25
MC Retiree + 1 MC dep + 1 NMC dep*	\$2,614.25
BLUE SHIELD PPO + EGWP PDP	2016 Monthly Medical Premium
MC Retiree Only	\$732.25
MC Retiree + 1 NMC dep	\$1,873.25
NMC Retiree + 1 MC dep	\$1,873.25
MC Retiree + 2 NMC deps	\$3,297.25
NMC Retiree + 1 MC dep + 1 NMC dep*	\$3,297.25
MC Retiree + 1 MC dep + 1 NMC dep*	\$2,605.25

Medicare Retiree with Medicare Dependents (with EGWP PDP)

BLUE SHIELD EPO Low Option	2016 Monthly Medical Premium
MC Retiree + 1 MC dep*	\$1,267.25
MC Retiree + 2 MC deps*	\$1,901.25
BLUE SHIELD EPO High Option	2016 Monthly Medical Premium
MC Retiree + 1 MC dep*	\$1,313.25
MC Retiree + 2 MC deps*	\$1,970.25
BLUE SHIELD PPO	2016 Monthly Medical Premium
MC Retiree + 1 MC dep*	\$1,463.25
MC Retiree + 2 MC deps*	\$2,195.25

*Rates assume that Medicare dependent will enroll in EGWP

Rates include \$0.25 for BCC

* Excluding \$4.69 monthly premium for Employee Assistance Plan and Care Counsel Healthcare Assistance Plan

Attachment B1 - Kaiser HMO Premium Rates Active and Early Retirees

Active Employee Monthly Premium Rates

KAISER HMO LOW	2016 Monthly Premium
Employee Only	\$502.74
Employee with 1 Dependent	\$954.97
Employee with Two or more dependents	\$1,457.46
KAISER HMO HIGH	2016 Monthly Premium
Employee Only	\$521.55
Employee with 1 Dependent	\$990.73
Employee with Two or more dependents	\$1,512.03

Early Retiree Monthly Premium Rates

Non-Medicare (NMC) Retiree with Non-Medicare Dependents

KAISER HMO LOW	2016 Monthly Premium
NMC Retiree only	\$729.86
NMC Retiree + NMC dep	\$1,386.50
NMC Retiree + 2 or more NMC deps	\$2,116.11
KAISER HMO HIGH	2016 Monthly Premium
NMC Retiree only	\$759.80
NMC Retiree + NMC dep	\$1,443.40
NMC Retiree + 2 or more NMC deps	\$2,202.95

Non-Medicare Retiree with Medicare (MC) Dependents

KAISER HMO LOW	2016 Monthly Premium
NMC Retiree only	\$729.86
NMC Retiree + MC dep	\$888.00
NMC Retiree + 2 MC deps	\$1,046.14
NMC Retiree + 1 MC dep + 1 NMC dep	\$1,617.61
KAISER HMO HIGH	2016 Monthly Premium
NMC Retiree only	\$759.80
NMC Retiree + MC dep	\$940.43
NMC Retiree + 2 MC deps	\$1,121.06
NMC Retiree + 1 MC dep + 1 NMC dep	\$1,699.98

**Post 65 Monthly Premium Rates
Medicare Retiree with Non-Medicare Dependents**

KAISER SENIOR ADVANTAGE HMO Low	2016 Monthly Premium
MC Retiree Only	\$158.39
MC Retiree + 1 NMC dep	\$815.03
MC Retiree + 2 NMC deps	\$1,544.64
MC Retiree + 1 MC dep + 1 NMC dep	\$1,046.14
KAISER SENIOR ADVANTAGE HMO High	2015 Monthly Premium
MC Retiree Only	\$180.88
MC Retiree + 1 NMC dep	\$864.48
MC Retiree + 2 NMC deps	\$1,624.03
MC Retiree + 1 MC dep + 1 NMC dep	\$1,121.06

Medicare Retiree with Medicare Dependents

KAISER SENIOR ADVANTAGE HMO Low	2016 Monthly Premium
MC Retiree + 1 MC dep	\$316.53
MC Retiree + 2 MC deps	\$474.67
KAISER SENIOR ADVANTAGE HMO High	2016 Monthly Premium
MC Retiree + 1 MC dep	\$361.51
MC Retiree + 2 MC deps	\$542.14

Kaiser Unassigned 65+ Retiree Rates - Single

KAISER UNASSIGNED HMO Low	2016 Monthly Premium
Neither A nor B	\$1,162.82
A and B	\$849.81
A Only	\$849.81
B Only	\$1,162.82
Under 65 NKR	\$1,162.82
65 Plus NKR	\$1,162.82
KAISER UNASSIGNED HMO High	2016 Monthly Premium
Neither A nor B	\$1,191.51
A and B	\$878.50
A Only	\$878.50
B Only	\$1,191.51
Under 65 NKR	\$1,191.51
65 Plus NKR	\$1,191.51

* Excluding \$4.69 monthly premium for Employee Assistance Plan and Care Counsel Healthcare Assistance Plan



David E. Turner, FSA

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August 27, 2015

Mr. Andreas Pyper
Santa Barbara County
1226 Anacapa St.
Santa Barbara, CA 93101

RE: Actuarial Report - Dental IBNR and Claim Fluctuation Margin

Dear Andreas:

This letter will recommend appropriate levels of reserves for the Santa Barbara County self-funded dental program for both Incurred But Not Reported (IBNR) and claims fluctuation margin based on actuarial analysis.

Background

The County participates in a self-funded EIA-sponsored pool, with the County's claims, rates, and reserves established independently from the pool.

Analysis of Reserves for IBNR Claims

Reserves for IBNR claims reflect the liability for claims incurred but not yet paid due to normal billing, submission, and processing delays. In the event of self-funded plan termination, this IBNR liability would be funded by the plan and would be covered by funds set aside during pre-termination operations. Normally, this reserve is less than 1 month of average actual dental claims and administrative expenses, depending on the TPA's processing patterns. Estimated reserves for IBNR claims for the Santa Barbara County Dental Program are as follows:

	IBNR	% of Paid Claims
As of 5/31/14	\$171,428	7.0%

Our analysis uses completion factor methodology. This approach applies completion factors (the estimated percentage of claims incurred and paid after 1 month, 2 months, 3 months, etc.), developed over the most recent 6 months of data, to claim lag data to calculate estimated incurred claims for each month during the prior year. This is a standard actuarial methodology that is well known throughout the health and welfare industry.

Claim Fluctuation Margin

Claim fluctuation margin is an optional but highly recommended reserve that enables self-funded plans to manage unfavorable claim years through the use of funds set aside for random claim fluctuation. The amount of this reserve is usually defined by a confidence level such as 70%, 80%, 90%, etc. that quantifies the probability that claims will not exceed premium plus the specified margin in any given year. Most groups strive to fund this reserve to a 95% confidence level within 3-5 years following the commencement of operations.

The methodology used for this analysis is normally the simulation of multiple years of random claim experience. The approach defines the estimated claim level that will produce the confidence levels described above. When a group is large enough to be fully credible, its historic claim volatility is a more reasonable predictor of its future results. This is especially important if the actual volatility is higher than the simulated results.

Claim Fluctuation Margin recommendations are as follows:

Self-Funded Dental	Confidence Level				
	70%	80%	90%	95%	Other
Margin (% of claims)	6.0%	9.0%	12.0%	15.0%	20.0%
Based on \$2.45M Claims	\$147,152	\$220,728	\$294,304	\$367,880	\$490,507

The above chart shows confidence levels from 70%-95%. It also shows a slightly higher funding option that would help the plan to remain fully funded in the event of headcount growth, consecutive years of unfavorable claims, etc.

Program Financials

The following table shows the funding status for the various different options:

Self-Funded Dental	Confidence Level				
	70%	80%	90%	95%	EIA CFM%
Total Assets 7/31/15	\$1,447,169				
IBNR	\$171,428				
CFM	\$147,152	\$220,728	\$294,304	\$367,880	\$490,507
Total IBNR/CFM	\$318,580	\$392,156	\$465,733	\$539,309	\$661,935
Surplus/Deficit	\$1,128,589	\$1,055,013	\$981,436	\$907,860	\$785,234

The County maintains cash and investments sufficient to fund both IBNR and Margin. A surplus position provides the maximum flexibility in rates setting, reserving, etc.

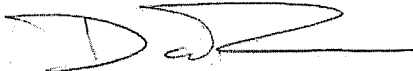
Recommendations

Our recommendations are to:

- Establish and fund IBNR reserves as shown above
- Establish a fund a 95%+ Confidence Level Claim Fluctuation Margin Reserve as shown above.

We look forward to discussing this information with you.

Sincerely,



David E. Turner, FSA
 Manager
 TURNER CONSULTING AND ACTUARIAL, LLC

COUNTY OF SANTA BARBARA

EIA Self-Funded Projected PPO Dental

Effective: January 1, 2016

EIA Self-Funded Administration¹

7.2% of claims + \$0.35 PEPM

MONTHLY RATES - Actives	EE'S	EIA Delta Dental Current	EIA Delta Dental Renewal	Difference in Rates	EIA Delta Dental Renewal ²
Employee Only	1,478	\$39.02	\$45.68	\$6.66	\$39.02
Employee + 1	358	\$74.97	\$87.76	\$12.79	\$74.97
Family	413	\$115.40	\$135.09	\$19.69	\$115.40
Annual Percent Change	2,249		17.06%		0.00%

MONTHLY RATES - Early Retirees	EE'S	EIA Delta Dental Current	EIA Delta Dental Renewal	Difference in Rates	EIA Delta Dental Renewal
Employee Only	108	\$46.52	\$54.46	\$7.94	\$46.52
Employee + 1	40	\$93.05	\$108.92	\$15.87	\$93.05
Family	2	\$139.57	\$163.38	\$23.81	\$139.57
Annual Percent Change	150		17.06%		0.00%

MONTHLY RATES - Post 65 Retirees	EE'S	EIA Delta Dental Current	EIA Delta Dental Renewal	Difference in Rates	EIA Delta Dental Renewal
Employee Only	640	\$46.52	\$54.46	\$7.94	\$46.52
Employee + 1	202	\$93.05	\$108.92	\$15.87	\$93.05
Family	1	\$139.57	\$163.38	\$23.81	\$139.57
Annual Percent Change	843	0.0%	17.06%		0.00%

Total Annual Premium		\$2,278,857		\$2,667,631		\$2,278,857
Annual Percent Change				17.06%		0.00%

¹EIA Self-Funded Administration effective 1/1/2016 through 12/31/2016

² Using County of Santa Barbara's dental reserves

**Santa Barbara County
SELF FUNDED DENTAL PPO UNDERWRITING ANALYSIS**

Proposed Effective Date	January 1, 2016	RENEWAL PROJECTION*			
Proposed Contract Duration (Months)	12				
Most Recent Month of Data	March 2015				
Period				Period 1	Period 2
Beginning Date (Historical Data)				Jan 1, 2014	Apr 1, 2014
End Date (Historical Data)				Apr 1, 2014	Apr 1, 2015
Months of Data				3	12
Current Premium / Funding Rate PEPM¹				\$58.70	
Paid Claims²				\$535,029	\$2,446,566
Beginning IBNR Reserve				(\$260,990)	(\$267,515)
Ending IBNR Reserve		\$267,515	\$305,821		
Incurred Claims		\$541,554	\$2,484,872		
Historical Benefit Design Adjustment Factor		1.000	1.000		
Adjusted Incurred Claims		\$541,554	\$2,484,872		
Annual Subscriber Lives		9,981	40,248		
Adjusted Incurred Claims PEPM		\$54.26	\$61.74		
Annual Trend		2.5%	2.5%		
Applied Trend Factor		1.060	1.044		
Trended Claims PEPM		\$57.54	\$64.47		
Network Change Adjustment Factor		1.000	1.000		
Projected Claims PEPM		\$57.54	\$64.47		
Period Blending Weight		10.0%	90.0%		
Blended Projected Claims		\$63.77			
Margin Adjustment⁵	0.00%	\$0.00			
Fixed Costs		\$4.94			
EIA Delta Dental Admin Fee	7.20%	\$4.59			
PBIA Fee	\$0.35	\$0.35			
Program Management Fee / Broker Fee		\$0.00			
Total Fixed Costs		\$4.94			
Net Required Funding PEPM		\$68.71			
Required Funding Change Percentage		17.06%			
Using County of Santa Barbara's Dental Reserves		0.00%			

¹Current composite funding rate is based on current period funding rates

²Paid claims are for the time period indicated at the top of each column

³Most recent enrollment as of month indicated

⁴Factor provided by Delta Dental Underwriting

⁵Margin may be recommended in order to provide a higher likelihood that suggested funding rates are sufficient if actual claims do not adhere to projections

* Projections above are estimates and do not represent guarantees

County Self-funded Dental PPO - Delta Dental

ACTIVE EMPLOYEES	2016 Monthly Premium
Employee Only	\$39.02
Employee with 1 Dependent	\$74.97
Employee with Two or more dependents	\$115.40
EARLY RETIREES	2016 Monthly Premium
Retiree Only	\$46.52
Retiree + 1 dep	\$93.05
Retiree + 2 dep	\$139.57
POST - 65 RETIREES	2016 Monthly Premium
Retiree Only	\$46.52
Retiree + 1 dep	\$93.05
Retiree + 2 dep	\$139.57

Delta Dental DeltaCare USA DHMO

ACTIVE EMPLOYEES	2016 Monthly Premium
Employee Only	\$34.43
Employee with 1 Dependent	\$56.59
Employee with Two or more dependents	\$85.92
EARLY RETIREES	2016 Monthly Premium
Retiree Only	\$34.43
Retiree + 1 dep	\$56.59
Retiree + 2 dep	\$85.92
POST - 65 RETIREES	2016 Monthly Premium
Retiree Only	\$34.43
Retiree + 1 dep	\$56.59
Retiree + 2 dep	\$85.92

Vision Service Plan (VSP)

ACTIVE EMPLOYEES	2016 Monthly Premium
Employee Only	\$6.15
Employee with 1 Dependent	\$8.85
Employee with Two or more dependents	\$15.88
EARLY RETIREES	2016 Monthly Premium
Retiree Only	\$6.15
Retiree + 1 dep	\$8.85
Retiree + 2 dep	\$15.88
POST - 65 RETIREES	2016 Monthly Premium
Retiree Only	\$6.15
Retiree + 1 dep	\$8.85
Retiree + 2 dep	\$15.88

Attachment G - CareCounsel Healthcare Assistance Plan

Care Counsel	2016 Monthly Premium
Active employees enrolled in a health plan	\$1.95
Retirees enrolled in a health plan	\$3.25

Attachment H - United Healthcare (UHC) Medicare Risk Plan

Medicare (MC) Retiree with Non-Medicare Dependents

UHC Medicare Risk Plan HMO Low Option	2016 Monthly Medical Premium
MC Retiree only	\$315.45
UHC Medicare Risk Plan HMO High Option	2016 Monthly Medical Premium
MC Retiree only	\$524.02

Medicare (MC) Retiree with Medicare Dependents

UHC Medicare Risk Plan HMO Low Option	2016 Monthly Medical Premium
MC Retiree + 1 MC dep	\$630.90
MC Retiree + 2 MC deps	\$946.35
UHC Medicare Risk Plan HMO High Option	2016 Monthly Medical Premium
MC Retiree + 1 MC dep	\$1,048.04
MC Retiree + 2 MC deps	\$1,572.06

Human Resources

Ibarra, Tracy
MacLeod, Bob
Muth, Jeri
Pisano, Joe
Pyper, Andreas
Segura, Marcie

SBCERS

Levin, Greg
LaVoie, Renee
Richard, Brian

Auditor Controller

Byrne, Betsy
Fallati, Theo
Hagen, Julie

CEO Office

Alvarez, Tom
Christiansson, Jette

Deputy Sheriffs' Assn.

Brookshire, David
Corbett, Chris

District Attorneys' Assn.

Carter, Lee

Engineers & Technicians Assn

Bongiovi, Henry
Brummond, David
Buyan, Brett

Fire Fighters, Local 2046

Estabrook, Adam
Gilliam, Tylor
Orr, Jason
Park, Alex
Szczepanek, Sam

Probation Peace Officers Assn.

Alcantar, Sonia
Presley, Tara
Torres, Ed

Retired Employees' Assn.

Cholmondeley, Zandra
Mohr, Greg

SEIU, Local 620

Corsaw, Bruce
Neal, Crystal
Scheck, Darryl

SEIU, Local 721

Arce, Victoria
Calderon, Francisca
Fuentes, Ruben Lozano
Kahraman, Joe
Montaño, Lupe
Ozeta, Eddie
Wilson, Elizabeth

Sheriffs' Manager Assn.

Arnoldi, Ugo

UAPD

Kofler, M.D., Mark

CAA

Ready, Kevin

Alliant Insurance Svcs.

Meneray, Mike
Hauk, Kim

ORDINANCE NO. _____
AN ORDINANCE AMENDING ORDINANCE 4905 AND ADJUSTING THE COUNTY
CONTRIBUTION RATE FOR HEALTH INSURANCE FOR MEMBERS OF THE
SANTA BARBARA COUNTY BOARD OF SUPERVISORS

WHEREAS, Ordinance No. 4905 adopted December 2, 2014, and subsequently amended, sets the salary and benefits of the members of the Board of Supervisors; and

WHEREAS, the Board of Supervisors desires to adjust the County contribution to health insurance rates to an amount comparable to that received by all other County employees; and

WHEREAS, that contribution rate will increase from \$303.47 twice monthly to \$344.98 twice monthly effective the first pay period of calendar year 2016; and

WHEREAS, the Board of Supervisors is authorized by the California Constitution Article XI § 1(b) to set compensation of its members, subject to referendum:

THAT THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA BARBARA ORDAINS AS FOLLOWS:

SECTION 1.

The biweekly salary for the overtime exempt position of Supervisor, Elective of the Santa Barbara County Board of Supervisors, Class #7260 (Supervisor), will be increased 1.4% from \$3,238.48 to 3,283.82 biweekly effective August 17, 2015. Thereafter, the biweekly salary will automatically increase annually in an amount equal to each October CPI-U for the Los Angeles-Riverside-Orange County area, to be effective pay period 16 (approximately July) of the subsequent budget year. This annual adjustment amount shall be not less than zero percent (0%) and not more than three percent (3%).

Supervisors shall also receive the following benefits which are presently the same amounts received by elected department heads: benefit allowance of \$278.24 biweekly; County contribution to health insurance of up to \$344.98 twice monthly; County contribution to dental insurance of \$13.03 twice monthly; auto allowance of \$225.00 biweekly; County paid term life insurance in the amount of \$50,000; County paid long-term Disability Insurance; Retiree Medical Benefits, restricted to those who were County employees before June 25, 2012 and eliminated for those hired on or after that date; and membership in the Santa Barbara County Employees' Retirement System in the applicable Plan based on date of hire.

The biweekly salary for the Chair of the Board of Supervisors will be increased 1.4% from \$3,303.24 to \$3,349.50 biweekly effective August 17, 2015, being compensation for Supervisor plus approximately \$1,707.60 additional annual compensation in light of the additional duties of the Chair of the Board. Thereafter, the biweekly salary for the Chair of the Board of Supervisors will automatically increase annually in an amount equal to each October CPI-U for the Los Angeles-Riverside-Orange County area to be effective pay period 16 (approximately July) of the subsequent budget year. This annual adjustment amount shall be not less than zero percent (0%) and not more than three percent (3%).

SECTION 2.

Pursuant to Government Code § 25123.5, this Ordinance shall take effect and be in force sixty (60) days from the date of its passage; and before the expiration of fifteen (15) days after its passage it, or a summary of it, shall be published once, with the names of the members of the Board of Supervisors voting for and against the same in

the Santa Barbara News Press, a newspaper of general circulation published in the County of Santa Barbara.

PASSED, APPROVED, AND ADOPTED by the Board of Supervisors of the County of Santa Barbara, State of California, this _____ day of _____, 2015, by the following vote:

AYES: :

NOES:

ABSENT:

ABSTAIN:

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

ACCEPTED AND AGREED:
COUNTY OF SANTA BARBARA

By: _____
Deputy

By: _____
JANET WOLF
Chair, Board of Supervisors

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: Victoria Parks Tuttle
Deputy

By: _____ (SEAL)
Deputy Clerk