

**2006-07 SANTA BARBARA COUNTY HEALTH INSURANCE PREMIUMS**  
**ACTIVE EMPLOYEES, Effective July 1, 2006**

Medical Plans	2005-06 Monthly Cost	2006-07 Proposed Monthly Cost	Monthly Increase
<b>BLUE SHIELD HMO Low Option</b> \$10 OV, \$250, 20% Hospital Co-pay, Group # H53907			
Employee Only	221.51	272.72	51.21
Employee + 1 Dependent	412.18	507.47	95.29
Employee + 2 or More Dependents	642.41	790.93	148.52
<b>BLUE SHIELD HMO Mid Option (new High Option)</b> \$10 OV, \$10 Hospital Co-pay Group # H53905			
Employee Only	345.42	401.12	55.70
Employee + 1 Dependent	642.16	744.94	102.78
Employee + 2 or More Dependents	1,002.09	1,165.75	163.66
<b>BLUE SHIELD POS Option</b> Group # ZH5743			
Employee Only	590.06	584.76	(5.30)
Employee + 1 Dependent	1,097.13	1,086.51	(10.62)
Employee + 2 or More Dependents	1,711.53	1,698.24	(13.29)
<b>BLUE SHIELD PPO Option</b> Group # 977737			
Employee Only	263.15	291.10	27.95
Employee + 1 Dependent	489.35	541.32	51.97
Employee + 2 or More Dependents	762.58	843.58	81.00
<b>BLUE SHIELD High Deductible PPO Option</b>			
Employee Only	n/a	220.19	n/a
Employee + 1 Dependent	n/a	409.45	n/a
Employee + 2 or More Dependents	n/a	638.08	n/a
<b>MHN Employee Assistance Program, Group #5986</b> Per Covered Employee	2.93	2.99	0.06
<b>Healthcare Assistance Plan (CareCounsel)</b> Per Covered Employee	1.50	1.62	0.12
<b>Dental Plans</b>	<b>2004-05 Monthly Cost</b>	<b>2005-06 Proposed Monthly Cost</b>	<b>Monthly Increase</b>
<b>COUNTY DENTAL PLAN, GROUP # NP 8059</b>			
Employee Only	42.63	39.01	(3.62)
Employee + 1 Dependent	81.91	74.95	(6.96)
Employee + 2 or More Dependents	126.10	115.38	(10.72)
<b>GOLDEN WEST DENTAL HMO, GROUP # 561901</b>			
Employee Only	25.40	28.45	3.05
Employee + 1 Dependent	41.75	46.76	5.01
Employee + 2 or More Dependents	63.38	70.99	7.61

**2006-07 HEALTH INSURANCE PREMIUMS  
ACTIVE EMPLOYEES, effective July 1, 2006**

Biweekly premiums include \$2.13 for Employee Assistance and Healthcare Assistance Plans

<b>BLUE SHIELD HMO Low Option, Group # H53907 \$10 OV, \$250/20% Hospital Co-pay</b>	<b>Biweekly Premium</b>	<b>County Contribution</b>	<b>Net Employee Pre-Tax Deduction</b>
Employee Only	128.00	(128.00)	0.00
with 1 Dependent	236.35	(128.00)	108.35
Two + Dependents	367.17	(128.00)	239.17

<b>BLUE SHIELD HMO Mid Option, Group #H53905 \$10 OV, \$10 Hospital Co-pay</b>	<b>Biweekly Premium</b>	<b>County Contribution</b>	<b>Net Employee Pre-Tax Deduction</b>
Employee Only	187.26	(128.00)	59.26
with 1 Dependent	345.95	(128.00)	217.95
Two + Dependents	540.17	(128.00)	412.17

<b>BLUE SHIELD POS Option, Group # ZH5743</b>	<b>Biweekly Premium</b>	<b>County Contribution</b>	<b>Net Employee Pre-Tax Deduction</b>
Employee Only	272.02	(128.00)	144.02
with 1 Dependent	503.60	(128.00)	375.60
Two + Dependents	785.93	(128.00)	657.93

<b>BLUE SHIELD PPO Option, Group # 977737</b>	<b>Biweekly Premium</b>	<b>County Contribution</b>	<b>Net Employee Pre-Tax Deduction</b>
Employee Only	136.48	(128.00)	8.48
with 1 Dependent	251.97	(128.00)	123.97
Two + Dependents	391.47	(128.00)	263.47

<b>BLUE SHIELD High Deductible PPO Option, Group # 977737</b>	<b>Biweekly Premium</b>	<b>County Contribution</b>	<b>Net Employee Pre-Tax Deduction</b>
Employee Only	103.76	(103.76)	0.00
with 1 Dependent	191.11	(103.76)	87.35
Two + Dependents	296.63	(103.76)	192.87

**DENTAL INSURANCE PREMIUMS**

County Contribution may vary by bargaining unit

<b>COUNTY DENTAL PLAN, GROUP # NP 8059</b>	<b>Biweekly Premium</b>	<b>County Cost</b>	<b>Net Employee Premium</b>
Employee Only	18.01	(12.02)	5.99
with 1 Dependent	34.60	(12.02)	22.58
Two + Dependents	53.26	(12.02)	41.24

<b>GOLDEN WEST DENTAL HMO, GROUP # 561901</b>	<b>Biweekly Premium</b>	<b>County Contribution</b>	<b>Net Employee Pre-Tax Deduction</b>
Employee Only	13.14	(12.02)	1.12
with 1 Dependent	21.59	(12.02)	9.57
Two + Dependents	32.77	(12.02)	20.75

**2006-07 SANTA BARBARA COUNTY MONTHLY HEALTH INSURANCE PREMIUMS  
RETIREES, Effective July 1, 2006**

Medical Plans	2005-06 Monthly Cost	2006-07 Proposed Monthly Cost	Monthly Increase
<b>BLUE SHIELD HMO Low Option, Group # H53907</b> \$10 OV, \$250/20% Hospital Co-pay			
Early Retiree, Single	235.20	327.26	92.06
Early Retiree, 2-Party	437.67	608.96	171.29
Early Retiree, Family	682.13	949.11	266.98
Medicare Retiree, Single	183.01	260.91	77.90
Medicare Retiree, 2-Party	336.96	485.36	148.40
<b>BLUE SHIELD HMO Mid Option, Group # H53905</b> (new High Option) \$10 OV, \$10 Hospital Co-pay			
Early Retiree, Single	377.66	481.35	103.69
Early Retiree, 2-Party	702.03	893.84	191.81
Early Retiree, Family	1,095.83	1,398.04	302.21
Medicare Retiree, Single	n/a	391.27	n/a
Medicare Retiree, 2-Party	n/a	714.78	n/a
<b>BLUE SHIELD Point-of-Service Plan, Group # ZH5743</b>			
Early Retiree, Single	590.06	701.72	111.66
Early Retiree, 2-Party	1,097.13	1,303.81	206.68
Early Retiree, Family	1,711.53	2,037.88	326.35
Medicare Retiree, Single	551.06	576.72	25.66
Medicare Retiree, 2-Party	1,024.61	1,071.55	46.94
<b>BLUE SHIELD Out-of-Area PPO Option, Group #977736</b>			
Early Retiree, Single	814.75	1,106.01	291.26
Early Retiree, 2-Party	1,580.44	2,145.42	564.98
Early Retiree, Family	2,291.78	3,111.05	819.27
Medicare Retiree, Single	387.51	445.78	58.27
Medicare Retiree, 2-Party	775.02	891.58	116.56
<b>BLUE SHIELD In-State PPO Option, Group #977737</b>			
Early Retiree, Single	263.15	349.32	86.17
Early Retiree, 2-Party	489.35	649.58	160.23
Early Retiree, Family	762.58	1,012.29	249.71
Medicare Retiree, Single	245.78	282.75	36.97
Medicare Retiree, 2-Party	457.05	525.79	68.74
<b>BLUE SHIELD HIGH DEDUCTIBLE PPO</b>			
Early Retiree, Single	n/a	264.22	n/a
Early Retiree, 2-Party	n/a	491.34	n/a
Early Retiree, Family	n/a	765.70	n/a

Dental Plans	2005-06 Monthly Cost	2006-07 Proposed Monthly Cost	Monthly Increase
<b>COUNTY DENTAL PLAN, GROUP # NP 8059</b>			
Employee Only	46.74	46.52	(0.22)
Employee + 1 Dependent	93.48	93.05	(0.43)
Employee + 2 or More Dependents	140.22	139.57	(0.65)
<b>GOLDEN WEST DENTAL HMO, GROUP # 561901</b>			
Employee Only	25.40	28.45	3.05
Employee + 1 Dependent	41.75	46.76	5.01
Employee + 2 or More Dependents	63.38	70.99	7.61



Blue Shield  
of California

An Independent Member  
of the Blue Shield Association

May 2, 2006

Mr. Scott Turnbull  
County of Santa Barbara  
105 E. Anapamu Street, Suite 102  
Santa Barbara, CA 93101

RE: County of Santa Barbara  
- Final Renewal for July 1, 2006

Dear Scott:

This letter is to confirm the County of Santa Barbara (County) renewal acceptance for July 1, 2006 to June 30, 2007. We understand the County's needs to deliver the most efficient, highest quality plans for its employees, and we are committed to partnering with the County.

**Final Renewal**

As proposed, effective on July 1, 2006, the County will offer the following plan design for the County employees:

- \$10 HMO
- \$10/\$250/80% HMO (new plan)
- PPO
- POS
- \$1,500 High Deductible Health Plan (new plan)

The two new plans include a low HMO option (pending approval by the Department of Managed Health Care) and a high deductible PPO. Also, we have included in the renewal the waiver of this year's deferred premium (\$185,970) and a performance guarantee payout (\$60,000). Blue Shield also agrees to provide the County with our Health Lifestyle Rewards program for the period of July 1, 2006-December 31, 2006. All costs associated with this program, inclusive of administration, communications and cash rewards for participants will be borne by Blue Shield.

We are committed to maintaining the proposed HMO rate relationships for the future renewals. The proposed single rate relativity between the high and low HMO plans is \$128.40 per month (the difference between \$401.12 and \$272.72).

We will eliminate the current high HMO plan and vision rider for the renewal period. For the July 1, 2007 renewal, we will carry forward \$185,970 – the last half of deferred premium amount from the July 2005 renewal, unless the County chooses to renew with Blue Shield of California for the July 1, 2007 – June 30, 2008 period.

Scott, it has been a pleasure working with you and I appreciate your continued support as we develop solutions to meet the County's needs. Please do not hesitate to contact me directly if you have question at (310) 568 - 2851.

Sincerely,

Mike Ahn  
Manager, Labor and Trust, Public Sector Underwriting  
Blue Shield of California

cc: Janet Widmann, Blue Shield of California  
Ed Lui, Blue Shield of California  
Michelle Rury, Blue Shield of California

# Attachment B

County of Santa Barbara

Proposed LO HMO Plan

Billing Units Description

CBA Cobra

PROPOSED RATES 7/1/06 - 7/1/07

Monthly Rates	Single	2 Party	Family
Medical	\$ 223.47	\$ 417.25	\$ 643.39
Rx	\$ 49.25	\$ 90.22	\$ 147.54
Chiro	\$ -	\$ -	\$ -
Total	\$ 272.72	\$ 507.47	\$ 790.93
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 272.72	\$ 507.47	\$ 790.93

R01 Early Retiree

Monthly Rates	Single	2 Party	Family
Medical	\$ 268.16	\$ 500.70	\$ 772.06
Rx	\$ 59.10	\$ 108.26	\$ 177.05
Chiro	\$ -	\$ -	\$ -
Total	\$ 327.26	\$ 608.96	\$ 949.11
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 327.26	\$ 608.96	\$ 949.11

R02 Retiree No Med  
+1 Dep with Med

Monthly Rates	Single	2 Party	Family
Medical	N/A	\$ 359.61	N/A
Rx	N/A	\$ 144.20	N/A
Chiro	N/A	\$ -	N/A
Total	N/A	\$ 503.81	N/A
Chiro	N/A	\$ -	N/A
Vision	N/A	\$ -	N/A
Total	N/A	\$ 503.81	N/A

RM1 Ret with Med  
1 Dep No Med

Monthly Rates	Single	2 Party	Family
Medical	\$ 154.83	\$ 349.57	\$ 594.85
Rx	\$ 106.08	\$ 151.66	\$ 206.86
Chiro	\$ -	\$ -	\$ -
Total	\$ 260.91	\$ 501.23	\$ 791.71
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 260.91	\$ 501.23	\$ 791.71

RM2 Ret with Med  
1 Dep with Med

Monthly Rates	Single	2 Party	Family
Medical	N/A	\$ 288.12	N/A
Rx	N/A	\$ 187.24	N/A
Chiro	N/A	\$ -	N/A
Total	N/A	\$ 485.36	N/A
Chiro	N/A	\$ -	N/A
Vision	N/A	\$ -	N/A
Total	N/A	\$ 485.36	N/A

000 Active

Monthly Rates	Single	2 Party	Family
Medical	\$ 223.47	\$ 417.25	\$ 643.39
Rx	\$ 49.25	\$ 90.22	\$ 147.54
Chiro	\$ -	\$ -	\$ -
Total	\$ 272.72	\$ 507.47	\$ 790.93
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 272.72	\$ 507.47	\$ 790.93

R03 Retiree No Med  
+2 Deps/1 with Med

\$ 841.07

RM3 Ret with Med  
2 Deps 1 with Med

\$ 820.78

Medicare D Retiree Rates

MP3 Retiree No Med  
+1 Dep with Med

N/A

N/A

\$ 220.99

N/A

MP4 Retiree No Med  
+2 Deps/1 with Med

N/A

N/A

N/A

\$ 376.65

MP1 Ret with Med  
1 Dep No Med

\$ 235.91

\$ 108.88

\$ 219.80

\$ 353.87

MPD Ret with Med  
1 Dep with Med

N/A

N/A

\$ 200.94

N/A

MP2 Ret with Med  
2 Deps 1 with Med

N/A

N/A

N/A

\$ 355.74

PROPOSED RATES 7/1/06 - 7/1/07

Biweekly Rates	Single	2 Party	Family
Medical	\$ 103.14	\$ 192.58	\$ 296.95
Rx	\$ 22.73	\$ 41.64	\$ 68.10
Chiro	\$ -	\$ -	\$ -
Total	\$ 125.87	\$ 234.22	\$ 365.04
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 125.87	\$ 234.22	\$ 365.04

Biweekly Rates	Single	2 Party	Family
Medical	\$ 123.77	\$ 231.09	\$ 356.33
Rx	\$ 27.28	\$ 49.97	\$ 81.71
Chiro	\$ -	\$ -	\$ -
Total	\$ 151.04	\$ 281.06	\$ 438.05
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 151.04	\$ 281.06	\$ 438.05

Biweekly Rates	Single	2 Party	Family
Medical	N/A	\$ 165.97	N/A
Rx	N/A	\$ 66.55	N/A
Chiro	N/A	\$ -	N/A
Total	N/A	\$ 232.53	N/A
Chiro	N/A	\$ -	N/A
Vision	N/A	\$ -	N/A
Total	N/A	\$ 232.53	N/A

Biweekly Rates	Single	2 Party	Family
Medical	\$ 71.46	\$ 161.34	\$ 269.93
Rx	\$ 48.96	\$ 70.00	\$ 95.47
Chiro	\$ -	\$ -	\$ -
Total	\$ 120.42	\$ 231.34	\$ 365.40
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 120.42	\$ 231.34	\$ 365.40

Biweekly Rates	Single	2 Party	Family
Medical	N/A	\$ 132.98	N/A
Rx	N/A	\$ 91.03	N/A
Chiro	N/A	\$ -	N/A
Total	N/A	\$ 224.01	N/A
Chiro	N/A	\$ -	N/A
Vision	N/A	\$ -	N/A
Total	N/A	\$ 224.01	N/A

Biweekly Rates	Single	2 Party	Family
Medical	\$ 103.14	\$ 192.58	\$ 296.95
Rx	\$ 22.73	\$ 41.64	\$ 68.10
Chiro	\$ -	\$ -	\$ -
Total	\$ 125.87	\$ 234.22	\$ 365.04
Chiro	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -
Total	\$ 125.87	\$ 234.22	\$ 365.04

\$ 388.19

\$ 378.82

County of Santa Barbara

Billing Units	Description	CURRENT RATES 7/1/05 - 7/1/06				RENEWAL RATES 7/1/06 - 7/1/07				RENEWAL RATES 7/1/06 - 7/1/07			
		Single	2 Party	Family		Single	2 Party	Family		Single	2 Party	Family	
H63905 CBA	Cobra	\$268.41	\$498.21	\$780.84		\$317.39	\$598.24	\$923.01		\$146.49	\$271.96	\$426.00	
		\$65.33	\$121.46	\$189.45		\$77.25	\$143.65	\$223.94		\$35.65	\$66.30	\$103.36	
		\$5.48	\$10.19	\$15.90		\$6.48	\$12.05	\$18.79		\$2.99	\$5.56	\$8.67	
		\$339.22	\$629.86	\$986.19		\$401.12	\$744.94	\$1,165.75		\$185.13	\$343.82	\$538.04	
		\$6.20	\$12.30	\$15.90		\$-	\$-	\$-		\$-	\$-	\$-	
		\$345.42	\$642.16	\$1,002.09		\$401.12	\$744.94	\$1,165.75		\$185.13	\$343.82	\$538.04	
R01	Early Retiree	\$293.92	\$545.56	\$855.06		\$380.87	\$707.01	\$1,106.62		\$175.79	\$326.31	\$510.75	
		\$71.54	\$133.01	\$207.46		\$92.70	\$172.37	\$268.86		\$42.79	\$79.56	\$124.09	
		\$6.00	\$11.16	\$17.41		\$7.77	\$14.46	\$22.56		\$3.59	\$6.68	\$10.41	
		\$371.46	\$689.73	\$1,079.93		\$481.35	\$893.84	\$1,398.04		\$222.16	\$412.54	\$645.25	
		\$6.20	\$12.30	\$15.90		\$-	\$-	\$-		\$-	\$-	\$-	
		\$377.66	\$702.03	\$1,095.83		\$481.35	\$893.84	\$1,398.04		\$222.16	\$412.54	\$645.25	
R02	Retiree No Med +1 Dep with Med	N/A	\$691.77	N/A		N/A	\$755.98	N/A		N/A	\$348.91	N/A	
R03	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$1,086.66		N/A	N/A	\$1,167.50		N/A	N/A	\$548.08	
RM1	Retiree with Med +1 Dep with no Med	\$194.24	\$435.88	\$733.46		\$258.88	\$484.29	\$910.86		\$119.49	\$253.06	\$420.40	
		\$126.88	\$181.40	\$247.42		\$128.88	\$181.40	\$247.42		\$56.56	\$83.72	\$114.19	
		\$5.50	\$10.23	\$15.96		\$5.50	\$10.23	\$15.96		\$2.54	\$4.72	\$7.36	
		\$326.62	\$627.51	\$986.83		\$391.27	\$739.92	\$1,174.23		\$180.59	\$341.50	\$541.95	
		\$6.83	\$13.76	\$17.76		\$-	\$-	\$-		\$-	\$-	\$-	
		\$333.55	\$641.27	\$1,014.59		\$391.27	\$739.92	\$1,174.23		\$180.59	\$341.50	\$541.95	
RM2	Retiree with Med +1 Dep with Med	\$360.19	N/A	N/A		\$422.52	N/A	N/A		\$195.01	N/A	N/A	
		\$235.91	N/A	N/A		\$276.73	N/A	N/A		\$127.72	N/A	N/A	
		\$10.23	N/A	N/A		\$12.00	N/A	N/A		\$5.54	N/A	N/A	
		\$608.33	N/A	N/A		\$711.25	N/A	N/A		\$328.27	N/A	N/A	
		\$13.75	N/A	N/A		\$-	N/A	N/A		\$-	N/A	N/A	
		\$620.09	N/A	N/A		\$714.78	N/A	N/A		\$328.27	N/A	N/A	
RM3	Retiree with Med 2 Deps 1 with Med	N/A	N/A	\$986.32		N/A	N/A	\$1,092.06		N/A	N/A	\$504.03	
000	Active	\$288.41	\$498.21	\$780.84		\$317.39	\$598.24	\$923.01		\$146.49	\$271.96	\$426.00	
		\$65.33	\$121.46	\$189.45		\$77.25	\$143.65	\$223.94		\$35.65	\$66.30	\$103.36	
		\$5.48	\$10.19	\$15.90		\$6.48	\$12.05	\$18.79		\$2.99	\$5.56	\$8.67	
		\$339.22	\$629.86	\$986.19		\$401.12	\$744.94	\$1,165.75		\$185.13	\$343.82	\$538.04	
		\$6.20	\$12.30	\$15.90		\$-	\$-	\$-		\$-	\$-	\$-	
		\$345.42	\$642.16	\$1,002.09		\$401.12	\$744.94	\$1,165.75		\$185.13	\$343.82	\$538.04	
MP3	Medicare D Retiree Rates Retiree No Med +1 Dep with Med	N/A	N/A	\$986.32		N/A	\$730.98	N/A		N/A	\$337.38	N/A	
MP4	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$1,162.50		N/A	N/A	\$1,162.50		N/A	N/A	\$536.54	
MP1	Retiree with Med +1 Dep with no Med	\$366.27	\$714.92	\$1,149.23		\$366.27	\$714.92	\$1,149.23		\$169.05	\$329.86	\$530.41	
MPD	Retiree with Med +1 Dep with Med	N/A	\$684.78	N/A		N/A	\$684.78	N/A		N/A	\$306.82	N/A	
MP2	Retiree with Med 2 Deps 1 with Med	N/A	N/A	\$1,042.06		N/A	N/A	\$1,042.06		N/A	N/A	\$480.95	

Billing Units	Description	CURRENT RATES 7/1/05 - 7/1/06				RENEWAL RATES 7/1/06 - 7/1/07				RENEWAL RATES 7/1/06 - 7/1/07							
		Monthly Rates				Monthly Rates				Biweekly Rates							
CEA	Cobra	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 474.46	2 Party \$ 881.42	Family \$ 1,376.37	Single \$ 218.98	2 Party \$ 406.81	Family \$ 636.17	Medical \$ 48.48	Rx \$ 90.15	Chiro \$ 4.50	Vision \$ 7.02	Total \$ 269.89	\$ 501.47	\$ 783.80
RM1	Ret with Med 1 Dep No Med	Single \$ 329.51	2 Party \$ 735.69	Family \$ 1,231.71	Single \$ 381.37	2 Party \$ 796.87	Family \$ 1,328.41	Single \$ 166.79	2 Party \$ 367.79	Family \$ 613.11	Medical \$ 96.97	Rx \$ 136.64	Chiro \$ 4.50	Vision \$ 7.02	Total \$ 266.18	\$ 510.93	\$ 809.22
RM2	Ret with Med 1 Dep with Med	Single \$ 611.87	2 Party \$ 390.88	N/A	Single \$ 210.10	2 Party \$ 300.39	Family \$ 409.69	Single \$ 2.42	2 Party \$ 2.42	Family \$ 4.50	Medical \$ 266.18	Rx \$ 510.93	Chiro \$ 809.22	Vision \$ 809.22	Total \$ 266.18	\$ 510.93	\$ 809.22
RM3	Ret with Med 2 depts 1 with Med	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 589.36	2 Party \$ 1,037.70	Family \$ 1,684.03	Single \$ 282.78	2 Party \$ 488.17	Family \$ 763.40	Medical \$ 56.18	Rx \$ 708.16	Chiro \$ 8.43	Vision \$ 940.56	Total \$ 323.87	\$ 601.76	\$ 940.56
R01	Early Retirees	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 589.36	2 Party \$ 1,037.70	Family \$ 1,684.03	Single \$ 282.78	2 Party \$ 488.17	Family \$ 763.40	Medical \$ 56.18	Rx \$ 708.16	Chiro \$ 8.43	Vision \$ 940.56	Total \$ 323.87	\$ 601.76	\$ 940.56
R02	Retiree No Med +1 Dep with Med	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 589.36	2 Party \$ 1,037.70	Family \$ 1,684.03	Single \$ 282.78	2 Party \$ 488.17	Family \$ 763.40	Medical \$ 56.18	Rx \$ 708.16	Chiro \$ 8.43	Vision \$ 940.56	Total \$ 323.87	\$ 601.76	\$ 940.56
R03	Retiree No Med +2 Deps/1 with Med	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 589.36	2 Party \$ 1,037.70	Family \$ 1,684.03	Single \$ 282.78	2 Party \$ 488.17	Family \$ 763.40	Medical \$ 56.18	Rx \$ 708.16	Chiro \$ 8.43	Vision \$ 940.56	Total \$ 323.87	\$ 601.76	\$ 940.56
000	Active	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 474.46	2 Party \$ 881.42	Family \$ 1,376.37	Single \$ 218.98	2 Party \$ 406.81	Family \$ 636.17	Medical \$ 48.48	Rx \$ 90.15	Chiro \$ 4.50	Vision \$ 7.02	Total \$ 269.89	\$ 501.47	\$ 783.80
MP3	Retiree No Med +1 Dep with Med	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 474.46	2 Party \$ 881.42	Family \$ 1,376.37	Single \$ 218.98	2 Party \$ 406.81	Family \$ 636.17	Medical \$ 48.48	Rx \$ 90.15	Chiro \$ 4.50	Vision \$ 7.02	Total \$ 269.89	\$ 501.47	\$ 783.80
MP4	Retiree No Med +2 Deps/1 with Med	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 474.46	2 Party \$ 881.42	Family \$ 1,376.37	Single \$ 218.98	2 Party \$ 406.81	Family \$ 636.17	Medical \$ 48.48	Rx \$ 90.15	Chiro \$ 4.50	Vision \$ 7.02	Total \$ 269.89	\$ 501.47	\$ 783.80
MP1	Ret with Med 1 Dep No Med	Single \$ 329.51	2 Party \$ 735.69	Family \$ 1,231.71	Single \$ 381.37	2 Party \$ 796.87	Family \$ 1,328.41	Single \$ 166.79	2 Party \$ 367.79	Family \$ 613.11	Medical \$ 96.97	Rx \$ 136.64	Chiro \$ 4.50	Vision \$ 7.02	Total \$ 266.18	\$ 510.93	\$ 809.22
MPD	Ret with Med 1 Dep with Med	Single \$ 611.87	2 Party \$ 390.88	N/A	Single \$ 210.10	2 Party \$ 300.39	Family \$ 409.69	Single \$ 2.42	2 Party \$ 2.42	Family \$ 4.50	Medical \$ 266.18	Rx \$ 510.93	Chiro \$ 809.22	Vision \$ 809.22	Total \$ 266.18	\$ 510.93	\$ 809.22
MP2	Ret with Med 2 depts 1 with Med	Single \$ 473.56	2 Party \$ 879.74	Family \$ 1,375.76	Single \$ 589.36	2 Party \$ 1,037.70	Family \$ 1,684.03	Single \$ 282.78	2 Party \$ 488.17	Family \$ 763.40	Medical \$ 56.18	Rx \$ 708.16	Chiro \$ 8.43	Vision \$ 940.56	Total \$ 323.87	\$ 601.76	\$ 940.56

Medicare D Retiree Rates

MP3	Retiree No Med +1 Dep with Med	N/A	\$ 1,087.80	N/A	N/A	\$ 502.06	N/A	N/A	\$ 502.06	N/A	\$ 502.06	N/A	N/A	\$ 787.72		
MP4	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$ 1,706.72	N/A	N/A	\$ 1,706.72	N/A	N/A	\$ 797.69	\$ 254.64	\$ 469.39	\$ 471.48	N/A	\$ 769.79	
MP1	Ret with Med 1 Dep No Med	\$ 551.72	\$ 1,082.02	\$ 1,728.32	\$ 551.72	\$ 1,082.02	\$ 1,728.32	\$ 254.64	\$ 469.39	\$ 797.69	\$ 254.64	\$ 469.39	\$ 471.48	N/A	\$ 769.79	
MPD	Ret with Med 1 Dep with Med	N/A	\$ 1,021.55	N/A	N/A	\$ 1,021.55	N/A	N/A	\$ 471.48	N/A	N/A	\$ 471.48	N/A	\$ 769.79		
MP2	Ret with Med 2 depts 1 with Med	N/A	N/A	\$ 1,667.87	N/A	N/A	\$ 1,667.87	N/A	N/A	\$ 797.69	\$ 254.64	\$ 469.39	\$ 471.48	N/A	\$ 769.79	



County of Santa Barbara  
Out of Area Retirees  
977736

Billing Units	Description	CURRENT RATES 7/1/05 - 7/1/06			RENEWAL RATES 7/1/06 - 7/1/07			RENEWAL RATES 7/1/06 - 7/1/07		
		Single	2 Party	Family	Single	2 Party	Family	Single	2 Party	Family
ER1	Early Retirees	Monthly Rates			Monthly Rates			Bweekly Rates		
		Medical \$ 692.54	\$ 1,343.38	\$ 1,948.01	Medical \$ 863.80	\$ 1,908.36	\$ 2,767.28	Medical \$ 454.06	\$ 880.78	\$ 1,277.21
		Rx \$ 122.21	\$ 237.06	\$ 343.77	Rx \$ 122.21	\$ 237.06	\$ 343.77	Rx \$ 56.40	\$ 109.41	\$ 158.86
		Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -
		Total \$ 814.75	\$ 1,580.44	\$ 2,291.78	Total \$ 1,106.01	\$ 2,145.42	\$ 3,111.05	Total \$ 510.47	\$ 990.19	\$ 1,435.87
		Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -
		Total \$ 814.75	\$ 1,580.44	\$ 2,291.78	Total \$ 1,106.01	\$ 2,145.42	\$ 3,111.05	Total \$ 510.47	\$ 990.19	\$ 1,435.87
RM1	Ret with Med 1 Dep No Med	Single			Single			Single		
		Medical \$ 244.13	\$ 894.97	\$ 1,499.61	Medical \$ 302.40	\$ 1,068.41	\$ 1,780.04	Medical \$ 139.57	\$ 493.11	\$ 821.56
		Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 66.18	\$ 119.18	\$ 168.43
		Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
		Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
RM2	Ret with Med 1 Dep with Med	Single			Single			Single		
		Medical \$ 488.27	N/A	N/A	Medical \$ 604.83	N/A	N/A	Medical \$ 279.15	N/A	N/A
		Rx \$ 286.75	N/A	N/A	Rx \$ 286.75	N/A	N/A	Rx \$ 132.35	N/A	N/A
		Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
		Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
RM3	Ret with Med 2 depts 1 with Med	Single			Single			Single		
		Medical \$ 244.13	\$ 894.97	\$ 1,499.61	Medical \$ 302.40	\$ 1,068.41	\$ 1,780.04	Medical \$ 139.57	\$ 493.11	\$ 821.56
		Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 66.18	\$ 119.18	\$ 168.43
		Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
		Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
R02	Retiree No Med +1 Dep with Med	Single			Single			Single		
		Medical \$ 488.27	N/A	N/A	Medical \$ 604.83	N/A	N/A	Medical \$ 279.15	N/A	N/A
		Rx \$ 286.75	N/A	N/A	Rx \$ 286.75	N/A	N/A	Rx \$ 132.35	N/A	N/A
		Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
		Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
R03	Retiree No Med +2 Deps/1 with Med	Single			Single			Single		
		Medical \$ 244.13	\$ 894.97	\$ 1,499.61	Medical \$ 302.40	\$ 1,068.41	\$ 1,780.04	Medical \$ 139.57	\$ 493.11	\$ 821.56
		Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 66.18	\$ 119.18	\$ 168.43
		Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
		Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
Medicare D Retiree Rates										
MP3	Retiree No Med +1 Dep with Med	Single			Single			Single		
		Medical \$ 488.27	N/A	N/A	Medical \$ 604.83	N/A	N/A	Medical \$ 279.15	N/A	N/A
		Rx \$ 286.75	N/A	N/A	Rx \$ 286.75	N/A	N/A	Rx \$ 132.35	N/A	N/A
		Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
		Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
MP4	Retiree No Med +2 Deps/1 with Med	Single			Single			Single		
		Medical \$ 244.13	\$ 894.97	\$ 1,499.61	Medical \$ 302.40	\$ 1,068.41	\$ 1,780.04	Medical \$ 139.57	\$ 493.11	\$ 821.56
		Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 66.18	\$ 119.18	\$ 168.43
		Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
		Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
MP1	Ret with Med 1 Dep No Med	Single			Single			Single		
		Medical \$ 488.27	N/A	N/A	Medical \$ 604.83	N/A	N/A	Medical \$ 279.15	N/A	N/A
		Rx \$ 286.75	N/A	N/A	Rx \$ 286.75	N/A	N/A	Rx \$ 132.35	N/A	N/A
		Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
		Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
MPD	Ret with Med 1 Dep with Med	Single			Single			Single		
		Medical \$ 488.27	N/A	N/A	Medical \$ 604.83	N/A	N/A	Medical \$ 279.15	N/A	N/A
		Rx \$ 286.75	N/A	N/A	Rx \$ 286.75	N/A	N/A	Rx \$ 132.35	N/A	N/A
		Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A	Chiro \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
		Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A	Vision \$ -	N/A	N/A
		Total \$ 775.02	N/A	N/A	Total \$ 891.58	N/A	N/A	Total \$ 411.50	N/A	N/A
MP2	Ret with Med 2 depts 1 with Med	Single			Single			Single		
		Medical \$ 244.13	\$ 894.97	\$ 1,499.61	Medical \$ 302.40	\$ 1,068.41	\$ 1,780.04	Medical \$ 139.57	\$ 493.11	\$ 821.56
		Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 143.38	\$ 258.23	\$ 364.93	Rx \$ 66.18	\$ 119.18	\$ 168.43
		Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -	Chiro \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99
		Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -	Vision \$ -	\$ -	\$ -
		Total \$ 387.51	\$ 1,153.20	\$ 1,864.54	Total \$ 445.78	\$ 1,326.64	\$ 2,144.97	Total \$ 205.74	\$ 612.30	\$ 989.99

CURRENT RATES 7/1/05 - 7/1/06

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
CBA	Cobra	Medical	\$ 223.64	\$ 415.88	\$ 648.08
		Rx	\$ 39.51	\$ 73.47	\$ 114.50
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 263.15	\$ 489.35	\$ 762.58
		Vision	\$ -	\$ -	\$ -
		Total	\$ 263.15	\$ 489.35	\$ 762.58
RM1	Ret with Med 1 Dep No Med	Medical	\$ 166.77	\$ 359.01	\$ 591.21
		Rx	\$ 79.01	\$ 112.97	\$ 154.00
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 245.78	\$ 471.98	\$ 745.21
		Vision	\$ -	\$ -	\$ -
		Total	\$ 245.78	\$ 471.98	\$ 745.21

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
RM2	Ret with Med 1 Dep with Med	Medical	\$ 310.11	N/A	N/A
		Rx	\$ 146.94	N/A	N/A
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 457.05	N/A	N/A
		Vision	\$ -	\$ -	\$ -
		Total	\$ 457.05	N/A	N/A
RM3	Ret with Med 2 depts 1 with Med	Medical	N/A	N/A	\$ 730.28
		Rx	\$ -	\$ -	\$ -

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
R01	Early Retirees	Medical	\$ 223.64	\$ 415.88	\$ 648.08
		Rx	\$ 39.51	\$ 73.47	\$ 114.50
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 263.15	\$ 489.35	\$ 762.58
		Vision	\$ -	\$ -	\$ -
		Total	\$ 263.15	\$ 489.35	\$ 762.58

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
R02	Retiree No Med +1 Dep with Med	Medical	N/A	\$ 366.98	N/A
		Rx	N/A	\$ 107.44	N/A
		Chiro	N/A	\$ -	N/A
		Total	N/A	\$ 474.42	N/A
		Vision	N/A	\$ -	N/A
		Total	N/A	\$ 474.42	N/A

Billing Units	Description	Monthly Rates		
		Single	2 Party	Family
R03	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$ 747.65

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
000	Active	Medical	\$ 223.64	\$ 415.88	\$ 648.08
		Rx	\$ 39.51	\$ 73.47	\$ 114.50
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 263.15	\$ 489.35	\$ 762.58
		Vision	\$ -	\$ -	\$ -
		Total	\$ 263.15	\$ 489.35	\$ 762.58

Medicare D Retiree Rates

MP3	Retiree No Med +1 Dep with Med	N/A	\$ 520.77	N/A
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MP4	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$ 835.10
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MP1	Ret with Med 1 Dep No Med	\$ 257.75	\$ 517.98	\$ 832.29
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MPD	Ret with Med 1 Dep with Med	N/A	\$ 475.79	N/A
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MP2	Ret with Med	N/A	N/A	\$ 790.11
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RENEWAL RATES 7/1/06 - 7/1/07

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
CBA	Cobra	Medical	\$ 251.59	\$ 467.85	\$ 729.08
		Rx	\$ 39.51	\$ 73.47	\$ 114.50
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 291.10	\$ 541.32	\$ 843.58
		Vision	\$ -	\$ -	\$ -
		Total	\$ 291.10	\$ 541.32	\$ 843.58
RM1	Ret with Med 1 Dep No Med	Medical	\$ 203.74	\$ 430.01	\$ 703.29
		Rx	\$ 79.01	\$ 112.97	\$ 154.00
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 282.75	\$ 542.98	\$ 857.29
		Vision	\$ -	\$ -	\$ -
		Total	\$ 282.75	\$ 542.98	\$ 857.29

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
RM2	Ret with Med 1 Dep with Med	Medical	N/A	\$ 378.85	N/A
		Rx	N/A	\$ 146.94	N/A
		Chiro	N/A	\$ -	N/A
		Total	N/A	\$ 525.79	N/A
		Vision	N/A	\$ -	N/A
		Total	N/A	\$ 525.79	N/A
RM3	Ret with Med 2 depts 1 with Med	Medical	N/A	N/A	\$ 840.11
		Rx	\$ -	\$ -	\$ -

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
R01	Early Retirees	Medical	\$ 301.91	\$ 561.42	\$ 874.89
		Rx	\$ 47.41	\$ 88.16	\$ 137.40
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 349.32	\$ 649.58	\$ 1,012.29
		Vision	\$ -	\$ -	\$ -
		Total	\$ 349.32	\$ 649.58	\$ 1,012.29

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
R02	Retiree No Med +1 Dep with Med	Medical	N/A	\$ 438.33	N/A
		Rx	N/A	\$ 107.44	N/A
		Chiro	N/A	\$ -	N/A
		Total	N/A	\$ 545.77	N/A
		Vision	N/A	\$ -	N/A
		Total	N/A	\$ 545.77	N/A

Billing Units	Description	Monthly Rates		
		Single	2 Party	Family
R03	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$ 860.10

Billing Units	Description	Monthly Rates			
		Single	2 Party	Family	
000	Active	Medical	\$ 251.59	\$ 467.85	\$ 729.08
		Rx	\$ 39.51	\$ 73.47	\$ 114.50
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 291.10	\$ 541.32	\$ 843.58
		Vision	\$ -	\$ -	\$ -
		Total	\$ 291.10	\$ 541.32	\$ 843.58

RENEWAL RATES 7/1/06 - 7/1/07

Billing Units	Description	Biweekly Rates			
		Single	2 Party	Family	
CBA	Cobra	Medical	\$ 116.12	\$ 215.93	\$ 336.50
		Rx	\$ 18.24	\$ 33.91	\$ 52.85
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 134.35	\$ 249.84	\$ 389.34
		Vision	\$ -	\$ -	\$ -
		Total	\$ 134.35	\$ 249.84	\$ 389.34
RM1	Ret with Med 1 Dep No Med	Medical	\$ 94.03	\$ 198.47	\$ 324.60
		Rx	\$ 36.47	\$ 52.14	\$ 71.08
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 130.50	\$ 250.61	\$ 395.67
		Vision	\$ -	\$ -	\$ -
		Total	\$ 130.50	\$ 250.61	\$ 395.67

Billing Units	Description	Biweekly Rates			
		Single	2 Party	Family	
RM2	Ret with Med 1 Dep with Med	Medical	N/A	\$ 174.85	N/A
		Rx	N/A	\$ 67.82	N/A
		Chiro	N/A	\$ -	N/A
		Total	N/A	\$ 242.67	N/A
		Vision	N/A	\$ -	N/A
		Total	N/A	\$ 242.67	N/A
RM3	Ret with Med 2 depts 1 with Med	Medical	N/A	N/A	\$ 387.74
		Rx	\$ -	\$ -	\$ -

Billing Units	Description	Biweekly Rates			
		Single	2 Party	Family	
R01	Early Retirees	Medical	\$ 139.34	\$ 259.12	\$ 403.79
		Rx	\$ 21.88	\$ 40.69	\$ 63.42
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 161.22	\$ 299.81	\$ 467.21
		Vision	\$ -	\$ -	\$ -
		Total	\$ 161.22	\$ 299.81	\$ 467.21

Billing Units	Description	Biweekly Rates			
		Single	2 Party	Family	
R02	Retiree No Med +1 Dep with Med	Medical	N/A	\$ 202.31	N/A
		Rx	N/A	\$ 49.59	N/A
		Chiro	N/A	\$ -	N/A
		Total	N/A	\$ 251.89	N/A
		Vision	N/A	\$ -	N/A
		Total	N/A	\$ 251.89	N/A

Billing Units	Description	Biweekly Rates		
		Single	2 Party	Family
R03	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$ 396.97

Billing Units	Description	Biweekly Rates			
		Single	2 Party	Family	
000	Active	Medical	\$ 116.12	\$ 215.93	\$ 336.50
		Rx	\$ 18.24	\$ 33.91	\$ 52.85
		Chiro	\$ -	\$ -	\$ -
		Total	\$ 134.35	\$ 249.84	\$ 389.34
		Vision	\$ -	\$ -	\$ -
		Total	\$ 134.35	\$ 249.84	\$ 389.34

Billing Units	Description	Biweekly Rates		
		Single	2 Party	Family
MP3	Retiree No Med +1 Dep with Med	N/A	\$ 240.36	N/A

MP4	Retiree No Med +2 Deps/1 with Med	N/A	N/A	\$ 385.43
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MP1	Ret with Med 1 Dep No Med	\$ 118.96	\$ 239.07	\$ 384.13
-----	------------------------------	-----------	-----------	-----------

MPD	Ret with Med 1 Dep with Med	N/A	\$ 219.60	N/A
-----	--------------------------------	-----	-----------	-----

MP2	Ret with Med	N/A	N/A	\$ 364.67
-----	--------------	-----	-----	-----------

County of Santa Barbara

Proposed HDHP  
Billing Units

Description

PROPOSED RATES 7/1/06 - 7/1/07

PROPOSED RATES 7/1/06 - 7/1/07

Monthly Rates

	Single	2 Party	Family
Medical	\$ 170.94	\$ 319.23	\$ 490.54
Rx	\$ 49.25	\$ 90.22	\$ 147.54
Chiro	\$ -	\$ -	\$ -
Total	\$ 220.19	\$ 409.45	\$ 638.08
Vision	\$ -	\$ -	\$ -
Total	\$ 220.19	\$ 409.45	\$ 638.08

Biweekly Rates

	Single	2 Party	Family
Medical	\$ 78.90	\$ 147.34	\$ 226.40
Rx	\$ 22.73	\$ 41.64	\$ 68.10
Chiro	\$ -	\$ -	\$ -
Total	\$ 101.63	\$ 188.98	\$ 294.50
Vision	\$ -	\$ -	\$ -
Total	\$ 101.63	\$ 188.98	\$ 294.50

Cobra

CBA

R01 Early Retiree

	Single	2 Party	Family
Medical	\$ 205.12	\$ 383.08	\$ 588.65
Rx	\$ 59.10	\$ 108.26	\$ 177.05
Chiro	\$ -	\$ -	\$ -
Total	\$ 264.22	\$ 491.34	\$ 765.70
Vision	\$ -	\$ -	\$ -
Total	\$ 264.22	\$ 491.34	\$ 765.70

	Single	2 Party	Family
Medical	\$ 94.67	\$ 176.80	\$ 271.68
Rx	\$ 27.28	\$ 49.97	\$ 81.71
Chiro	\$ -	\$ -	\$ -
Total	\$ 121.95	\$ 226.77	\$ 353.40
Vision	\$ -	\$ -	\$ -
Total	\$ 121.95	\$ 226.77	\$ 353.40

000 Active

	Single	2 Party	Family
Medical	\$ 170.94	\$ 319.23	\$ 490.54
Rx	\$ 49.25	\$ 90.22	\$ 147.54
Chiro	\$ -	\$ -	\$ -
Total	\$ 220.19	\$ 409.45	\$ 638.08
Vision	\$ -	\$ -	\$ -
Total	\$ 220.19	\$ 409.45	\$ 638.08

	Single	2 Party	Family
Medical	\$ 78.90	\$ 147.34	\$ 226.40
Rx	\$ 22.73	\$ 41.64	\$ 68.10
Chiro	\$ -	\$ -	\$ -
Total	\$ 101.63	\$ 188.98	\$ 294.50
Vision	\$ -	\$ -	\$ -
Total	\$ 101.63	\$ 188.98	\$ 294.50

**Shield Spectrum PPO<sup>SM</sup> Savings Plus 1500**  
**Benefit Summary (For groups of 51 and above)**  
 (Uniform Health Plan Benefits and Coverage Matrix)

Highlights: \$1,500 individual coverage deductible  
 or \$3,000 family coverage deductible

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE CERTIFICATE OF INSURANCE AND THE GROUP POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

Effective July 1, 2006

<b>DEDUCTIBLES</b>	<b>Preferred Providers<sup>1</sup></b>	<b>Non-Preferred Providers<sup>1</sup></b>
<b>Calendar-year deductible</b> (All providers combined)		
• Individual coverage		\$1,500
• Family coverage (Note: For family coverage, the full family deductible must be met before the enrollee or covered dependents can receive benefits for covered services.)		\$3,000
<b>Calendar-year out-of-pocket maximum<sup>4</sup></b> (Includes the plan deductible)		
• Individual coverage		\$4,500
• Family coverage (Note: For family coverage, the full family out-of-pocket maximum must be met before the enrollee or covered dependents can receive 100% benefits for covered services.)		\$9,000
<b>LIFETIME MAXIMUMS</b> \$6,000,000		
<b>Covered Services</b>		
	<b>Member Copayment</b>	
	<b>Preferred Providers<sup>1</sup></b>	<b>Non-Preferred Providers<sup>1</sup></b>
<b>PROFESSIONAL SERVICES</b>		
<b>Physician services</b>		
• Physician and specialist office visits	20%	40%
• Allergy testing or treatment	20%	40%
<b>Laboratory, X-rays and diagnostics</b>		
	20%	40%
<b>Preventive care</b> (Not subject to the plan's calendar-year deductible)		
• Annual physical exam office visit (One per calendar year, age 3 and older)	\$20 <sup>2</sup>	Not covered
• Laboratory, including mammogram and Pap test screening or other FDA-approved cervical cancer screening tests, immunizations and vaccinations	20%	Not covered
<b>OUTPATIENT SERVICES</b>		
The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-preferred hospital is \$350 per day. Members are responsible for 40 percent of this \$350 per day, plus all charges in excess of \$350.		
• Outpatient surgery performed in a Participating Ambulatory Surgery Center <sup>3</sup> (ASC)	20%	40%
• Outpatient surgery in hospital/facility	20%	40%
• Outpatient treatment and necessary supplies	20%	40%
<b>HOSPITALIZATION SERVICES</b>		
<b>Inpatient services – non-emergency</b>		
• Inpatient physician services	20%	40%
• Semi-private room and board, medically necessary services and supplies	20%	40% <sup>4</sup>
<b>Skilled nursing facility (SNF) services<sup>5</sup></b>		
(Combined maximum of up to 100 preauthorized days per calendar year; semi-private accommodations)		
• Freestanding SNF	20%	20% with prior authorization <sup>5</sup>
• Hospital SNF unit	20%	40% <sup>4</sup>
<b>EMERGENCY HEALTH COVERAGE</b>		
(Members must meet an additional \$50 copayment per emergency room visit before benefits apply. This copayment is waived if the member is directly admitted to the hospital for inpatient services.)		
	20%	20%
<b>AMBULANCE SERVICES</b>		
	20%	20%
<b>PRESCRIPTION DRUG COVERAGE<sup>6,7</sup></b> (Subject to deductible; includes oral contraceptives and diaphragms)		
• Retail pharmacy and mail service prescriptions	20%	20%
<b>DURABLE MEDICAL EQUIPMENT<sup>8</sup></b>		
• Prosthetic appliances and home medical equipment (Orthotics benefit limited to \$2,000 maximum per calendar year)	20%	40%
<b>MENTAL HEALTH SERVICES (PSYCHIATRIC)<sup>9</sup></b>		
	<b>MHSA Participating Providers<sup>1</sup></b>	<b>MHSA Non-Participating Providers<sup>1</sup></b>
• Inpatient hospital facility services	20%	40% <sup>4</sup>
• Outpatient visits for severe mental health conditions	20%	40%
• Outpatient visits for non-severe mental health conditions (Up to 20 visits per calendar year combined with outpatient chemical dependency visits) <sup>10</sup>	50%	Not covered

**Covered Services**

**Member Copayment**

**CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)<sup>9</sup>**  
Please see footnote 11

- Inpatient services for medical acute detoxification
- Outpatient visits  
(Up to 20 visits per calendar year combined with outpatient non-severe mental health visits)<sup>10</sup>

MHSA Participating Providers<sup>1</sup>

See "Hospitalization Services" 50%

MHSA Non-Participating Providers<sup>1</sup>

See "Hospitalization Services" Not covered

**HOME HEALTH SERVICES**

- Home health and home infusion care, home injectable treatment  
(Up to 100 combined prior authorized visit maximum per calendar year)<sup>5</sup>

Preferred Providers<sup>1</sup> 20%

Non-Preferred Providers<sup>1</sup> 20% with prior authorization<sup>5</sup>

**OTHER**

**Hospice**

- Routine home care and inpatient respite care
- 24 hour continuous home care and general inpatient care

No charge

No charge with prior authorization<sup>5</sup>

20%

20% with prior authorization<sup>5</sup>

**Pregnancy and maternity care**

- Prenatal and postnatal professional (physician) services  
(For all necessary inpatient hospital services, see "Hospitalization Services.")

20%

40%

**Well-baby care** (From birth through and including age 2) (Not subject to the calendar-year deductible)

- Office visits and consultations
- Immunizations
- Laboratory screenings

\$20<sup>2</sup>

Not covered

20%

Not covered

20%

Not covered

**Family planning**

- Family planning counseling
- Tubal ligation, elective abortion, vasectomy<sup>12</sup>

20%

Not covered

20%

Not covered

**Rehabilitative therapy services**

- Outpatient visits

20%

40%

**Acupuncture services**

Not covered

Not covered

**Chiropractic services** (Up to 20 visits per calendar year)<sup>10</sup>

- Chiropractic services provided by a chiropractor

20%

40%

**Covered out-of-state services** (Benefits provided through the BlueCard<sup>®</sup> Program)

20%

40%

Benefits provided through BlueCard Program, for out-of-state emergency and non-emergency care, are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider.

**Diabetes care**

- Equipment, devices and supplies
- Self-management training and education (If billed by your provider, you will also be responsible for the office visit copayment)

20%

40%

20%

40%

**Optional Benefits** Optional dental, vision, inpatient substance abuse treatment or infertility benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

- Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowed amounts. Preferred providers accept Blue Shield of California Life & Health Insurance Company's (Blue Shield Life) allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield Life's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or out-of-pocket maximum.
- The preventive care and well-baby care office visit are not subject to the plan deductible. Other covered services received during or in connection with the office visit are subject to the plan deductible and the applicable copayment percentage.
- Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
- The maximum allowed charge for non-emergency hospital services received from a non-preferred hospital is \$600 per day. Members are responsible for 40 percent of this \$600 per day, plus all charges in excess of \$600. Payments that exceed the allowed charge do not count toward the calendar-year out-of-pocket maximum, and continue to be charged after it is reached.
- Services may require prior authorization by Blue Shield. When services are prior authorized, members pay 20 percent, the preferred provider amount.
- Includes coverage for medically necessary prescription drugs. Member presents Blue Shield ID card to participating Pharmacy and pays 100 percent of contract rate. Member must submit prescription drug claims to Blue Shield Life.
- This plan's prescription drug coverage is equivalent or better than the standard benefit set by the federal government for Medicare Part D (also called "creditable" coverage).
- Orthosis benefits, except for services covered under diabetes care, are limited to a \$2,000 maximum per person per calendar year.
- Mental health and chemical dependency services are accessed through the mental health services administrator (MHSA) - U.S. Behavioral Health Plan, California (USBHPC) - using MHSA participating and non-participating providers. MHSA non-participating providers are not administered by USBHPC. Services for medical acute detoxification are accessed through Blue Shield Life using Blue Shield Life's preferred providers or non-preferred providers. For a listing of severe mental illnesses, including serious emotional disturbances of a child, and other benefit details, please refer to the *Certificate of Insurance* or *Master Group Policy*.
- All outpatient non-severe mental health, outpatient substance abuse and chiropractic visits accrue to the calendar-year visit maximum regardless of whether the plan deductible has been met.
- Optional inpatient substance abuse treatment benefits are available. If your employer purchased these benefits, a description of the benefit is attached hereto as "Additional Substance Abuse Treatment Benefits."
- Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.



BARBARA VANDENBRANDE  
REGIONAL MANAGER

May 4, 2006

Mr. Scott Turnbull  
County of Santa Barbara  
1226 Anacapa Street  
Santa Barbara, CA 93101

**RE: *County of Santa Barbara ~ VSP Coverage effective July 1, 2006***

Dear Scott:

Thank you so much for choosing VSP as your new vision care provider. We are looking forward to working with you and your team. This letter will serve as confirmation of the plan, rates and term for The County of Santa Barbara's contract with VSP effective July 1, 2006.

The County has chosen to offer VSP's Value Plan A (exam every 12 months; lenses and frame every 24 months) with a \$10 copay. This program also includes Interim Lens coverage that would allow a member with a significant enough prescription change to obtain new lenses every 12 months. Coverage will be offered to the County's active and retiree populations on a 100% voluntary basis at the following rates:

\$6.95 employee only  
\$10.01 employee + one  
\$17.96 family

I welcome you to contact me with any questions or additional requests. Again, I look forward to working with you on a successful implementation and appreciate your business.

Cordially,

Barbara VandenBrandt  
Regional Manager



## Value Plan Summary

Select Network: 23,000 Access Points Nationwide

Benefit	General Description												
<b>Eye Examination</b>	VSP network doctors will provide the level of eye examination necessary to determine the patient's visual health and acuity. The eye exam is covered in full, less any applicable copayment.												
<b>Materials</b>	<p><b>Lenses:</b> VSP's standard lenses are covered full (less any applicable plan copayment), including single vision, bifocal, trifocal or lenticular lenses in glass or plastic, (up to 55mm) and multifocal lenses (25 &amp; 28 mm segment width).</p> <p><b>Frames:</b> VSP provides a \$100 retail frame allowance. If the patients select a frame exceeding this allowance, they are responsible for paying the difference between the plan allowance and the retail price. As an added benefit, all frames in VSP's subsidiary, Altair Eyewear, "Genesis" and "Horizon" lines are covered in full (less any applicable plan copayment) under VSP's Value Plan.</p> <p><b>Contact lenses:</b> The patient receives an allowance of \$100 toward the cost of materials. Our special program provides current soft contact lens wearers who qualify with a covered-in-full contact lens evaluation<sup>1</sup> and initial supply of non-specialty replacement lenses from VSP's list of popular brands. VSP doctors also provide a 15% discount off their professional services for prescription contact lenses.</p>												
<b>Lens Options</b>	To ensure added value, certain options chosen for cosmetic reasons are cost controlled by VSP. Patients should check with their VSP network doctor to verify which options are cost-controlled.												
<b>Laser Vision Correction</b>	VSP's Laser VisionCare Program provides an average discount of 15% below U&C through contracted laser centers.. The most a VSP member will pay is \$1,500 per eye for PRK, \$1,800 per eye for LASIK and \$2,300 per eye for Custom LASIK using Wavefront technology.												
<b>Low Vision</b>	Members with severe visual problems are eligible for this benefit, which can include supplemental testing, low vision prescription services, evaluations, optical and non-optical aids and training. VSP pays a maximum of \$500 every two years. If low vision supplemental testing is approved, VSP will pay an additional amount up to a maximum of \$125. If low vision aids are approved, VSP will pay 50% of the approved amount for materials and professional fees (up to \$500, less any charges incurred for low vision supplemental testing). The patient is responsible for the remaining 50% of the approved amount, plus any amount over the maximum low vision benefit amount.												
<b>Exclusions</b>	<p>The following items are excluded under VSP's Value Plan:</p> <ul style="list-style-type: none"> <li>• blended lenses</li> <li>  laminating of a lens or lenses</li> <li>  cosmetic lenses</li> <li>• optional cosmetic processes</li> <li>• orthoptics, vision training or supplemental testing;</li> <li>  plano lenses (non-prescription)</li> <li>  two pairs of glasses instead of bifocals</li> <li>• expenses associated with securing materials</li> <li>• replacement/repair of lost/broken lenses and frames</li> <li>• medical or surgical treatment</li> </ul>												
<b>Out-of-Network Schedule of Allowances</b>	<p>Although more than 95% of our patients see VSP network doctors, we believe that choice is essential when it comes to health care. That's why VSP provides the following reimbursement schedule for patients choosing a non-VSP provider.</p> <table border="0"> <tbody> <tr> <td>Eye examination</td> <td>\$37</td> <td>Trifocal lenses</td> <td>\$68</td> </tr> <tr> <td>Single vision lenses</td> <td>\$34</td> <td>Frame</td> <td>\$40</td> </tr> <tr> <td>Bifocal lenses</td> <td>\$51</td> <td>Contact lenses</td> <td>\$100</td> </tr> </tbody> </table>	Eye examination	\$37	Trifocal lenses	\$68	Single vision lenses	\$34	Frame	\$40	Bifocal lenses	\$51	Contact lenses	\$100
Eye examination	\$37	Trifocal lenses	\$68										
Single vision lenses	\$34	Frame	\$40										
Bifocal lenses	\$51	Contact lenses	\$100										

<sup>1</sup> Based on a \$120 elective contact lens allowance. Members with an allowance less than \$120 simply pay the difference between their allowance and \$120 at the time of the contact lens evaluation.



STERLING HSA™

**EMPLOYER GROUP APPLICATION**  
(PAGE 1 OF 2)

## 1 EMPLOYER INFORMATION

**Stop! Please read:** Attach this form to the initial payment.

Employer Name		EIN (Taxpayer ID Number)
Mailing Address		
City	State	Zip
	( )	
Name of Contact Person	Contact Telephone	Contact Email Address

## 2 INITIAL SERVICE FEES

Amount due with initial enrollment.

Please make your checks payable To:

**Complete Attached List Bill**  
(List Bill total MUST match initial payment amount)

**Sterling HSA.**  
475 14<sup>th</sup> St. Ste. 120  
Oakland, Ca 94612

## 3 PLANNED EMPLOYER CONTRIBUTIONS

**Stop! Please read:**

Employer's Regular Contribution Amount	\$ <input type="text"/>	\$ <input type="text"/>
	Individual	Family

\*Attach a voided check for all automatic withdrawals

Please make your checks payable to:

**Sterling HSA.**  
475 14<sup>th</sup> St. Ste. 120  
Oakland, Ca 94612

Payments are planned: (check one)

- Every Pay Period
- Monthly
- Quarterly
- Annually
- Not Regularly Planned

Method of payment: (check one)

- Check
- Bank Draft\*
- Payroll Deduction
- I will not contribute to my employee's HSA accounts, but I will allow pre-tax payroll deduction for my employee's HSA contribution.





STERLING HSA™

EMPLOYER GROUP APPLICATION  
(PAGE 2 OF 2)

**4** BROKER AGENT INFORMATION

---

\_\_\_\_\_  
Broker Name Agency Name

\_\_\_\_\_  
Broker Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Broker Phone Broker Email

**5** SIGNATURE

---

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Company Name



STERLING HSA™

## SERVICE & FEES

### *WHICH PLAN IS RIGHT FOR YOU?*

Choosing the Sterling HSA plan that is best for your individual needs depends on how you'll use your HSA account. We offer two plans with different features, but the same commitment to Sterling service for both. Both accounts require a one-time \$35 account set-up fee:

- **The Sterling Standard Plan** offers the most comprehensive array of services, including review of insurance company Explanation of Benefits and payment of bills to your health care providers. With this plan you maximize your level of service for the low monthly fee of \$8.75 per account.
- **The Sterling Value Plan** is for account holders who prefer to use their HSA account largely as a tax advantaged savings vehicle and who will rarely pay medical bills from the account. Our clients pay \$2.50 monthly and additional fees on a per service basis.

### *STERLING SERVICE COMMITMENT*

Both account types offer the Sterling promise of a simple, reliable and personal approach to paying for health care while saving for the future and our money back guarantee. Our services include:

- **Education** about HSAs and assistance with account set-up for employers and individuals.
- **Payment of health care bills** after careful review of your Explanation of Benefits and receipts to insure that Sterling account holders never pay more than they should.
- **Self-directed investment options** for funds in your account.
- **Quarterly account statements and tax report information** for account holders and employers.
- **Personalized customer service** via phone, email, fax or mail.
- **Money Back Guarantee.** If for any reason an account holder becomes dissatisfied with Sterling HSA services, we will refund to them all monthly account management fees paid up to one year.

### *CHOOSE FROM TWO SERVICE PACKAGES – FEE SCHEDULE COMPARISON*

Core Services	Sterling Value Plan	Sterling Standard Plan
Account Management	<b>\$2.50 (per month)</b>	<b>\$8.75 (per month)</b>
Medical Bill Paying	\$5.00 (per transaction)	Included
Debit Card Issuance	\$5.00 (per card)	Included
Debit Card Usage	\$1.50 (per transaction)	Included
Electronic Payroll Deduction Contribution	Included	Included

### *CURRENT INTEREST RATES EARNED ON STERLING HSA ACCOUNTS*

Less than \$ 1,000	1.00%
Less than \$5,000	2.00%
Over \$5,000	3.00%

Account holders may self-direct investment. Administrative fees apply on funds not held by Sterling HSA.



March 7, 2006

Nancy Topping  
The Segal Company  
3300 N. Brand Boulevard, Suite 500  
Glendale, CA 91203

VIA EMAIL TRANSMISSION

Re: County of Santa Barbara, Account # 5986, EAP Renewal July 1, 2006

Dear Nancy,

MHN has completed the rate review for the July 1, 2006 – June 30, 2007 plan year for the County of Santa Barbara's Association Employee Assistance Program.

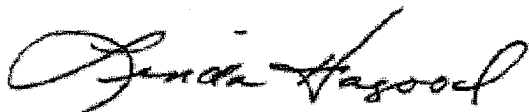
First of all, I am please to report there are three new enhancements to the County's benefit.

1. Telephonic clinical EAP session - Allows the caller the option of having the clinical sessions by phone rather than in a provider's office. This option could be more convenient to many who might have difficulty getting to an office appointment. This enhancement was available beginning January 2006.
2. Enhanced Member On-line website - Additional self-assessments have been added. Also, the member can "ask the expert" a question via email and search the child/elder care database. These benefits were previously only available to those companies or organizations that had purchased and upgraded website. This enhancement was available beginning September 1, 2005.
3. Self-Management Training – If an employee's performance is impaired by his/her angry behavior, MHN now provides a virtual group facilitated by a licensed clinician that addresses anger management. This service is provided through our Management Consultation Team and became available January 2006.

I am also pleased to report that there is only a nominal increase to the rate, which is offered at \$2.99 per employee per month for the current three-session EAP-only plan.

I certainly look forward to your response to the renewal no later than May 15, 2006.

Sincerely,



Linda Hagood, MA  
Account Manager  
License #OCO5090  
714/934-5572  
Fax 800/309-4635  
[Linda.A.Hagood@MHN.com](mailto:Linda.A.Hagood@MHN.com)



**CARE COUNSEL**  
EXPERT HELP WHEN YOU NEED IT MOST

March 27, 2006

Scott Turnbull  
Employee Benefits Manager  
County of Santa Barbara  
105 E. Anapamu Street, Rm 102  
Santa Barbara, CA 93101

Dear Scott:

As we enter our seventh year providing healthcare assistance services to the County, CareCounsel would like to request a fee increase.

Effective July 1, 2006 we propose increasing our quarterly fee from \$4.50 per employee per quarter (\$1.50 per employee per month) to \$4.86 per employee per quarter (the equivalent of \$1.62 per employee per month).

The 8 percent increase reflects the anticipated addition of a new plan design during the next fiscal year, as well as general cost increases within our organization.

All of us at CareCounsel appreciate the strong support from you and your colleagues over the years. We have enjoyed serving your employees and their families.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lawrence N. Gelb', written over a faint, larger version of the same signature.

Lawrence N. Gelb  
President and CEO

## HIGHLIGHTS

- ◆ Table 1 shows the reserve position of the self-funded dental plan as of June 30, 2005 and February 28, 2006. Contingency reserves as of June 30, 2005 for the active group represented 8.8 months of average paid claims, increasing to 11.6 months as of February 28, 2006. Retiree contingency reserves represented 1.7 months of average paid claims as of June 30, 2005, increasing to 4.1 months as of February 28, 2006. Contingency reserves need to be maintained to cover contingencies such as unexpected increases in claims and realized or unrealized losses on investments.
- ◆ Tables 2-A and 2-B show the income and expenses for the active group and the retiree group, respectively, for fiscal year July 1, 2004 through June 30, 2005 and the first eight months of the current fiscal year, July 1, 2005 through February 28, 2006. The active group had operating additions of \$161,742 (8.8% of income) for fiscal 2004/2005 and \$272,688 (20.8% of income) for the first eight months of fiscal 2005/06.

Financial operations for the retiree group for fiscal 2004/05 resulted in an addition of \$57,664 (8.5% of income). For the first eight months of the current year, the addition was \$114,434 (16.9% of income).

- ◆ Table 3 shows the average monthly enrollment under the self-funded dental plan for the period July 1, 2005 through February 28, 2006 and compares those numbers with the enrollment for the prior fiscal year. There was no change in the active group enrollment while retiree group enrollment was up 6%. COBRA enrollment dropped by nearly 15%.
- ◆ A self-funded dental claims summary for calendar year 2005 appears in Table 4. On average, the plan paid 69.2% of charges allowed for the active group, 70% for the retiree group and 74.1% for COBRA participants during 2005. Key dental plan features are summarized below.

Annual Deductible:	\$50 per person with \$100 family maximum except no deductible for preventive services
Maximum Benefit:	\$1,500 per person per year excluding orthodontics; \$1,000 per person per lifetime for orthodontics
Benefit Percentage:	100% for preventive services; 80% for basic services; 50% for major services

The incurred claims cost for the active group (including COBRA) on a per enrolled employee/COBRA participant per month basis in calendar year 2005 was slightly less (0.7%) than the cost in 2004. The 2005 cost for the retiree group on a per retiree per month basis was also slightly less in 2005 – down 0.8%.

- ◆ The proposed contribution rates for the fiscal year commencing July 1, 2006 are shown in Table 5 and are based on the assumptions listed after the table. The proposed contribution rates represent an 8.5% **decrease** for the active group and a 0.5% **decrease** for the retiree group under each rating tier.

*Note: The financial, eligibility and claims information contained in this report was derived from information provided by the County and its third-party administrator, Golden West. Segal has not audited the information provided.*

*The proposed contribution rates in this report are estimates of future costs based on information provided to Segal at the time the recommendations were made. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, dental trend rates and claims volatility.*



THE SEGAL COMPANY  
330 North Brand Boulevard Suite 1100 Glendale, CA 91203-2337  
T 818.956.6713 F 818.956.6790 www.segalco.com

Barry E. Miller, FSA, MAAA, EA  
Vice President  
bmillier@segalco.com

**MEMORANDUM**

**To:** Health Care Oversight Committee –  
County of Santa Barbara

**From:** Barry E. Miller *BE M*

**Date:** April 3, 2006

**Re:** **2005 Self-Funded Dental Plan**

We are pleased to present the attached report on the self-funded dental plan provided to County employees, retirees and their families. This report includes proposed dental plan contribution rates for the fiscal year beginning July 1, 2006.

We would welcome the opportunity to review this report with you.

NT/bg

Attachment  
(LA#171967v2)

cc: Nancy Topping

172945/01427.001

**Table 1**

**Reserve Position of the Self-Funded Dental Plan**

	Active	Retiree	Combined
Fund Reserves as of June 30, 2004	\$ 1,238,766	\$ 117,938	\$ 1,356,704
▫ Operating Addition, July 1, 2004 through June 30, 2005	161,742	57,664	219,406
▫ Unrealized Gain/Loss on Investments	<u>(3,838)</u>	<u>(426)</u>	<u>(4,264)</u>
Fund Reserves as of June 30, 2005	\$ 1,396,670	\$ 175,176	\$ 1,571,846
▫ Pending/Unrevealed Claims Reserve	<u>(263,400)</u>	<u>(96,800)</u>	<u>(360,200)</u>
Contingency Reserve as of June 30, 2005 <sup>1</sup>	\$ 1,133,270	\$ 78,376	\$ 1,211,646
Fund Reserves as of June 30, 2005	\$ 1,396,670	\$ 175,176	\$ 1,571,846
▫ Operating Addition, July 1, 2005 through February 28, 2006	272,688	114,434	387,122
▫ Unrealized Gain/Loss on Investments	<u>(7,616)</u>	<u>(1,155)</u>	<u>(8,771)</u>
Fund Reserves as of February 28, 2006	\$ 1,661,742	\$ 288,455	\$ 1,950,197
▫ Pending/Unrevealed Claims Reserve	<u>(255,300)</u>	<u>(98,300)</u>	<u>(353,600)</u>
Contingency Reserve as of February 28, 2006 <sup>2</sup>	\$ 1,406,442	\$ 190,155	\$ 1,596,597

<sup>1</sup> The contingency reserve as of June 30, 2005, represents 8.8 months average paid claims for the active group and 1.7 months average paid claims for the retiree group.

<sup>2</sup> The contingency reserve as of February 28, 2006, represents 11.6 months average paid claims for the active group and 4.1 months average paid claims for the retiree group.



Table 2 - A

Income and Expenses of Self-Funded Dental Plan

Active Group

	7/1/05 - 2/28/06	7/1/04 - 6/30/05
<b><u>Income</u></b>		
County contributions	\$ 514,667 ( 39.3% )	\$ 785,852 ( 42.8% )
Employee contributions	\$ 759,448 ( 58.0% )	992,563 ( 54.0% )
COBRA contributions	\$ 15,260 ( 1.2% )	27,604 ( 1.5% )
Interest income	\$ 20,806 ( 1.6% )	30,453 ( 1.7% )
<b>Total Income</b>	<b>\$1,310,180 ( 100.0% )</b>	<b>\$1,836,472 ( 100.0% )</b>
<b><u>Expenses</u></b>		
Paid claims	\$ 967,527 ( 73.8% )	\$1,549,347 ( 84.4% )
Golden West administrative fees	69,217 ( 5.3% )	102,679 ( 5.6% )
Miscellaneous expenses <sup>1</sup>	748 ( 0.1% )	22,704 ( 1.2% )
<b>Total Expenses</b>	<b>\$1,037,492 ( 79.2% )</b>	<b>\$1,674,730 ( 91.2% )</b>
<b><u>Operating Addition</u></b>	<b>\$ 272,688 ( 20.8% )</b>	<b>\$ 161,742 ( 8.8% )</b>

<sup>1</sup> Amount for July 2005 through June 2006 includes Auditor cost allocations.

Table 2 - B

Income and Expenses of Self-Funded Dental Plan

Retiree Group

	7/1/05 - 2/28/06		7/1/04 - 6/30/05	
<b><u>Income</u></b>				
Retirement contributions	\$ 507,737	( 75.0%)	\$ 673,911	( 99.5%)
Interest income	3,154	( 0.5%)	3,387	( 0.5%)
<b>Total Income</b>	<b>\$ 510,891</b>	<b>( 75.4%)</b>	<b>\$ 677,298</b>	<b>( 100.0%)</b>
<b><u>Expenses</u></b>				
Paid claims	\$ 366,570	( 54.1%)	\$ 569,244	( 84.0%)
Golden West administrative fees	29,567	( 4.4%)	41,266	( 6.1%)
Miscellaneous expenses <sup>1</sup>	320	( 0.0%)	9,124	( 1.3%)
<b>Total Expenses</b>	<b>\$ 396,457</b>	<b>( 58.5%)</b>	<b>\$ 619,634</b>	<b>( 91.5%)</b>
<b><u>Operating Addition (Deficit)</u></b>	<b><u>\$ 114,434</u></b>	<b>( 16.9%)</b>	<b><u>\$ 57,664</u></b>	<b>( 8.5%)</b>

<sup>1</sup> Amount for July 2005 through June 2006 includes Auditor cost allocations.

Table 3

Average Monthly Enrollment Under Self-Funded Dental Plan

	Monthly Average Enrolled Employees/Retirees		Percent Change
	7/1/05 - 2/31/06	7/1/04 - 6/30/05	
<b><u>Active Group</u></b>			
Single	1,449	1,502	- 3.5%
Two Party	462	416	+ 11.1%
Family	479	471	+ 1.7%
Total	<u>2,390</u>	<u>2,389</u>	+ 0.0%
<b><u>Retiree Group</u></b>			
Single	749	715	+ 4.8%
Two Party	265	245	+ 8.2%
Family	24	19	+ 26.3%
Total	<u>1,038</u>	<u>979</u>	+ 6.0%
<b><u>COBRA</u></b>			
Single	24	32	- 25.0%
Two Party	11	12	- 8.3%
Family	5	3	+ 66.7%
Total	<u>40</u>	<u>47</u>	- 14.9%
<b><u>GRAND TOTAL</u></b>	<u><u>3,468</u></u>	<u><u>3,415</u></u>	+ 1.6%

Table 4

Self-Funded Dental Plan Claims Analysis

Calendar Year 2005

	Active	Retiree	COBRA
Charges Allowed	\$2,081,722 ( 100.0% )	\$ 798,362 ( 100.0% )	\$ 55,162 ( 100.0% )
Applied to Deductible	(76,185) ( -3.7% )	(34,450) ( -4.3% )	(2,000) ( -3.6% )
Member Co-insurance	<u>(565,373) ( -27.2% )</u>	<u>(204,661) ( -25.6% )</u>	<u>(12,269) ( -22.2% )</u>
Paid Claims -			
Calendar Year 2005	<u>\$1,440,164 ( 69.2% )</u>	<u>\$ 559,251 ( 70.0% )</u>	<u>\$ 40,893 ( 74.1% )</u>
Calendar Year 2004	\$1,474,274 ( 71.1% )	\$ 513,311 ( 71.1% )	\$ 31,397 ( 72.5% )
Calendar Year 2003	\$1,438,126 ( 71.5% )	\$ 402,414 ( 67.7% )	\$ 69,683 ( 71.4% )
Calendar Year 2002	\$1,497,952 ( 69.4% )	\$ 402,414 ( 67.7% )	\$ 69,683 ( 68.1% )
Calendar Year 2001	\$1,462,401 ( 71.2% )	\$ 393,737 ( 70.8% )	\$ 63,574 ( 66.0% )

Incurred Claims Cost per Employee/Retiree per Month

	Calendar Year			
	2005	2004	2003	2002
Active & COBRA	\$50.32	\$50.68	\$47.17	\$48.56
Percent Change	-0.7%	+7.4%	-2.9%	-3.6%
Retiree	\$46.38	\$46.76	\$41.18	\$40.03
Percent Change	-0.8%	+13.6%	+2.9%	-6.8%

**Table 5**  
**Recommended Contribution Rates**  
**Self-Funded Dental Plan**

	<b>Current Monthly Contribution Rates</b>	<b>Proposed Monthly Contribution Rates 7/1/06 - 6/30/07 <sup>1</sup></b>	<b>Percent Change</b>
<b>Active Group</b>			
Employee	\$ 42.63	\$ 39.01	-8.5%
Employee + One Dependent	81.91	74.95	-8.5%
Employee +Two or more Dependents	126.10	115.38	-8.5%
<b>Retiree Group</b>			
Retiree	\$ 46.74	\$ 46.52	-0.5%
Retiree + One Dependent	93.48	93.05	-0.5%
Retiree +Two or more Dependents	140.22	139.57	-0.5%

<sup>1</sup> Twice monthly active group contribution rates are:

Employee	\$ 19.51
Employee + One Dependent	\$ 37.48
Employee + Two or more Dependents	\$ 57.69

## ASSUMPTIONS

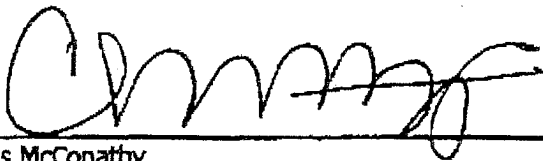
The proposed contribution rates for the fiscal year commencing July 1, 2006 are based on the following assumptions:

- An annual trend rate of 8%.
- Golden West administrative fee of \$3.50 per capita.
- Miscellaneous expenses of approximately \$4,450 for the year.
- No auditor cost allocations for the year based on information provided by the County.
- Interest credits totaling \$40,880 for the year.
- No change in the market value of investments (i.e., no unrealized gains or losses on investments).
- No changes to the plan of benefits or dental plan offerings other than periodic increases in the usual and customary allowances used by Golden West to determine maximum allowable charges under the self-funded dental plan.

<b>DATE:</b>	May 3, 2006	
<b>TO:</b>	Scott Turnbull County of Santa Barbara	
<b>VIA:</b>	Email	

**RENEWAL ACTION NOTIFICATION**

Employer Group	Group #	Renewal/Contract Period	Broker
County of Santa Barbara	561901	7/1/06 - 12/31/07	The Segal Company
<b>Plan</b>			
<b>True Advantage PPO</b>	<b>Current Rates</b>	<b>Renewal Rates</b>	<b>% Increase</b>
Employee Only	\$25.40	\$28.45	12%
Employee + 1 Dependent	\$41.75	\$46.76	
Family	\$63.38	\$70.99	




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 Chris McConathy  
 Director, Dental Sales  
 Golden West Dental & Vision