

# LAFCO

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**Santa Barbara Local Agency Formation Commission**  
105 East Anapamu Street ♦ Santa Barbara CA 93101  
805/568-3391 ♦ FAX 805/568-2249  
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December 14, 2023 (Agenda)

Local Agency Formation Commission  
105 East Anapamu Street  
Santa Barbara CA 93101

## **2024 Employee Benefits Insurance Program Rates**

Dear Members of the Commission:

### RECOMMENDATION:

It is recommended that the Commission set the health plan rates for 2024.

### DISCUSSION:

The recommended actions will ensure the LAFCO employee benefits program is consistent with the County's program. Per Executive Officer and Analyst/Clerk contracts LAFCO contributes to the cost of eligible employees' medical, dental, and vision coverage in line with that of the County's contribution.

On October 3, 2023 the Benefits and Wellness Division of the Santa Barbara County's Human Resources office prepared a board report that outlined the 2024 Employee Benefit Insurance Program Renewal (Attachment A). The Board of Supervisors considered that report and adopted new 2024 health plan rates to take effect in January 2024 (Attachment B).

The Executive Officer working with the Katie Torres, County Benefits & Wellness Division Chief, calculated the LAFCO contribution as a monthly contribution versus a bi-monthly contribution. LAFCO participates under two different healthcare programs that are not part of the County's enrollment. For primary medical healthcare, LAFCO subscribes to CalPERS region 2 and SDRMA for ancillary (dental and vision) plans. These numbers are attached in Attachment C. In short, the County's contribution to healthcare costs increases on January 1, 2024. The Commission's approval would authorize the same benefits for its employees and set the rates effective January 2024.

Attachments

Attachment A – Benefits and Wellness Board Report October 3, 2023

Attachment B – 2024 County Medical Contribution Rates

Attachment C – LAFCO Healthcare Costs

Attachment D – LAFCO Healthcare Contribution Rates

Please contact the LAFCO office if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "M Prater". The signature is stylized and includes a horizontal line at the end.

Mike Prater  
Executive Officer



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Department Name:** Human Resources  
**Department No.:** 064  
**For Agenda Of:** October 03, 2023  
**Placement:** Administrative  
**Estimated Tme:** N/A  
**Continued Item:** No  
**If Yes, date from:**  
**Vote Required:** 4/5

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**TO:** Board of Supervisors

**FROM:** Department Director: Maria Elena De Guevara, Human Resources Director,  
805-568-2817

Contact Info: Katie Torres, Benefits and Wellness Division Chief,  
805-568-2818

**SUBJECT:** 2024 Employee Benefits Insurance Program Renewal

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**County Counsel Concurrence**

As to form: Yes

**Auditor-Controller Concurrence**

As to form: Yes

**Other Concurrence:** CEO Budget

As to form: Yes

**Recommended Actions:**

a) In the matter of setting health plan rates for 2024, the Board of Supervisors approves the following renewals:

i. **PRISM Health Blue Shield Health Plans**

The renewal of the Public Risk Innovation, Solutions, and Management (PRISM) Blue Shield Tandem Narrow Network, Blue Shield Exclusive Provider Organization (EPO) High, Blue Shield EPO Low, Preferred Provider Organization (PPO), and High Deductible Health Plan (HDHP) plans for a twelve-month period, at the existing benefit levels with a 12.2% increase in premiums, effective January 1, 2024, for all active employees and retirees as shown in Attachments A1 through A4.

ii. **Kaiser Permanente HMO Health Plans**

The renewal of the active employees' and early retirees' Kaiser Permanente High and Low Health Maintenance Organization (HMO) plans for a twelve-month period at the existing benefit levels, with a 12.2% increase in premiums, effective January 1, 2024, and for all

ATTACHMENT A

Medicare-eligible retirees, with a 17.45% increase in premiums for the Senior Advantage Plans, at the existing benefit levels, as shown in Attachment B.

iii. United Healthcare Medicare Risk HMO Health Plans

The renewal of the United Healthcare Medicare Risk HMO Health Plans for County of Santa Barbara retirees, at existing benefit levels, and a 4% increase of premium, for a twelve-month period, effective January 1, 2024, as shown in Attachment C.

iv. County Self-Funded Delta Dental PPO Plan

The annual Actuarial Underwriting Report for the County Self-Funded Dental Plan as shown in Attachment D, and the continuation of the existing program benefits with an increase of 9.8% in premiums for both active employees and retirees. Rates are for a twelve-month period, effective January 1, 2024, as shown in Attachment E.

v. DeltaCare USA - Dental HMO Plan

The renewal of the existing DeltaCare USA Dental Health Maintenance Organization (DHMO) plan, continues the existing benefit levels for active employees and retirees, with a rate pass for one more year, as shown in Attachment F. The Delta Dental DHMO is in a rate guarantee until January 1, 2025.

vi. Vision Service Provider – Choice Vision Plan

The renewal of the existing Vision Service Provider Plan, for active employees and retirees, with no change in rate due to being in the second year of a four year rate guarantee until January 1, 2027. Rates are for a twelve-month period, effective January 1, 2024, as shown in Attachment G.

vii. PRISM Navigator PPO - Accolade

The PRISM Navigator PPO - Accolade has come at a zero cost for all covered active employees on a Blue Shield plan, for a twelve-month period effective January 1, 2024, as shown in Attachment H.

viii. Empathia Life Matters – Employee Assistance Program

The renewal of the Life Matters Employee Assistance Program with a rate pass for one year for all covered active employees and retirees, for a twelve-month period effective January 1, 2024, as shown in Attachment I.

b) Further, authorize the Human Resources Director or designee to execute any necessary third-party administrative agreements and documents required to manage plans listed in recommendations a.(i.) through a.(viii.) above; and

c) In the matter of revenues from Public Risk Innovation, Solutions, and Management (PRISM), the Board of Supervisors approves as follows: (4/5 Vote Required)

- I. Approve and authorize the Human Resources Department Director to accept revenue from PRISM in the amount of \$13,615.00 for the implementation of the Mental Health Initiative which supports employee wellbeing; and
  - II. Approve Budget Revision Request No. 0009323 as shown in Attachment J to establish one-time appropriations of \$13,615.00 in the Human Resources Department's Wellness Fund to accept revenue from PRISM;
- d) Determine that these activities are not a "Project" under the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15378(b)(4) because the actions are the creation of a government funding mechanism or other government fiscal activity, which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment.

**Summary Text:**

This Board Letter is to request changes to the County's employee benefits programs for the 2024 calendar year.

**Health Plans**

It is requested that the Board approve a 12.2% increase to County medical insurance premiums for all health plans with no plan design changes except for the High Deductible Health Plan per IRS regulations. The current economic environment, impacted by COVID-19, inflation, labor shortages, and pharmacy and high-cost claims, is driving up healthcare costs nationwide, as shown in Attachment K.

To help defray the cost of dependent medical coverage for employees, the County reached agreements with all 10 labor organizations as part of successor Memoranda of Understanding for its contribution toward medical premiums to include a \$50 subsidy of employees' twice monthly healthcare premiums for employee + one coverage and a \$310 subsidy of employees' twice monthly healthcare premiums for employee + family coverage, effective with the 2024 plan year. These subsidies, totaling an estimated \$3 million for the workforce, also apply to unrepresented attorneys and confidential employees and to unrepresented managers and executives, including elected department heads and members of the Board of Supervisors.

**Dental Plans**

It is requested that the Board approve a 9.8% increase to the County Self-Funded Dental Preferred Provider Organization (PPO) Plan premiums with no plan changes. Delta Dental of California updated certain provisions in their provider agreements which included updating the average fees it pays network providers. Their network providers decreased as a result of these fee changes. To assist with the decrease of in-network providers the County will be offering mobile dentistry for increased access to care through Jet Dental Mobile Dentistry, described in more detail below.

The County Dental Health Maintenance Organization (DHMO) plan and the County Vision plan are in a rate pass for the 2024 plan year and will renew with no premium or plan changes.

**Health Oversight Committee**

The recommended 2024 premium renewal rates were reviewed and discussed, with the Health Oversight Committee (HOC) (Attachment L), a body that enables the County to meet with unions in a collective manner on common insurance benefits provided to the entire workforce. As a result of that meeting, the majority of the HOC members recommend that the 2024 plans, rates, and additional programs be implemented and approved with no changes in benefit levels, and includes the following two new programs:

## **1. PRISM Navigator PPO – Accolade**

The County will no longer be offering the CareCounsel and Amino programs effective 12/31/23. These two programs and their services will be replaced with the PRISM Navigator PPO – Accolade (Accolade). Accolade’s key objectives are to simplify insurance and benefits for employees and dependents, improve the healthcare insurance experience, increase access to primary and mental healthcare, improve cost and quality transparency. In addition, Accolade will drive awareness and employee engagement with all health plan resources and County programs such as Hinge, Employee Health and Wellness Centers, Carrum. The County will transition to Accolade with no plan design changes. Accolade will provide concierge member support that includes a collaborative care team dedicated to each member and their family. There will be one single point of contact for all family members. The Accolade Health Assistants will answer benefit questions, find cost efficient providers, book appointments and research claim questions. Accolade provides a built-in triage for chronic conditions and mental health, and a member search tool for high-quality, lower-cost providers as shown in Attachment M. Accolade is a no-cost benefit for all covered active employees on a Blue Shield plan.

## **2. Jet Dental Mobile Dentistry**

Jet Dental is an in-network Delta Dental PPO provider that offers a pop-up dental clinic using in-network providers with the member’s current dental insurance which allows this service to be offered at no cost to the County. Delta Dental PPO members that book an appointment with Jet Dental Mobile Dentistry will be able to receive a full preventative visit which will include X-rays, cleaning and a comprehensive exam with a dentist, as well as, cavity fillings, scaling and root canal planning in addition to professional teeth whitening. This mobile service will save time and increase productivity at no cost to the County while also improving access to care that is safe and convenient, as shown in Attachment N.

In closing, the additional programs above are part of the ongoing effort by the Human Resources Department and the Health Oversight Committee to mitigate the impact of health insurance premium increases on employees. The overall benefit to employees and the County is the improved health of employees, reduced employee out-of-pocket health care costs, and reduced health care claim expenses.

## **Open Enrollment for 2024 Benefits Plan Year**

If the Board approves the recommended actions, an open enrollment period for the 2024 Benefits Plan Year will be held from October 9, 2023 through October 27, 2023.

The Santa Barbara County Employees’ Retirement System will conduct its own plan enrollment with retirees.

## **Background:**

For the past thirteen years, the County has participated in the PRISM Health pooled risk insurance program. The most recent available data shows that PRISM membership has expanded to include 94% of California counties, 60% of cities, as well as educational organizations, special districts, housing authorities, fire districts, and over 2,000 organizations within PRISM membership. Participating in the pooled risk program has yielded positive results and continues to help the County manage costs.

In the PRISM Health program, each participating employer maintains autonomy for its own benefit decisions, plan design, retiree benefits and rules, and administrative choices. The benefit of the pool is that all administrative, reinsurance, and excessive claims costs are shared, and the reserves of the pool are available to buy down rate increases for the pool, which in turn assists in lowering the increases for individual members. For the first two years of participation, employer groups' increases are equivalent to that of the pool, regardless of their performance. In subsequent years, an employer's actual claims experience over the previous two-year period is used to establish an individual Claims Performance Risk Adjustment (CPRA) separate from the pooled rate adjustment. For 2024, the County claims experience in the last 3 years performed as well as the overall pool and received a renewal equal to the pooled renewal with no CPRA adjustment.

The County has taken proactive steps, under the Board of Supervisors' direction, to manage County health insurance cost increases. The County's most recent efforts include the following:

- The Wellvolution program continues to support employees with diabetes, weight loss, mental health, smoking cessation, and other conditions. To date, 923 members are enrolled into the program. 183 members are actively engaging in Ginger or Headspace to help lower stress, anxiety, improve sleep, as well as support for many other mental health conditions. We are seeing long term, sustained engagement in both apps. 16 members report a clinical improvement from their baseline assessment score in anxiety or depression. 151 members have lost 5% of their body weight which is proven to reverse the risk of type 2 diabetes.
- The PRISM Livongo Diabetes Maintenance program that addresses the County's 3<sup>rd</sup> highest impactable condition continues to exceed benchmarks. There are currently 75 members enrolled in the program. Members who started the program with uncontrolled diabetes (HbA1c  $\geq$  7%) and were enrolled for at least 6 months saw an average estimated HbA1c decrease of 1.76%, which is incredibly meaningful in terms of reduced risk of serious complications from diabetes and improved overall health of these members.
- The PRISM Hinge Health program continues to support employees with low back pain, osteoarthritis, chronic pain, and more. In 2023, 201 members have engaged in the program so far. This program has produced a 2.8x return on investment. 41% of members participating have reported pain reduction, 93% have reported reduction in surgery intent. In addition, 70% of members have reported anxiety reduction at 12 weeks and 55% of members report depression reduction after 12 weeks.
- In partnership with the Employee Health & Wellness Centers we conducted a Countywide Health Risk Assessment for all employees in June of 2023. We had a total of 252 employees participate.
- In 2023, Carrum Health services expanded to include Oncology surgeries. In 2022, Carrum Health achieved \$137,000 in gross savings to the County. Gross savings are calculated by subtracting Carrum surgery & travel spend from carrier spend.
- On average, each employee has ten prescriptions filled. For 2022, the Rx n Go program assisted the County in saving \$40,000 or 9.3% compared to cost of medication through the traditional Pharmacy Benefit Manager (PBM) Additionally, members and families saved \$157,000 by using this program. Overall, Rx n Go was \$191,000 or 33.2% less expensive than a PBM.
- Our new employee discount platform, LifeBalance has proven to be well utilized and successful by providing 1,512 employees with saving opportunities in over 70 business categories. The top vendors have been theme parks, theater, car rental, Priceline and Costco.

**Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

The County contributes to the cost of eligible employees' medical and dental coverage and group life and long-term disability insurance. In addition, the County offers employees other benefits including the County's Employee Health & Wellness Centers, a benefits advocacy program, an employee assistance program and an employee discount program. When developing the FY 2023-24 budget, staff assumed a 4% increase in the cost of the onsite healthcare clinics effective July 1, 2023, and a 9% increase in medical plan premiums effective January 2024; staff assumed no change in the cost of all other plans and benefits.

The proposed 12.2% increase to medical insurance premiums is 3.2% greater than estimated medical insurance premium used to develop the Fiscal Year 2023-24 budget, which may result in an estimated \$800,000 funding gap across all departments for the current fiscal year. It is anticipated that departments will be able to close this gap utilizing currently-budgeted salary savings and therefore no additional funding is being requested at this time. Staff will continue to monitor impacts on individual departments throughout the fiscal year.

As noted, to help defray the cost of dependent medical coverage, the County will increase its contribution toward medical premiums to include a \$50 subsidy of employees' twice monthly healthcare premiums for employee + one coverage (increasing from \$25 in 2023) and a \$310 subsidy of employees' twice monthly healthcare premiums for employee + family coverage (increasing from \$155 in 2023), effective with the 2024 plan year. These subsidies, totaling an estimated \$3 million for the workforce, also apply to unrepresented attorneys and confidential employees and to unrepresented managers and executives, including elected department heads and members of the Board of Supervisors.

Staff estimated that in 2024 there would be a 10% migration of employees enrolled in employee-only coverage to employee + one or employee + family coverage in addition to those who are already enrolled at the higher coverage levels. Given those assumptions, the cost of the proposed subsidies in Fiscal Year 2023-24 was estimated at \$3.1 million. These costs were built into the FY 2023-24 salary and benefits assumptions, and are already included in the adopted budget.

Every renewal, PRISM negotiates a set dollar amount from carrier partners for wellness funds. That amount is then divided among all member groups that are insured with that particular carrier (Blue Shield, Kaiser) based on their average life enrollment count over the last policy period as a way to give the member group an equal share of the funds. This year the County's share of those funds is \$13,615. The group has flexibility on how they want to use the funds. PRISM promotes a healthy workforce and works with medical carrier partners to help do that. The Human Resources Department will use these funds to pay for wellness activities offered through the Benefits & Wellness Division such as mental health efforts, Health Risk Assessment (HRA) events, open enrollment health fairs, and lunch and learn events.

**Attachments:**

Attachment A1: Active Employees Blue Shield Health Plans Monthly Premium Rates

Attachment A2: Early Retiree Blue Shield Health Plans Monthly Premium Rates

Attachment A3: Post 65 Blue Shield Health Plans Monthly Premium (no EGWP)

Attachment A4: Post 65 Blue Shield Health Plans Monthly Premium (with EGWP)

Attachment B: Kaiser HMO Premium Rates for Active Employee, Early Retirees and Medicare Retirees  
Advantage Plan Rates

Attachment C: United Healthcare Medicare Risk HMO Rate

Attachment D: County Self-Funded Dental Actuarial Report



Attachment E: County Self-Funded Delta Dental PPO Plan Rates for Active Employees and Retirees

Attachment F: Delta Dental Dental Care USA DHMO Plan Rates for Active Employee and Retirees

Attachment G: Vision Service Plan and Rates for Active Employees and Retirees

Attachment H: PRISM Navigator PPO - Accolade

Attachment I: Empathia

Attachment J: PRISM Wellness Funds BJE #0009323

Attachment K: Factors Driving Nationwide Healthcare Costs

Attachment L: Health Oversight Committee Member List

Attachment M: PRISM Navigator PPO - Accolade

Attachment N: Jet Dental Mobile Dentistry

**Authored by:**

Katie Torres, Benefits and Wellness Division Chief

Ruth Corona, Benefits and Wellness Manager

Attachment A1 - Active Employees Blue Shield Health Plans Monthly Premium Rates

<b>BLUE SHIELD EPO Low Option</b>	<b>2024 Monthly Medical Premium*</b>
Employee Only	\$1,014.25
Employee with 1 Dependent	\$1,874.25
Employee with Two or more dependents	\$2,945.25
<b>BLUE SHIELD EPO High Option</b>	<b>2024 Monthly Medical Premium*</b>
Employee Only	\$1,175.25
Employee with 1 Dependent	\$2,174.25
Employee with Two or more dependents	\$3,413.25
<b>BLUE SHIELD PPO</b>	<b>2024 Monthly Medical Premium*</b>
Employee Only	\$1,548.25
Employee with 1 Dependent	\$2,861.25
Employee with Two or more dependents	\$4,498.25
<b>BLUE SHIELD HDHP</b>	<b>2024 Monthly Medical Premium*</b>
Employee Only	\$883.25
Employee with 1 Dependent	\$1,582.25
Employee with Two or more dependents	\$2,487.25
<b>BLUE SHIELD TANDEM NARROW NETWORK EPO</b>	<b>2024 Monthly Medical Premium*</b>
Employee Only	\$958.25
Employee with 1 Dependent	\$1,771.25
Employee with Two or more dependents	\$2,783.25

\* Excluding monthly premium for Employee Assistance Plan (\$1.63 PEPM)

Rates include \$0.25 for BCC

**Delta Dental DeltaCare USA DHMO**

<b>ACTIVE EMPLOYEES</b>	<b>2024 Monthly Premium</b>
Employee Only	\$32.88
Employee with 1 Dependent	\$54.04
Employee with Two or more dependents	\$82.05
<b>EARLY RETIREES</b>	<b>2024 Monthly Premium</b>
Retiree Only	\$32.88
Retiree + 1 dep	\$54.04
Retiree + 2 dep	\$82.05
<b>POST - 65 RETIREES</b>	<b>2024 Monthly Premium</b>
Retiree Only	\$32.88
Retiree + 1 dep	\$54.04
Retiree + 2 dep	\$82.05

# CalPERS 2024 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2024

## Region 2\*

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

### Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	\$807.71	507	1	1	\$1,615.42	507	2	2	\$2,100.05	507	3	3
Anthem Blue Cross Traditional HMO	1,034.38	510	1	1	2,068.76	510	2	2	2,689.39	510	3	3
Blue Shield Access+ HMO	869.14	526	1	1	1,738.28	526	2	2	2,259.76	526	3	3
Blue Shield Access+ EPO	869.14	029	1	1	1,738.28	029	2	2	2,259.76	029	3	3
Blue Shield Trio HMO	810.24	088	1	1	1,620.48	088	2	2	2,106.62	088	3	3
Health Net Salud y Más	684.77	531	1	1	1,369.54	531	2	2	1,780.40	531	3	3
Kaiser Permanente	904.95	534	1	1	1,809.90	534	2	2	2,352.87	534	3	3
Peace Officers Research Assoc of CA	926.00	593	1	1	1,863.00	593	2	2	2,371.00	593	3	3
PERS Gold	799.44	614	1	1	1,598.88	614	2	2	2,078.54	614	3	3
PERS Platinum	1,151.50	602	1	1	2,303.00	602	2	2	2,993.90	602	3	3
Sharp Performance Plus	833.24	575	1	1	1,666.48	575	2	2	2,166.42	575	3	3
UnitedHealthcare SignatureValue Alliance	837.88	577	1	1	1,675.76	577	2	2	2,178.49	577	3	3
UnitedHealthcare SignatureValue Harmony	792.65	399	1	1	1,585.30	399	2	2	2,060.89	399	3	3

### Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Select Medicare Preferred PPO	\$405.83	038	1	4	\$811.66	038	2	5	\$1,217.49	038	3	6
Anthem Select Medicare Preferred PPO with Dental/Vision <sup>1</sup>	405.83	074	1	4	811.66	074	2	5	1,217.49	074	3	6
Anthem Medicare Preferred PPO	405.83	516	1	4	811.66	516	2	5	1,217.49	516	3	6
Anthem Medicare Preferred PPO Dental/Vision <sup>1</sup>	405.83	513	1	4	811.66	513	2	5	1,217.49	513	3	6
Blue Shield Medicare PPO	392.68	012	1	4	785.36	012	2	5	1,178.04	012	3	6
Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>	392.68	017	1	4	785.36	017	2	5	1,178.04	017	3	6
Kaiser Permanente Senior Advantage	324.79	537	1	4	649.58	537	2	5	974.37	537	3	6
Kaiser Permanente Senior Advantage with Dental <sup>3</sup>	324.79	543	1	4	649.58	543	2	5	974.37	543	3	6
Kaiser Permanente Senior Advantage Summit	386.55	631	1	4	773.10	631	2	5	1,159.65	631	3	6
Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>	386.55	637	1	4	773.10	637	2	5	1,159.65	637	3	6
Peace Officers Research Assoc of CA Medicare Supplement	465.00	596	1	4	1,030.00	596	2	5	1,395.00	596	3	6
PERS Gold Medicare Supplement	406.60	617	1	4	813.20	617	2	5	1,219.80	617	3	6
PERS Platinum Medicare Supplement	448.15	606	1	4	896.30	606	2	5	1,344.45	606	3	6
Sharp Direct Advantage HMO	256.53	024	1	4	513.06	024	2	5	769.59	024	3	6
Sharp Direct Advantage HMO with Dental <sup>4</sup>	256.53	026	1	4	513.06	026	2	5	769.59	026	3	6
UnitedHealthcare Group Medicare Advantage PPO	341.72	580	1	4	683.44	580	2	5	1,025.16	580	3	6
UnitedHealthcare Group Medicare Advantage Edge PPO	366.01	622	1	4	732.02	622	2	5	1,098.03	622	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>5</sup>	341.72	586	1	4	683.44	586	2	5	1,025.16	586	3	6

\*For health plan availability by county, please refer to the [2024 Health Benefit Summary](#) or [myCalPERS](#).

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental benefit is an additional \$15.66 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental benefit is an additional \$12.49 per member per month premium. You will be billed directly for this amount.

<sup>5</sup>Dental and Vision coverage is an additional \$27.04 per member per month premium. You will be billed directly for this amount.

**2024 HEALTH BENEFITS PROGRAM**  
**MEDICAL BENEFITS & ANCILLARY COVERAGES**





## ANCILLARY COVERAGES SUMMARY



ATTACHMENT C

**DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2025**

\*See page 3, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Low Plan	
	PPO	Non-PPO
Calendar Year Maximum	\$1,000	\$500
	(Per patient per calendar year)	
Calendar Year Deductible Individual / Family	\$50 / \$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26	
Diagnostic and Preventive	100%	100%
Oral Exam		
Routine Cleaning		
X-Rays		
Fluoride Treatment		
Space Maintainers		
Specialist Consultations		
Basic Services	80%	80%
Fillings		
Endodontics (Root Canal)		
Periodontics (Gum Treatment)		
Tissue Removal (Biopsy)		
Extractions & Other Oral Surgery		
Sealants		
Major Services	50%	50%
Crown Repair		
Inlays, Onlays		
Cast Restorations		
Bridges		
Partial and Full Dentures		
Orthodontics	Not Covered	
Eligible for Benefit	Not Covered	
Lifetime Maximum		

(Employer Contributes 51-100% of dependent cost):

Rates	
Employee Only	\$29.56
Employee + 1 Dependent	\$50.57
Employee + 2 or More Dependents	\$81.58

(Employer Contributes 0-50% of dependent cost):

Rates	
Employee Only	\$29.56
Employee + 1 Dependent	\$53.87
Employee + 2 or More Dependents	\$89.10

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

**VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2026**

\*See page 3, note 14 for Plan Selections and Combination Guidelines

VISION BENEFITS	Option 1		Option 2	
	In-Network	Non-Network	In-Network	Non-Network
Co-pay	\$25 for Exam and/or Materials		\$25 for Exam and/or Materials	
Exam	Covered after Co-pay	Plan pays up to: \$50	Covered after Co-pay	Plan pays up to: \$50
Lenses				
Single	Covered after Co-pay	\$50	Covered after Co-pay	\$50
Bifocal	Covered after Co-pay	\$75	Covered after Co-pay	\$75
Trifocal	Covered after Co-pay	\$100	Covered after Co-pay	\$100
Frames	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70
Contact Lenses - Elective	\$130 Allowance	\$105	\$130 Allowance	\$105
Contact Lenses - Medically Necessary	Covered after Co-pay	\$210	Covered after Co-pay	\$210
Contact Exam and Fitting	Up to \$60	\$0	Up to \$60	\$0
Frequency of Services				
Eye Examination	12 months		12 months	
Lenses	24 months		12 months	
Frames	24 months		24 months	
Contact Lenses <sup>1</sup>	24 months		12 months	
Rates				
Employee Only	\$6.59		\$7.62	
Employee + 1 Dependent	\$12.77		\$14.83	
Employee + 2 or More Dependents	\$20.19		\$23.48	

<sup>1</sup> Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



**2024 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS**  
**Full-Time Employee Monthly Premium Schedule**  
**Effective January 1, 2024 through December 31, 2024**

Plan	Medical Premium	LAFCO Contribution	Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
<b>CalPERS Network Blue Shield Trio HMO</b>				
Employee Only	\$810.24	-\$933.66	\$0.00	-\$32.47
with 1 Dependent (or Spouse)	\$1,620.48	-\$1,083.66	\$536.82	\$536.82
with 2 or More Dependents	\$2,106.62	-\$1,863.66	\$242.96	\$242.96
<b>CalPERS Network PERS Gold</b>				
Employee Only	\$799.44	-\$933.66	\$0.00	-\$134.22
with 1 Dependent (or Spouse)	\$1,598.88	-\$1,083.66	\$515.22	\$515.22
with 2 or More Dependents	\$2,078.54	-\$1,863.66	\$214.88	\$214.88
<b>SDRMA Network Dental Low Plan</b>				
Employee Only	\$29.56	-\$Balance	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$50.57	\$0.00	\$361.00	\$0.00
with 2 or More Dependents	\$81.58	\$0.00	\$810.50	\$0.00
<b>SDRMA Network Vision Option 2</b>				
Employee Only	\$7.62	-\$Balance	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$14.83	\$0.00	\$0.00	\$0.00
with 2 or More Dependents	\$23.48	\$0.00	\$0.00	\$0.00