



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: CEO/Human
Resources
Department No.: 064
For Agenda Of: December 8, 2009
Placement: Administrative
Estimated Tme: n/a
Continued Item: n/a
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Susan Paul, Assistant CEO/HR Director, 568-2817
Director(s)
Contact Info: Andreas Pyper, CEO/HR, 568-2821

SUBJECT: Correction to 2010 Medical Insurance Program Renewal

County Counsel Concurrence

As to form: Select _ Concurrence

Auditor-Controller Concurrence

As to form: Select _ Concurrence

Other Concurrence: Select_Other

As to form: Select _ Concurrence

Recommended Actions: That the Board approve a correction to Item A-10, Attachment A-4 from the Board of Supervisors November 10, 2009 agenda regarding recommendations for the 2010 medical and dental insurance program.

Summary Text:

Item A-10 on the Board of Supervisors November 10, 2009 agenda concerned recommendations for the County's 2010 medical and dental insurance program renewal. Attachment A-4 of that Item references the cost of medical plan premium rates for Retirees over age 65. An error was discovered in the rates listed for the Low Option Exclusive Provider Organization (EPO). The recommendation corrects the record.

Background:

On November 10, 2009 the Board of Supervisors approved the selection of Blue Shield of California as the County's primary health insurance carrier. Attachment A-4 of the Board letter concerning this item listed Blue Shield's premium rates for Post-65 Retirees for the Low Option EPO coverage. An error in the cost of coverage at three levels was discovered on the attachment after the Board had acted. The following table shows the rates listed in the attachment and provides the correct rates. The corrections to the record appear in bold.

BLUE SHIELD RETIREE MONTHLY PREMIUM RATES		
LOW OPTION EPO POST- 65 RETIREES		
Effective January 1, 2010 through December 31, 2010		
Medical Plans	Monthly rate listed in 11/10/09 Item A-10, Attachment A-4	Correct rate for this medical plan
Retiree w/ MC	\$421.00	\$421.00
Retiree w/o MC	\$787.09	\$787.09
Retiree + 1 Dep, both w/ MC	\$842.00	\$842.00
Retiree + 1 Dep, both w/o MC	\$1,456.12	\$1,456.12
Retiree w/o MC + 1 Dep, w/ MC	\$787.09	\$1,208.09
Retiree w/ MC + 1 Dep, w/o MC	\$669.03	\$1,090.03
Retiree + 2 Deps, all w/o MC	\$2,286.42	\$2,286.42
Retiree w/ MC + 2 Deps w/o MC	\$1,499.33	\$1,920.33

The correct rates were used to determine and analyze the actual costs of choosing Blue Shield as the primary health insurance carrier and were included in all direct correspondence to retirees, but in preparing the attachment to the Board letter, an earlier incorrect attachment was included in error. In approving the correction, the Board is formally adopting the actual rates that the County and Blue Shield agreed upon for this plan at these levels of coverage.

Fiscal and Facilities Impacts:

There are no fiscal or facilities impacts.

Fiscal Analysis:

Staffing Impacts:

Legal Positions: **FTEs:**

Special Instructions:

Attachments:

Authored by:

Joseph Pisano, Employee Relations Manager

cc: