

Attachment A1 - Blue Shield Plan Active Employees

BLUE SHIELD EPO Low Option	2015 Monthly Medical Premium*
Employee Only	\$602.25
Employee with 1 Dependent	\$1,114.25
Employee with Two or more dependents	\$1,750.25
BLUE SHIELD EPO High Option	2015 Monthly Medical Premium*
Employee Only	\$698.25
Employee with 1 Dependent	\$1,292.25
Employee with Two or more dependents	\$2,028.25
BLUE SHIELD PPO	2015 Monthly Medical Premium*
Employee Only	\$919.25
Employee with 1 Dependent	\$1,700.25
Employee with Two or more dependents	\$2,673.25
BLUE SHIELD HDHP	2015 Monthly Medical Premium*
Employee Only	\$518.25
Employee with 1 Dependent	\$928.25
Employee with Two or more dependents	\$1,460.25

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

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

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

BLUE SHIELD EPO Low Option	2015 Monthly Medical Premium
NMC Retiree only	\$1,160.25
NMC Retiree + NMC dep	\$2,146.25
NMC Retiree + 2 or more NMC deps	\$3,370.25
BLUE SHIELD EPO High Option	2015 Monthly Medical Premium
NMC Retiree only	\$1,345.25
NMC Retiree + NMC dep	\$2,487.25
NMC Retiree + 2 or more NMC deps	\$3,906.25
BLUE SHIELD PPO	2015 Monthly Medical Premium
NMC Retiree only	\$1,182.25
NMC Retiree + NMC dep	\$2,186.25
NMC Retiree + 2 or more NMC deps	\$3,437.25
BLUE SHIELD HDHP	2015 Monthly Medical Premium
NMC Retiree only	\$893.25
NMC Retiree + NMC dep	\$1,653.25
NMC Retiree + 2 or more NMC deps	\$2,598.25

Non-Medicare Retiree with Medicare (MC) Dependents

BLUE SHIELD EPO Low Option	2015 Monthly Medical Premium
NMC Retiree + 1 MC dep	\$1,781.25
BLUE SHIELD EPO High Option	2015 Monthly Medical Premium
NMC Retiree + 1 MC dep	\$1,986.25
BLUE SHIELD PPO	2015 Monthly Medical Premium
NMC Retiree + 1 MC dep	\$1,885.25

Attachment A 3 - Post 65 Retiree Blue Shield Monthly Medical Plans

Medicare Retiree with Non-Medicare Dependents

BLUE SHIELD EPO Low Option	2015 Monthly Medical Premium
MC Retiree Only	\$620.25
MC Retiree + 1 NMC dep	\$1,606.25
MC Retiree + 2 NMC deps	\$2,830.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,227.25
BLUE SHIELD EPO High Option	2015 Monthly Medical Premium
MC Retiree Only	\$640.25
MC Retiree + 1 NMC dep	\$1,782.25
MC Retiree + 2 NMC deps	\$3,201.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,423.25
BLUE SHIELD PPO	2015 Monthly Medical Premium
MC Retiree Only	\$705.25
MC Retiree + 1 NMC dep	\$1,709.25
MC Retiree + 2 NMC deps	\$2,960.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,412.25
BLUE SHIELD HDHP	2015 Monthly Medical Premium
MC Retiree Only	\$705.25
MC Retiree + 1 NMC dep	\$1,465.25
MC Retiree + 2 NMC deps	\$2,410.25
MC Retiree + 1 MC dep + 1 NMC dep	\$2,168.25

Medicare Retiree with Medicare Dependents

BLUE SHIELD EPO Low Option	2015 Monthly Medical Premium
MC Retiree + 1 MC dep	\$1,241.25
MC Retiree + 2 MC deps	\$1,861.25
BLUE SHIELD EPO High Option	2015 Monthly Medical Premium
MC Retiree + 1 MC dep	\$1,281.25
MC Retiree + 2 MC deps	\$1,920.25
BLUE SHIELD PPO	2015 Monthly Medical Premium
MC Retiree + 1 MC dep	\$1,408.25
MC Retiree + 2 MC deps	\$2,113.25
BLUE SHIELD HDHP	2015 Monthly Medical Premium
MC Retiree + 1 MC dep	\$1,408.25
MC Retiree + 2 MC deps	\$2,113.25

Attachment A 4 - Post 65 Retiree Blue Shield Monthly Medical Plans (with EGWP)

Medicare Retiree with Medicare Dependents (with EGWP PDP)

BLUE SHIELD EPO Low Option	2015 Monthly Medical Premium
MC Retiree Only	\$550.25
MC Retiree + 1 MC dep*	\$1,100.25
MC Retiree + 2 MC deps*	\$1,650.25
BLUE SHIELD EPO High Option	2015 Monthly Medical Premium
MC Retiree Only	\$570.25
MC Retiree + 1 MC dep*	\$1,140.25
MC Retiree + 2 MC deps*	\$1,710.25
BLUE SHIELD PPO	2015 Monthly Medical Premium
MC Retiree Only	\$635.25
MC Retiree + 1 MC dep*	\$1,270.25
MC Retiree + 2 MC deps*	\$1,905.25

***Rates assume that Medicare dependent will enroll in EGWP**

Medicare with Non-Medicare Combination Rates (with EGWP PDP)

BLUE SHIELD EPO Low Option + EGWP PDP	2015 Monthly Medical Premium
MC Retiree + 1 NMC dep	\$1,536.25
NMC Retiree + 1 MC dep	\$1,536.25
MC Retiree + 2 NMC deps	\$2,760.25
NMC Retiree + 1 MC dep + 1 NMC dep*	\$2,760.25
MC Retiree + 1 MC dep + 1 NMC dep*	\$2,086.25
BLUE SHIELD EPO High Option + EGWP PDP	2015 Monthly Medical Premium
MC Retiree + 1 NMC dep	\$1,712.25
NMC Retiree + 1 MC dep	\$1,712.25
MC Retiree + 2 NMC deps	\$3,131.25
NMC Retiree + 1 MC dep + 1 NMC dep*	\$3,131.25
MC Retiree + 1 MC dep + 1 NMC dep*	\$2,282.25
BLUE SHIELD PPO + EGWP PDP	2015 Monthly Medical Premium
MC Retiree + 1 NMC dep	\$1,639.25
NMC Retiree + 1 MC dep	\$1,639.25
MC Retiree + 2 NMC deps	\$2,890.25
NMC Retiree + 1 MC dep + 1 NMC dep*	\$2,890.25
MC Retiree + 1 MC dep + 1 NMC dep*	\$2,274.25

Active Employee Monthly Premium Rates

KAISER HMO LOW	2015 Monthly Premium
Employee Only	\$528.57
Employee with 1 Dependent	\$1,004.05
Employee with Two or more dependents	\$1,532.37
KAISER HMO HIGH	2015 Monthly Premium
Employee Only	\$548.59
Employee with 1 Dependent	\$1,042.09
Employee with Two or more dependents	\$1,590.43

Early Retiree Monthly Premium Rates**Non-Medicare (NMC) Retiree with Non-Medicare Dependents**

KAISER HMO LOW	2015 Monthly Premium
NMC Retiree only	\$767.41
NMC Retiree + NMC dep	\$1,457.85
NMC Retiree + 2 or more NMC deps	\$2,225.01
KAISER HMO HIGH	2015 Monthly Premium
NMC Retiree only	\$799.23
NMC Retiree + NMC dep	\$1,518.33
NMC Retiree + 2 or more NMC deps	\$2,317.31

Non-Medicare Retiree with Medicare (MC) Dependents

KAISER HMO LOW	2015 Monthly Premium
NMC Retiree only	\$767.41
NMC Retiree + MC dep	\$926.91
NMC Retiree + 2 MC deps	\$1,086.41
NMC Retiree + 1 MC dep + 1 NMC dep	\$1,694.07
KAISER HMO HIGH	2015 Monthly Premium
NMC Retiree only	\$799.23
NMC Retiree + MC dep	\$982.19
NMC Retiree + 2 MC deps	\$1,165.15
NMC Retiree + 1 MC dep + 1 NMC dep	\$1,781.17

Attachment B2 - Kaiser MC, Unassigned Rates and Advantage Plans

Post 65 Monthly Premium Rates

Medicare Retiree with Non-Medicare Dependents

KAISER SENIOR ADVANTAGE HMO Low	2015 Monthly Premium
MC Retiree Only	\$159.75
MC Retiree + 1 NMC dep	\$850.19
MC Retiree + 2 NMC deps	\$1,617.35
MC Retiree + 1 MC dep + 1 NMC dep	\$1,086.41
KAISER SENIOR ADVANTAGE HMO High	2015 Monthly Premium
MC Retiree Only	\$183.21
MC Retiree + 1 NMC dep	\$902.31
MC Retiree + 2 NMC deps	\$1,701.29
MC Retiree + 1 MC dep + 1 NMC dep	\$1,165.15

Medicare Retiree with Medicare Dependents

KAISER SENIOR ADVANTAGE HMO Low	2015 Monthly Premium
MC Retiree + 1 MC dep	\$319.25
MC Retiree + 2 MC deps	\$478.75
KAISER SENIOR ADVANTAGE HMO High	2015 Monthly Premium
MC Retiree + 1 MC dep	\$366.17
MC Retiree + 2 MC deps	\$549.13

Kaiser Unassigned 65+ Retiree Rates - Single

KAISER UNASSIGNED HMO Low	2015 Monthly Premium
Neither A or B	\$1,167.19
A and B	\$853.17
A Only	\$853.17
B Only	\$1,167.19
Under 65 NKR	\$1,167.19
65 Plus NKR	\$1,167.19
KAISER UNASSIGNED HMO High	2015 Monthly Premium
Neither A or B	\$1,196.23
A and B	\$882.21
A Only	\$882.21
B Only	\$1,196.23
Under 65 NKR	\$1,196.23
65 Plus NKR	\$1,196.23

June 27, 2014

County of Santa Barbara
Andreas Pyper
1226 Anacapa Street Suite 1
Santa Barbara, CA 93101

Dear Andreas,

Alliant has reviewed the County of Santa Barbara's self-funded dental plan for the 2013-2014 plan year. The below items summarize the dental renewal underwriting, reserve position and income/expenses.

Renewal Underwriting:

- Paid claims reflect two separate time periods due to the change to EIA Dental on 1/1/2014
 - Data from Golden West was used from 1/1/2013 through 12/31/2013
 - Data from Delta Dental was used from 1/1/2014 through 5/30/2014
- 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 ending IBNR (current estimated liability) is estimated to be approximately \$130,105. This number is subject to change as more claim data becomes available
- The annual trend factor used is: 7.0%.
- Based on dental renewal underwriting, the required change to current funding is recommended to be +26.3%. This renewal is the result of projected costs compared to current budgeting levels. Current budgeting levels were established last year and reflect a buy-down from Alliant's recommended +18.2% to a +0.0%.
- The projected necessary change to total annual budget (under EIA Dental) is approximately: \$612,617 (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: \$1.86 million. The required level of reserve, based on this recommendation would be approximately: \$650,000.
- 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.

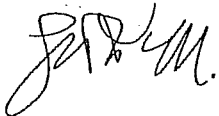
Reserve Position:

- Table 1: shows the estimated reserve position of the County of Santa Barbara's self-funded dental plan as of: June 3, 2014. The estimated contingency reserve balance are as follows:
 - o Actives employees: \$1.24M
 - o Retirees: \$615K

Income and Expenses:

- Table 2: shows the income and expenses classified by Actives (including COBRA and Superior Court employees) and Retirees. The Operating addition (loss) for the period of July 1, 2013 through May 30, 2014 is as follows:
 - o Actives: (\$37,570)
 - o Retiree: (\$106,343)

Sincerely,



Scott McClave

Underwriting Consultant

Alliant Insurance Services, Inc.

COUNTY OF SANTA BARBARA

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

	Active	Retiree	Combined
Fund Reserves as of June 3, 2014 ¹	\$1,242,529	\$615,299	\$1,857,829
Operating Addition: July 1, 2013 through June 3, 2014 YTD ²	(\$37,570)	(\$106,343)	(\$143,913)
Fund Reserves as of June 3, 2014	\$1,204,959	\$508,956	\$1,713,915
Pending/Unrevealed Claims Reserve ³	(\$87,015)	(\$43,090)	(\$130,105)
Estimated Contingency Reserve as of June 3, 2014	\$1,117,944	\$465,866	\$1,583,810
Estimated Renewal Subsidy (to offset 100% of projected renewal increase to move to EIA Dental)	(\$422,065)	(\$190,552)	(\$612,617)
Estimated Contingency Reserve as of June 3, 2014 (reflects renewal subsidy)	\$695,879	\$275,314	\$971,193

¹Fund reserve balance as of June 3, 2014 was obtained from County Financial Status Report and includes Cash in Treasury (0110), Imprest Cash with Bank (0125), and Accounts Receivable (0230). Individual fund reserve balances for active and retiree categories are estimates based on the distribution of enrollment in the month of March 2014

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

³Pending claims reserve estimates are based on claims experience from January 1, 2014 through May 30, 2014

COUNTY OF SANTA BARBARA

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

	Active	Retiree	Combined
	7/1/13 - 6/3/14	7/1/13 - 6/3/14	7/1/13 - 6/3/14
Income			
County Contributions	\$619,299		\$619,299
Employee/Retirement Contributions	\$783,158	\$616,509	\$1,399,667
COBRA Contributions	\$19,312		\$19,312
Superior Court Contributions	\$0		\$0
Miscellaneous Revenue ¹	\$0	\$0	\$0
Interest Income	\$0	\$0	0.00
Unrealized Gain/Loss on Investments ²	\$3,076	\$1,334	\$4,409
Total Income	\$1,424,844	\$617,843	\$2,042,687
Expenses			
Paid Claims ³	\$1,289,761	\$638,688	\$1,928,449
Dental Administrative Fees ⁴	\$96,844	\$47,957	\$144,801
Miscellaneous Expenses ⁵	\$75,809	\$37,541	\$113,350
Total Expenses	\$1,462,414	\$724,186	\$2,186,600
Operating Addition	(\$37,570)	(\$106,343)	(\$143,913)

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

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

²Unrealized gain/loss on Investments was obtained from County Financial Status Report dated June 3, 2014

³Paid Claims are based on County Financial Status Report dated June 3, 2014

⁴Dental Administrative Fees are estimated from enrollment covering July 2013 through Dec 2013 and assume fees of \$3.61 per employee per month. The fees from January 2014 through May 2014 are estimated using Delta Dental's admin rate of 7.2% of claims and the PBIA fee of \$0.35 per employee per month.

⁵Miscellaneous Expenses include: Services and Supplies and Other Charges, (7430- Memberships, 7440- Miscellaneous Expense, 7450- Office Expense, 7451- Postage, 7455- Printing Expense, 7456- IT Hardware Purchase, 7460- Professional & Special Service, 7510- Contractual Services, 7669- Cost Allocations, 7730- Transportation and Travel, 7732- Training and Travel, 7897- Telephone Services and 7899- Telephone Toll Charges). Miscellaneous Expenses are allocated by the share of total contributions from each group.

Attachment D - Self-funded Dental PPO**County Self-funded Dental PPO - Delta Dental**

ACTIVE EMPLOYEES	2015 Monthly Premium
Employee Only	\$39.02
Employee with 1 Dependent	\$74.97
Employee with Two or more dependents	\$115.40
EARLY RETIREES	2015 Monthly Premium
Retiree Only	\$46.52
Retiree + 1 dep	\$93.05
Retiree + 2 dep	\$139.57
POST - 65 RETIREES	2015 Monthly Premium
Retiree Only	\$46.52
Retiree + 1 dep	\$93.05
Retiree + 2 dep	\$139.57

Delta Dental DeltaCare USA DHMO

ACTIVE EMPLOYEES	2015 Monthly Premium
Employee Only	\$28.69
Employee with 1 Dependent	\$47.16
Employee with Two or more dependents	\$71.60
EARLY RETIREES	2015 Monthly Premium
Retiree Only	\$28.69
Retiree + 1 dep	\$47.16
Retiree + 2 dep	\$71.60
POST - 65 RETIREES	2015 Monthly Premium
Retiree Only	\$28.69
Retiree + 1 dep	\$47.16
Retiree + 2 dep	\$71.60

Vision Service Plan (VSP)

ACTIVE EMPLOYEES	2015 Monthly Premium
Employee Only	\$6.15
Employee with 1 Dependent	\$8.85
Employee with Two or more dependents	\$15.88
EARLY RETIREES	2015 Monthly Premium
Retiree Only	\$6.15
Retiree + 1 dep	\$8.85
Retiree + 2 dep	\$15.88
POST - 65 RETIREES	2015 Monthly Premium
Retiree Only	\$6.15
Retiree + 1 dep	\$8.85
Retiree + 2 dep	\$15.88

Attachment G - CareCounsel Healthcare Assistance Plan

Care Counsel	2015 Monthly Premium
Active employees enrolled in a health plan	\$1.95
Retirees enrolled in a health plan	\$3.25

Attachment H - United Healthcare (UHC) Medicare Risk Plan

Medicare (MC) Retiree with Non-Medicare Dependents

UHC Medicare Risk Plan HMO Low Option	2015 Monthly Medical Premium
MC Retiree only	\$300.43
UHC Medicare Risk Plan HMO High Option	2015 Monthly Medical Premium
MC Retiree only	\$499.07

Medicare (MC) Retiree with Medicare Dependents

UHC Medicare Risk Plan HMO Low Option	2015 Monthly Medical Premium
MC Retiree + 1 MC dep	\$600.86
MC Retiree + 2 MC deps	\$901.29
UHC Medicare Risk Plan HMO High Option	2015 Monthly Medical Premium
MC Retiree + 1 MC dep	\$998.14
MC Retiree + 2 MC deps	\$1,497.21

Attachment I – Health Oversight Committee Members - 2015

Health Oversight Committee Members

Human Resources

Bob MacLeod
Andreas Pyper
Joe Pisano

Alliant Insurances Services, Inc.

Michael Menerey
Kim Hauk

SBCERS

Greg Levin
Cristal Rodriguez

Auditor Controller

Nancy Dougherty
Betsy Byrne

County Executive Office

Jette Christiansson

Deputy Sheriffs' Assn.

David Brookshire
Chris Corbett

District Attorneys' Assn.

Lee Carter

Engineers & Technicians Assn.

Henry Bongiovi
David Brummond

Firefighters, Local 2046

Adam Estabrook

Probation Peace Officers Assn.

Tara Presley
Sonia Alcantar
Ed Torres

Retired Employees' Assn.

Greg Mohr
Zandra Cholmondeley

SEIU, Local 620

Crystal Neal
Bruce Corsaw

SEIU, Local 721

Edward Ozeta
Lupe Montaño
Rachel Flores

Sheriffs' Manager Assn.

Ugo Arnoldi

Union of American Physicians & Dentists

Mark Kofler, M.D.

CAA

Kevin Ready