

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



**ITEM: 3.33  
(ID # 19633)**

**MEETING DATE:**  
Tuesday, August 30, 2022

**FROM :** HUMAN RESOURCES:

**SUBJECT:** HUMAN RESOURCES: Dental, and Vision Plan Rates; Benefit Changes for Active Employees and Retirees for the 2023 Calendar Year, All Districts. [Total Cost - \$206,584,485, 100% Employee and Retiree Health Premiums]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the 2023 Dental and Vision plan rates listed in Attachments A and B for active employees and early retirees. CalPERS monthly plan rates are provided for information purposes only in Attachment C.

**ACTION:**Policy


  
Michael Bowers, Assistant HR Director 8/18/2022

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Jeffries, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt  
Nays: None  
Absent: None  
Date: August 30, 2022  
xc: HR

Kecia R. Harper  
Clerk of the Board  
By:   
Deputy

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<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$103,650,159	\$102,934,326	\$206,584,485	\$
<b>NET COUNTY COST</b>	\$	\$	\$	\$
<b>SOURCE OF FUNDS: Employee and Retiree Health Premiums</b>			<b>Budget Adjustment: No</b>	
			<b>For Fiscal Year: 22/23 – 23/24</b>	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

The County contracts with the CalPERS Health Program to provide medical coverage for County employees and retirees and currently administers Exclusive Care, the County's self-insured medical plan. To assist employees and retirees with the cost of health benefits, the County provides Flexible Benefit Credits and a retiree medical contribution. The Flexible Benefit Credit amount is determined by the applicable Memorandum of Understanding (MOU) governing each bargaining unit, Management Resolution for unrepresented employees or the Ordinance 440 for the Resident Physicians and Pharmacy Residents classifications. The retiree medical contribution is based on the Minimum Contribution amount as prescribed in the Government Code section 22892 of the Public Employees' Medical and Hospital Care Act (PEMHCA). The contribution is adjusted annually to reflect any changes in the medical care component of the Consumer Price Index-Urban (CPI-U), or the amount prescribed by the Memorandum of Understanding or resolution for the retirees bargaining unit or employee resolution at the time of their retirement.

**Health Plan Rates and Plan Design**

**Active Employee and Early Retiree Medical Rates**

The CalPERS Board of Administration approved medical plan premiums for calendar year 2023 at an overall premium rate increase of 6.75%. Members enrolled in the CalPERS' Basic Health Maintenance Organization (HMO) plans will see an average premium increase of 4.35%, while the Preferred Provider Organization (PPO) plans will see an overall increase of 15.76%. CalPERS HMO rates came in below or near the national trend, which was estimated to be 7.1% for 2022.

CalPERS reported the main cost drivers for the overall 2023 premium increases to include medical inflation, pharmaceutical inflation, and buydown adjustments to premiums made in 2022.

**Exclusive Care (EPO)**

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Exclusive Care has 3,657 active employees enrolled in the plan for calendar year 2022. There are 10 participants enrolled in the early retiree plan, 4 enrolled in the Medicare COB Plan, and 49 retirees in the Medicare Supplemental Plan.

Over the last several years, Exclusive Care plan has experienced volatility in the forms of increasing claims costs and decreasing membership, which have adversely affected premium rates which are set by annual actuarial evaluation. After review of claims experience, provider negotiations, plan reserves, and Pharmacy Benefit Manager (PBM) rates, Human Resources recommends termination of the plan and eliminating this enrollment option for the 2023 plan year. The 2022 plan year will continue uninterrupted through December 31, 2022.

**Dental Plans**

For Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organizations (DPPO) plans, the current national trend rates are at 4% for DHMOs and 4.7% for PPOs. These factors are also not adjusted for regional differences nor for fully insured plans.

Delta Dental continues to offer the largest national dental provider network with a full range of dental care programs. Under the Delta Dental plan, employees and retirees have the option to select a DHMO or DPPO plan design.

**Dental Plan Reserves**

Human Resources has reviewed and finalized fund balance reserves for the County's self-insured dental plans: Local Advantage, Local Advantage Blythe, and Delta Dental PPO. These plans have accumulated excess reserve balances that can only be used to benefit the participants of these plans.

The County will utilize and apply the excess reserve amounts to cover recommended rate increases as calculated in the renewal. These actions will maintain premiums for employees and retirees in plan year 2023 and deplete excess reserves to a reasonable reserve balance sufficient to cover future claims Incurred But Not Reported (IBNR) and claim run-out expenses.

It is recommended that the County use reserves as indicated for the 2023 plan year and reevaluate the plan reserves next summer in preparations for the 2024 plan year. Once excess dental plan reserves are depleted, dental rates are expected to increase in the 2024 plan year due to the benefit enhancements that were added to the dental plans in the 2022 plan year.

***Delta Dental PPO***

The Delta Dental PPO and Premier plan features freedom of choice to visit any dentist and receive lower out-of-pocket cost when services are provided by contract providers. Delta Dental continues to successfully manage the County's dental plans and expand their network with new and local service providers throughout Riverside County. Currently, there are 10,693

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participants enrolled in the Delta PPO plan option, which is a combined total of active employees and retirees.

Actuaries initially recommended a rate increase of 8.6% for the self-funded PPO plan. However, excess plan reserves will be used to cover the recommended increase, which will result in a rate pass to participants in 2023 plan year. In addition, excess plan reserves will be used to cover the costs of the additional benefits enhancements during the 2023 plan year.

***Delta Care HMO***

DeltaCare is the dental DHMO plan which features set copays, no annual deductibles, and no maximums for in-network benefits. Many diagnostic and preventative services are available at no cost or with very low copays. Presently, there are 7,537 participants enrolled in the Delta DHMO plan option, which is a combined total of active employees and retirees. There are no plan design changes proposed to the DeltaCare HMO plan for the 2023 plan year. The renewal includes a 3.0% premium rate increase for the 2023 plan year.

***Local Advantage Plus and Local Advantage Blythe***

The Local Advantage Plus and Local Advantage Blythe are self-funded (Exclusive Provider Organizations (EPO)) plans that utilize local providers including Riverside Dental Group and Hospitality Dental group. Presently, there are 763 participants enrolled in the Local Advantage Plus and 27 participants enrolled in the Local Advantage Blythe plans, which is a combined total of active employees and retirees.

Actuaries initially recommended a 63.9% rate increase to both the Local Advantage Plus plan and Local Advantage Blythe plan. However, plan reserves will be used to cover the recommended rate increase, which will result in a rate pass to participants for 2023. In addition, plan reserves will be used to cover the additional cost of plan benefits enhancements that were added in the 2023 plan year.

**Vision Plans**

The Vision Services Plan (VSP) is an employer paid self-funded program available to Elected Officials, employees covered by the Exempt Management, Management, Confidential, and Unrepresented Resolution, Resident Physicians and Pharmacy Residents classifications, and employees in bargaining units of the Riverside County Deputy District Attorney Association (RCDDAA) and Law Enforcement Management Unit (LEMU). There are 2,560 employees enrolled in the VSP plan.

All County departments are charged a rate of \$17.68 per eligible employee per month to cover the cost of this plan. Actuaries recommended a rate decrease. The new rate of \$15.93 was effective July 1, 2022.

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The Medical Eye Services Plan (MES) is a voluntary vision program offered to employees covered by the Service Employee' International Union (SEIU), Local 721, the Laborers' International Union of North America (LIUNA), Local 777, and the Riverside Sheriffs' Association Public Safety (PSU) Units. There are 11,023 active employees and 2,176 early retirees enrolled in the MES plans.

Effective January 1, 2023, the MES plans will become EyeMED Vision Care (EyeMed). MES was purchased by Luxottica in 2019 and the MES Plans will change to EyeMed Vision Care effective with the renewal on January 1, 2023.

Luxottica launched EyeMed Vision Care in 1999. EyeMed is one of the largest vision benefit companies in the U.S. EyeMed provides the largest network in California and an increased access to a nationwide network in which members will continue to have in-network access to Walmart and Costco, in addition to leading retailers like LensCrafters, Target Optical and Pearle Vision and online, in-network options.

There is no change in plan design for the vision plans for the 2023 Plan Year.

**CalPERS**

The CalPERS Health Program offers more medical options and a variety of choices of plan types to County employees.

CalPERS members can make changes to their health plan choices during the annual Open Enrollment period, which is scheduled for September 19 to October 14, 2022. The CalPERS medical plan rates are listed in the Attachment C for information and comparative purposes only. The County is included in Region 3 under the CalPERS Health Program.

**Regions**

**Region 1** – Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba

**Region 2** – Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

**Region 3** – Los Angeles, Riverside, and San Bernardino

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**Impact on Residents and Businesses**

There is no impact to residents or businesses in the County of Riverside.

**Contract History and Price Reasonableness**

The annual cost of medical, dental, and vision plans for active employees and retirees is estimated to decrease from \$207 million in plan year 2022 to \$206 million in plan year 2023, a decrease of \$1 million or 5%. This estimate is based on current enrollments and is the amount County active employees and retirees will pay towards premiums in 2023. The decrease in cost is a result of Exclusive Care EPO plan not being offered in plan year 2023.

County's annual cost is determined by Flexible Benefit Credits and retiree medical contributions that are provided to active employees and retirees. The remaining annual cost for the health plans is paid by employees and retirees.

If approved, plan rates will be communicated to employees and retirees during the County's annual Open Enrollment period, which is scheduled for September 19, 2022, through October 14, 2022, for active employees and retirees.

**ATTACHMENTS**

- A. Dental Plan Monthly Rates (Actives and Retirees)
- B. Vision Plan Monthly Rates (Actives and Retirees)
- C. CalPERS Plan Monthly Rates (Informational Purposes Only)

  
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Meghan Hahn, Senior Management Analyst 8/18/2022

County of Riverside  
2023

County Dental Plan Renewal Rates  
Actives and Retirees

	Total Enrollment	2022 Renewal	2023 Renewal	Monthly Dollar Change	Percent change
<b>Local Advantage - Plus</b>					
Single	450	\$32.26	\$32.26	\$0.00	0%
Two-Party	153	\$61.50	\$61.50	\$0.00	0%
Family	160	\$91.50	\$91.50	\$0.00	0%
<b>Sub-Total</b>	<b>763</b>	<b>\$38,566.50</b>	<b>\$38,566.50</b>	<b>\$0.00</b>	<b>0%</b>
<b>Local Advantage - Blythe</b>					
Single	10	\$20.98	\$20.98	\$0.00	0%
Two-Party	10	\$32.02	\$32.02	\$0.00	0%
Family	7	\$50.36	\$50.36	\$0.00	0%
<b>Sub-Total</b>	<b>27</b>	<b>\$882.52</b>	<b>\$882.52</b>	<b>\$0.00</b>	<b>0%</b>
<b>Delta USA DHMO - High Option Plan (10A)</b>					
Single	4119	\$20.98	\$21.62	\$0.64	3%
Two-Party	1718	\$32.02	\$32.98	\$0.96	3%
Family	1700	\$50.36	\$51.86	\$1.50	3%
<b>Sub-Total</b>	<b>7537</b>	<b>\$227,038.98</b>	<b>\$233,874.42</b>	<b>\$6,835.44</b>	<b>3%</b>
<b>Delta Dental PPO</b>					
Single	5421	\$45.00	\$45.00	\$0.00	0%
Two-Party	2704	\$78.00	\$78.00	\$0.00	0%
Family	2568	\$115.00	\$115.00	\$0.00	0%
<b>Sub-Total</b>	<b>10693</b>	<b>\$750,177.00</b>	<b>\$750,177.00</b>	<b>\$0.00</b>	<b>0%</b>
<b>ANNUAL TOTAL</b>	<b>19020</b>	<b>\$12,199,980.00</b>	<b>\$12,282,005.28</b>	<b>\$82,025.28</b>	<b>1%</b>



County of Riverside  
 2023 County Vision Plan Renewal Rates  
 Actives and Retirees

	Active Enrollment	2022 Renewal	2023 Renewal	Monthly Dollar Increase	Percent Increase
<b>EyeMed Vision Care Plan 2 - Hardware only (Active Employees)</b>					
Single	331	\$7.22	\$7.22	\$0.00	0%
Two-Party	86	\$11.50	\$11.50	\$0.00	0%
Family	92	\$15.88	\$15.88	\$0.00	0%
<b>Sub-Total</b>	<b>509</b>	<b>\$4,839.78</b>	<b>\$4,839.78</b>	<b>\$0.00</b>	<b>0%</b>
<b>EyeMed Vision Care Plan 1 - Exam &amp; Hardware (Active Employees)</b>					
Single	5965	\$8.56	\$8.56	\$0.00	0%
Two-Party	1984	\$12.92	\$12.92	\$0.00	0%
Family	2565	\$17.48	\$17.48	\$0.00	0%
<b>Sub-Total</b>	<b>10514</b>	<b>\$121,529.88</b>	<b>\$121,529.88</b>	<b>\$0.00</b>	<b>0%</b>
<b>VSP</b>					
Self-Funded Fee		12% of claims	12% of claims	N/A	N/A
Recommended funding level	2560	\$17.68	\$15.93	(\$1.75)	-10%
<b>Sub-Total</b>	<b>2560</b>	<b>\$45,260.80</b>	<b>\$40,780.80</b>	<b>(\$4,480.00)</b>	<b>-10%</b>
<b>EyeMed Vision Care Retiree Plan</b>					
Single	1231	\$10.17	\$10.17	\$0.00	0%
Two-Party	814	\$19.48	\$19.48	\$0.00	0%
Family	131	\$25.84	\$25.84	\$0.00	0%
<b>Sub-Total</b>	<b>2176</b>	<b>\$31,761.03</b>	<b>\$31,761.03</b>	<b>\$0.00</b>	<b>0%</b>
<b>Annual Total</b>	<b>15759</b>	<b>\$2,440,697.88</b>	<b>\$2,386,937.88</b>	<b>(\$53,760.00)</b>	<b>-2%</b>



**Regional 2023 HMO Health Premiums (PSPM)**  
**July Board of Administration Offsite Final Proposed Premiums**

Basic Plans	2022 <sup>1</sup>			2023 <sup>2</sup>			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
<b>Basic Premiums - Region 1</b>							
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba							
Anthem Blue Cross Select HMO	\$1,015.81	\$2,031.62	\$2,641.11	\$1,128.83	\$2,257.66	\$2,934.96	11.13%
Anthem Blue Cross Traditional HMO	1,304.00	2,608.00	3,390.40	1,210.71	2,421.42	3,147.85	(7.15%)
Blue Shield Access+ HMO	1,116.01	2,232.02	2,901.63	1,035.21	2,070.42	2,691.55	(7.24%)
Blue Shield Trio HMO	898.54	1,797.08	2,336.20	888.94	1,777.88	2,311.24	(1.07%)
Health Net SmartCare	1,153.00	2,306.00	2,997.80	1,174.50	2,349.00	3,053.70	1.86%
Kaiser Permanente	857.06	1,714.12	2,228.36	913.74	1,827.48	2,375.72	6.61%
UnitedHealthcare SignatureValue Alliance	1,020.28	2,040.56	2,652.73	1,044.07	2,088.14	2,714.58	2.33%
Western Health Advantage HMO	741.26	1,482.52	1,927.28	760.17	1,520.34	1,976.44	2.55%
<b>Basic Premiums - Region 2</b>							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura							
Anthem Blue Cross Select HMO	\$712.43	\$1,424.86	\$1,852.32	\$765.37	\$1,530.74	\$1,989.96	7.43%
Anthem Blue Cross Traditional HMO	1,007.13	2,014.26	2,618.54	935.12	1,870.24	2,431.31	(7.15%)
Blue Shield Access+ HMO	900.22	1,800.44	2,340.57	842.61	1,685.22	2,190.79	(6.40%)
Blue Shield Trio HMO	742.70	1,485.40	1,931.02	760.71	1,521.42	1,977.85	2.42%
Health Net Salud y Más	548.26	1,096.52	1,425.48	698.91	1,397.82	1,817.17	27.48%
Health Net SmartCare	845.69	1,691.38	2,198.79	834.65	1,669.30	2,170.09	(1.31%)
Kaiser Permanente	706.02	1,412.04	1,835.65	756.21	1,512.42	1,966.15	7.11%
Sharp Performance Plus	699.21	1,398.42	1,817.95	764.96	1,529.92	1,988.90	9.40%
UnitedHealthcare SignatureValue Alliance	775.09	1,550.18	2,015.23	793.63	1,587.26	2,063.44	2.39%
UnitedHealthcare SignatureValue Harmony	782.74	1,565.48	2,035.12	781.58	1,563.16	2,032.11	(0.15%)
<b>Basic Premiums - Region 3</b>							
Los Angeles, Riverside and San Bernardino							
Anthem Blue Cross Select HMO	\$676.48	\$1,352.96	\$1,758.85	\$737.91	\$1,475.82	\$1,918.57	9.08%
Anthem Blue Cross Traditional HMO	935.57	1,871.14	2,432.48	942.73	1,885.46	2,451.10	0.77%
Blue Shield Access+ HMO	779.87	1,559.74	2,027.66	738.29	1,476.58	1,919.55	(5.33%)
Blue Shield Trio HMO	668.13	1,336.26	1,737.14	661.49	1,322.98	1,719.87	(0.99%)
Health Net Salud y Más	463.87	927.74	1,206.06	606.34	1,212.68	1,576.48	30.71%
Health Net SmartCare	764.96	1,529.92	1,988.90	755.29	1,510.58	1,963.75	(1.26%)
Kaiser Permanente	719.78	1,439.56	1,871.43	754.64	1,509.28	1,962.06	4.84%
UnitedHealthcare SignatureValue Alliance	771.85	1,543.70	2,006.81	790.46	1,580.92	2,055.20	2.41%
UnitedHealthcare SignatureValue Harmony	714.28	1,428.56	1,857.13	713.55	1,427.10	1,855.23	(0.10%)
<b>Basic Premiums - Out of State</b>							
Kaiser Permanente Out of State	\$1,138.95	\$2,277.90	\$2,961.27	\$1,155.43	\$2,310.86	\$3,004.12	1.45%

<sup>1</sup>2022 Premium reflects the first year of the two-year risk mitigation phase-in.

<sup>2</sup>2023 Premium reflects the second year (full impact of risk mitigation) of the two-year risk mitigation phase-in.

HMO Medicare Advantage Regional premiums are the same as the HMO Medicare Advantage Statewide premiums.

**Regional 2023 PPO Health Premiums (PSPM)**  
**July Board of Administration Offsite Final Proposed Premiums**

Basic Plans	2022 <sup>1</sup>			2023 <sup>2</sup>			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
<b>Basic Premiums - Region 1</b>							
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba							
Anthem Blue Cross Del Norte County EPO	\$1,057.01	\$2,114.02	\$2,748.23	\$1,200.12	\$2,400.24	\$3,120.31	13.54%
PERS Gold	701.23	1,402.46	1,823.20	825.61	1,651.22	2,146.59	17.74%
PERS Platinum	1,057.01	2,114.02	2,748.23	1,200.12	2,400.24	3,120.31	13.54%
<b>Basic Premiums - Region 2</b>							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura							
PERS Gold	\$587.78	\$1,175.56	\$1,528.23	\$695.93	\$1,391.86	\$1,809.42	18.40%
PERS Platinum	882.18	1,764.36	2,293.67	1,014.80	2,029.60	2,638.48	15.03%
<b>Basic Premiums - Region 3</b>							
Los Angeles, Riverside and San Bernardino							
PERS Gold	\$575.56	\$1,151.12	\$1,496.46	\$680.37	\$1,360.74	\$1,768.96	18.21%
PERS Platinum	863.37	1,726.74	2,244.76	992.59	1,985.18	2,580.73	14.97%
<b>Basic Premiums - Out of State</b>							
PERS Platinum	\$847.71	\$1,695.42	\$2,204.05	\$1,003.90	\$2,007.80	\$2,610.14	18.42%

<sup>1</sup>2022 Premium reflects the first year of the two-year risk mitigation phase-in.

<sup>2</sup>2023 Premium reflects the second year (full impact of risk mitigation) of the two-year risk mitigation phase-in.  
PPO Medicare Supplement Regional premiums are the same as the PPO Medicare Supplement Statewide premiums.

**2023 Associations (ASN) Plan Premiums (PSPM)**  
**July Board of Administration Final Premiums**

Basic Plans	2022			2023			Percent Change <sup>1</sup>
	Single	2-Party	Family	Single	2-Party	Family	
CAHP	\$768.67	\$1,492.25	\$1,951.73	\$768.67	\$1,492.25	\$1,951.73	0.00%
CCPOA North	876.07	1,756.37	2,371.41	928.26	1,861.19	2,512.99	5.96%
CCPOA South	722.32	1,448.81	1,957.86	765.32	1,535.24	2,074.22	5.95%
PORAC State	750.00	1,449.00	1,927.00	775.00	1,525.00	2,000.00	3.33%
PORAC Region 1	799.00	1,725.00	2,219.00	825.00	1,875.00	2,300.00	3.25%
PORAC Region 2	775.00	1,550.00	2,010.00	820.00	1,650.00	2,100.00	5.81%
PORAC Region 3	775.00	1,475.00	1,894.00	820.00	1,600.00	2,100.00	5.81%
PORAC Out of State	899.00	1,899.00	2,223.00	935.00	1,899.00	2,250.00	4.00%

**ASN Basic Weighted Average** **4.01%**

Medicare Plans	2022			2023			Percent Change <sup>1</sup>
	Single	2-Party	Family	Single	2-Party	Family	
CAHP	\$518.96	\$958.27	\$1,218.41	\$518.96	\$958.27	\$1,218.41	0.00%
CCPOA North	515.73	1,034.23	1,546.96	401.00	802.00	1,203.00	-22.25%
CCPOA South	515.73	1,034.23	1,546.96	401.00	802.00	1,203.00	-22.25%
PORAC State	461.00	919.00	1,471.00	465.00	1,030.00	1,395.00	0.87%
PORAC Region 1	461.00	919.00	1,471.00	465.00	1,030.00	1,395.00	0.87%
PORAC Region 2	461.00	919.00	1,471.00	465.00	1,030.00	1,395.00	0.87%
PORAC Region 3	461.00	919.00	1,471.00	465.00	1,030.00	1,395.00	0.87%
PORAC Out of State	461.00	919.00	1,471.00	465.00	1,030.00	1,395.00	0.87%

**ASN Medicare Weighted Average** **-2.08%**

Combination Plans	2023					
	Subscriber in M & 1 Dependent in B	Subscriber in M & 2+ Dependents in B	Subscriber in M, 1 Dependent in B & 1 Dependent in M	Subscriber in B & 1 Dependent in M	Subscriber in B & 2+ Dependents in M	Subscriber in B, 1 Dependent in B & 1 Dependent in M
CAHP	\$1,242.54	\$1,702.02	\$1,417.75	\$1,207.98	\$1,468.12	\$1,667.46
CCPOA North	1,333.93	1,985.73	1,453.80	1,329.26	1,730.26	1,981.06
CCPOA South	1,170.92	1,709.90	1,340.98	1,166.32	1,567.32	1,705.30
PORAC State	1,322.00	1,824.00	1,624.00	1,370.00	1,832.00	1,873.00
PORAC Region 1	1,525.00	1,999.00	1,582.00	1,392.00	1,854.00	1,868.00
PORAC Region 2	1,430.00	1,914.00	1,661.00	1,425.00	1,887.00	1,909.00
PORAC Region 3	1,368.00	1,888.00	1,687.00	1,363.00	1,825.00	1,773.00
PORAC Out of State	1,493.00	1,918.00	1,476.00	1,493.00	1,955.00	1,862.00

<sup>1</sup> Percent Change column represents the change based only on Single Party premiums from 2022 to 2023.





# BOARD RULES

## **Requests to Address Board on "Agenda" Items:**

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

## **Requests to Address Board on items that are "NOT" on the Agenda/Public Comment:**

Notwithstanding any other provisions of these rules, a member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES. Donated time is not permitted during Public Comment.

## **Power Point Presentations/Printed Material:**

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please ensure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

## **Individual Speaker Limits:**

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin to flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

## **Group/Organized Presentations:**

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the bottom of the form.

## **Addressing the Board & Acknowledgement by Chairman:**

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman, may result in removal from the Board Chambers by Sheriff Deputies.