

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

583



**FROM:** Human Resources Dept.

**SUBMITTAL DATE:**  
August 2, 2004

**SUBJECT:** Employee and Retiree Medical and Dental Plans - 2005 Rates

**RECOMMENDED MOTION:** That the Board of Supervisors approve the employee and retiree medical and dental plan renewal rates for the 2005 plan year and authorize the increased amounts.

**BACKGROUND:** In 2002, the County of Riverside successfully negotiated with insurance carriers to contract directly for medical insurance coverage for the 2003 plan year, in order to exit the CalPERS system and avoid major disruptions in provider network relationships. This resulted in the County and its employees having the opportunity to pay less for medical insurance coverage, to be able to provide programs with a Wellness emphasis, as well as address employees' health concerns more effectively. The CalPERS 2003 rates were significantly higher than the rates the County was able to negotiate with the three carriers selected by the County's joint Labor-Management Healthcare Committee to provide medical insurance plans to its employees and their dependents. In 2004, County employees again realized significant cost savings as a result of contracting with the carriers directly.

Departmental Concurrence

\_\_\_\_\_  
Ronald W. Komers  
Asst. County Executive Officer/Human Resources Dir.

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2004/2005
<b>SOURCE OF FUNDS:</b> Employee Deductions				Positions To Be Deleted Per A-30 <input type="checkbox"/>
				Requires 4/5 Vote <input type="checkbox"/>

**C.E.O. RECOMMENDATION:**  
**APPROVE**

**County Executive Office Signature**

- Dep't Recomm.:  Consent  Policy
- Per Exec. Ofc.:  Consent  Policy

**Prev. Agn. Ref.:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Agenda Number:** **3.40**

Based on enrollment to date, County employees and retirees have saved a total of \$6,900,000 over what they would have paid had the County continued in the CalPERS plans. During the transition year (2003), employees experienced minimal disruption because most were able to retain their doctor and the health plan in which they were enrolled under CalPERS. There has been very favorable employee feedback on the Human Resources Benefits Information Line about the new plans provided through this direct-contracting arrangement.

The Joint Health Care Labor-Management Committee, formed in 2002, has continued to review our existing plans and their actual experience. Additionally, the Committee worked closely with Aon, the County's benefits consultant, to consider alternative plan designs and to minimize rate increases for Plan Year 2005. The proposed rates for 2005 are based upon projected medical inflation trends and actual healthcare expenses for County employees, dependents and retirees. This is the first year that the carriers had sufficient claims data to fully experience-rate the County's plans. Unfortunately, for many of our plans, the experience was above normal for a group of our size. When combined with increasing trends in medical inflation, our actual expenses require rate increases for all plans. Importantly, however, HMO Plans (with the exception of Kaiser) are still less expensive than similar CalPERS plans, and no changes in plan options or benefits are proposed for the HMO medical plans in 2005. Kaiser has required a 22.1% rate increase, based on our local experience, making this plan more expensive than its CalPERS counterpart and subject to cancellation next year unless experience improves. The proposed rates for active and retired employees are shown on Attachment "A".

Exclusive Care continues to be one of the most popular plans. A benefit plan design change increasing the co-payment for emergency room usage and non-network hospital days to \$250 per day will be implemented. Even with this plan modification, the plan continues to be a great value – up to \$200 per month less expensive than the lowest priced CalPERS plan.

The one exception to our comparatively modest rate increases is the rate increase required for the PacifiCare PPO plan. The proposed rate increases for the current plan are 84% higher than the current 2004 rates. The rate increases are due to bad claims experience and the relatively small enrollment of approximately 540 employees and retirees. Unfortunately, these significant rate increases are not sustainable in the long run and indicate that an overall plan design change is necessary to remain a viable plan option. Hence, the PacifiCare Signature Freedom plan is recommended to replace the PacifiCare PPO plan.

The PacifiCare Signature Freedom plan is a Self-Directed Health Plan (SDHP), often called a "consumer-driven" plan (Attachment "B"). This plan design is very similar to the PacifiCare PPO in that it provides the same PPO provider network, the same benefits of 90% in-network and 70% out-of-network, the same prescription benefits and the same flexibility to choose both in-network and out-of-network providers. The main difference is that the plan has a higher deductible and a higher annual maximum. However, the plan also contains a unique feature called a Self-Directed Account (SDA). The SDA is funded with \$1,000 per individual/\$2,000 per family that may be used for limited services, such as physician office visits, immunizations, routine, office laboratory and x-rays. A list of SDA covered services is contained in Attachment "C." The SDA can be used to pay for these covered services whenever the expenses would normally be paid by the participant, e.g. when the deductible has to be met or a co-payment is required. Any fees paid by the SDA count toward the participant's annual deductible. The SDA may assist an employee in reducing their initial deductible to as little as \$500 per year. If a participant is unable to use all funds in the SDA, the remaining SDA balance rolls over into the next plan year. There is no maximum limit applied to the SDA. Participants will receive quarterly statements on their SDA balances. No additional paperwork is required to receive the benefits of the SDA account, as PacifiCare will automatically withdraw from the SDA when claims are processed for eligible services.

For those bargaining units continuing in the CalPERS system, medical rates have changed as outlined in Attachment "D". CalPERS continues to modify its plans, eliminate and restrict providers, and has created a regional rating scheme in order to cut costs for Southern California this year.

The three United Concordia dental plans will not have a rate increase in 2005 because these plans have experienced stable utilization. The Local Advantage Plan will also have no rate increases. The Freedom Plan will increase its rate by 18%, due solely to actual experience in its first year of operation.

This year, for the first time, Riverside County will be initiating computerized (e-benefits) open enrollment, utilizing a new PeopleSoft module which will greatly simplify and improve the enrollment, billing, and recordkeeping processes. Departmental Human Resources representatives and the Benefits Information line staff will be trained to assist employees with online annual enrollment. Human Resources will hold benefit fairs during the annual enrollment period to ensure optimum communication of our valuable benefits programs to all employees. Due to the proposed online process and benefit changes, Human Resources will be holding additional benefit fairs this year at County sites where benefit fairs have not been held in the past. During the fairs, Human Resources staff will also help employees enter their elections online.

Riverside County employees spend nearly \$70 million on health benefits each year. In 2005, Human Resources will be collaborating with its health plan partners to implement additional wellness programs. These programs will be aimed at improving employee health which will, over the long-term, help to control rate increases. Primary focus will be intensive disease management programs for employees identified as high-risk for diabetes, coronary artery disease, asthma and depression. Encouraging employees and retirees to maintain a healthy lifestyle and to seek appropriate care when necessary will have a positive impact on the future costs of our medical plans.

There is no direct cost to the County for these rate adjustments, as the County has already increased the County funded flexible benefit credits, for most employees, during negotiations. Any costs above the flexible benefit credits are borne by the employee.

**County of Riverside**  
**2005 Medical Renewal Rates**  
**Actives & Early Retirees**

		COUNTY OF RIVERSIDE			
	Enrollment	2004 Current	2005 Renewal	Dollar Increase	Percent Increase
<b>Exclusive Care</b>					
Single	1550	\$206.00	\$251.00	\$45.00	21.8%
Two-Party	547	\$420.00	\$512.00	\$92.00	21.9%
Family	1071	\$528.00	\$644.00	\$116.00	22.0%
SUB-TOTAL	3168	\$13,374,336	\$16,306,056	\$2,931,720	21.9%
<b>Health Net</b>					
<b>HMO</b>					
Single	514	\$252.00	\$320.00	\$68.00	27.0%
Two-Party	216	\$543.00	\$642.00	\$99.00	18.2%
Family	249	\$747.00	\$826.00	\$79.00	10.6%
SUB-TOTAL	979	\$5,193,828	\$6,105,912	\$912,084	17.6%
<b>Kaiser</b>					
<b>HMO</b>					
Single	1257	\$287.00	\$350.00	\$63.00	22.0%
Two-Party	500	\$572.00	\$698.00	\$126.00	22.0%
Family	506	\$743.00	\$907.00	\$164.00	22.1%
SUB-TOTAL	2263	\$12,272,604	\$14,974,704	\$2,702,100	22.0%
<b>PacificCare</b>					
<b>HMO</b>					
Single	1,813	\$250.00	\$320.00	\$70.00	28.0%
Two-Party	715	\$538.00	\$642.00	\$104.00	19.3%
Family	743	\$740.00	\$826.00	\$86.00	11.6%
SUB-TOTAL	3271	\$16,652,880	\$19,834,896	\$3,182,016	19.1%
<b>Signature Freedom</b>					
Single	363	\$378.00	\$547.00	\$169.00	44.7%
Two-Party	132	\$757.00	\$1,097.00	\$340.00	44.9%
Family	63	\$985.00	\$1,427.00	\$442.00	44.9%
SUB-TOTAL	558	\$3,590,316	\$5,199,192	\$1,608,876	44.8%
<b>TOTAL</b>	<b>10,239</b>	<b>51,083,964</b>	<b>62,420,760</b>	<b>11,336,796</b>	<b>22.2%</b>

\* Assumes Exclusive Care enrollment in Blue Shield HMO (CalPERS).

**Assumptions:**

Health Net - right to modify rates if actual enrollment changes by more than 15%.

PacificCare - right to modify rates if actual enrollment changes by more than 15%.

**County of Riverside**  
**2005 Medical Renewal Rates**  
**Over Age 65 Retirees**

	2004 Current	2005 Renewal	Dollar Increase	Percent Increase
<b>Kaiser Senior Advantage Medicare Unassigned</b>				
Medicare B only assigned to KPSA	\$491.00	\$533.00	\$42.00	8.6%
Eligible/ entitled to Medicare Part B only, but Medicare is unassigned to KPSA	\$849.00	\$887.00	\$38.00	4.5%
Eligible/ entitled to Medicare Part A only, but Medicare is unassigned to KPSA	\$557.00	\$603.00	\$46.00	8.3%
Eligible/ entitled to Medicare Part A & B, but Medicare is unassigned to KPSA	\$557.00	\$603.00	\$46.00	8.3%
Not eligible/entitled for Medicare Parts A & B or assignment unknown	\$849.00	\$887.00	\$38.00	4.5%
<b>Kaiser Senior Advantage</b>				
Retiree Only	\$274.00	\$209.00	-\$65.00	-23.7%
Retiree & Spouse, One Medicare	\$559.00	\$557.00	-\$2.00	-0.4%
Retiree & Spouse, Two Medicare	\$546.00	\$416.00	-\$130.00	-23.8%
Retiree & Spouse, One Medicare, Deps.	\$730.00	\$766.00	\$36.00	4.9%
Retiree & Spouse, Two Medicare, Deps.	\$717.00	\$625.00	-\$92.00	-12.8%
<b>Secure Horizons</b>				
Retiree Only	\$232.00	\$232.00	\$0.00	0.0%
Retiree & Spouse, One Medicare	\$480.00	\$550.00	\$70.00	14.6%
Retiree & Spouse, Two Medicare	\$462.00	\$462.00	\$0.00	0.0%
Retiree & Spouse, One Medicare, Deps.	\$722.00	\$738.00	\$16.00	2.2%
Retiree & Spouse, Two Medicare, Deps.	\$704.00	\$650.00	-\$54.00	-7.7%
<b>Senior Supplement Plan</b>				
Retiree Only	\$384.00	\$384.00	\$0.00	0.0%
Retiree & Spouse, One Medicare	\$760.00	\$929.00	\$169.00	22.2%
Retiree & Spouse, Two Medicare	\$766.00	\$766.00	\$0.00	0.0%
Retiree & Spouse, One Medicare, Deps.	\$991.00	\$1,264.00	\$273.00	27.5%
Retiree & Spouse, Two Medicare, Deps.	\$997.00	\$1,101.00	\$104.00	10.4%
<b>Medicare Select (Riverside)</b>				
Retiree Only	\$270.00	\$329.00	\$59.00	21.9%
Retiree & Spouse, One Medicare	\$554.00	\$675.00	\$121.00	21.8%
Retiree & Spouse, Two Medicare	\$544.00	\$675.00	\$131.00	24.1%
Retiree & Spouse, One Medicare, Deps.	\$726.00	\$885.00	\$159.00	21.9%
Retiree & Spouse, Two Medicare, Deps.	\$715.00	\$885.00	\$170.00	23.8%
<b>Medicare Select (Out-of-Riverside)</b>				
Retiree Only	\$380.00	\$463.00	\$83.00	21.8%
Retiree & Spouse, One Medicare	\$756.00	\$921.00	\$165.00	21.8%
Retiree & Spouse, Two Medicare	\$764.00	\$921.00	\$157.00	20.5%
Retiree & Spouse, One Medicare, Deps.	\$995.00	\$1,212.00	\$217.00	21.8%
Retiree & Spouse, Two Medicare, Deps.	\$989.00	\$1,212.00	\$223.00	22.5%

**County of Riverside**  
**2005 Dental Renewal Rates**  
**Actives**

	2004 Current	2005 Renewal	Dollar Increase	Percent Increase
<b>Local Advantage - Plus</b>				
Single	\$41.08	\$41.08	\$0.00	0.0%
Two-Party	\$82.74	\$82.74	\$0.00	0.0%
Family	\$123.00	\$123.00	\$0.00	0.0%
<b>Local Advantage - Blythe</b>				
Single	\$29.00	\$29.00	\$0.00	0.0%
Two-Party	\$53.30	\$53.30	\$0.00	0.0%
Family	\$82.20	\$82.20	\$0.00	0.0%
<b>United Concordia - PPO</b>				
Single	\$41.06	\$41.06	\$0.00	0.0%
Two-Party	\$74.34	\$74.34	\$0.00	0.0%
Family	\$108.78	\$108.78	\$0.00	0.0%
<b>DHMO - TCA21</b>				
Single	\$18.14	\$18.14	\$0.00	0.0%
Two-Party	\$28.18	\$28.18	\$0.00	0.0%
Family	\$44.82	\$44.82	\$0.00	0.0%
<b>DHMO - TCA36</b>				
Single	\$13.22	\$13.22	\$0.00	0.0%
Two-Party	\$20.40	\$20.40	\$0.00	0.0%
Family	\$32.26	\$32.26	\$0.00	0.0%
<b>Freedom Dental Plan</b>				
Single	\$67.36	\$79.48	\$12.12	18.0%
Two-Party	\$123.88	\$146.18	\$22.30	18.0%
Family	\$183.22	\$216.20	\$32.98	18.0%

**County of Riverside**  
**2005 Dental Renewal Rates**  
**Over Age 65 Retirees**

Attachment A

	2004 Current	2005 Renewal	Dollar Increase	Percent Increase
<b>Local Advantage - Plus</b>				
Single	\$42.08	\$42.08	\$0.00	0.0%
Two-Party	\$83.74	\$83.74	\$0.00	0.0%
Family	\$124.00	\$124.00	\$0.00	0.0%
<b>Local Advantage - Blythe</b>				
Single	\$30.00	\$30.00	\$0.00	0.0%
Two-Party	\$54.30	\$54.30	\$0.00	0.0%
Family	\$83.20	\$83.20	\$0.00	0.0%
<b>United Concordia - PPO</b>				
Single	\$42.06	\$42.06	\$0.00	0.0%
Two-Party	\$75.34	\$75.34	\$0.00	0.0%
Family	\$109.78	\$109.78	\$0.00	0.0%
<b>DHMO - TCA21</b>				
Single	\$19.14	\$19.14	\$0.00	0.0%
Two-Party	\$29.18	\$29.18	\$0.00	0.0%
Family	\$45.82	\$45.82	\$0.00	0.0%
<b>DHMO - TCA36</b>				
Single	\$14.22	\$14.22	\$0.00	0.0%
Two-Party	\$21.40	\$21.40	\$0.00	0.0%
Family	\$33.26	\$33.26	\$0.00	0.0%
<b>Freedom Dental Plan</b>				
Single	\$68.36	\$80.48	\$12.12	17.7%
Two-Party	\$124.88	\$147.18	\$22.30	17.9%
Family	\$184.22	\$217.20	\$32.98	17.9%

**COUNTY OF RIVERSIDE**  
 2005 Plan Designs  
 PPO and Self Directed Health Plan Comparison

	PersCare		PersChoice		PersChoice/ OOA		PacifiCare PPO Plan Plan U04		PacifiCare Self Directed Health Plan (SDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductibles</b>			\$500 individual \$1000 family				\$250 individual \$550 family		\$1,000 Individual Self Directed Account \$1,500 2 Party Self Directed Account \$2,000 Family Self Directed Account	
<b>Hospital</b>										
Inpatient	10%	20%	20%	40%	40%	40%	30%+\$500			
Outpatient	10%	20%	20%	40%	40%	40%	30%+\$250			
<b>Physician Care</b>									<b>Eligible SDA Expenses</b>	
Office Visits	\$20	\$20	\$20	40%	40%	40%	30%		*Physician Office Visits *Physician Home Visits *Physician Consultations * Annual Physical Exams *Well Baby *Well Child *Well Woman *Immunizations and Injections *Office Radiology Including but not Limited to: CAT Scans, Mammograms, MRIs, X-rays *Office Pathology & Laboratory *Office Based Diagnostic Procedures Including but not Limited to: Ambulatory Blood Pressure Monitoring, Recording, Analysis, Electrocardiograms, Eye Refractions and Exams, Metabolic Panel Basic and Comprehensive, Muscle and Range of Motion Testing, Pacemaker Analysis, Pap Smears, Prostate Exams, Sigmoidoscopy, Vascular and Breathing Analysis.	
Allergy Test/Treatment	10%	20%	20%	40%	40%	40%	30%			
Hospital Visits	\$20	\$20	\$20	40%	40%	40%	30%			
Healthy Exam	10%	20%	20%	40%	40%	40%	30%			
Well Baby Care	10%	20%	20%	40%	40%	40%	30%			
Vision Exam	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered			
<b>Diagnostic</b>										
X-Ray/Lab	10%	20%	20%	40%	40%	40%	30%		\$1,500 Individual Deductible \$2,250 2 Party Deductible \$3,000 Family Deductible	
<b>Substance Abuse</b>										
Inpatient	10%	20%	20%	40%	40%	40%	30% for Detox Only		Actual Amount Paid by Member is Dependent on Usage of the Self Directed Account. Applies to All Other Covered Services.	
Outpatient (Max 15-30 visits/year)	10%	20%	20%	40%	40%	40%	10% for Detox Only 10%; 24 visits			70%; 15 days 70%; 20 days
<b>Non-Severe Mental Health<sup>2</sup></b>										
Inpatient	10%	20%	20%	40%	40%	40%	30%			
Outpatient (Max 30 days/year)	10%	20%	20%	40%	40%	40%	30%			
<b>Physical Therapy</b>										
Physical/Occupational (varied max visits/year)	10% to 20%	20%	20%	10% to 40%	40%	40%	30%		90% Applies to All Other Covered Services.	70% Applies to All Other Covered Services.
<b>Other</b>										
Chiropractic (Max 20 visits/year)	10%	20%	20%	40%	40%	40%	30%			
Acupuncture	10%	20%	20%	40%	40%	40%	30%			
Ambulance	20%	20%	20%	20%	20%	20%	20%			
Emergency Services	\$50 + 10%	\$50 + 20%	\$50 + 20%	\$50 + 10% to 20%	\$50 + 10% to 20%	\$50 + 10%	\$75 + 10%			
<b>Prescription Drugs</b>										
Pharmacy (30- 34 days)										
Generic	\$5	\$5	\$5	\$5	\$5	\$5	Not Covered		\$5	Not Covered
Brand	\$15	\$15	\$15	\$15	\$15	\$15	Not Covered		\$15	Not Covered
Non-Formulary	\$30	\$30	\$30	\$30	\$30	\$30	Not Covered		\$30	Not Covered
Mail Order Program (90 days)										
Generic	\$10	\$10	\$10	\$10	\$10	\$10	Not Covered		\$10	Not Covered
Brand	\$25	\$25	\$25	\$25	\$25	\$25	Not Covered		\$30	Not Covered
Non-Formulary	\$40	\$40	\$40	\$40	\$40	\$40	Not Covered		\$50	Not Covered
<b>Out of Pocket Maximum</b>										
Individual	\$2,000	\$3,000	\$3,000	No Maximum <sup>1</sup>	No Maximum <sup>1</sup>	No Maximum <sup>1</sup>	\$6,000		\$3,000	\$9,000
Individual Plus One Dependent	\$4,000	\$6,000	\$6,000				\$12,000		\$4,500	\$13,500
Family Maximum									\$6,000	\$18,000

1) No maximum plan year copayment for services rendered within a BlueCross BlueShield network.

2) Severe Mental Illness is paid the same as any other illness. It includes the diagnosis and medically necessary treatment of the following conditions: Anorexia Nervosa, Bipolar Disorder, Bulimia Nervosa, Major Depressive Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Personality Developmental Disorder or Autism, Schizoaffective Disorder, Schizophrenia. In addition, the Severe Mental Illness benefit includes coverage of Serious Emotional Disturbance of Children (SED).

This is a summary of benefits only. It is not intended to be all inclusive. For complete details on exclusions and limitations, please refer to the proposals.

## ***Self Directed Account (SDA)***

### **SDA COVERED SERVICES**

Physician office visits  
Physician home visits  
Physician consultations  
Annual physical exams  
Well baby  
Well child  
Well woman  
Immunizations and injections  
Office radiology including but not limited to:  
*CAT scans*  
Mammograms  
*MRIs*  
*X-rays*  
Office pathology & laboratory  
Office-based diagnostic procedures including but not limited to:  
*Ambulatory blood pressure monitoring, recording, analysis*  
*Electrocardiograms*  
*Eye refractions and exams*  
*Metabolic panel, basic and comprehensive*  
*Muscle and range of motion testing*  
*Pacemaker analysis*  
*Pap Smears*  
*Prostate exams*  
*Sigmoidoscopy*  
*Vascular and breathing analysis*

### **NON-COVERED SERVICES UNDER THE SDA**

Prescription drugs  
Ambulance  
Hospital and facility services  
Emergency room  
Durable medical equipment  
Physician services (other than physician office visits)  
Electroencephalogram (EEG)  
Antigen therapy & immunotherapy services  
Allergy testing (skin, eye, nose, food, etc.)  
Colonoscopy  
Therapeutic exercises  
Chiropractic services  
Mental health related visits  
Chemical dependency visits  
Surgical procedures  
Transplants  
Sterilization  
Rehabilitative services  
Prosthetic Devices  
Oxygen

***The above is not a complete list of SDA covered and non-covered services.  
Please refer to the Schedule of Benefits and Certificate for specific benefit information.***

## CalPERS 2005 Health Premiums - Regional Contracting Agencies Only

Basic	2004			2005			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
<b>Basic Premium Rates - Bay Area/Sacramento</b>							
Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba							
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$389.96	\$779.92	\$1,013.90	23.71%
Kaiser CA	305.42	610.84	794.09	354.69	709.38	922.19	16.13%
PERS Choice	349.41	698.82	908.47	369.74	739.48	961.32	5.82%
PERSCare	544.77	1,089.54	1,416.40	619.93	1,239.86	1,611.82	13.80%
WHA	280.41	560.82	729.07	322.47	644.94	838.42	15.00%
<b>Basic Premium Rates - Los Angeles Area</b>							
Los Angeles, San Bernardino, Ventura							
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$287.75	\$575.50	\$748.15	-8.71%
Kaiser CA	305.42	610.84	794.09	294.78	589.56	766.43	-3.48%
PERS Choice	349.41	698.82	908.47	344.12	688.24	894.71	-1.51%
PERSCare	544.77	1,089.54	1,416.40	576.96	1,153.92	1,500.10	5.91%
<b>Basic Premium Rates - Other Southern California</b>							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare							
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$323.25	\$646.50	\$840.45	2.54%
Kaiser CA	305.42	610.84	794.09	308.24	616.48	801.42	0.92%
PERS Choice	349.41	698.82	908.47	351.44	702.88	913.74	0.58%
PERSCare	544.77	1,089.54	1,416.40	589.24	1,178.48	1,532.02	8.16%
<b>Basic Premium Rates - Other Northern California</b>							
Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne							
Blue Shield CA	\$315.22	\$630.44	\$819.57	\$394.26	\$788.52	\$1,025.08	25.07%
Kaiser CA	305.42	610.84	794.09	362.58	725.16	942.71	18.72%
PERS Choice	349.41	698.82	908.47	384.38	768.76	999.39	10.01%
PERSCare	544.77	1,089.54	1,416.40	644.48	1,288.96	1,675.65	18.30%
WHA	280.41	560.82	729.07	322.47	644.94	838.42	15.00%
<b>Basic Premium Rates - Out of State</b>							
Kaiser/Out of State	\$426.93	\$853.86	\$1,110.02	\$475.92	\$951.84	\$1,237.39	11.47%
PERS Choice	349.41	698.82	908.47	402.69	805.38	1,046.99	15.25%
PERSCare	544.77	1,089.54	1,416.40	675.17	1,350.34	1,755.44	23.94%

Medicare	2004			2005			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
<b>Medicare Premium Rates - All Regions</b>							
Blue Shield CA	\$319.97	\$639.94	\$959.91	\$287.78	\$575.56	\$863.34	-10.06%
Kaiser CA	273.86	547.72	821.58	255.97	511.94	767.91	-6.53%
Kaiser/Out of State	239.50	479.00	718.50	260.95	521.90	782.85	8.96%
PERS Choice	305.67	611.34	917.01	279.60	559.20	838.80	-8.53%
PERSCare	336.07	672.14	1,008.21	289.32	578.64	867.96	-13.91%
WHA	280.24	560.48	840.72	280.24	560.48	840.72	0.00%