

ATTACHMENT A-1

**AETNA HEALTH PLAN MONTHLY PREMIUM RATES
ALL ACTIVE EMPLOYEES
Effective July 1, 2008 through December 31, 2009 (18 months)**

AETNA HEALTH PLANS*	Monthly Rates			
Medical Plans	Current Blue Shield Plans	Aetna	\$ Increase	Average % Increase
	July 1, 2007 - Jun. 30, 2008	Jul. 1, 2008 - Dec. 31, 2009		
LOW OPTION HMO				
Employee Only	\$ 316.25	\$ 327.62	\$ 11.37	
Employee + 1 Dependent	\$ 588.46	\$ 609.63	\$ 21.17	3.6%
Employee + 2 or More Dependents	\$ 917.16	\$ 950.14	\$ 32.98	
HIGH OPTION HMO				
Employee Only	\$ 470.23	\$ 487.14	\$ 16.91	
Employee + 1 Dependent	\$ 873.29	\$ 904.70	\$ 31.41	3.6%
Employee + 2 or More Dependents	\$ 1,366.60	\$ 1,415.75	\$ 49.15	
POS - POINT-OF-SERVICE				
Employee Only	\$ 678.96	\$ 750.47	\$ 71.51	
Employee + 1 Dependent	\$ 1,261.55	\$ 1,388.36	\$ 126.81	10.4%
Employee + 2 or More Dependents	\$ 1,971.83	\$ 2,176.35	\$ 204.52	
OPEN ACCESS PLAN, formerly PPO				
Employee Only	\$ 314.74	\$ 382.23	\$ 67.49	
Employee + 1 Dependent	\$ 585.28	\$ 707.11	\$ 121.83	21.3%
Employee + 2 or More Dependents	\$ 912.08	\$ 1,108.45	\$ 196.37	
HDHP - HIGH DEDUCTIBLE PPO				
Employee Only	\$ 240.84	\$ 249.50	\$ 8.66	
Employee + 1 Dependent	\$ 447.86	\$ 463.97	\$ 16.11	3.6%
Employee + 2 or More Dependents	\$ 697.93	\$ 723.03	\$ 25.10	
Healthcare Assistance Plan (CareCounsel) Per Covered Employee	\$ 1.66	\$ 1.80	\$ 0.14	8.4%

* All medical plans include domestic partner coverage not listed here.

ATTACHMENT A-2

AETNA HEALTH PLAN BIWEEKLY PREMIUM RATES*

ALL ACTIVE EMPLOYEES

July 1, 2008 to December 31, 2009 (18 Months)

Biweekly premiums include \$2.22 for Employee Assistance Plan and Healthcare Assistance Plans

LOW OPTION HMO	Medical Premium	County Contribution	Pre-Tax Employee Cost	Change in Employee Cost
Employee Only	\$ 153.43	\$ (153.43)	\$ -	\$ -
with 1 Dependent	\$ 283.59	\$ (153.43)	\$ 130.16	\$ 4.52
Two + Dependents	\$ 440.75	\$ (153.43)	\$ 287.32	\$ 9.97

HIGH OPTION HMO	Medical Premium	County Contribution	Pre-Tax Employee Cost	Change in Employee Cost
Employee Only	\$ 227.05	\$ (153.43)	\$ 73.62	\$ 2.55
with 1 Dependent	\$ 419.77	\$ (153.43)	\$ 266.34	\$ 9.24
Two + Dependents	\$ 655.18	\$ (153.43)	\$ 501.75	\$ 16.97

POS - POINT-OF-SERVICE PLAN	Medical Premium	County Contribution	Pre-Tax Employee Cost	Change in Employee Cost
Employee Only	\$ 348.59	\$ (153.43)	\$ 195.16	\$ 27.75
with 1 Dependent	\$ 643.00	\$ (153.43)	\$ 489.57	\$ 53.28
Two + Dependents	\$ 1,006.69	\$ (153.43)	\$ 853.26	\$ 88.45

OPEN ACCESS PLAN formerly PPO Plan	Medical Premium	County Contribution	Pre-Tax Employee Cost	Change in Employee Cost
Employee Only	\$ 178.63	\$ (153.43)	\$ 25.20	\$ 25.20
with 1 Dependent	\$ 328.58	\$ (153.43)	\$ 175.15	\$ 50.29
Two + Dependents	\$ 513.81	\$ (153.43)	\$ 360.38	\$ 84.69

HDHP HIGH DEDUCTIBLE PPO	Medical Premium	County Contribution	Pre-Tax Employee Cost	Change in Employee Cost
Employee Only	\$ 117.37	\$ (117.37)	\$ -	\$ -
with 1 Dependent	\$ 216.36	\$ (117.37)	\$ 98.99	\$ 3.44
Two + Dependents	\$ 335.93	\$ (117.37)	\$ 218.56	\$ 7.60

* All medical plans include domestic partner coverage not listed here.

Final biweekly premium rates may differ slightly from those listed due to rounding of monthly rates

ATTACHMENT A-3

AETNA RETIREE MONTHLY PREMIUM RATES

Effective July 1, 2008 through December 31, 2009 (18 months)

Medical Plans	CODE	Monthly Rates			
		Blue Shield	Aetna	\$ Increase	% Increase
		July 1, 2007 to June 30, 2008	July 1, 2008 to December 31, 2009		
LOW OPTION HMO					
Retiree w/o MC	2000	\$ 521.82	\$ 619.10	\$ 97.28	18.6%
Retiree + 1 Dep, both w/o MC	2001	\$ 970.99	\$ 1,151.99	\$ 181.00	18.6%
Retiree + 2 Deps, all w/o MC	2002	\$ 1,513.36	\$ 1,795.47	\$ 282.11	18.6%
Retiree w/o MC + 1 Dep, w/ MC	2003	\$ 433.66	\$ 875.30	\$ 441.64	101.8%
Retiree w/o MC + 2 Deps, 1 w/MC	2004	\$ 739.11	\$ 1,408.19	\$ 669.08	90.5%
Retiree w/ MC	2005	\$ 213.66	\$ 256.20	\$ 42.54	19.9%
Retiree + 1 Dep, both w/ MC	2006	\$ 394.31	\$ 512.40	\$ 118.09	29.9%
Retiree w/ MC + 2 Deps, 1 w/MC	2007	\$ 698.10	\$ 1,131.50	\$ 433.40	62.1%
Retiree w/ MC + 1 Dep, w/o MC	2008	\$ 431.32	\$ 875.30	\$ 443.98	102.9%
Retiree w/ MC + 2 Deps w/o MC	2009	\$ 694.41	\$ 1,408.19	\$ 713.78	102.8%
HIGH OPTION HMO					
Retiree w/o MC	2010	\$ 773.61	\$ 917.82	\$ 144.21	18.6%
Retiree + 1 Dep, both w/o MC	2011	\$ 1,436.58	\$ 1,704.37	\$ 267.79	18.6%
Retiree + 2 Deps, all w/o MC	2012	\$ 2,246.93	\$ 2,665.79	\$ 418.86	18.6%
Retiree w/o MC + 1 Dep, w/ MC	2013	\$ 671.33	\$ 1,321.12	\$ 649.79	96.8%
Retiree w/o MC + 2 Deps, 1 w/MC	2014	\$ 1,067.64	\$ 2,107.67	\$ 1,040.03	97.4%
Retiree w/ MC	2015	\$ 336.38	\$ 403.30	\$ 66.92	19.9%
Retiree + 1 Dep, both w/ MC	2016	\$ 610.53	\$ 806.60	\$ 196.07	32.1%
Retiree w/ MC + 2 Deps, 1 w/o MC	2017	\$ 957.03	\$ 1,724.42	\$ 767.39	80.2%
Retiree w/ MC + 1 Dep, w/o MC	2018	\$ 656.58	\$ 1,321.12	\$ 664.54	101.2%
Retiree w/ MC + 2 Deps w/o MC	2019	\$ 1,055.45	\$ 2,107.67	\$ 1,052.22	99.7%
POS - POINT-OF-SERVICE PLAN					
Retiree w/o MC	2040	\$ 1,027.81	\$ 1,063.32	\$ 35.51	3.5%
Retiree + 1 Dep, both w/o MC	2041	\$ 1,909.69	\$ 1,967.14	\$ 57.45	3.0%
Retiree + 2 Deps, all w/o MC	2042	\$ 2,984.87	\$ 3,083.64	\$ 98.77	3.3%
Retiree w/o MC + 1 Dep, w/ MC	2043	\$ 947.80	\$ 1,587.67	\$ 639.87	67.5%
Retiree w/o MC + 2 Deps, 1 w/MC	2044	\$ 1,487.07	\$ 2,491.49	\$ 1,004.42	67.5%
Retiree w/ MC	2045	\$ 480.71	\$ 524.35	\$ 43.64	9.1%
Retiree + 1 Dep, both w/ MC	2046	\$ 890.08	\$ 1,048.70	\$ 158.62	17.8%
Retiree w/ MC + 2 Deps, 1 w/o MC	2047	\$ 1,453.21	\$ 2,112.02	\$ 658.81	45.3%
Retiree w/ MC + 1 Dep w/o MC	2048	\$ 942.76	\$ 1,587.67	\$ 644.91	68.4%
Retiree w/ MC + 2 Deps w/o MC	2049	\$ 1,505.89	\$ 2,491.49	\$ 985.60	65.4%

ATTACHMENT A-3 continued

AETNA MONTHLY RETIREE PREMIUM RATES
Effective July 1, 2008 through December 31, 2009 (18 months)

Medical Plans	CODE	Monthly Rates			
		Blue Shield July 1, 2007 to June 30, 2008	Aetna July 1, 2008 to December 31, 2009	\$ Increase	% Increase
OPEN ACCESS PLAN, formerly PPO plan, includes in- and out-of-state PPO retirees in Aetna service areas					
Retiree w/o MC	2030	\$ 502.15	\$ 567.19	\$ 65.04	13.0%
Retiree + 1 Dep, both w/o MC	2031	\$ 933.77	\$ 1,049.29	\$ 115.52	12.4%
Retiree + 2 Deps, all w/o MC	2032	\$ 1,455.17	\$ 1,644.86	\$ 189.69	13.0%
Retiree w/o MC + 1 Dep w/ MC	2033	\$ 753.66	\$ 990.17	\$ 236.51	31.4%
Retiree w/o MC + 2 Deps, 1 w/MC	2034	\$ 1,208.56	\$ 1,472.27	\$ 263.71	21.8%
Retiree w/ MC	2035	\$ 373.02	\$ 422.98	\$ 49.96	13.4%
Retiree + 1 Dep, both w/ MC	2036	\$ 688.56	\$ 845.95	\$ 157.39	22.9%
Retiree w/ MC + 2 Deps, 1 w/ MC	2037	\$ 1,143.45	\$ 1,413.14	\$ 269.69	23.6%
Retiree w/ MC + 1 Dep w/o MC	2038	\$ 749.62	\$ 990.17	\$ 240.55	32.1%
Retiree w/ MC + 2 Deps w/o MC	2039	\$ 1,204.49	\$ 1,472.27	\$ 267.78	22.2%
OUT-OF-AREA PLAN PPO, includes in- and out-of-state PPO retirees outside Aetna's service area					
Retiree w/ MC	2050	\$ 1,603.83	\$ 567.19	\$ (1,036.64)	-64.6%
Retiree + 1 Dep, both w/o MC	2051	\$ 3,111.07	\$ 1,049.29	\$ (2,061.78)	-66.3%
Retiree + 2 Deps, all w/o MC	2052	\$ 4,511.33	\$ 1,644.86	\$ (2,866.47)	-63.5%
Retiree w/o MC + 1 Dep w/ MC	2053	\$ 1,982.53	\$ 1,008.80	\$ (973.73)	-49.1%
Retiree w/o MC + 2 Deps, 1 w/MC	2054	\$ 3,177.12	\$ 1,490.90	\$ (1,686.22)	-53.1%
Retiree w/ MC	2055	\$ 614.25	\$ 441.61	\$ (172.64)	-28.1%
Retiree + 1 Dep, both w/ MC	2056	\$ 1,228.54	\$ 883.22	\$ (345.32)	-28.1%
Retiree w/ MC + 2 Deps, 1 w/ MC	2057	\$ 2,423.14	\$ 1,450.41	\$ (972.73)	-40.1%
Retiree w/ MC + 1 Dep w/o MC	2058	\$ 1,900.13	\$ 1,008.80	\$ (891.33)	-46.9%
Retiree w/ MC + 2 Deps w/o MC	2059	\$ 3,094.73	\$ 1,490.90	\$ (1,603.83)	-51.8%
HDHP - HIGH DEDUCTIBLE HEALTH PLAN					
Retiree w/ MC	N/A	N/A	\$ 436.08	N/A	N/A
Retiree w/o MC	2090	\$ 383.15	\$ 454.42	\$ 71.27	18.6%
Retiree + 1 Dep, both w/o MC	2091	\$ 712.49	\$ 845.01	\$ 132.52	18.6%
Retiree + 2 Deps, all w/o MC	2092	\$ 1,110.34	\$ 1,316.86	\$ 206.52	18.6%
Healthcare Assistance Plan (CareCounsel)					
Per Covered Employee		\$ 2.82	\$ 2.90	\$ 0.08	2.8%

ATTACHMENT B

**KAISER HMO PLAN PREMIUM RATES
ALL EMPLOYEES AND RETIREES IN VENTURA SERVICE AREA**

Effective July 1, 2008 through December 31, 2009 (18 months)

KAISER HEALTH PLANS*	Monthly Rates			
	Current Blue Shield Plans	Kaiser	\$ Increase	Average % Increase
Medical Plans*	July 1, 2007 - Jun. 30, 2008	Jul. 1, 2008 - Dec. 31, 2009		
LOW OPTION HMO				
Employee Only	\$ 316.25	\$ 301.00	\$ (15.25)	-4.8%
Employee + 1 Dependent	\$ 588.46	\$ 571.90	\$ (16.56)	-2.8%
Employee + 2 or More Dependents	\$ 917.16	\$ 872.89	\$ (44.27)	-4.8%
HIGH OPTION HMO				
Employee Only	\$ 470.23	\$ 312.79	\$ (157.44)	
Employee + 1 Dependent	\$ 873.29	\$ 594.30	\$ (278.99)	-33.2%
Employee + 2 or More Dependents	\$ 1,366.60	\$ 907.09	\$ (459.51)	

* All medical plans include domestic partner coverage not listed here.

EARLY (UNDER 65) RETIREES	Monthly Rates			
	Current Blue Shield Plans	Kaiser	\$ Increase	Average % Increase
Medical Plans*	July 1, 2007 - Jun. 30, 2008	Jul. 1, 2008 - Dec. 31, 2009		
LOW OPTION HMO				
Retiree Only	\$ 521.82	\$ 403.68	\$ (118.14)	
Retiree + 1 Dependent	\$ 970.99	\$ 766.99	\$ (204.00)	-22.0%
Retiree + 2 or More Dependents	\$ 1,513.36	\$ 1,170.68	\$ (342.68)	
HIGH OPTION HMO				
Retiree Only	\$ 773.61	\$ 429.46	\$ (344.15)	
Retiree + 1 Dependent	\$ 1,436.58	\$ 815.98	\$ (620.60)	-43.9%
Retiree + 2 or More Dependents	\$ 2,246.93	\$ 1,245.45	\$ (1,001.48)	

RETIREES OVER 65	Monthly Rates			
	Current Blue Shield Plans	Kaiser	\$ Increase	Average % Increase
Medical Plans	July 1, 2007 - Jun. 30, 2008	Jul. 1, 2008 - Dec. 31, 2009		
LOW OPTION HMO				
Retiree w/ MC	\$ 213.66	\$ 115.74	\$ (97.92)	
Retiree w/o MC	\$ 456.30	\$ 431.90	\$ (24.40)	
Retiree + 1 Dep, both w/ MC	\$ 439.59	\$ 231.48	\$ (208.11)	
Retiree + 1 Dep, both w/o MC	\$ 456.30	\$ 863.00	\$ 406.70	-34.3%
Retiree w/o MC + 1 Dep, w/ MC	\$ 456.30	\$ 519.42	\$ 63.12	
Retiree w/ MC + 1 Dep, w/o MC	\$ 453.96	\$ 519.42	\$ 65.46	
Retiree + 2 Deps, all w/o MC	\$ 698.10	\$ 1,295.70	\$ 597.60	
Retiree w/ MC + 2 Deps w/o MC	\$ 717.05	\$ 979.46	\$ 262.41	
HIGH OPTION HMO				
Retiree w/ MC	\$ 359.34	\$ 126.20	\$ (233.14)	
Retiree w/o MC	\$ 671.33	\$ 442.36	\$ (228.97)	
Retiree + 1 Dep, both w/ MC	\$ 653.21	\$ 252.41	\$ (400.80)	
Retiree + 1 Dep, both w/o MC	\$ 656.58	\$ 884.73	\$ 228.15	-55.9%
Retiree w/o MC + 1 Dep, w/ MC	\$ 679.54	\$ 555.66	\$ (123.88)	
Retiree w/ MC + 1 Dep, w/o MC	\$ 671.33	\$ 568.57	\$ (102.76)	
Retiree + 2 Deps, all w/o MC	\$ 1,090.60	\$ 1,010.93	\$ (79.67)	

ATTACHMENT C



April 25, 2008

County of Santa Barbara
Scott Turnbull
1226 Anacapa Street Suite 1
Santa Barbara, CA 93101

Dear Scott,

Alliant has reviewed the County of Santa Barbara's self-funded dental plan for the 2008-2009 plan year. The below items summarize the dental renewal underwriting, reserve position and income/expenses.

Renewal Underwriting:

- Paid claims reflect the most recent 12 month experience period from: December 1, 2006 through November 30, 2007. This report was obtained from Golden West and assumes accurate information.
- The beginning and ending incurred but not reported (IBNR) reserve was calculated based on assumptions that the reserve is equal to one month of claims over the experience period.
- The annual trend factor used is: 7%. Claims were trended over 19 months, to obtain the projected paid claims for the next renewal period.
- Based on dental renewal underwriting, the required increase to current premium is: 13.5%
- The required increase to total annual premium is approximately: \$348,232 (given the current enrollment mix).
- The County of Santa Barbara has been advised to hold three months of claims + IBNR in a contingency reserve. The current balance of this contingency reserve is approximately: \$2 million. The required level of reserve, based on this recommendation would be approximately: \$925,217
- If the County of Santa Barbara decides to use their excess reserve to offset any portion of the renewal increase, there are adequate funds available to do so.
- Initially, we discussed that the County of Santa Barbara could apply a rate pass to the dental renewal effective July 1, 2008 using the excess reserve. Our recommendation would be that the County of Santa Barbara apply a slight increase, (such as trend of: 7%) to their renewal premium. By applying an increase this year, this will reduce the impact of any required increase that may be required for the future renewal period.

Reserve Position:

- Table 1: shows the reserve position of the County of Santa Barbara's self-funded dental plan as of: November 30, 2007. The contingency reserve balance for Actives as of June 30, 2007 is: \$1,726,984. The contingency reserve balance for Retirees as of June 30, 2007 is: \$308,692.

Income and Expenses:

- Table 2: shows the income and expenses classified by Actives (including COBRA and Superior Court employees) and Retirees. There are two periods shown in the exhibit, for the fiscal year: July 1, 2006 through June 30, 2007 and for the five-month period: July 1, 2007 through November 30, 2007. For the period: July 1, 2006 through June 30, 2007: the Active group had an operating addition of: \$14,419 and the Retiree group had an operating addition in the amount of: \$46,426.

Please feel free to let me know if you have any questions.

Sincerely,



Clarissa Cash
Program Account Manager
Alliant Insurance Services, Inc.

ATTACHMENT C
County of Santa Barbara

Table 1a: Reserve Position of the Self-Funded Dental Plan

	Active	Retiree	Combined
Fund Reserves as of June 30, 2006 ¹	\$1,818,219	\$302,142	\$2,120,361
Operating Addition/Deduction: July 1, 2006 through June 30, 2007 ²	\$14,419	\$46,426	\$60,845
Fund Reserves as of June 30, 2007	\$1,832,638	\$348,568	\$2,181,206
Pending/Unrevealed Claims Reserve ³	(\$142,598)	(\$55,468)	(\$198,066)
Contingency Reserve as of June 30, 2007	\$1,690,040	\$293,100	\$1,983,140
Fund Reserves as of June 30, 2007	\$1,700,552	\$282,588	\$1,983,140
Operating Addition: July 1, 2007 through November 30, 2007	\$84,320	\$47,967	\$132,287
Fund Reserves as of November 30, 2007	\$1,784,872	\$330,555	\$2,115,427
Pending/Unrevealed Claims Reserve	(\$57,887)	(\$21,863)	(\$79,750)
Contingency Reserve as of November 30, 2007	\$1,726,984	\$308,692	\$2,035,676

¹Fund reserve balance as of June 30, 2006 was obtained from the Financial Status Report

²Operating addition was obtained from Table 2: Income and Expenses of Self-Funded Dental Plan

³Pending claims reserve estimate using experience from July 1, 2006 through June 30, 2007

ATTACHMENT C
County of Santa Barbara

Table 1b: Reserve Position of the Self-Funded Dental Plan

	<u>Active</u>	<u>Retiree</u>	<u>Combined</u>
Fund Reserves as of June 30, 2006 ¹	\$1,818,219	\$302,142	\$2,120,361
Operating Addition/Deduction: July 1, 2006 through June 30, 2007 ²	\$14,419	\$46,426	\$60,845
Fund Reserves as of June 30, 2007	\$1,832,638	\$348,568	\$2,181,206
Pending/Unrevealed Claims Reserve ³	(\$142,598)	(\$55,468)	(\$198,066)
Contingency Reserve as of June 30, 2007	\$1,690,040	\$293,100	\$1,983,140
Fund Reserves as of June 30, 2007	\$1,700,552	\$282,588	\$1,983,140
Operating Addition: July 1, 2007 through November 30, 2007	\$84,320	\$47,967	\$132,287
Fund Reserves as of November 30, 2007	\$1,784,872	\$330,555	\$2,115,427
Pending/Unrevealed Claims Reserve	(\$57,887)	(\$21,863)	(\$79,750)
Contingency Reserve as of November 30, 2007	\$1,726,984	\$308,692	\$2,035,676
Renewal Subsidy (to offset 100% of renewal increase)	(\$243,654)	(\$104,578)	(\$348,232)
Contingency Reserve as of November 30, 2007 (reflects renewal subsidy)	\$1,483,331	\$204,114	\$1,687,445

¹Fund reserve balance as of June 30, 2006 was obtained from the Financial Status Report

²Operating addition was obtained from Table 2: Income and Expenses of Self-Funded Dental Plan

³Pending claims reserve estimate using experience from July 1, 2006 through June 30, 2007

ATTACHMENT C
County of Santa Barbara

Table 2: Income and Expenses of Self-Funded Dental Plan

	Active		Retiree		Combined	
	7/1/07-11/30/07	7/1/06-6/30/07	7/1/07-11/30/07	7/1/06-6/30/07	7/1/07-11/30/07	7/1/06-6/30/07
<u>Income</u>						
County Contributions	\$318,342	\$787,235			\$318,342	\$787,235
Employee/Retirement Contributions	\$432,493	\$1,050,885	\$319,328	\$767,382	\$751,821	\$1,818,267
COBRA Contributions	\$9,205	\$19,527			\$9,205	\$19,527
Superior Court Contributions	\$38,026	\$0			\$38,026	\$0
Miscellaneous Revenue ¹	\$3,088	\$0	\$1,236	\$0	\$4,324	\$0
Interest Income	\$17,950	\$64,416	\$7,182	\$26,610	\$25,132	\$91,026
Unrealized Gain/Loss on Investments ²	\$4,738	\$16,805	\$1,896	\$6,942	\$6,634	\$23,748
Total Income	\$823,840	\$1,938,868	\$329,642	\$800,934	\$1,153,482	\$2,739,802
<u>Expenses</u>						
Paid Claims ³	\$694,648	\$1,711,175	\$262,358	\$665,617	\$957,006	\$2,376,791
Golden West Administrative Fees ⁴	\$42,350	\$99,460	\$18,358	\$44,268	\$60,708	\$143,728
Miscellaneous Expenses ⁵	\$2,522	\$113,815	\$960	\$44,623	\$3,482	\$158,438
Total Expenses	\$739,520	\$1,924,450	\$281,676	\$754,507	\$1,021,196	\$2,678,957
Operating Addition	\$84,320	\$14,419	\$47,967	\$46,426	\$132,287	\$60,845

Note: Income and Expenses are obtained from Financial Status Report (by Dept, Fund) and Golden West Claims Report

¹Miscellaneous Revenue and Interest Income are allocated by the share of total contributions from each group

²Unrealized gain/loss on investments was obtained from Financial Status, Use of Money and Property, #3381

³Paid Claims were obtained from Golden West dental paid claims report and reflect the period of December 1, 2006 through November 30, 2007

⁴Golden West Administrative Fees are estimated using enrollment by month, assuming \$3.50 per employee per month

⁵Miscellaneous Expenses include: Services and Supplies and Other Charges, (7050- Communications, 7450- Office Expense, 7510- Contractual Services, 7669- Cost Allocations, 7730- Transportation and Travel, 7895- Liability Insurance, 7897- Telephone Services and 7899- Telephone Toll Charges). Miscellaneous Expenses are allocated by the share of total contributions from each group.

ATTACHMENT C

County of Santa Barbara

SELF-FUNDED DENTAL PPO UNDERWRITING ANALYSIS

Effective Date: July 1, 2008

Group Effective Date: 7/1/2008
 Most Recent Experience Date: 12/1/2007
 Applicable Months of Claims: 12

	<u>Actives</u>	<u>COBRA</u>	<u>Actives & COBRA</u>	<u>Retirees</u>	<u>Total</u>
Baseline Paid Premium (current enrollment x premium)	\$1,763,617	\$40,045	\$1,803,662	\$773,758	\$2,577,420
Baseline Paid Premium PEPM	\$62.46	\$57.54	\$62.34	\$61.29	\$62.02
Paid Claims (12/1/06 through 11/30/07)	\$1,735,638	\$52,992	\$1,788,630	\$673,320	\$2,461,950
<u>Beginning IBNR</u>	\$124,776	\$3,393	\$128,169	\$53,725	\$181,894
<u>Ending IBNR</u>	\$144,637	\$4,416	\$149,052	\$56,110	\$205,162
Change in Reserve	\$19,861	\$1,023	\$20,883	\$2,385	\$23,269
Incurred Claims	\$1,755,499	\$54,014	\$1,809,513	\$675,705	\$2,485,219
Average Annual Subscriber Lives	2,345	47	2,392	1,060	3,451
Most Recent Subscriber Lives	2,353	58	2,411	1,052	3,463
Trend Adjustment	7.0%	7.0%	7.0%	7.0%	7.0%
Annual Trend Factor	19	19	19	19	19
Mid-Point Months	1.113	1.113	1.113	1.113	1.113
Applied Trend Factor					
Projected Paid Claims	\$1,954,001	\$60,122	\$2,014,123	\$752,111	\$2,766,234
Estimated Paid Claims per Employee	\$833	\$1,284	\$842	\$710	\$802
Estimated Annual Paid Claims	\$1,960,876	\$74,457	\$2,030,475	\$746,669	\$2,775,652
Adjustment for Network Change	0.0%	0.0%	0.0%	0.0%	0.0%
Adjusted Projected Paid Claims	\$1,960,876	\$74,457	\$2,030,475	\$746,669	\$2,775,652
Fixed Costs					
Current Administration Fees					
Dental ASO	\$101,932	\$2,513	\$104,445	\$45,573	\$150,017
Total Fixed Costs	\$101,932	\$2,513	\$104,445	\$45,573	\$150,017
Net Required Premium	\$2,062,808	\$76,970	\$2,134,920	\$792,242	\$2,925,669
Net Required Premium PEPM	\$73.06	\$110.59	\$73.79	\$62.76	\$70.40
Net Required Increase					13.5%

ATTACHMENT C

County of Santa Barbara

SELF-FUNDED DENTAL RATES

Effective Date: July 1, 2008

Enrollment (as of 10/1/07)	<u>Actives</u>	<u>COBRA</u>	<u>Retirees</u>	<u>Total</u>
Single	1,371	36	739	2,146
2-Party	491	15	292	798
Family	491	7	21	519
Total	2,353	58	1,052	3,463
2007 Dental Rates				
Single	\$39.02	\$39.02	\$46.52	\$1,071,353
2-Party	\$74.97	\$74.97	\$93.05	\$781,265
Family	\$115.40	\$115.40	\$139.57	\$724,802
Total Annual Premium	\$1,763,617	\$40,045	\$773,758	\$2,577,420
Proposed 2008 Dental Rates				
Single	\$44.29	\$44.29	\$52.81	\$1,216,111
2-Party	\$85.10	\$85.10	\$105.62	\$886,820
Family	\$130.99	\$130.99	\$158.43	\$822,721
Total Annual Premium	\$2,001,861	\$45,454	\$878,336	\$2,925,652

ATTACHMENT D



DATE:	April 10, 2008	
TO:	Michael Conrad Alexis L. Lewis Vicki Bourus Chris McConathy Cindy Gray	
VIA:	Email	mconrad@alliantinsurance.com

RENEWAL ACTION NOTIFICATION

ALL EMPLOYEE & RETIREE GROUPS – MONTHLY RATES

Formal notification of the following renewal action will be mailed to the employer group 45 days prior to annual anniversary date.

Employer Group	Group #	Renewal/Contract Period	Broker
County of Santa Barbara	561901- 561904	07/01/08 – 12/31/09	Alliant Insurance Services
Plan			
Pacesetter	Current Rates	Renewal Rates	% Increase
Employee Only	\$28.45	\$31.30	10%
Employee + 1 Dependent	\$46.76	\$51.44	
Family	\$70.99	\$78.09	

ATTACHMENT E



CARECOUNSEL
EXPERT HELP WHEN YOU NEED IT MOST

March 27, 2008

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

Dear Scott:

Following-up on our phone conversation today, here are the renewal rates for the County and for SBCERS for an 18-month term effective July 1, 2008 and ending December 31, 2009.

The quarterly per retiree fee for SBCERS will increase From \$8.46 to \$8.70.

The new quarterly fee for the employee population will be \$5.40 per employee (the equivalent of \$1.80 per employee per month).

All of us at CareCounsel appreciate the strong support from you and your colleagues over the years. We look forward to supporting County of Santa Barbara employees, retirees and their families, as they navigate their health benefits in the year ahead

Sincerely,

Lawrence N. Gelb
President and CEO

ATTACHMENT F

2008 HEALTH OVERSIGHT COMMITTEE MEMBER LIST

CEO/Human Resources

Susan Paul, Assistant CEO/HR Director
Jeri Muth, Assistant HR Director
Scott Turnbull, Benefits Manager
Bob MacLeod, Chief of Employee Relations

Employees Retirement System

Oscar Peters, Retirement Administrator
Lila Deeds, Asst. Retirement Administrator

Auditor Controller

Bob Geis, Auditor-Controller
Mark Paul

County Executive Officer

Xenia Tihomirova

Deputy Sheriffs' Association

David Brookshire

Deputy District Attorneys' Association

Allan Kaplan

Engineers & Technicians Association

Henry Martinez
David Brummond

Executive Association

Bernice James
Jim McClure

Fire Fighters, Local 2046

Bob Perez

Management Association

Carol Patrick

Probation Peace Officers Association

Tara Presley

Retired Employees' Association

George Bobolia
Ron Bruns

SEIU, Local 620

Crystal Neal
Bruce Corsaw

SEIU, Local 721

Rey Ybarra

Sheriffs' Manager Association

Ugo Arnoldi

Union of American Physicians & Dentists

Mark Kofler, M.D.