

Healthcare Review

(FCS05-HEALTHCARE-2003)



Snohomish County
Performance Audit Division

Final Report

Issued to:

**Dave Gossett – Chairman
Operations/Performance Audit
Subcommittee**

September 26, 2003

Issued By:

Performance Audit Division



Snohomish County
Auditor's Office
Performance Audit Division

Date: September 26, 2003

To: Dave Gossett – Chairman
Operations/Performance Audit
Subcommittee

CC: Performance Audit Committee
Council and Executive Offices

From: Martin T. Standel – Performance Auditor

Subject: Final Report – Healthcare
(FCS05-HEALTHCARE-2003)

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This Final Report represents the results of our limited review of Snohomish County's healthcare benefit program as requested by Snohomish County Council. During the May 12, 2003, Operations/Performance Audit Subcommittee, the subcommittee agreed that the Performance Auditor limit this review focus to: 1), comparative practices within the industry, and; 2), impacts, if any, associated to the County's policies for offering Domestic Partners coverage.

Our review approach was to adhere to generally accepted auditing standards. We conducted interviews, gathered financial historical data, and conducted research to assess Snohomish County's healthcare program as compared to industry standards and other comparative Washington State counties. Overall, our review indicated that Snohomish County healthcare benefit program is well managed and there are no adverse impacts associated to the County's Domestic Partners benefit program.

Our review of Snohomish County's healthcare identified two recommendations which the County may wish to explore. The first one deals with the County's current deficit balance and the second deals with the County's current practice in negotiating with each union separately.

We want to express our thanks to the following individuals who provided assistance, data, and insights to this review: Roger Neumaier (Executive Office), Julia Gibb (Council), Rachel Solemsaas (Finance), Ranger Hamilton (Human Resources) and Mary Albert (Finance).

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Executive Summary

Findings/Conclusions:

Snohomish County's healthcare benefit program is complex and costly. However, it appears to be well managed and provides County employees a premium healthcare program at costs less than the industry average.

The County has experienced dramatic cost increases as is prevalent within the healthcare industry; however, it does appear that the decision to move from a premium based to a self-insured was the correct move.

There does not appear to be any negative cost consequences associated to the County's Domestic Partners benefit program.

Self-Insured:

Snohomish County has a blended healthcare program. Its dental benefits are premium based, while its healthcare and vision benefits are predominantly self-insured.

The County elected to self-insure its primary healthcare benefits program beginning in April 2001. This decision was implemented, after an extensive review and analysis by the County and its consultant on healthcare costs. The County felt by moving to a self-insured program, it would benefit the employees and citizens by being more cost efficient. The County felt this approach would benefit both the employees by providing maximum benefits and the citizens by providing this benefit at reduced costs vs. its prior premium based program. Our review concludes that this recent move to being self-insured is currently cost effective

We reviewed Snohomish County's primary healthcare benefits program expenditures for the period April 2000 through March 2003. Over this period, healthcare expenditures increased at a compound monthly rate of 1.42%. The period prior to becoming self-insured, (April 2000 – March 2001) healthcare expenditures were increasing at a monthly compound rate of 1.75%. During the period (April 2001 – March 2003) in which the County became self-insured, expenditures have been increasing at a monthly compound rate of 1.25%. (See Exhibit 7, page 12).

The growth rate of healthcare expenditures (self-insured) is less than the industry average growth for premiums under a premium based approach. (See Exhibit 1, page 6).



Executive Summary

Domestic Partners:

Snohomish County has offered a domestic partners benefit program since January 2002. Our research shows that the advent of this type of coverage has had minimal impact to both the costs and plan participation.

Domestic Partners benefit enrollment at the end of 2002 stood at 50 individuals. This is the equivalent of 1.94% of total subscriber enrolled in the plan. This participation has increased to 61 individuals or 2.44% of employees electing healthcare benefits by June 30, 2003. (See Exhibit 9, page 14).

We reviewed healthcare expenditures from April 2000 through March 2003. During the 21 months prior to the County offering Domestic Partners healthcare benefits, premiums or monthly expenditures grew at a compound rate of 1.60%. The monthly compound growth rate during the 15 months after Domestic Partners benefits have been offered has increased at a compound rate of 1.18%. (See Exhibit 10, page 15). While part of this trend can be attributed to the County becoming self-insured, overall monthly costs per employee associated to Domestic Partners, are less than the average monthly costs per employee in the aggregate. (See Exhibit 11, page 16).

Recommendations:

Our review of Snohomish County's healthcare identified two recommendations which the County may wish to explore. The first one deals with the County's current deficit balance and the second deals with the County's current practice in negotiating with each union separately.

Recommendation 1: We recommend the County continue to monitor this deficit balance position and ensure any deficit overhead charges are allocated so employee contributions are not impacted for costs incurred prior to the current premium sharing program.

At the end of 2002, the County had a deficit balance of \$2.910 million in its benefit reserve account dealing with employee healthcare. During the 2003 budget year (March 2003), the County established a \$25 per month per employee Interfund overhead charge to offset this deficit. With around 2,700 full time employees, this would generate approximately \$729 thousand dollars. The proposed 2004 budget will increase this overhead charge to \$50 starting in January 2004. Adjusting for the new rate for 2004 would generate an additional \$1.7 million. Since this deficit liability was generally incurred prior to County employees participating in their healthcare



Executive Summary

benefit premiums, it will require the continuation of this deficit overhead charge beyond 2005.

Recommendation 2: We recommend the County continue its approach of working closely with AFSCME through the employee management benefits committee. This committee which makes recommendation regarding the County's healthcare plan should be expanded to include representatives from all unions. We recommend the establishment of a Coalition Budget Process in dealing with its several unions pertaining to healthcare benefits and cost sharing. This process will require establishing an expanded healthcare benefits committee to work with the various unions vs. the current time consuming process currently being used.

Snohomish County has several separate and unique unions. There is separate union representation for: AFSCME, LEOFF, and Teamsters. The effort of dealing with each union separately is both time consuming and cost inefficient.



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I. Introduction

At the regularly scheduled Operations/Performance Audit Committee, April 14, 2003, Committee Chair David Gossett requested that the Performance Audit Division work in conjunction with Council staff to review Healthcare medical rates. As stated in the meeting minutes:

“Committee Chair Gossett said that Sharie Freemantle, Legislative Analyst and Julia Gibb are working on a project to look at medical rates for Snohomish County employees. Ms. Gibb said they have had conversations with Mr. Standel about this and he thinks this is something that he could explore as part of his 2003 work plan, at Council’s request Ms. Gibb suggested that Mr. Standel could, for example, research this matter to determine if the County is in the best insurance pool or if our broker is doing the best possible job for our employees. Chair Gossett suggested that Ms. Gibb, Ms. Freemantle and Mr. Standel report back with suggestions.”

Subsequent to that request, the Performance Auditor provided Ms. Gibb and Ms. Freemantle with a draft audit program. In turn, they provided the following initial areas of concerns or questions to be answered:

1. Is Snohomish County in the best (most cost-effective, best-managed, etc) health insurance pool? (Not asking about dental or eye coverage)
2. Is Snohomish County getting top quality results and performance from our insurance broker?
3. Review innovative efforts around the country that states/counties are undertaking to control health insurance costs.
4. Review last year's process of review and re-negotiation of insurance premium increases, and recommend procedures to improve timeliness and quality of notice to and participation of employees and Council.
5. Conduct contract administration review by performing tasks listed under your draft at III.A.2. (See Attachment 1, page 6).
6. Review methodology of rate setting for county departments and outside districts (what we charge the depts. internally to be paid into the Insurance Fund).
7. Look at usage and types of claims filed, to get an idea of where the biggest exposure is.



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After an initial risk assessment based on the questions, the Performance Auditor presented at the regularly scheduled Operations/Performance Auditing Committee Meeting on May 12, 2003 a summary including a handout with written answers to the Committee's preliminary issues (See Attachment 1).

It was agreed by the Operations/Performance Auditing Committee that the Performance Auditor would:

- Limit this initial review to comparative practices within the industry, and;
- Where possible identify impacts, if any, associated to the County's policies for offering Domestic Partners coverage.

Performance Audit Committee (PAC):

Authority to review a specific area is through approval by the PAC. This project was initially approved by the committee chair and was subsequently reviewed and authorized by the full committee.

The PAC is comprised of 8 members. Each Councilman appoints one member from their district and the County Executive appoints two members at large. The committee is chaired by the elected County Auditor. Current members of the committee are the following:

- Bob Terwilliger, County Auditor and Committee Chair
- Dr. Paul Blowers – District 1
- Deborah Wright – District 2
- John Carlin – District 3
- Bill Evans – District 4
- Edward Husmann – District 5
- Ed Huebner – Executive
- Marlies Egberding – Executive

Risk Assessment:

Upon approval by the PAC, an in-depth risk assessment is performed, along with development of a detailed work program, scope, and methodology. Based on the initial fieldwork, and the result of the modified scope as directed by the County Council, it was decided that this project would be defined under PAC Policy 7.0, as a special study.

Risk Assessment is the act or practice of identifying risk drivers and their magnitude. It requires the auditor to review and identify risks that may adversely effect a department or organization. The risk assessment enhances the process by



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identifying, analyzing, and assessing the likelihood of risk occurrence and consequences, estimating an organization's assessed risk exposure and possible impacts, and determining an acceptable risk level. As a component, previous audits and audits performed by outside agencies are assessed to rank risk impact of a department or organization.

Healthcare benefits for Snohomish County represent one of the largest single county expenditures. With participation within the various healthcare programs averaging in excess of 2,500 employees, the county's contribution to this program exceeds \$1.2 million per month or \$15.4 million per year. This amount is limited to primary healthcare: Costs associated to the county's vision and dental plans were not included.

Trends in healthcare premiums show annual increases in excess of the rate of inflation since at least 1991. The rate of increase between years was declining between 1991 and 1996; however, since 1996, the rate of increase has been rising, and the rate of increase has been in the double digits since 2001 with no change in this trend in the foreseeable future (See Exhibit 1). These points lead to the conclusion that healthcare costs, their programs, and their supervision are rated as high risk for both the County and its employees.

Audit Standards:

Snohomish County Code (Chapter 2.700.020) states all performance audits and/or reviews are conducted in accordance with government auditing standards. According to GAO Standards, a finding or set of findings is complete to the extent that the objectives are satisfied and the report clearly relates those objectives to the finding elements. Unlike a financial audit finding, a review finding is a statement that a condition exists. This may not necessarily imply a problem or that some corrective action must be implemented.

While this project is not considered a formal performance audit, we still conducted our review in accordance with generally accepted auditing standards and the Government Auditing Standards issued by the Comptroller General of the United States (2003 Revision). Further, the standards require we interview other auditors or agencies who have reviewed the same area if possible.

Public Information:

This report is intended to provide information to the County Council. The report is a matter of public record, and with the exception of disclosure exemptions, (RCW 42.17.310) distribution should not be limited. Information extracted from this report may also serve as a method to disseminate information to the public as a reporting



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tool to help citizens assess government operations. Responsible officials review all audit division reports internally and their formal written responses are incorporated into final reports as a policy of the Performance Audit Committee and government auditing standards (GAO Standard 7.38).

Prior Audit Issues and Other Audit Agencies:

It is standard procedure to review previous Performance Audit Division reviews along with reviews done by other outside agencies. Our review found a previous Management Letter issued by the Performance Audit Division to Councilman Mike Ashley on July 29, 2001, regarding LEOFF Disability Board and the current review by the State of Washington, Office of Financial Management (Risk Management Division) on “Snohomish County Self-Insured Employee Medical Benefits Program”, dated July 18, 2003. Both of these reviews deal with an aspect of Snohomish County’s healthcare benefit programs.

Performance Audit Division Management Letter: The management letter identified “two findings” (See Attachment 2).

- Finding: 1. Existing Disability Board (LEOFF) rules or procedures need to be expanded to provide sufficient management information so board members can fulfill their oversight requirements.
- Finding: 2. Snohomish County LEOFF Board records do not contain and make accessible all required information requested by board members.

There was no formal follow-up on these two recommendations and implementation status is not known.

State of Washington Examination #03-05 (Snohomish County Self-Insured Employee Medical Benefit Program): The Office of Risk Management states, “*The program has been found to comply with all applicable laws and regulations reviewed under the scope of this examination except as provided in the report*”. The report goes on to say, “*The County has initiated significant changes in program operations and administration during the first two years of the program. Present program service providers are among the more experienced and effective in administering local government self-insured employee health benefit programs. Program management, operations and communications, are openly and effectively administered. There is an appropriately structured system of program operational and financial controls.*”

The report identifies two areas under “Program Financial Reporting”, dealing with IBNR (“Incurred But Not Reported”) and the County’s benefit reserve level. Their report states the IBNR balance is equal to 5.3 weeks as opposed to their

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recommended 8 weeks. Secondly, the report shows that Snohomish County's year end balance (2002) was a deficit of \$2,909,802, and is projected to be the same for year end 2003.

The County's responses to these two items are included in the management letter (See Attachment 3).

II. Background

Healthcare Premiums:

Receiving health insurance through an employer began in the United States during WWII when Kaiser Shipbuilding offered this coverage as part of its employee benefits. This trend was encouraged during and after WWII by the Federal Government by allowing this benefit to be exempt from the employee taxable income. This tax exemption continues today with the exception of Domestic Partners (DP) coverage. If an individual elects to participate in a DP program, both the employee contribution as well as the value of the coverage for the DP is considered taxable income.

To put the magnitude of increasing healthcare costs in perspective, a recent study by the Centers for Medicare and Medical Services estimated that healthcare costs for the year 2000 was in excess of 13% of the Gross Domestic Product vs. 5% in 1960.

It is the escalating healthcare costs that are the major factor driving the increase in healthcare premiums. A study done by Deloitte Research states *"Health benefit expenses are currently the fastest growing portion of labor costs, accounting for five percent of total labor cost in 2001"*.

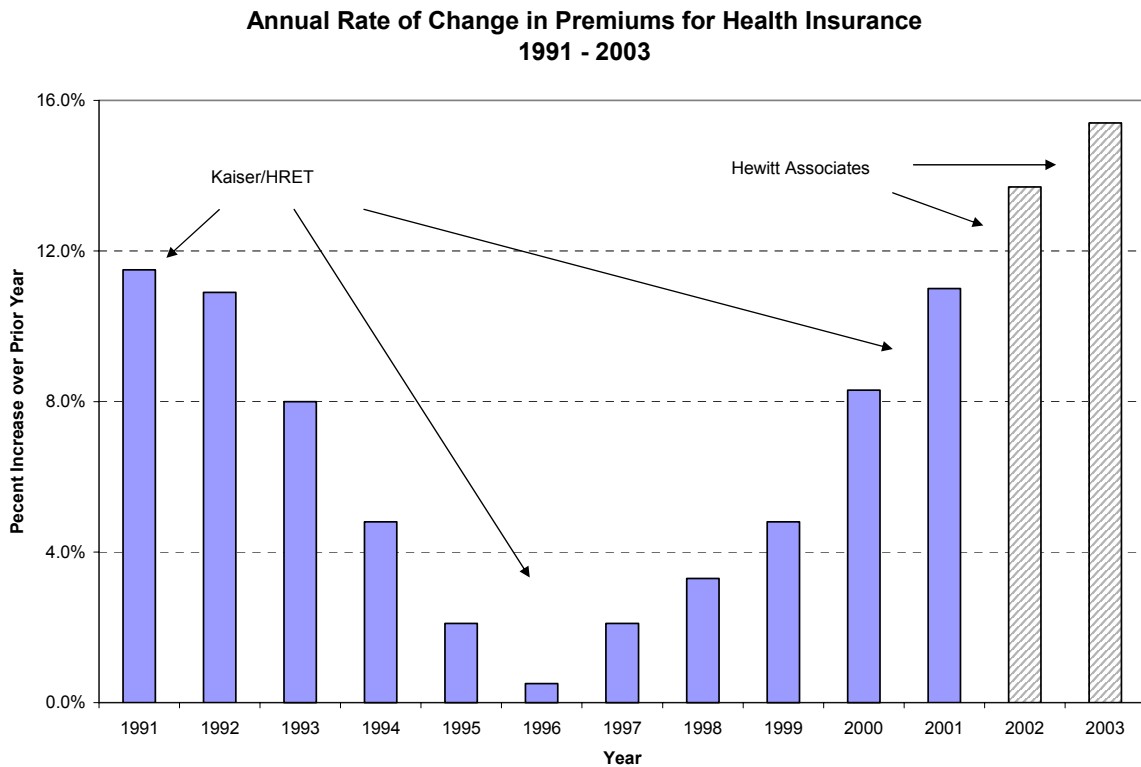
The Deloitte study goes on to say while there is no single cause for the recent trend they do point to multiple factors such as:

- Consumers' Expectations
- New Technology
- Diminished Role of Managed Care
- Legislation and Regulation
- Consumer Demographics
- Provider Mergers and Consolidation
- Pharmaceutical Practices

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Annual increases in healthcare premiums have been increasing at a rate faster than inflation since at least 1991. Exhibit 1 shows the annual rate of increase of healthcare premiums.

Exhibit 1: Premium Trends in Health Insurance (1991 – 2003)



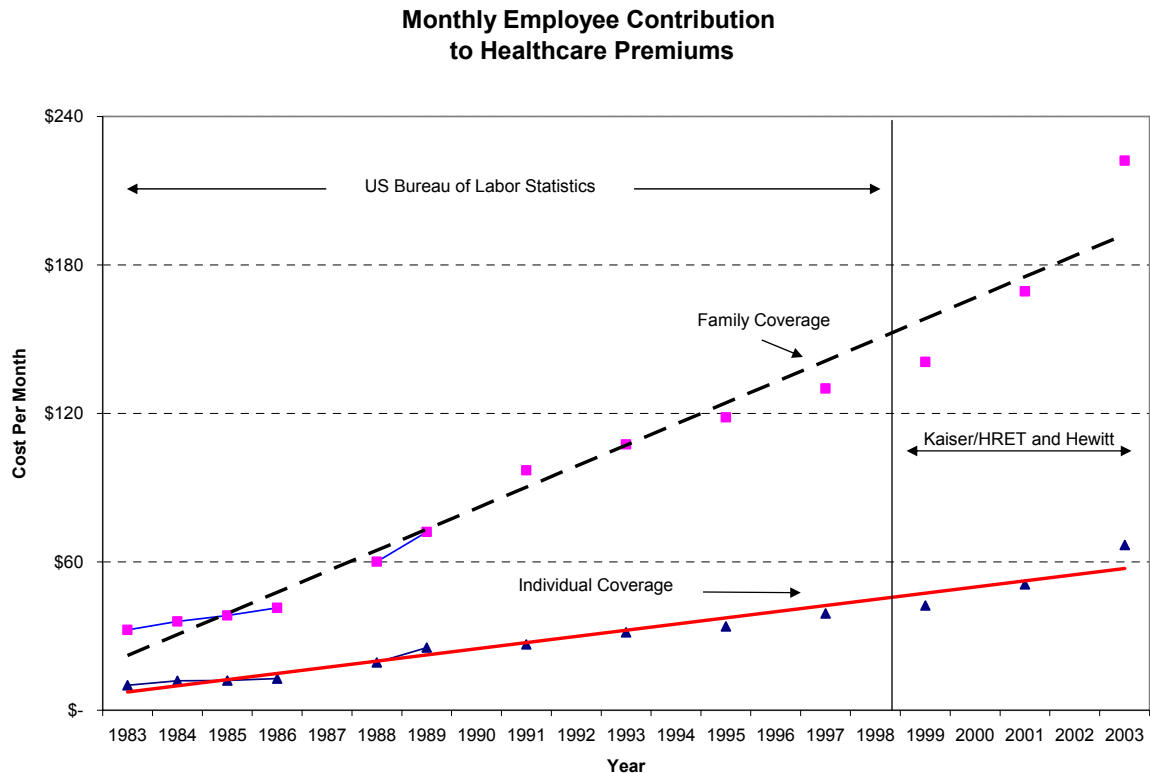
Source: Kaiser/HRET Survey of Employer-Based Health Plans (1991 – 2001)
Hewitt Associates (2002 - 2003 Forecast)

While the individual consumer without company sponsored healthcare pays the highest premiums, rising healthcare premiums have an impact on all. Public and private employers are increasingly facing whether they should pass these increased costs to the employees, reduce salary increases, or limit other benefits?

Exhibit 2 shows the trend in passing the ever increasing healthcare premiums to the employee.

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Exhibit 2: Increase in Employee Contribution to Healthcare Premiums



Source: US Labor Statistics (1983 - 1998)
Kaiser/HRET Survey of Employer-Based Health Plans (1999 - 2001)
Hewitt Associates (2002 - 2003)

Price Waterhouse Coopers in their study The Factors Fueling Rising Healthcare Costs. States that during the 1990's...*"The combination of rapidly growing incomes and labor shortages should have acted as an upward pressure on healthcare prices, due to increased demand and ability to pay. Instead, premiums increased fell during the early to mid 1990s and were at a record low during the period 1994 - 1998".* This trend bottomed out around 1996, and year to year increases to healthcare premiums have been rising at an increased level (See Exhibit 1). Their study goes on to state,...*"In 2000, the share of GDP devoted to healthcare was 13.2 percent (up from 8.8 percent in 1980) and, based on official government forecasts, that share will continue to rise and reach 16 percent of GDP during the next five years".*

Their study indicated that between 2001 and 2002 the cost of health insurance premiums increased 13.7% over the previous year. This is consistent with both the Kaiser/HRET Survey of Employer-Based Health Plans (1991 - 2001) and the Hewitt



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Associates (2002 - 2003 Forecast). The Price Waterhouse Coopers study expanded the analysis of others and they developed an approach to quantify the drivers and their individual contribution to the 13.7% growth trend in year to year healthcare premium rate increases.

Exhibit 3: The Factors Driving Rising Costs in Healthcare Premiums

Driver	Percent Points	% of Total Increase
General Inflation (CPI)	2.5%	18%
Drugs, Medical Devices and Medical Advances	3.0%	22%
Prescription drugs		
Other advances in diagnostics and treatment		
Rising Provider Expenses	2.5%	18%
Hospitals (consolidations) negotiating Hospitals premiums		
Government Mandates and Regulation	2.0%	15%
Over 1,500 existing mandates at state & federal level		
New mandated benefits		
Elimination of cost-control tools or limiting flexibility to use them		
Regulatory requirements (red tape, duplication of federal & state)		
Increased Consumer Demand	2.0%	15%
Aging population		
Front page treatments (media coverage)		
Increase preventive and diagnostic activity		
Consumer leaving less expensive managed cared options		
Litigation and Risk Management	1.0%	7%
Class action lawsuits		
Outsized awards and legal costs		
Defensive medicine		
Malpractice premiums		
Reinsurance/risk management		
Other Categories	0.7%	5%
Fraud and Abuse		
Miscellaneous		
Total Increase in Healthcare Premiums	13.7%	100%

Source: PricewaterhouseCoopers analysis, April 2002

Domestic Partners:

In 1990, no Fortune 500 firm offered Domestic Partners (DP) benefits. Over the last 13 years, the number of Fortune 500 firms offering DP has increased to over 196.

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Per the Human Rights Campaign Foundation, the following employers currently offer some form of DP.

Exhibit 4: Employers That Offer Domestic Partner Health Benefits

State Governments	11
Local Governments	161
Fortune 500	196
Colleges and Universities	186
Other Private Companies	<u>5,241</u>
Total Employers Offering DP	5,795

Source: Human Rights Campaign Foundation

By 2000, the cities of San Francisco, Los Angeles and Seattle mandate companies that do business with them to provide equal benefits to spouses and DP. Snohomish County began offering DP benefits January 1, 2002.

It is stated in a study by IGLSS (Institute for Gay and Lesbian Strategic Studies): *“Evidence from existing plans shows that enrollment rises very little, usually 1% or less and almost always less than 2%, when coverage is offered to same-sex and opposite-sex partners... Overall, the likely cost increase will be roughly the same size as the increase in enrollment, or around 1% in most cases”.*

Anita Coles Costello, Esq., in her article Domestic Partner Benefits in the Workplace states, *“One of the most common concerns about extending benefits to domestic partners is cost, both from increased enrollment in health plans and from adverse selection, especially for same-sex health care coverage. Studies done to date, however, have found that employers offering domestic partner benefits have not seen their costs rise sharply”.*

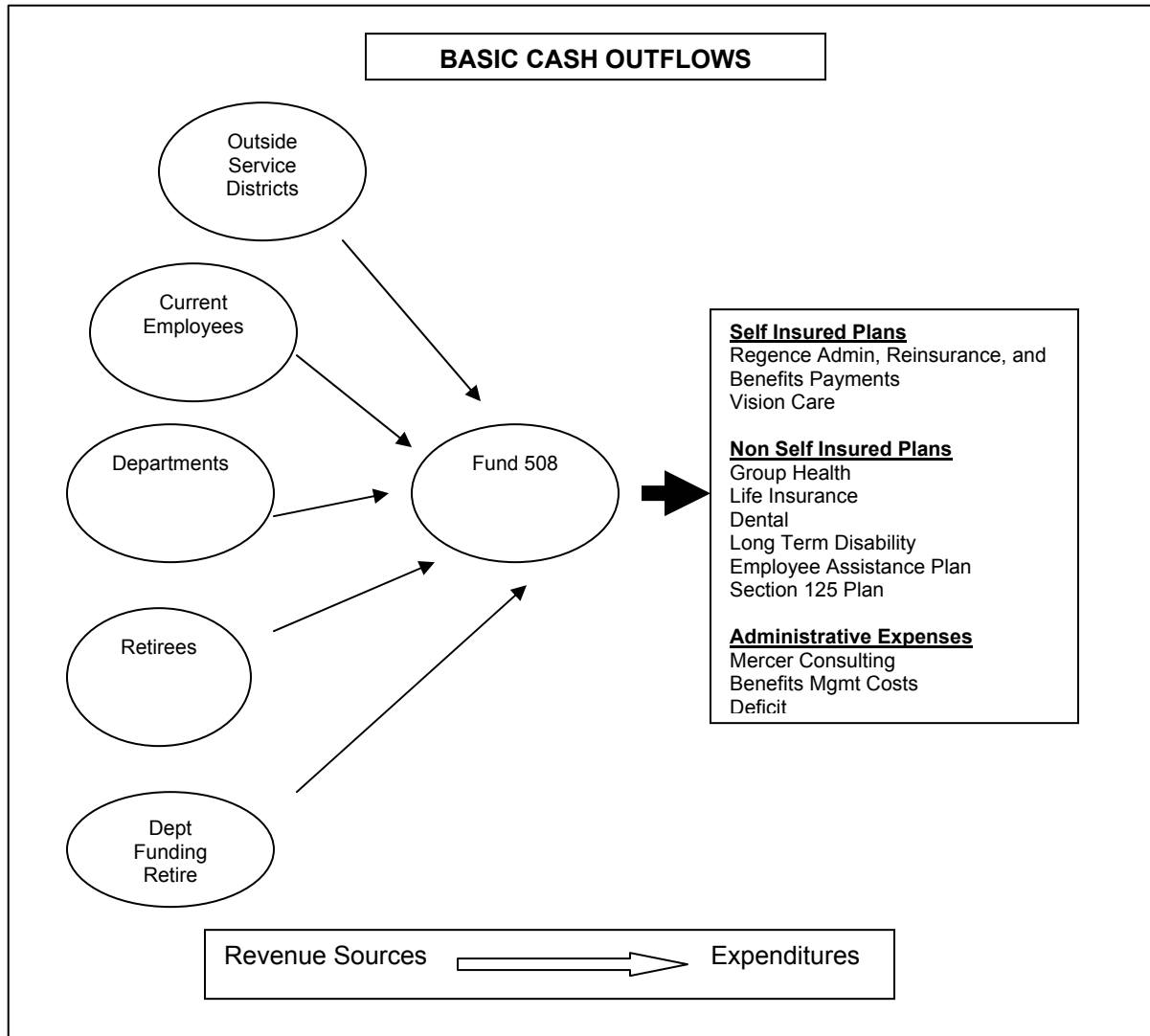
She goes on to say that enrollment rates have been in the 1 to 2 percent range, and predominately in opposite-sex couples since most already have healthcare insurance from their own employer.

III. Findings

To get a better understanding on how Snohomish County manages its current cash flow for its benefits plan, is as follows:

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Exhibit 5: Basic Cash Outflows – Snohomish County Benefits Plan



Source: Executive Office

Snohomish County has a blended program. Its dental benefits are premium based, while its healthcare and vision benefits are predominantly self-insured. The one exception is Group Health Options, which are also premium based. Premium cost increases over the previous years, associated to Group Health Options, have kept pace with the industry averages, as identified in Exhibit 1.

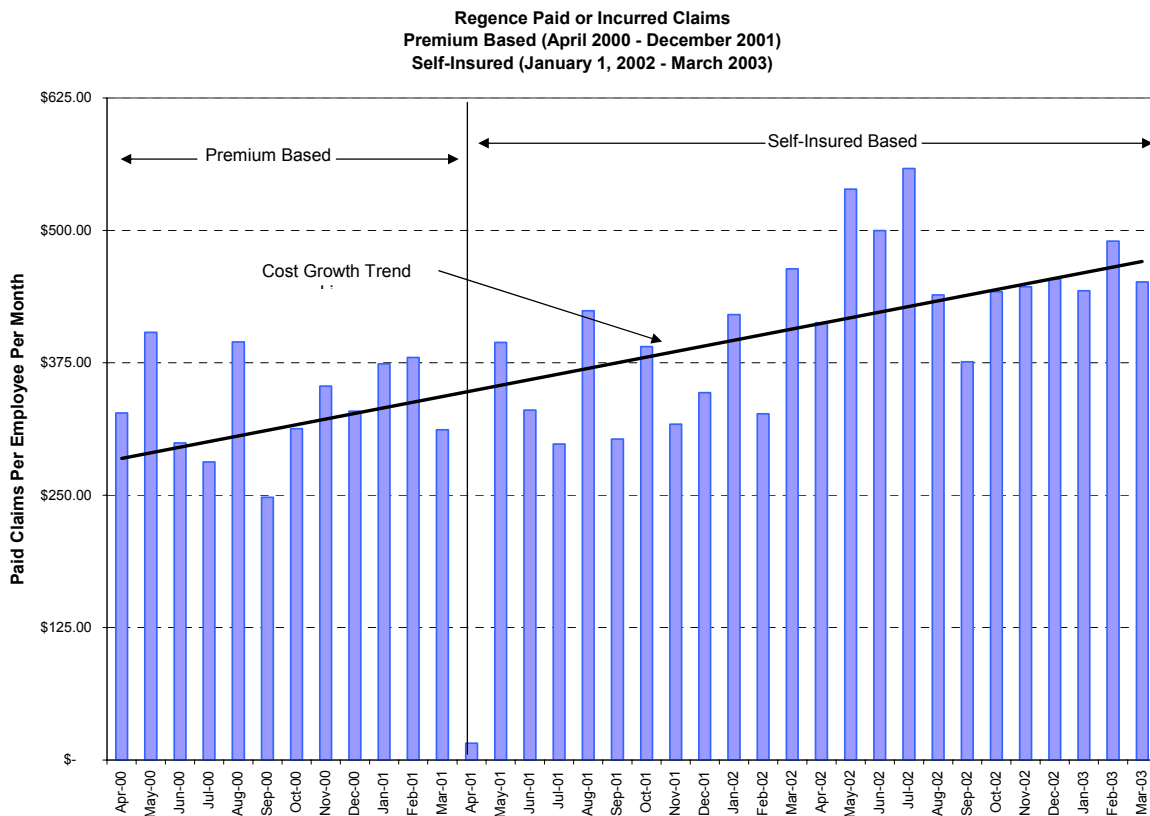
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Self-Insured vs. Premium Based Benefits:

Beginning in April 2001, the County elected to self-insure its primary healthcare benefits program. This decision was done after an extensive review and analysis by the County and its consultant on healthcare costs. The County felt by moving to a self-insured program, it would benefit the employees and citizens by being more cost efficient. The County felt this approach would benefit both the employees by providing maximum benefits and the citizens by providing this benefit at reduced costs vs. its prior premium based program (see Attachment 4 and 5).

Exhibit 6 shows increases in premium trends (premium based) or increases in incurred claims (self-insured based) for Snohomish County's healthcare benefit program, under Regence Blue Shield.

Exhibit 6: Regence Paid or Incurred Claims (April 2000 – March 2003)



Source: Regence Blue Shield/Executive Office

Over the period April 2000 through March 2003, a total of 36 months, the data shows cost trends for premium based (14 months) and self-insured (22 months). There is

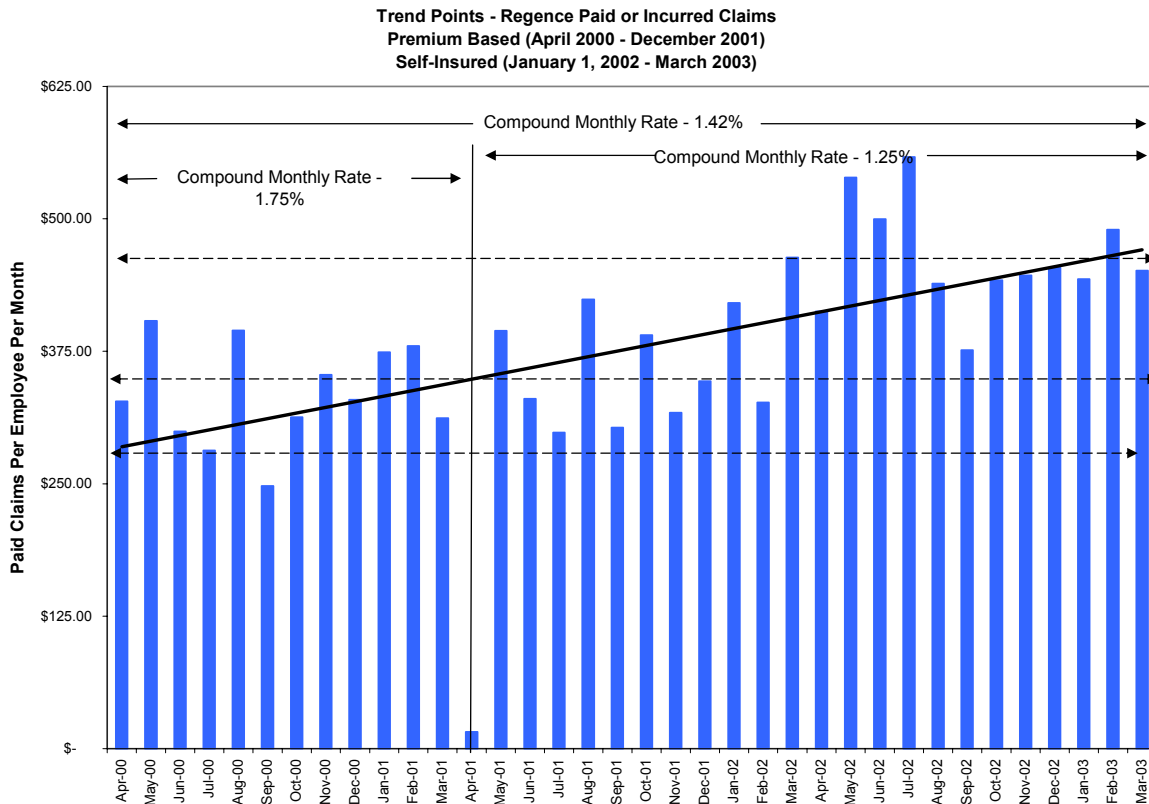


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no perfect approach in comparing the periods identified for premium based and self-insured due to the difference between the cost incurred and the actual cost paid. But our approach does provide a meaningful comparison.

During the period April 2000 to March 2003 the trend in cost increases associated to Regence increased 64%, but on a compound monthly rate of increase basis, the rate of increase was 1.42%. During the period which the County was using a premium based program, the compound monthly rate of increase was 1.75%, which has been reduced to a compound monthly rate of increase of 1.25% under the self-insured program.

Exhibit 7: Rate of Cost Increase on a Compound Basis



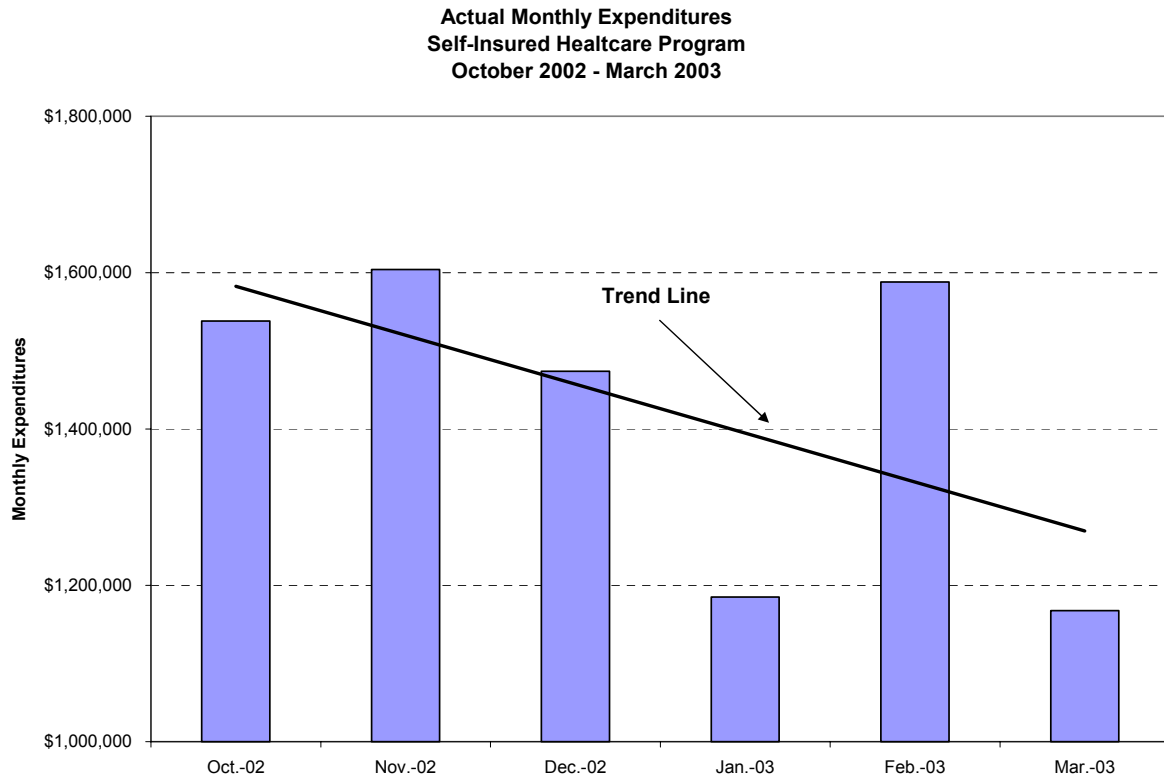
Source: Regence Blue Shield/Executive Office

Based on actual experience since the County converted to a self-insured program, the monthly rate of increase of healthcare expenditures has been increasing at a rate less than the projected rate for healthcare under a premium based program, and is showing a trend line of decreasing rates of growth.

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Exhibit 8 shows the actual expenditures, October 2002 to March 2003 for healthcare under the County's self-insured program.

Exhibit 8: Actual Monthly Expenditures (Self-Insured Program)



Source: Finance Department

Domestic Partners:

Snohomish County has offered a domestic partners benefit program since January 2002. The start of this program corresponded with the period of the greatest annual increase to health insurance premiums. Per industry forecasts, health insurance premiums were increasing at an annual rate of double digits.

Our research shows that the advent of DP coverage had minimal impact to both the costs and plan participation. Exhibit 9 shows DP enrollment at the end of 2002 and as of June 30, 2003. Enrollment included 50 individuals or 1.94% at the end of 2002 and increased to 61 individuals or 2.44% of employees electing healthcare benefits.

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Exhibit 9: Participation in Domestic Partners Program

Snohomish County Participation in Domestic Partners Program		
Group Health	31-Dec-02	30-Jun-03
Non Domestic Partners	323	295
Domestic Partners	5	6
Total Group Health	328	301
Regence (Selections or PPO)		
Non Domestic Partners	2,204	2,148
Domestic Partners	45	55
Total Regence PPO	2,249	2,203
Total Employees Covered		
Non Domestic Partners	2,527	2,443
Domestic Partners	50	61
Total Regence Selections	2,577	2,504
Percent DP	1.94%	2.44%

Source: Human Resources

Health Insurance Portability and Accountability Act (HIPAA):

The requirement for consent for the collection, use and disclosure of personal health information exists throughout the Health Information Portability and Accountability Act (HIPAA). In particular, sections 26 and 27 regarding use and disclosure contain important requirements for trustees to consider regarding consent. The brief overview of consent in HIPA, hopefully, provides a basic understanding of how consent works in the Act.

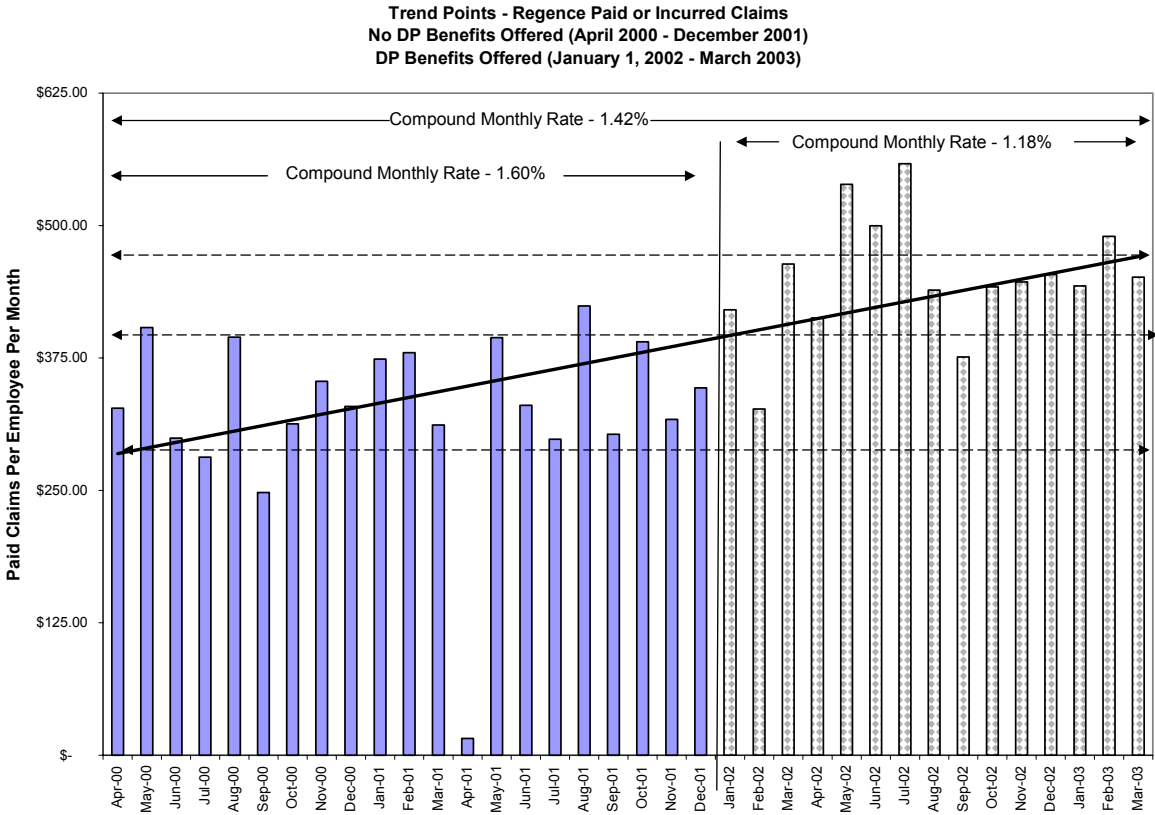
- Part II – Rights of the Individual - this part identifies the rights that individuals have under the Act in regard to their own personal health information. Sections 5, 6 and 7 all provide important information regarding consent including what is required to make a valid consent.
- Part IV – Limits on Collection - this part provides rules regarding the collection, use and disclosure of personal health information by trustees including describing circumstances where consent is required.

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As a result of the HIPAA, the ability to gather data on specific classes or individuals is prohibited by law. Thus determining individual cost impacts to the County, resulting from its domestic partners benefits program, would be in violation of HIPAA.

However, our analysis shows that the County’s cost associated to healthcare has been increasing at a decreasing rate, even with the inclusion of this program.

Exhibit 10: Domestic Partners Program



Source: Regence Blue Shield/Executive Office

During the 21 month period prior to the County offering DP, healthcare premiums or monthly expenditures grew at a compound rate of 1.60%. The rate of growth during the 15 months since DP has been offered by the County has increased at a compound rate of 1.18%.

During 2002, the first full year the County offered DP, healthcare premiums or costs totaled \$186,381. With the equivalent of 1.94% of the total enrollment, we estimate that DP costs comprise 1.3% of the total expenditures. For the first six months of

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2003, County healthcare costs associated to DP totaled \$144,177. However, with DP enrollment increasing to 2.44% of total enrollment, we estimate costs associated to DP were 1.9% of total expenditures.

Exhibit 11 shows the expenditure per employee per month for individuals electing DP coverage as compared to the average aggregate expenditure per employee per month.

Exhibit 11: Expenditures per Employee per Month (DP Coverage)

	<u>12 Month 2002</u>	<u>6 Months 2003</u>
Individuals Enrolled (DP)	50	61
Actual Cost Incurred	\$186,381	\$144,177
Expenditures/Month	\$310	\$402
Aggregate All Employees	\$465	\$483 (Estimated)

Source: Human Resources

Washington State County Comparison:

To try to get a better understanding of local government healthcare benefits practices, we contacted King, Pierce, Spokane, Thurston and Clark Counties. We requested a copy of their current monthly premium rates and the portion, if any, passed on to their employees. (See Attachments 6 – 11).

The majority of the Counties were premium based. One county (Thurston) changed back from self-insured to premium based last year. Thurston County was self-insured and changed to PEBB (Public Employees Benefit Board) offered by the State. They changed last year in a cost reduction effort. However, the County of Spokane reviewed PEBB and found their premium structure to be as high without any equal or increased benefits (Spokane is self-insured). King County has a blended program, with Regence (Sheriff's only) and Group Health (all employees) being premium based, but being self-insured on their Aetna plan.

All of the Counties currently pay 100% of the employee's contribution, (Thurston 100% for the employee, and up to \$275 for dependent coverage) but most indicated this will change in the future. King and Thurston County offer domestic partners benefits while Pierce, Clark and Spokane do not.

Exhibit 12 lists the five counties contacted and notes regarding their healthcare benefit programs compared to Snohomish County.

Final Report

Exhibit 12: Other Counties Healthcare Benefits Program

Snohomish County:

They are self-insured only on their Regence plan, (Group Health is premium based).
They do offer DP
Employees pay a portion of their premiums based on latest union contract.

King County: Contact: Lai-Ping Kimura – 206-684-1556

They are self-insured only on their Aetna plan, (Regence and Group Health are premium based). Regence is for Sheriff Deputies and Group Health is HMO option for employees.
They do offer DP
They currently paid 100% of plan cost, but this will change as the new union contracts are renegotiated (per Lai-Ping, King is out of money)

Pierce County: Contact Shelley Foutz – 253-798-7479

They are premium based. Their primary health carrier is Regence and their HMO option is provided through Group Health.

They do not offer DP

Plan costs are paid 100% for two of their healthcare options. Individuals selecting the Regence PPO program pay \$43.70 per month.

Spokane: Contact: Jan Gray – 509-477-2130

Their primary insurer is Premera (PPO) which is self insured. Their Group Health option is premium based. They also offer vision and dental. They reviewed PEBB and found their premium structure to be as high without any equal or increased benefits.

They do not offer DP

Currently the County pays 100% of plan cost, but this will change. They are in negotiations with the unions to have an employee contribution. Health care costs have been raising in excess of 30%.

Thurston: Contact: Kelly Elwess – 360-786-5498

Used to be self insured, changed last year to PEBB (Public Employees Benefit Board) premium based due to high cost of self insurance (increased 38%)
They do offer DP-first year same sex and last year, different sex. 15 signed up of opposite sex, 3 for same sex. No cost increase
County pays 100% for employee up to \$337.75; County also will pay up to \$275 for dependent coverage. This is medical only. County covers 100% of dental/vision.

Clark County: Contact: Kathy Bartlett – 360-397-2456

They are premium based.

They do not offer DP

Plan costs are paid 100% by the County

Their provider (Regence) has raised their cost 19% last year and this year its 28%.

Source: Human Services – County Contacted

Final Report

IV. Conclusions

Snohomish County's healthcare benefit program is complex and costly. However, it appears to be well managed and provides County employees a premium healthcare program at costs less than the industry average.

While the County has experienced the dramatic cost increases prevalent within the healthcare industry, it does appear that the decision to move from a premium based to self-insured was the correct move.

There does not appear to be any negative cost consequences associated to the County's Domestic Partners benefit program.

V. Recommendations

We have two recommendations, the first deals with the County's current deficit balance and the second deals with the County's current practice in negotiating with each union separately.

1. At the end of 2002, the County had a deficit balance of \$2.910 million in its benefit reserve account dealing with employee healthcare. During the 2003 budget year (March 2003), the County established a \$25 per month per employee Interfund overhead charge to offset this deficit. With around 2,700 full time employees, this would generate approximately \$729 thousand dollars. The proposed 2004 budget will increase this overhead charge to \$50 starting in January 2004. Adjusting for the new rate for 2004 would generate an additional \$1.7 million. Since this deficit liability was generally incurred prior to County employees participating in their healthcare benefit premiums, it will require the continuation of this deficit overhead charge beyond 2005.

Recommendation 1: We recommend the County continue to monitor this deficit balance position and ensure any deficit overhead charges are allocated so employee contributions are not impacted for costs incurred prior to the current premium sharing program.



Final Report

2. Snohomish County has several separate and unique unions. There is separate union representation for: AFSCME, LEOFF, and Teamsters. The effort of dealing with each union separately is both time consuming and cost inefficient.

Recommendation 2: We recommend the County continue its approach of working closely with AFSCME through the employee management benefits committee. This committee which makes recommendation regarding the County's healthcare plan should be expanded to include representatives from all unions. We recommend the establishment of a Coalition Budget Process in dealing with its several unions pertaining to healthcare benefits and cost sharing. This process will require establishing an expanded healthcare benefits committee to work with the various unions vs. the current time consuming process currently being used.

VI. Responses


During the Closing Conference with Councilman Dave Gossett, we requested a formal written response. In addition, we invited the Executive Office to respond. The following pages are the formal response from both the Council and Executive Offices.

We want to thank the following individuals who provided assistance, data, and insights to this review:

- Roger Neumaier (Executive Office)
- Julia Gibb (Council)
- Rachel Solemsaas (Finance)
- Ranger Hamilton (Human Resources)
- Mary Albert (Finance).

Final Report

Council Response:

	 Snohomish County
	County Council
September 22, 2003	Dave Gossett
To: Marty Standel, Performance Auditor	John Koster
Fr: Dave Gossett, Chair Council Operations Committee	Gary Nelson
	Jeff Sax
	Kirke Sievers
Re: Employee Healthcare Benefit Program Review	M/S #609
	3000 Rockefeller Avenue
	Everett, WA 98201-4046
	(425) 388-3494
Thank you for responding to the Operations Committee request for a healthcare review of Snohomish County's current system. I have reviewed your draft report and discussed it with you and Council Staff	FAX (425) 388-3496
	TTY/TDD (425) 388-3700
I appreciate the time you have taken to research a number of aspects of the county's current predominantly self-insured system, particularly your comparison with the county's previously premium-based system, and your comparison with a number of other Washington counties' systems. Your discussion on domestic partner coverage is also very helpful.	
I concur with your two recommendations on benefit fund deficit monitoring, and on continued efforts in developing joint health benefit programs for all employees.	
As we discussed, I will suggest that Operations Committee follow up with requests that:	
1) Council staff from Operations and Finance Committees follow up your report with a review of innovative efforts around the county that states/counties are undertaking to control healthcare costs; and that	
2) Mercer, our insurance broker, report to the Committee on last year's process of negotiation and development of insurance premium increases, and recommend procedures to improve timeliness and quality of notice to and participation of employees and Council.	
I look forward to our discussion of your report at an upcoming Operations Committee	
Cc: Councilmembers	
John Chelminiak	
Julia Gibb	
Sharie Freemantle	

Final Report

Executive Office Response:



**Snohomish County
County Executive's Office**
M/S #407
3000 Rockefeller Avenue
Everett, WA 98201
(425) 388-3460
FAX (425) 388-3434

Date: September 19, 2003

To: Marty Standel

From: Roger Neumaier
Bridget Clawson

Subject: Employee Healthcare Benefit Program Performance Audit

We have appreciated the manner in which the recently completed performance audit was conducted and wanted to respond to your draft report. The conclusions of the performance audit are appropriate and consistent with the direction that the County is taking. Below are responses to the two major recommendations of the report:

Recommendation 1: Continue to monitor the benefit fund deficit balance position and ensure any deficit charges for period prior to the implementation of employee premium contributions do not impact future employee contributions.

Response: We concur.

Recommendation 2: Continue to work in the Benefits Committee with representatives of AFSCME in monitoring health plan performance and developing recommendations for future employee health plan strategies and to expand this approach to include other unions.

Response: We are very pleased with the results of the Employee Benefits Committee including the increased employee management teamwork, benefit related recommendations, and better understanding that has resulted from this committee. We have invited representatives from other unions to participate in a similar process and we will inquire again as to the interest in participating in joint benefit meetings.

Thank you again for your thoughtful review of the self-insured plan.

CC: Gary Weikel



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

1. Is Snohomish County in the best (most cost-effective, best-managed, etc) health insurance pool? (Not asking about dental or eye coverage)

For the past two years, Snohomish County has been self-insured. The County as have been advised by industry experts suggesting that being self-insured, over the long run, is the most efficient and cost effective approach,

2. Is Snohomish County getting top quality results and performance from our insurance broker?

Discussions with Roger Neumaier, suggest that our previous broker did not have all the services we required therefore, Snohomish County last year changed the County's broker from Marsh to Mercer. Mercer is the same broker used by the State of Washington, King County, City of Seattle, and Boeing.

3. Review innovative efforts around the country that states/counties are undertaking to control health insurance costs.

While Roger Neumaier has informed me that Snohomish County intends to have one of the more efficient/cost saving programs in the area, and had indicated that the State Office of Risk Management will be issuing an audit report on our current status. Roger stated he would provide copies when available to both the Council and the performance auditor.

Best Practices is a standard performance audit process. It is our plan to conduct this process along with documenting the County's current status.

4. Review last year's process of review and re-negotiation of insurance premium increases, and recommend procedures to improve timeliness and quality of notice to and participation of employees and Council.

The premiums currently being charged reflect our prior years experience and anticipated trends. These increases and future projections were discussed with the Master Agreement Labor Management Committee.



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

If the Council request, Mercer has stated their willingness to present to the Council this method and discuss anticipated future trends within the industry.

5. Conduct contract administration review by performing tasks listed under your draft at III.A.2.

While I have attached the standard audit program identifying this section, my initial approach will be to document the current process and identify best practices.

6. Review methodology of rate setting for county departments and outside districts (what we charge the depts. internally to be paid into the Insurance Fund).

The method used by actuaries is to review current and past actual costs, anticipate future increases, and establish a rate to cover anticipated future costs. This computation and projected rates are than discussed at the Master Agreement Labor Management Committee for their input.

7. Look at usage and types of claims filed, to get an idea of where the biggest exposure is.

While this may be in conflict with HIPAA, Roger stated that Mercer is planning to conduct a performance review to assure that we comply with all plan requirements.



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

OBJECTIVES:

The objectives will be to verify that there are adequate controls in place to ensure that:

- 1) All eligible, but only eligible employees, dependents, and retirees receive the benefits for which they are enrolled.
- 2) All Plans are administered in a cost-effective and efficient manner; and in accordance with Plan provisions, Company policies, and all applicable laws and regulations.
- 3) Data is kept confidential.
- 4) All cost are accounted for accurately and timely on the Payroll System and General Ledger.
- 5) All payments to benefit plan providers are paid accurately and timely and are in accordance with contracts, supported, authorized, and accounted for on General Ledger.

SCOPE: Period of review will be timeframe the County has been self-insured.

I. PLANNING

INIT. W/P
Reference

Obj	To gain an understanding of the policies and procedures for administering health plans.	INIT.	W/P Reference
1.	Obtain a copy of the master insurance contracts including all riders, and review the contracts to become familiar with their terms and conditions. a. Insur1 b. Insur2 c. Insur3 d. Insur4		
2.	Determine that an agreement exists between each medical/dental plan outlining the cost of the plan and the services provided: a. Insur1 b. Insur2 c. Insur3 d. Insur4		
3.	Review the procedures for maintaining eligibility records for each medical/dental plan: a. Insur1		



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

	<ul style="list-style-type: none"> b. Insur2 c. Insur3 d. Insur4 e. COBRA 		
4.	Request an employee electronic file with health plan enrollments including dates of birth, effective dates of coverage, dependents ages and social security numbers.		
5.	Identify contact person and request electronic eligibility files of insured from: <ul style="list-style-type: none"> a. Insur1 b. Insur2 c. Insur3 d. Insur4 		
6.	Identify any applicable federal and state laws and regulations related to health benefit administration.		
7.	Identify Policies and Procedures related to health benefit administration.		
8.	Verify that plans meet the criteria for tax-exempt status and all reports are filed on schedule with Tax Department.		
9.	Prepare a brief overview document of current health and dental plans to summarize cost and other key information.		
10.	Prepare Risk Analysis		

II. ELIGIBILITY

INIT.

W/P
Reference

A.	All eligible, but only eligible employees, dependents, and retirees receive the benefits for which they are enrolled.		
1.	<p>After obtaining employee electronic file noted in Planning Section, step #4, perform the following:</p> <ul style="list-style-type: none"> a. Verify that the employee’s benefit information, including dependents, is complete and has been properly entered by tracing to information on paper enrollment forms. b. Verify that proper supporting documents, where required, are on file. (e.g. dependents’ birth certificates) c. Select a sample of employee enrollment change 		



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

	<p>forms and verify that status changes were input accurately and timely.</p> <p>d. Verify that the employee is correctly categorized as either a management, bargaining unit or retired employee.</p> <p>e. Verify that terminated employees' status is timely changed before their separation date.</p> <p>f. Verify that dependent social security numbers are obtained and correctly entered into system</p>		
2.	Compare health plan vendor eligibility files in order to identify any Plan participants who are not active employees, or who are listed in the wrong plan.		
3.	Compare health plan eligibility files to each other in order to identify any Plan participants who are enrolled in more than one Plan.		
4.	<p>Cross reference health plan vendor retiree eligibility files with Social Security Death Index in order to identify any deceased retirees still enrolled:</p> <p>a. Test 100% of all retirees over 90 yrs old</p> <p>b. Test sample (95% confidence rate) of all retirees between 75 yrs old and 89 years old.</p>		
5.	Verify that health care insurers are notified of enrollment; termination, retirement, student status, handicap status, or other changes in a timely manner.		
6.	Determine what type of electronic feeds we supply to insurers. (e.g. only changes, or a completely updated file)		
7.	Test for dependent children between ages 19 – 25 (confirm age with contracts) for college certification.		
8.	Search for dependent children over age 25 (confirm age with contracts) to confirm disability status.		
9.	Determine what eligibility reports are produced. Are these reports correct, useful, timely, reviewed, and acted upon?		

III. PLAN AND CONTRACT ADMINISTRATION

INIT.

W/P
Reference

A.	All Plans are administered in a cost-effective and		
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ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

	efficient manner; and in accordance with Plan provisions, Company policies, and all applicable laws and regulations.		
1.	<p>Through interviews and discussions determine if the following administrative controls exist:</p> <ul style="list-style-type: none"> a. Management objectives and goals (do written goals exist?) b. Organizational charts / duties & responsibilities (are written duties and responsibilities stated in employee job descriptions?) c. Administrative policies and procedures (do written statements exist for each health plan?) d. Eligibility (does Benefit Department perform periodic reviews of eligibility?) e. Designing and revising health plans (are plans approved by senior management?) f. Establishing and maintaining records (are procedures aided by standard forms and instructions?) g. Accounting and budgeting (are budget vs. actual expenditures reviewed each month?) h. Reporting (what reports need to be filed with outside agencies?) 		
2.	<p>Determine if contract administration is properly controlled by performing the following:</p> <ul style="list-style-type: none"> a. Determine what the process is for setting new premium rates. b. Compare Plans to industry standards. c. Determine if Plans are reviewed and approved by Legal Department. d. Determine if funding arrangements are reasonable. e. Determine if contracts are signed in compliance with Authority and Signature Delegation Policy. (Is there any need for an exception to this Policy) f. Determine if contracts contain an adequate confidentiality clause. g. Determine if “Prescription” contract guarantees pass-on of Drug Company rebates from insurance 		



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

	company. h. Determine if contracts require insurance company to conduct provider claim audits.		
3.	Obtain further information on dummy social security numbers that we provide to insurance companies at request of certain employees. a. Ask Legal Department what is responsibility for requiring social security numbers.		
4.	Determine what reports for monitoring expenses are produced. Are these reports correct, useful, timely, reviewed, and acted upon?		
		INIT.	W/P Reference
B.	There are efficient and effective controls & procedures over the administration of COBRA benefits.		
1.	Determine who is responsible for the administration of COBRA.		
2.	Determine qualifying events and COBRA coverage periods.		
3.	Review the procedures for maintaining eligibility in the plan.		
4.	Verify the timely issuance of offer letters to eligible parties.		
5.	Ensure that employees are provided with information regarding COBRA benefits and determine that: a. If employee selects to receive COBRA benefits, the proper forms were completed and employee is receiving benefits b. If employee refused COBRA benefits, the proper forms were completed by the employee		
6.	Obtain a listing of COBRA participants and verify that premium billings are accurate, for the correct period and mailed on a timely basis.		
7.	Verify that the Benefits group maintains a detailed listing of receivables from COBRA participants and those receivables are monitored, aged and followed up on for collection and correctly accounted for.		
8.	Verify that COBRA coverage is discontinued if premiums are not paid.		



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

9.	Verify eligibility versus files from Plan Providers.		
10.	Determine what COBRA reports are produced and are they accurate, useful, timely, reviewed, and acted upon.		
11.	Identify any other major compliance requirements of COBRA and test as appropriate.		

IV. CONFIDENTIALITY OF DATA

INIT.

W/P
Reference

A.	To verify controls are adequate to ensure that data is kept confidential and protected.	INIT.	W/P Reference
1.	Verify that there are documented policies and procedures for the receipt, retention, and disposal of employee related benefit information. <ul style="list-style-type: none"> a. Determine if there is a need for employee names and claim amounts that, we receive monthly from insurance companies. 		
2.	Verify that adequate security controls exist to ensure that database and program access can be restricted to authorized personnel. Perform the following: <ul style="list-style-type: none"> a. Determine if adequate security profiles have been prepared. b. Determine who executes (grants, cancels, changes) system access. Are they proper (i.e. free of conflicting duties) c. Determine who authorizes access to the system. Are they proper? d. Identify all users of the system and the types of access they have been granted. Determine if their access is appropriately based on job duties. e. Identify all non-user support personnel who have access to the application or database f. Who has been granted super-user access? Is this access appropriately limited to only a few individuals? g. Does the system limit the amount of unsuccessful sign-on attempts? h. Determine if passwords are required. Are passwords required to be at least 6 characters? 		



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

	i. Determine if all system users are required to utilize screen savers (password protected) on their personal computers.		
3.	Verify that proper security monitoring procedures are in place so that security violations will be reported. a. Determine if security is being administered by IS.		
4.	Verify there is a contingency plan in place for responding to business interruption.		
5.	Verify that there is limited physical access to paper records (employee related benefit information).		
6.	Verify that there is required security awareness training for all employees, agents, and contractors who have access to health information.		
7.	Determine what security reports are produced and are they accurate, useful, timely, reviewed, and acted upon.		

V. PLAN EXPENSES

INIT. W/P
Reference

A.	To determine if controls are adequate to ensure that all cost are accounted for accurately and timely on the Payroll System and General Ledger.	INIT.	W/P Reference
1.	Identify G/L accounts used to account for employee benefits activity		
2.	Verify sample of 3 months expenses for each Plan is recorded accurately by tracing invoice amounts to General Ledger detail and verifying: a. Accurate amount booked to proper General Ledger account b. Booked in proper accounting month		
3.	Verify total expenses are accurately reflected on General Ledger for the prior twelve months.		
4.	Select a sample of participants from each Plan and verify the proper amount is deducted from weekly paycheck by agreeing Benefit information with their payroll records.		
5.	Determine what financial reports are produced and are they accurate, useful, timely, reviewed, and acted upon.		



ATTACHMENT 1

Council List of Preliminary Issues – Healthcare

V. PLAN EXPENSES		INIT.	W/P Reference
B.	To determine if controls are adequate to ensure that all payments to benefit plan providers are paid accurately and timely and are in accordance with contracts, supported, authorized and accounted for on the General Ledger.		
1.	Sample payments during 2000 – 2002 disbursements to Insur1, Insur2, Insur4, and Insur3. Select a sample of payments and determine if they were: <ul style="list-style-type: none"> a. Authorized according to Delegation of Authority. b. Reviewed by someone who checks details, performs recalculations, and verifies and signs approval to pay. c. Supported by appropriate detailed documentation. d. Calculated accurately according to terms of contract 		
2.	For the most current month, account for the number of insured reported for each class of coverage by reference to payroll reports.		
3.	Determine what reports are produced and are they accurate, useful, timely, reviewed, and acted upon.		

VI. OTHER		INIT.	W/P Reference
1.	What does the County do to verify retiree eligibility		
2.	Does the County perform regular test against SSN death index?		
3.	When retirees reach age 65, does provider send a letter notifying them to enroll in Medicare?		
4.	Average cost / employee for 2000 - 2002		
5.	2003 Budget		
6.	Total participants in Plans		
7.	Retirement Plan expenses		
8.			
9.			
10.			
11.			



Snohomish County

ATTACHMENT 2

Date: July 29, 2001 **Auditor's Office**
Performance Audit Division

To: Councilman Mike Ashley **Bob Terwilliger**
County Auditor

From: Bob Terwilliger, County Auditor **Carolyn Ableman**
Chief Deputy Auditor

CC: Performance Audit Committee M/S #505
3000 Rockefeller Avenue
Everett, WA 98201-4059
(425) 388-3472
FAX (425) 259-2777

Subject: Management Letter (LEOFF)

On April 5, 2001, you requested that the Performance Audit Committee to approve review or performance audit of the LEOFF Disability Board. The Performance Audit Committee approved the request subject to an assessment of the legal authority of the County Audit Division to conduct such review of LEOFF Disability Board. Subsequently, the Snohomish County Performance Audit Division initiated a risk assessment in preparation for a complete audit review. Based on initial fieldwork, and the result of the legal analysis, it was determined a management letter instead of a formal audit report provided the best method of communicating the necessary information pertaining to the County's LEOFF Disability Board.

In the initial LOEFF audit request, the following questions were asked:

1. How are claims filed for appeal reviewed?
2. Are experts consulted to determine whether the goods/services in question meet criteria for payment?
3. In each of the past three years, what were the total amounts of claims filed for appeal in all categories (Medical/Dental/Vision/Hearing, etc)?
4. What was the total amount paid upon appeal in each category?

We could not answer the specific questions based on the information provided us during our risk assessment. However, we were able to identify the total amount expended (LEOFF disability Expenditures – per SFG) between 1998-2000, which totaled \$247,278. The specific breakdown by year follows:

LEOFF 1 Disability Expenditures for 1998 – 2000

Department	Dac #	1998	1999	2000	TOTALS
Airport	513625901	\$ 828	\$ 3,787	\$ 1,537	\$ 6,152
Sheriff	513625903	\$ 76,758	\$ 71,891	\$ 92,477	\$ 241,126
	TOTALS	\$ 77,586	\$ 75,678	\$ 94,014	\$ 247,278



Snohomish County

ATTACHMENT 2

We implemented our risk assessment process by requesting a review of all existing LEOFF financial records. We were told no formal financial records existed. The LEOFF data that was provided was limited in scope and other data was unavailable due to Federal and State Privacy Act considerations. A Legislative Analyst (Sharie Freemantle) suggested, since LEOFF is a Washington State program, any review would be conducted by the State Auditor's Office.

It is important to define performance auditing's role in County Government. Performance auditing is the examination of control mechanisms (policies, standards, RCWs, etc.) developed by management or other authorities, and the determination of whether existing processes comply with those policies, controls or criteria. If disparities exist between identified policies and current procedures, or if missing controls are identified, it is Performance Auditing's responsibility to report that information to management. It is up to management to review the recommendations, consider associated costs, and if they concur with the findings, implement corrective action.

This management letter makes the following findings.

Finding: 1. Existing Disability Board (LOEFF) rules or procedures need to be expanded to provide sufficient management information so board members can fulfill their oversight requirements.

Description of Condition

Although the Snohomish County LEOFF Disability Board's "Rules" appear quite thorough and in conformance with items noted in Chapter 415-105 WAC Local Disability Board Procedures, they do not fully prescribe the information needed to be captured and maintained so board members can fully analyze the claims being presented.

(NOTE: Per discussion with Ms. Carol Mills, a Washington State Department of Retirement Services specialist, any specific local-level LEOFF guidance or policy is the responsibility of the local board.)

Cause of Condition

The Snohomish County LEOFF Board has a reputation for handling disability issues in a professional manner. This "corporate" knowledge has been sufficient in the past, to successfully provide "fair and equitable" disability evaluations. However, as new members have been assigned to the Board, questions have risen regarding past history and costs of disability decisions. Since no financial or Board decision information was required to be compiled, those questions could not be answered.



Effect of Condition

Because existing Snohomish County LEOFF Disability Board Rules do not require the capture and maintenance of management control data, Snohomish County Disability Board members cannot be sure (1) that eligibility for LEOFF claims meet the same standards as those applied to active non LEOFF County employee claims; (2) the opinions of qualified medical experts were obtained to insure services provided met the same qualification standards as those applied to active non LEOFF County employee claims; (3) payments for services were made on conditions approved by the board and State oversight rules; and (4) there exist historical records for claims approved or denied and those records are based on a claims report format requiring critical management data.

These issues result in Board members being unsure that the program they govern is treating all employees fairly, and not performing their oversight duties as efficiently and cost effectively as possible.

Recommendations

We recommend the LEOFF Disability Board review their existing Rules and approve any additional rules necessary to provide the Board the management controls it feels are required.

Finding: 2. Snohomish County LOEFF Board records do not contain and make accessible all required information requested by board members.

Description of Condition

Because the Snohomish County LOEFF Board Rules do not require capture and maintenance of specific management control data, some Board members are not sure they are providing Board oversight as fairly, efficiently and cost effectively as possible.

Cause of Condition

LEOFF Board Rules do not mandate the capture and maintenance of management control data, which some Board members now desire. The Washington State Disability Board stated that local board policies can mandate the extent of record information required and specify the level of reporting details to be maintained by the County. Our review showed past records have been kept in accordance with Washington State disposition tables. However, specific data from those records needs to be captured or organized into management control reports or formats.



Snohomish County

ATTACHMENT 2

Effect of Condition

The effect of the condition is that County LEOFF Board members may not have the ability to review the background and record of prior cases, determine if the handling of those cases was done in the best manner possible, and make informed Board decisions.

Recommendation:

We recommend the Snohomish County LEOFF Disability Board more fully define report requirements through an update of “Board Rules”. The “Rules” update might include disability claim application form data requirements, what record tracking data should be captured and maintained, what office is responsible for developing and maintaining the records, and determine a records retention schedule. Any changes, additions or updates should at a minimum insure WAC 415-105-110 requirements are complied with. (See Attachment 1)

We are providing for your information, copies of Chapter 415-105 WAC and Chapter 41.26 RCW, which provide Disability Board guidance.

STATE OF WASHINGTON RISK AUDIT – APRIL 2003

EXAMINATION REPORT

**EXAMINATION #03 - 05
SNOHOMISH COUNTY
SELF-INSURED EMPLOYEE MEDICAL
BENEFITS PROGRAM
EVERETT, WASHINGTON
APRIL 2003**

BACKGROUND

The Legislature enacted RCW 48.62 giving the State Risk Manager responsibility to:

- Approve and regulate individual and joint local government self-insured employee health/welfare (medical) benefit programs and joint local government self-insured property/liability programs in Washington state and;
- Establish rules and policies governing the management and operations and set standards for the safety and financial soundness of those programs.

The Local Government Self-Insurance Program (LGSI) supports the State Risk Manager.

The State of Washington Health and Welfare Advisory Board was created to assist the State Risk Manager in administering the program. Working together, an initial set of rules and policies were developed and adopted into Washington Administrative Code (WAC). An examination book was also developed for use in the examination of approved self-insurance programs. An annual report format was adopted and is currently in place.

OBJECTIVE

The Local Government Self-Insurance Program's mission is to protect the taxpayer assets covered by local government self-insurance programs. This is accomplished, in part, by performing examinations of approved programs.

The purpose of examinations is to determine:

- Compliance with the requirements of RCW 48.62 and WAC 236-22 and;
- Whether certain sound business practices are being followed.

These objectives are to provide the program and the State Risk Manager with reasonable but not absolute assurance that the program is operating on a sound financial basis and that communications with program members are appropriate.

SCOPE

The examination of the Snohomish County self-insured employee medical benefits program (program) was conducted during April 2003. It included reviewing and analyzing program financial and operational documents and discussions with program staff and service providers.

The examination performed tests of compliance with state laws and regulations as required by RCW 48.62 and WAC 236-22 for management, operations and solvency of self-insurance programs.

STATE OF WASHINGTON RISK AUDIT – APRIL 2003

The areas reviewed included:

- Year end annual financial reports
- Program formation and adoption documents
- Program financing plans/procedures
- Solicitation and disclosure practices
- Insurance coverages provided
- Program termination provision
- Third party administrator contracts and contract procedures
- Risk management program
- Claims administration practices and procedures
- Internal financial reporting practices and procedures
- Practices in identifying and eliminating conflicts in interest
- Membership complaint and appeal process
- Program committee meeting minutes and related communications

CONDITIONS AND RECOMMENDATIONS

Except as provided below, our examination found that for the items reviewed, the program complied with applicable laws and regulations under the scope of this examination, including those policies, rules and guidelines established by the State Risk Manager.

With respect to items not reviewed, nothing came to our attention that would cause us to believe that the program had not essentially complied with applicable laws, regulations and standards.

The County has initiated significant changes in program operations and administration during the first two years of the program. Present program service providers are among the more experienced and effective in administering local government self-insured employee health benefit programs. Program management, operations and communications, are openly and effectively administered. There is an appropriately structured system of program operational and financial controls.

Program Financial Reporting

IBNR Public entities self-funding their employee health benefits (as well as other risk exposures) in Washington are to comply with the Governmental Accounting Standards Board Statements 10, 11 and 17, *Accounting and Financial Reporting for Risk Financing and Related Insurance Issues* (GASB).

GASB provides that program "...claims and related costs..." incurred but not reported within a fiscal year (IBNR) are to be reported as a program liability against the program assets in the year incurred and funded. The IBNR accrual is not a reserve but a liability, the full amount of which should be reported against program assets whether or not it can be fully funded by the program. Annual progress towards funding the IBNR is also required.

IBNR is to be reported both in the program financial detail and typically also in an applicable note to the entity's financial statements with other self-funded risk exposures.

STATE OF WASHINGTON RISK AUDIT – APRIL 2003

The State of Washington Health and Welfare Advisory Board and the State Risk Manager have developed a solvency guideline for self-insured medical benefit programs, which is on

the LGSI site page at <http://www.ga.wa.gov/risk/hwfindsolvgl.htm>. The minimum solvency requirement in the guideline provides that all programs fully fund the program IBNR. Normally, an IBNR of approximately two months of total annual program expenses is recommended. The program reported a 2002 fiscal year end IBNR of 5.3 weeks and projects a 2003 fiscal year end IBNR that is less relative to expenses than the 2002 IBNR.

Snohomish County Response – The County has updated the 2003 fiscal year end estimated IBNR projection to \$2,076,000 from \$1,907,000. Using this estimate, we will be more consistent with the prior year IBNR as a % of program expense.

Reserves The guideline also endorses a contingent reserve in excess of the fully funded IBNR. Such a reserve assures funding of the IBNR liability and also promotes the stability of self-insured programs, allowing them to address unforeseen circumstances in program budgeting and funding. Programs maintaining such reserves are able to address additional unexpected costs without significant premium increases unanticipated by operating departments. Without such a reserve, a program is in a more immediate position of insolvency in the event of unexpected costs.

LGSI recommends programs maintain a contingent reserve of at least two months of total annual claims and expenses but that this reserve increase or decrease according to program size and/or claims experience. For larger programs such as the County, the appropriate level of such a reserve is normally best determined by the program's consulting broker/actuary. The program reported a 2002 fiscal year end deficit of \$2,909,802 and projects approximately the same deficit for the 2003 fiscal year end.

Snohomish County Response – Snohomish County code section 4.42.220 (4) requires that the county, in the employee benefits fund, “pursue the development of a fund balance in the fund equal to two months of claim liabilities.” This supports the recommendation of a contingent reserve of at least two months of total annual claims and expenses. This is a goal that the county will continue to strive toward attaining. The 2004 Snohomish County budget will include an increased administrative fee per employee, which will significantly reduce the deficit and allow Snohomish County to work toward this important reserve target.

Quarterly Financial Reporting

The financial solvency guideline also provides that programs not at least fully funding their IBNR are subject to increased monitoring, reporting and review by the State Risk Manager/LGSI.

Accordingly, the County should submit quarterly program financial reports to LGSI. This may be done on line through the LGSI site page at <http://www.ofm.wa.gov/rmd/lgsi.htm> within thirty days after June 30 and September 30, 2003. The completed reports will assist in maintaining a current profile of the program.

STATE OF WASHINGTON RISK AUDIT – APRIL 2003

Snohomish County Response – The County requests this reporting be semi-annual. We believe that reporting twice a year will allow us to base information on reports from our Consultant. While we could generally accomplish a quarterly schedule, there may be times in which the semi-annual approach will allow us to assure that our submittal will be based upon information that has been adequately reviewed by our actuary.

LGSI Concluding Remarks –The report should be submitted on a semi annual fiscal year basis to provide for actuarial review. Please submit the report for year to date through June 30, 2003 by August 31.

ANNUAL REPORT

RCW 48.62 and WAC 26-22 provide that programs are to complete and submit an annual financial report to LGSI within one hundred twenty days after close of the program fiscal year. The County did so for the 2002 fiscal year. These reports assist LGSI in maintaining current profiles of programs, in part to respond to legislative and other inquiries regarding the success of local government self-insured employee medical benefits programs.

ACKNOWLEDGMENTS

The Local Government Self-Insurance Program wishes to express appreciation to Snohomish County for the assistance and support of our efforts to conduct a comprehensive examination.

The staff assistance, file organization and availability of financial reports were especially helpful in facilitating the examination process.

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
 April 1, 2000 through March 31, 2001

Group Total

~ ALL Preferred Provider (PPO), Selections (POS), & COBRA Plans Combined ~

	A	B	C	D (B + C)	E	F	G	H (C - G)	I H Total	J (G / D)	K (G / A)
	Employee Count	Minimum Premium*	Claim Liability	Total Liability	Gross Paid Claims	Claims over the ISL	NET Paid Claims	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	2,514	\$169,913.75	\$830,731.51	\$1,000,645.26	\$836,484.14	\$12,580.15	\$823,903.99	\$6,827.52	\$6,827.52	82.34%	\$327.73
May-00	2,511	\$169,949.43	\$831,370.18	\$1,001,319.61	\$1,031,128.36	\$17,292.35	\$1,013,836.01	(\$182,465.83)	(\$175,638.31)	101.25%	\$403.76
Jun-00	2,529	\$171,135.30	\$837,188.99	\$1,008,324.29	\$771,369.68	\$14,146.12	\$757,223.56	\$79,965.43	(\$95,672.88)	75.10%	\$299.42
Jul-00	2,502	\$169,295.45	\$829,081.48	\$998,376.93	\$703,970.75	\$0.00	\$703,970.75	\$125,110.73	\$29,437.85	70.51%	\$281.36
Aug-00	2,510	\$169,882.94	\$831,688.66	\$1,001,571.60	\$1,014,571.15	\$23,953.20	\$990,617.95	(\$158,929.29)	(\$129,491.44)	98.91%	\$394.67
Sep-00	2,522	\$170,688.83	\$836,037.30	\$1,006,726.13	\$625,940.11	\$717.63	\$625,222.48	\$210,814.82	\$81,323.38	62.10%	\$247.91
Oct-00	2,571	\$173,943.38	\$851,886.18	\$1,025,829.56	\$814,274.19	\$9,893.47	\$804,380.72	\$47,505.46	\$128,828.84	78.41%	\$312.87
Nov-00	2,576	\$174,376.66	\$854,111.19	\$1,028,487.85	\$919,006.17	\$10,125.28	\$908,880.89	(\$54,769.70)	\$74,059.14	88.37%	\$352.83
Dec-00	2,421	\$163,970.06	\$803,992.67	\$967,962.73	\$804,020.77	\$6,723.01	\$797,297.76	\$6,694.91	\$80,754.05	82.37%	\$329.33
Jan-01	2,490	\$168,884.37	\$828,285.94	\$997,170.31	\$936,423.98	\$5,010.79	\$931,413.19	(\$103,127.25)	(\$22,373.20)	93.41%	\$374.06
Feb-01	2,529	\$171,125.04	\$838,033.09	\$1,009,158.13	\$971,455.32	\$10,412.31	\$961,043.01	(\$123,009.92)	(\$145,383.12)	95.23%	\$380.01
Mar-01	2,507	\$169,670.10	\$831,326.23	\$1,000,996.33	\$786,768.81	\$4,921.54	\$781,847.27	\$49,478.96	(\$95,904.16)	78.11%	\$311.87
Apr-01	0	\$0.00	\$0.00	\$0.00	\$922,066.62	\$0.00	\$922,066.62	(\$922,066.62)	(\$1,017,970.78)	N/A	N/A
Year to Date	30,182	\$2,042,835.31	\$10,003,733.42	\$12,046,568.73	\$11,137,480.05	\$115,775.85	\$11,021,704.20	(\$1,017,970.78)	(\$1,017,970.78)	91.49%	\$365.17

\$67.68

*Minimum Premium reflects adjustments reported by Regence but not included on the detailed reports by group number.
 Year-to-date adjustments to Minimum Premium = (\$25.47)

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Group Total

~ All Preferred Provider Plans (including COBRA) ~

(Groups: 92634, 92636, 92637, 92642, 92644 & 93189, Packages 10054, 11233, 12752 & 50991)

	A	B	C	D (B+C)	E	F (C-E)	G F Total	H (E/D)	I (E/A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	759	\$49,309.16	\$215,619.45	\$264,928.61	\$207,960.18	\$7,659.27	\$7,659.27	78.50%	\$273.99
May-00	754	\$49,203.78	\$215,438.60	\$264,642.38	\$266,665.04	(\$51,226.44)	(\$43,567.17)	100.76%	\$353.67
Jun-00	755	\$49,231.78	\$215,494.58	\$264,726.36	\$235,566.27	(\$20,071.69)	(\$63,638.86)	88.98%	\$312.01
Jul-00	728	\$47,386.66	\$207,288.98	\$254,675.64	\$212,849.52	(\$5,560.54)	(\$69,199.40)	83.58%	\$292.38
Aug-00	731	\$47,644.14	\$208,397.39	\$256,041.53	\$319,850.56	(\$111,453.17)	(\$180,652.57)	124.92%	\$437.55
Sep-00	729	\$47,475.41	\$207,607.81	\$255,083.22	\$200,813.33	\$6,794.48	(\$173,858.09)	78.72%	\$275.46
Oct-00	742	\$48,289.62	\$211,501.37	\$259,790.99	\$236,400.14	(\$24,898.77)	(\$198,756.86)	91.00%	\$318.60
Nov-00	737	\$48,035.81	\$210,203.63	\$258,239.44	\$245,630.10	(\$35,426.47)	(\$234,183.33)	95.12%	\$333.28
Dec-00	702	\$45,762.95	\$200,109.54	\$245,872.49	\$214,113.98	(\$14,004.44)	(\$248,187.77)	87.08%	\$305.01
Jan-01	708	\$46,421.06	\$203,628.79	\$250,049.85	\$282,019.45	(\$78,390.66)	(\$326,578.43)	112.79%	\$398.33
Feb-01	726	\$47,257.77	\$206,747.60	\$254,005.37	\$218,946.50	(\$12,198.90)	(\$338,777.33)	86.20%	\$301.58
Mar-01	718	\$46,740.56	\$204,492.33	\$251,232.89	\$227,965.88	(\$23,473.55)	(\$362,250.88)	90.74%	\$317.50
Apr-01	0	\$0.00	\$0.00	\$0.00	\$36,907.95	(\$36,907.95)	(\$399,158.83)	N/A	N/A
Year to Date	8,789	\$572,758.70	\$2,506,530.07	\$3,079,288.77	\$2,868,780.95	(\$362,250.88)	(\$362,250.88)	93.16%	\$326.41

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Group Total

~ All Selections Plans (including COBRA) ~

(Groups 92634, 92636, 92644, & 93189, Packages 13158, 21429, 24200, 24205, 40065, 45874, 59267 & 81598)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	H (E / D)	I (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	1,695	\$116,252.66	\$589,903.66	\$706,156.32	\$597,979.79	(\$8,076.13)	(\$8,076.13)	84.68%	\$352.79
May-00	1,697	\$116,395.05	\$590,723.18	\$707,118.23	\$726,055.96	(\$135,332.78)	(\$143,408.91)	102.68%	\$427.85
Jun-00	1,714	\$117,552.92	\$596,486.01	\$714,038.93	\$524,478.92	\$72,007.09	(\$71,401.82)	73.45%	\$306.00
Jul-00	1,714	\$117,558.19	\$596,584.10	\$714,142.29	\$482,769.27	\$113,814.83	\$42,413.01	67.60%	\$281.66
Aug-00	1,719	\$117,888.20	\$598,082.87	\$715,971.07	\$679,061.65	(\$80,978.78)	(\$38,565.77)	94.84%	\$395.03
Sep-00	1,733	\$118,862.82	\$603,221.09	\$722,083.91	\$428,001.09	\$175,220.00	\$136,654.23	59.27%	\$246.97
Oct-00	1,769	\$121,303.16	\$615,176.41	\$736,479.57	\$544,931.67	\$70,244.74	\$206,898.97	73.99%	\$308.05
Nov-00	1,779	\$121,990.25	\$618,699.16	\$740,689.41	\$659,697.37	(\$40,998.21)	\$165,900.76	89.07%	\$370.82
Dec-00	1,659	\$113,856.51	\$578,674.73	\$692,531.24	\$575,952.40	\$2,722.33	\$168,623.09	83.17%	\$347.17
Jan-01	1,722	\$118,112.71	\$599,448.75	\$717,561.46	\$641,070.88	(\$41,622.13)	\$127,000.96	89.34%	\$372.28
Feb-01	1,743	\$119,516.67	\$606,077.09	\$725,593.76	\$736,850.41	(\$130,773.32)	(\$3,772.36)	101.55%	\$422.75
Mar-01	1,729	\$118,578.94	\$601,625.50	\$720,204.44	\$540,094.44	\$61,531.06	\$57,758.70	74.99%	\$312.37
Apr-01	0	\$0.00	\$0.00	\$0.00	\$496,029.40	(\$496,029.40)	(\$438,270.70)	N/A	N/A
Year to Date	20,673	\$1,417,868.08	\$7,194,702.55	\$8,612,570.63	\$7,632,973.25	(\$438,270.70)	(\$438,270.70)	88.63%	\$369.22

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

LEOFF Employees Sub-Group

~ Traditional Plan ~
(Group 93189, Package 12752)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	F (E / D)	G (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$30,544.17	(\$5,335.77)	(\$5,335.77)	103.33%	\$509.07
May-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$38,407.36	(\$13,198.96)	(\$18,534.73)	129.93%	\$640.12
Jun-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$11,324.49	\$13,883.91	(\$4,650.82)	38.31%	\$188.74
Jul-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$8,351.96	\$16,856.44	\$12,205.62	28.26%	\$139.20
Aug-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$15,658.94	\$9,549.46	\$21,755.08	52.98%	\$260.98
Sep-00	60	\$4,350.60	\$25,208.40	\$29,559.00	(\$2,874.31)	\$28,082.71	\$49,837.79	-9.72%	(\$47.91)
Oct-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$32,942.38	(\$7,733.98)	\$42,103.81	111.45%	\$549.04
Nov-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$13,678.70	\$11,529.70	\$53,633.51	46.28%	\$227.98
Dec-00	60	\$4,350.60	\$25,208.40	\$29,559.00	\$13,954.39	\$11,254.01	\$64,887.52	47.21%	\$232.57
Jan-01	60	\$4,350.60	\$25,208.40	\$29,559.00	\$13,333.65	\$11,874.75	\$76,762.27	45.11%	\$222.23
Feb-01	60	\$4,350.60	\$25,208.40	\$29,559.00	\$15,658.41	\$9,549.99	\$86,312.26	52.97%	\$260.97
Mar-01	60	\$4,350.60	\$25,208.40	\$29,559.00	\$18,708.49	\$6,499.91	\$92,812.17	63.29%	\$311.81
Apr-01	0	\$0.00	\$0.00	\$0.00	\$14,115.54	(\$14,115.54)	\$78,696.63	N/A	N/A
Year to Date	720	\$52,207.20	\$302,500.80	\$354,708.00	\$223,804.17	\$78,696.63	\$78,696.63	63.10%	\$310.84

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

LEOFF Employees Sub-Group

~ Selections 100/70/0 Plan ~

(Group 93189, Packages 21429 & 13158)

(Effective February 1, 1999, Group 97577, Enhanced Selections Plan Added)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	F (E / D)	G (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	151	\$11,080.38	\$65,999.08	\$77,079.46	\$36,973.55	\$29,025.53	\$29,025.53	47.97%	\$244.86
May-00	152	\$11,153.76	\$66,436.16	\$77,589.92	\$49,968.45	\$16,467.71	\$45,493.24	64.40%	\$328.74
Jun-00	152	\$11,153.76	\$66,436.16	\$77,589.92	\$27,580.04	\$38,856.12	\$84,349.36	35.55%	\$181.45
Jul-00	153	\$11,227.14	\$66,873.24	\$78,100.38	\$53,125.09	\$13,748.15	\$98,097.51	68.02%	\$347.22
Aug-00	151	\$11,080.38	\$65,999.08	\$77,079.46	\$49,062.71	\$16,936.37	\$115,033.88	63.65%	\$324.92
Sep-00	155	\$11,373.90	\$67,747.40	\$79,121.30	\$40,674.18	\$27,073.22	\$142,107.10	51.41%	\$262.41
Oct-00	153	\$11,227.14	\$66,873.24	\$78,100.38	\$55,754.33	\$11,118.91	\$153,226.01	71.39%	\$364.41
Nov-00	154	\$11,300.52	\$67,310.32	\$78,610.84	\$61,086.90	\$6,223.42	\$159,449.43	77.71%	\$396.67
Dec-00	162	\$11,887.56	\$70,806.96	\$82,694.52	\$51,281.66	\$19,525.30	\$178,974.73	62.01%	\$316.55
Jan-01	155	\$11,373.90	\$67,747.40	\$79,121.30	\$54,839.13	\$12,908.27	\$191,883.00	69.31%	\$353.80
Feb-01	150	\$11,007.00	\$65,562.00	\$76,569.00	\$53,838.60	\$11,723.40	\$203,606.40	70.31%	\$358.92
Mar-01	153	\$11,227.14	\$66,873.24	\$78,100.38	\$32,606.65	\$34,266.59	\$237,872.99	41.75%	\$213.12
Apr-01	0	\$0.00	\$0.00	\$0.00	\$40,045.36	(\$40,045.36)	\$197,827.63	N/A	N/A
Year to Date	1,841	\$135,092.58	\$804,664.28	\$939,756.86	\$606,836.65	\$197,827.63	\$197,827.63	64.57%	\$329.62

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.
February, 1999 Paid Claims Include \$434.17 For New Enhanced Selections plan

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Regular & Retirees COBRA Sub-Group

~ Combined Totals - Preferred 90/90/60 & 80/80/50 Plans ~
(Groups 92644 & 94642, Packages 11233 & 10554)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	H (E / D)	I (E / A)
	Subscriber Count*	Minimum Premium	Claim Liability	Total Liability	Paid Claims**	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	12	\$697.23	\$3,231.51	\$3,928.74	\$1,679.06	\$1,552.45	\$1,552.45	42.74%	\$139.92
May-00	7	\$360.78	\$1,738.41	\$2,099.19	\$2,169.44	(\$431.03)	\$1,121.42	103.35%	\$309.92
Jun-00	6	\$293.49	\$1,439.79	\$1,733.28	\$1,478.37	(\$38.58)	\$1,082.84	85.29%	\$246.40
Jul-00	6	\$293.49	\$1,439.79	\$1,733.28	\$1,361.84	\$77.95	\$1,160.79	78.57%	\$226.97
Aug-00	6	\$330.24	\$1,557.10	\$1,887.34	\$2,798.52	(\$1,241.42)	(\$80.63)	148.28%	\$466.42
Sep-00	9	\$532.11	\$2,452.96	\$2,985.07	\$3,298.74	(\$845.78)	(\$926.41)	110.51%	\$366.53
Oct-00	6	\$183.24	\$1,087.86	\$1,271.10	\$7,896.73	(\$6,808.87)	(\$7,735.28)	621.25%	\$1,316.12
Nov-00	6	\$293.49	\$1,439.79	\$1,733.28	\$1,238.27	\$201.52	(\$7,533.76)	71.44%	\$206.38
Dec-00	6	\$293.49	\$1,439.79	\$1,733.28	\$742.15	\$697.64	(\$6,836.12)	42.82%	\$123.69
Jan-01	6	\$293.49	\$1,439.79	\$1,733.28	\$995.65	\$444.14	(\$6,391.98)	57.44%	\$165.94
Feb-01	19	\$1,131.51	\$5,204.54	\$6,336.05	\$1,405.52	\$3,799.02	(\$2,592.96)	22.18%	\$73.97
Mar-01	9	\$458.61	\$2,218.34	\$2,676.95	\$376.64	\$1,841.70	(\$751.26)	14.07%	\$41.85
Apr-01	0	\$0.00	\$0.00	\$0.00	\$2,966.06	(\$2,966.06)	(\$3,717.32)	N/A	N/A
Year to Date	98	\$5,161.17	\$24,689.67	\$29,850.84	\$28,406.99	(\$3,717.32)	(\$3,717.32)	95.16%	\$289.87

*Subscriber count is the total of the COBRA Regular Employees and the COBRA Retiree Dependents (of Deceased Retirees).

**Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

COBRA Sub-Group

~ Selections 100/70/10 & 100/70/8 Plan ~
(Group 92644, Package 40065, 11233, 81598, 45874 & 24205)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	H (E / D)	I (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	14	\$953.72	\$4,754.55	\$5,708.27	\$5,012.07	(\$257.52)	(\$257.52)	87.80%	\$358.01
May-00	10	\$681.28	\$3,398.59	\$4,079.87	\$18,704.35	(\$15,305.76)	(\$15,563.28)	458.45%	\$1,870.44
Jun-00	11	\$749.39	\$3,737.58	\$4,486.97	\$1,468.17	\$2,269.41	(\$13,293.87)	32.72%	\$133.47
Jul-00	10	\$681.28	\$3,398.59	\$4,079.87	\$4,715.13	(\$1,316.54)	(\$14,610.41)	115.57%	\$471.51
Aug-00	8	\$545.06	\$2,720.61	\$3,265.67	\$1,197.09	\$1,523.52	(\$13,086.89)	36.66%	\$149.64
Sep-00	10	\$681.28	\$3,398.59	\$4,079.87	\$3,714.24	(\$315.65)	(\$13,402.54)	91.04%	\$371.42
Oct-00	5	\$340.01	\$1,668.88	\$2,008.89	\$2,927.03	(\$1,258.15)	(\$14,660.69)	145.70%	\$585.41
Nov-00	8	\$544.88	\$2,711.92	\$3,256.80	\$18,904.95	(\$16,193.03)	(\$30,853.72)	580.48%	\$2,363.12
Dec-00	8	\$544.88	\$2,711.92	\$3,256.80	\$8,267.33	(\$5,555.41)	(\$36,409.13)	253.85%	\$1,033.42
Jan-01	6	\$408.66	\$2,033.94	\$2,442.60	\$12,752.12	(\$10,718.18)	(\$47,127.31)	522.07%	\$2,125.35
Feb-01	18	\$1,225.98	\$6,101.82	\$7,327.80	\$27,918.59	(\$21,816.77)	(\$68,944.08)	381.00%	\$1,551.03
Mar-01	13	\$885.43	\$4,406.87	\$5,292.30	\$4,907.02	(\$500.15)	(\$69,444.23)	92.72%	\$377.46
Apr-01	0	\$0.00	\$0.00	\$0.00	\$8,138.84	(\$8,138.84)	(\$77,583.07)	N/A	N/A
Year to Date	121	\$8,241.85	\$41,043.86	\$49,285.71	\$118,626.93	(\$77,583.07)	(\$77,583.07)	240.69%	\$980.39

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Junior Taxing Districts Employees Sub-Group

~ Preferred 90/90/60 Plan ~
(Group 92637, Package 11233)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	F (E / D)	G (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	61	\$4,104.69	\$18,215.82	\$22,320.51	\$20,352.53	(\$2,136.71)	(\$2,136.71)	91.18%	\$333.65
May-00	61	\$4,104.69	\$18,215.82	\$22,320.51	\$14,727.84	\$3,487.98	\$1,351.27	65.98%	\$241.44
Jun-00	62	\$4,171.98	\$18,514.44	\$22,686.42	\$5,315.97	\$13,198.47	\$14,549.74	23.43%	\$85.74
Jul-00	38	\$2,557.02	\$11,347.56	\$13,904.58	\$5,206.44	\$6,141.12	\$20,690.86	37.44%	\$137.01
Aug-00	37	\$2,489.73	\$11,048.94	\$13,538.67	\$28,574.92	(\$17,525.98)	\$3,164.88	211.06%	\$772.30
Sep-00	39	\$2,624.31	\$11,646.18	\$14,270.49	\$23,471.90	(\$11,825.72)	(\$8,660.84)	164.48%	\$601.84
Oct-00	38	\$2,557.02	\$11,347.56	\$13,904.58	\$11,216.68	\$130.88	(\$8,529.96)	80.67%	\$295.18
Nov-00	38	\$2,557.02	\$11,347.56	\$13,904.58	\$17,064.18	(\$5,716.62)	(\$14,246.58)	122.72%	\$449.06
Dec-00	51	\$3,431.79	\$15,229.62	\$18,661.41	\$10,328.41	\$4,901.21	(\$9,345.37)	55.35%	\$202.52
Jan-01	38	\$2,557.02	\$11,347.56	\$13,904.58	\$11,843.41	(\$495.85)	(\$9,841.22)	85.18%	\$311.67
Feb-01	33	\$2,220.57	\$9,854.46	\$12,075.03	\$22,960.11	(\$13,105.65)	(\$22,946.87)	190.15%	\$695.76
Mar-01	37	\$2,489.73	\$11,048.94	\$13,538.67	\$6,173.67	\$4,875.27	(\$18,071.60)	45.60%	\$166.86
Apr-01	0	\$0.00	\$0.00	\$0.00	\$9,100.14	(\$9,100.14)	(\$27,171.74)	N/A	N/A
Year to Date	533	\$35,865.57	\$159,164.46	\$195,030.03	\$186,336.20	(\$27,171.74)	(\$27,171.74)	95.54%	\$349.60

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Junior Taxing Districts Employees Sub-Group

~ Selections 100/70/10 Plan ~
(Group 92637, Package 40065)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	F (E / D)	G (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	54	\$3,677.94	\$18,305.46	\$21,983.40	\$7,565.17	\$10,740.29	\$10,740.29	34.41%	\$140.10
May-00	53	\$3,609.83	\$17,966.47	\$21,576.30	\$16,317.72	\$1,648.75	\$12,389.04	75.63%	\$307.88
Jun-00	52	\$3,541.72	\$17,627.48	\$21,169.20	\$7,894.77	\$9,732.71	\$22,121.75	37.29%	\$151.82
Jul-00	45	\$3,064.95	\$15,254.55	\$18,319.50	\$8,079.19	\$7,175.36	\$29,297.11	44.10%	\$179.54
Aug-00	49	\$3,337.39	\$16,610.51	\$19,947.90	\$7,525.52	\$9,084.99	\$38,382.10	37.73%	\$153.58
Sep-00	49	\$3,337.39	\$16,610.51	\$19,947.90	\$8,122.28	\$8,488.23	\$46,870.33	40.72%	\$165.76
Oct-00	49	\$3,337.39	\$16,610.51	\$19,947.90	\$6,546.93	\$10,063.58	\$56,933.91	32.82%	\$133.61
Nov-00	49	\$3,337.39	\$16,610.51	\$19,947.90	\$8,205.10	\$8,405.41	\$65,339.32	41.13%	\$167.45
Dec-00	36	\$2,451.96	\$12,203.64	\$14,655.60	\$8,085.99	\$4,117.65	\$69,456.97	55.17%	\$224.61
Jan-01	45	\$3,064.95	\$15,254.55	\$18,319.50	\$17,736.78	(\$2,482.23)	\$66,974.74	96.82%	\$394.15
Feb-01	47	\$3,201.17	\$15,932.53	\$19,133.70	\$32,199.12	(\$16,266.59)	\$50,708.15	168.28%	\$685.09
Mar-01	48	\$3,269.28	\$16,271.52	\$19,540.80	\$14,950.19	\$1,321.33	\$52,029.48	76.51%	\$311.46
Apr-01	0	\$0.00	\$0.00	\$0.00	\$8,138.84	(\$8,138.84)	(\$74,665.16)	N/A	N/A
Year to Date	576	\$39,231.36	\$195,258.24	\$234,489.60	\$151,367.60	\$43,890.64	\$43,890.64	64.55%	\$262.79

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Retired Employees Sub-Group

~ Preferred 80/80/50 Plan ~
(Group 92636, Package 10554)

	A	B	C	D (B + C)	E	F (C - E)	G F Total	H (E / D)	I (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	224	\$13,396.16	\$55,077.78	\$68,473.94	\$74,133.22	(\$19,055.44)	(\$19,055.44)	108.26%	\$330.95
May-00	231	\$14,098.26	\$58,480.37	\$72,578.63	\$155,845.34	(\$97,364.97)	(\$116,420.41)	214.73%	\$674.66
Jun-00	232	\$14,126.26	\$58,536.35	\$72,662.61	\$72,055.87	(\$13,519.52)	(\$129,939.93)	99.16%	\$310.59
Jul-00	229	\$13,896.10	\$57,497.63	\$71,393.73	\$74,663.90	(\$17,166.27)	(\$147,106.20)	104.58%	\$326.04
Aug-00	231	\$14,049.54	\$58,190.11	\$72,239.65	\$169,396.62	(\$111,206.51)	(\$258,312.71)	234.49%	\$733.32
Sep-00	230	\$13,948.10	\$57,699.15	\$71,647.25	\$78,593.26	(\$20,894.11)	(\$279,206.82)	109.69%	\$341.71
Oct-00	234	\$14,303.70	\$59,374.37	\$73,678.07	\$72,337.19	(\$12,962.82)	(\$292,169.64)	98.18%	\$309.13
Nov-00	233	\$14,208.80	\$58,919.18	\$73,127.98	\$68,990.96	(\$10,071.78)	(\$302,241.42)	94.34%	\$296.10
Dec-00	226	\$13,824.46	\$57,402.05	\$71,226.51	\$65,846.12	(\$8,444.07)	(\$310,685.49)	92.45%	\$291.35
Jan-01	217	\$13,469.92	\$56,280.30	\$69,750.22	\$84,260.19	(\$27,979.89)	(\$338,665.38)	120.80%	\$388.30
Feb-01	233	\$14,208.80	\$58,919.18	\$73,127.98	\$69,795.13	(\$10,875.95)	(\$349,541.33)	95.44%	\$299.55
Mar-01	232	\$14,162.62	\$58,754.25	\$72,916.87	\$76,818.88	(\$18,064.63)	(\$367,605.96)	105.35%	\$331.12
Apr-01	0	\$0.00	\$0.00	\$0.00	\$63,834.79	(\$63,834.79)	(\$431,440.75)	N/A	N/A
Year to Date	2,752	\$167,692.72	\$695,130.72	\$862,823.44	\$1,126,571.47	(\$431,440.75)	(\$431,440.75)	130.57%	\$409.36

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

Coverage is Underwritten by Regence Blue Shield

SNOHOMISH COUNTY EMPLOYEES

Medical Plans with Regence Blue Shield
April 1, 2000 through March 31, 2001

Regular Employees

~ **Combined Totals - Selections 100/70/10 & 100/70/8 Plans** ~
(Group 92634, Packages 40065, 24200, 45874, 24205, 59267 & 81598)

~ **Combined Totals - Preferred 90/90/60 & 100/100/70 Plans** ~
(Group 92634, Packages 11233 & 50991)

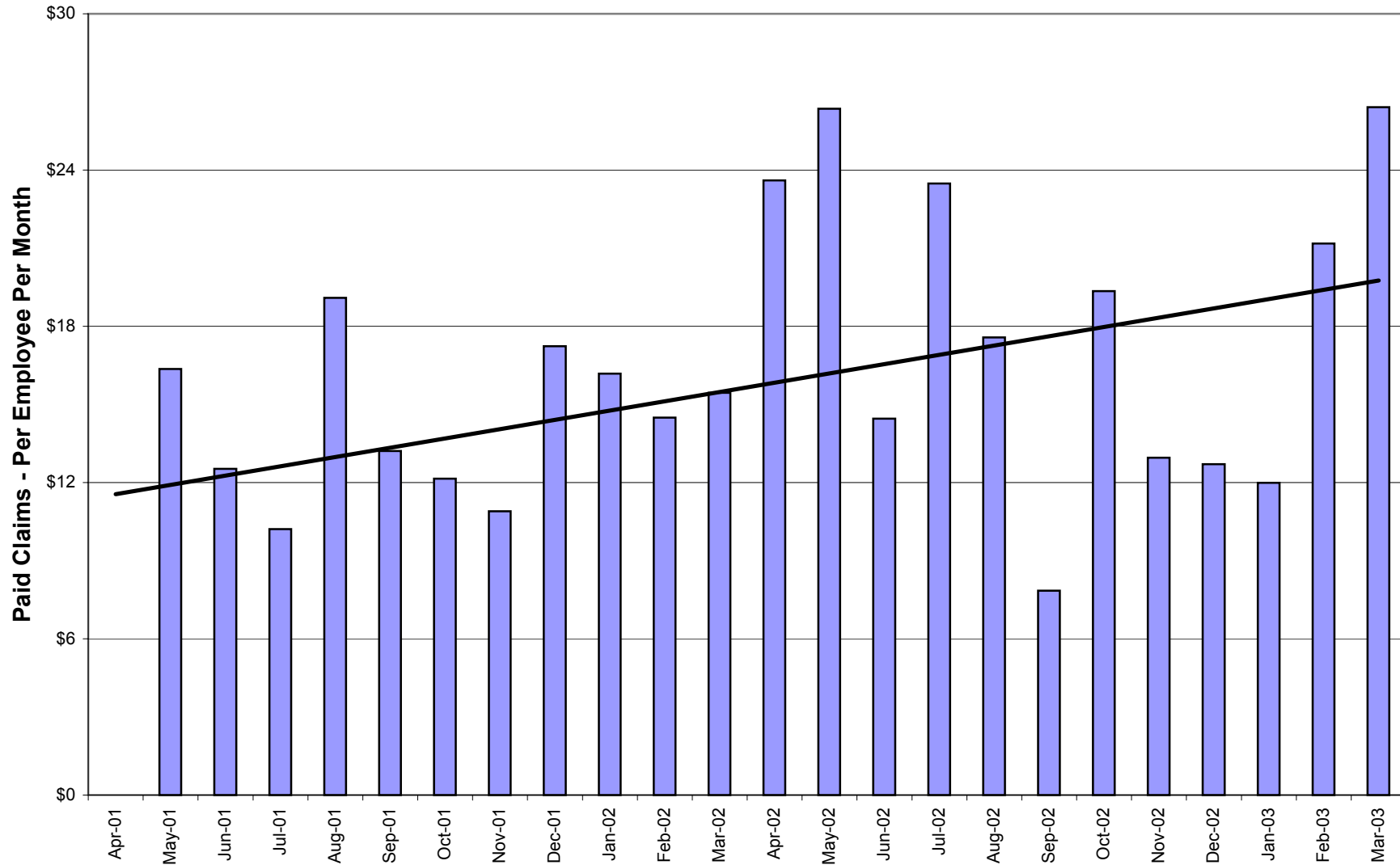
	A	B	C	D (B + C)	E	F (C - E)	G F Total	H (E / D)	I (E / A)
	Employee Count	Minimum Premium	Claim Liability	Total Liability	Paid Claims*	Monthly Gain/ (Loss)	Year to Date Gain/ (Loss)	Loss Ratio	Claim Cost per Employee
Apr-00	1,938	\$131,651.70	\$639,938.91	\$771,590.61	\$660,224.37	(\$20,285.46)	(\$20,285.46)	85.57%	\$340.67
May-00	1,937	\$131,590.23	\$639,925.96	\$771,516.19	\$734,987.86	(\$95,061.90)	(\$115,347.36)	95.27%	\$379.45
Jun-00	1,954	\$132,748.10	\$645,688.79	\$778,436.89	\$644,252.00	\$1,436.79	(\$113,910.57)	82.76%	\$329.71
Jul-00	1,961	\$133,224.87	\$648,061.72	\$781,286.59	\$548,467.20	\$99,594.52	(\$14,316.05)	70.20%	\$279.69
Aug-00	1,968	\$133,700.00	\$650,353.91	\$784,053.91	\$740,356.83	(\$90,002.92)	(\$104,318.97)	94.43%	\$376.20
Sep-00	1,970	\$133,841.14	\$651,274.11	\$785,115.25	\$470,939.82	\$180,334.29	\$76,015.32	59.98%	\$239.06
Oct-00	2,026	\$137,644.28	\$669,715.36	\$807,359.64	\$624,652.92	\$45,062.44	\$121,077.76	77.37%	\$308.32
Nov-00	2,028	\$137,783.96	\$670,563.51	\$808,347.47	\$729,837.11	(\$59,273.60)	\$61,804.16	90.29%	\$359.88
Dec-00	1,872	\$127,185.32	\$618,990.29	\$746,175.61	\$645,514.72	(\$26,524.43)	\$35,279.73	86.51%	\$344.83
Jan-01	1,963	\$133,365.83	\$648,974.00	\$782,339.83	\$740,663.05	(\$91,689.05)	(\$56,409.32)	94.67%	\$377.31
Feb-01	1,969	\$133,779.41	\$651,250.16	\$785,029.57	\$747,679.84	(\$96,429.68)	(\$152,839.00)	95.24%	\$379.73
Mar-01	1,955	\$132,826.69	\$646,544.67	\$779,371.36	\$632,227.27	\$14,317.40	(\$138,521.60)	81.12%	\$323.39
Apr-01	0	\$0.00	\$0.00	\$0.00	\$772,896.25	(\$772,896.25)	(\$911,417.85)	N/A	N/A
Year to Date	23,541	\$1,599,341.53	\$7,781,281.39	\$9,380,622.92	\$8,692,699.24	(\$911,417.85)	(\$911,417.85)	92.67%	\$369.26

*Paid Claims DO NOT reflect Claims reimbursed over the ISL.

**Snohomish County
Total Claims by Service Category
Per Employee Per Month (PEPM)
Paid Claims (April 2001 - March 2003)**

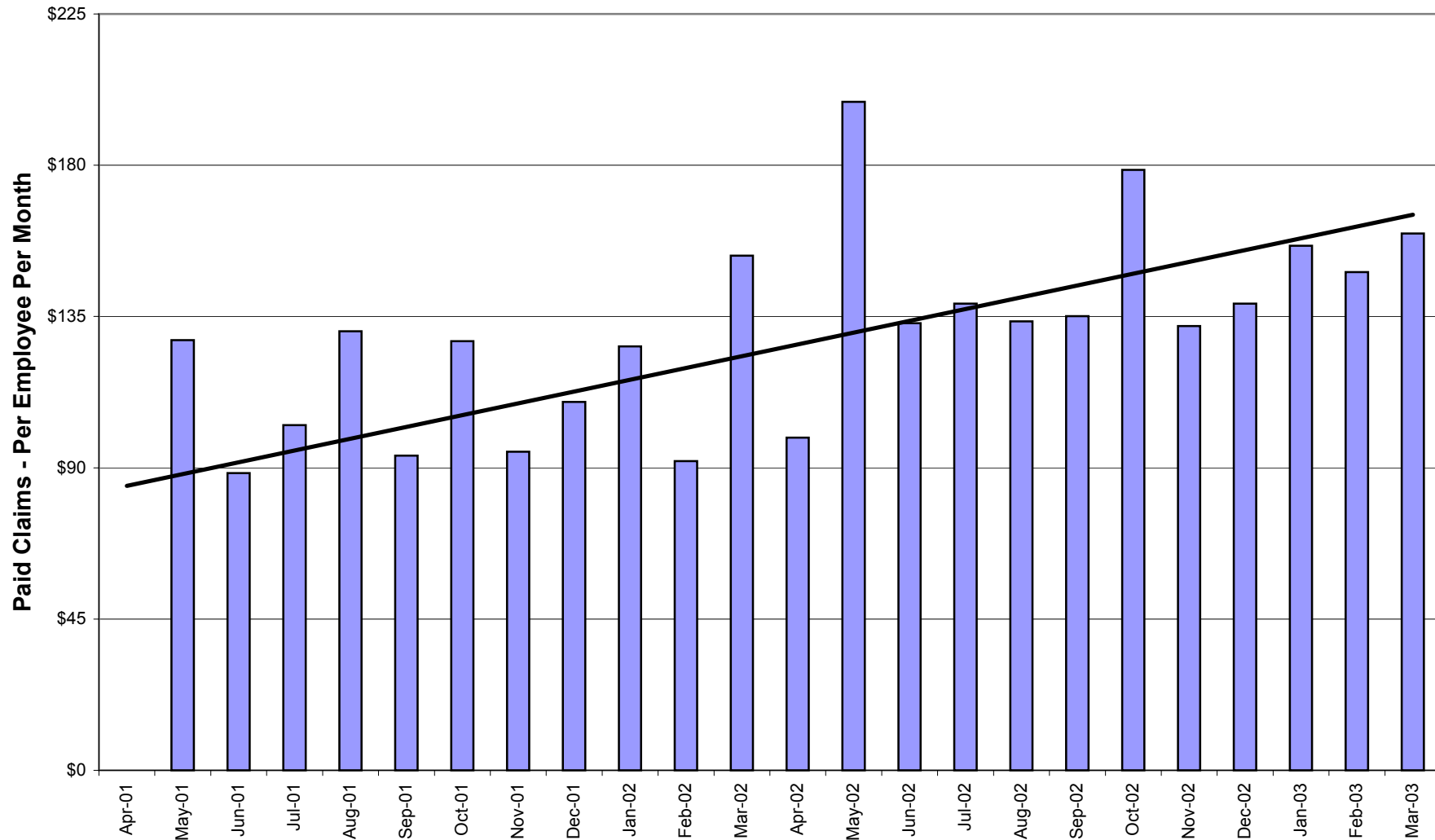
Month	Inpatient Physician Claims	Outpatient Physician Claims	Routine Service	Inpatient Hospital Claims	Outpatient Hospital Claims	Chemical Dependency	Mental Health	Prescription Drug Claims	Chiropractic	Other Services	Total
Total PEPM (No Vision)											
Apr-01	\$ -	\$ 0.01	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15.83	\$ -	\$ -	\$ 15.84
May-01	\$ 16.36	\$ 127.96	\$ 11.18	\$ 59.70	\$ 36.19	\$ 1.80	\$ 8.79	\$ 104.38	\$ 6.58	\$ 21.33	\$ 394.27
Jun-01	\$ 12.52	\$ 88.45	\$ 8.04	\$ 90.43	\$ 27.41	\$ 1.73	\$ 5.75	\$ 75.59	\$ 5.27	\$ 15.01	\$ 330.19
Jul-01	\$ 10.21	\$ 102.68	\$ 7.57	\$ 32.34	\$ 36.38	\$ 2.21	\$ 7.27	\$ 74.90	\$ 5.11	\$ 19.62	\$ 298.30
Aug-01	\$ 19.09	\$ 130.64	\$ 10.86	\$ 79.01	\$ 44.10	\$ 7.11	\$ 8.24	\$ 90.51	\$ 7.13	\$ 27.38	\$ 424.07
Sep-01	\$ 13.21	\$ 93.59	\$ 10.47	\$ 41.34	\$ 38.93	\$ 1.30	\$ 6.07	\$ 73.44	\$ 3.36	\$ 21.29	\$ 303.00
Oct-01	\$ 12.15	\$ 127.67	\$ 12.63	\$ 35.26	\$ 50.81	\$ 2.43	\$ 8.44	\$ 110.54	\$ 4.33	\$ 26.07	\$ 390.30
Nov-01	\$ 10.90	\$ 94.76	\$ 9.09	\$ 43.89	\$ 44.06	\$ 0.28	\$ 5.69	\$ 85.13	\$ 3.92	\$ 19.37	\$ 317.09
Dec-01	\$ 17.24	\$ 109.60	\$ 9.42	\$ 60.76	\$ 55.13	\$ 0.55	\$ 7.06	\$ 56.84	\$ 4.16	\$ 26.01	\$ 346.78
Jan-02	\$ 16.18	\$ 126.12	\$ 8.76	\$ 62.14	\$ 42.88	\$ 0.66	\$ 7.56	\$ 130.44	\$ 5.37	\$ 20.41	\$ 420.52
Feb-02	\$ 14.49	\$ 92.00	\$ 7.23	\$ 43.18	\$ 55.11	\$ 2.46	\$ 6.95	\$ 75.42	\$ 4.51	\$ 25.47	\$ 326.82
Mar-02	\$ 15.45	\$ 153.07	\$ 12.10	\$ 86.46	\$ 69.64	\$ 0.92	\$ 10.31	\$ 77.81	\$ 7.53	\$ 30.32	\$ 463.60
Apr-02	\$ 23.61	\$ 98.97	\$ 7.81	\$ 129.26	\$ 31.54	\$ 0.72	\$ 7.59	\$ 83.65	\$ 5.35	\$ 24.14	\$ 412.63
May-02	\$ 26.36	\$ 198.89	\$ 13.69	\$ 57.89	\$ 70.49	\$ 2.33	\$ 12.85	\$ 108.43	\$ 8.47	\$ 39.59	\$ 538.99
Jun-02	\$ 14.45	\$ 132.98	\$ 8.63	\$ 139.54	\$ 56.28	\$ 3.35	\$ 13.70	\$ 92.12	\$ 5.97	\$ 32.81	\$ 499.85
Jul-02	\$ 23.49	\$ 138.83	\$ 10.35	\$ 126.02	\$ 63.61	\$ 1.69	\$ 10.68	\$ 96.24	\$ 6.63	\$ 80.83	\$ 558.36
Aug-02	\$ 17.57	\$ 133.55	\$ 11.19	\$ 86.75	\$ 53.55	\$ 1.27	\$ 10.08	\$ 89.87	\$ 5.97	\$ 29.14	\$ 438.95
Sep-02	\$ 7.85	\$ 135.11	\$ 11.38	\$ 28.23	\$ 62.34	\$ 4.34	\$ 9.06	\$ 89.45	\$ 6.27	\$ 22.07	\$ 376.10
Oct-02	\$ 19.35	\$ 178.59	\$ 13.89	\$ 68.98	\$ 65.10	\$ 5.26	\$ 11.42	\$ 43.36	\$ 6.93	\$ 29.16	\$ 442.03
Nov-02	\$ 12.95	\$ 132.16	\$ 9.54	\$ 54.55	\$ 56.75	\$ 4.29	\$ 10.38	\$ 123.99	\$ 5.59	\$ 36.52	\$ 446.73
Dec-02	\$ 12.71	\$ 138.83	\$ 9.12	\$ 100.61	\$ 65.33	\$ 2.53	\$ 12.42	\$ 82.02	\$ 4.64	\$ 25.72	\$ 453.92
Jan-03	\$ 11.99	\$ 156.07	\$ 9.80	\$ 63.79	\$ 53.43	\$ 13.13	\$ 11.71	\$ 94.02	\$ 6.29	\$ 22.86	\$ 443.09
Feb-03	\$ 21.18	\$ 148.23	\$ 11.57	\$ 105.46	\$ 55.68	\$ 1.29	\$ 10.22	\$ 99.76	\$ 5.94	\$ 30.45	\$ 489.78
Mar-03	\$ 26.42	\$ 159.72	\$ 11.41	\$ 84.35	\$ 35.53	\$ 2.01	\$ 10.76	\$ 83.94	\$ 6.74	\$ 30.31	\$ 451.19

Inpatient Physician - Paid Medical Claims Claims Paid (April 2001 - March 2003)

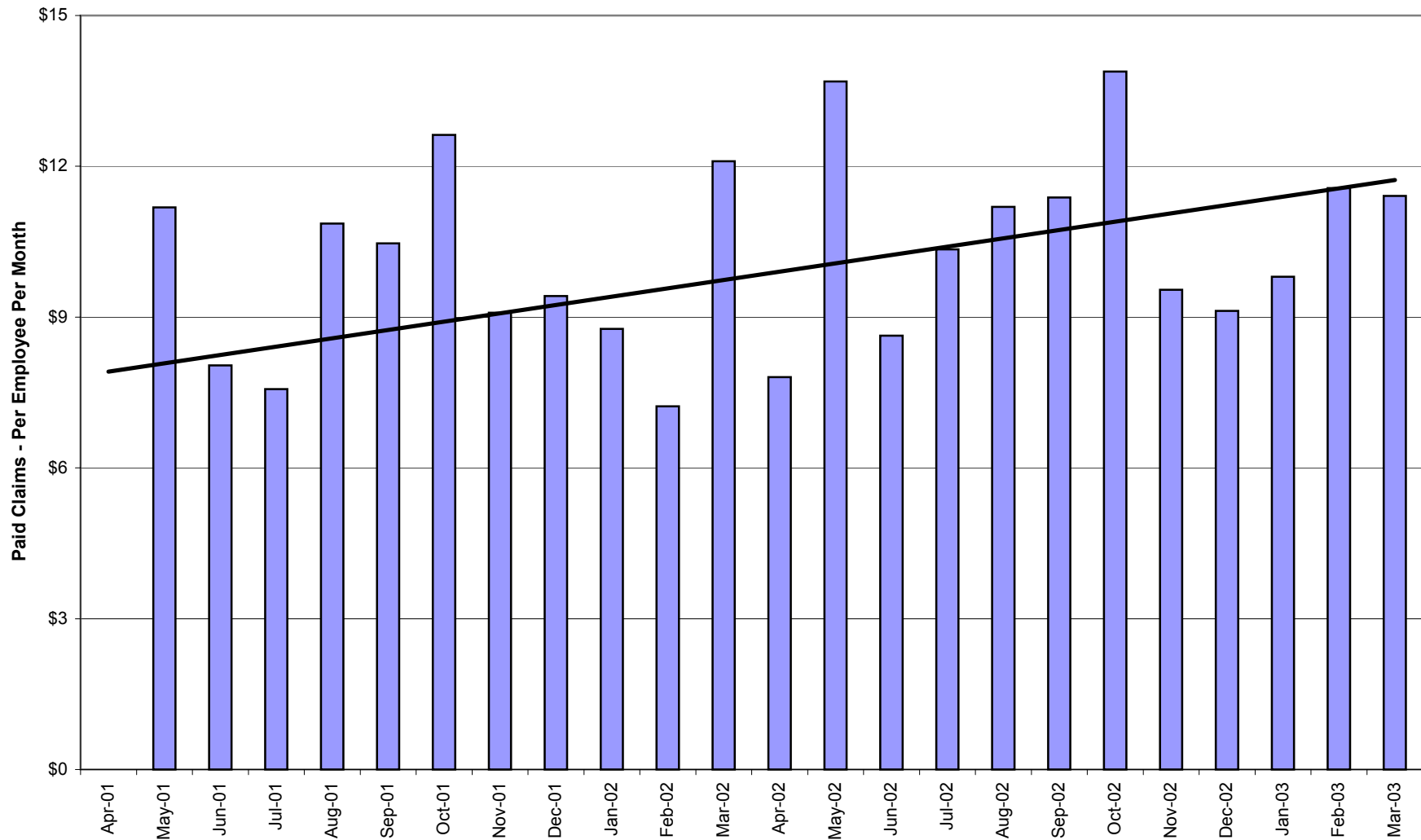


Outpatient Physician - Paid Medical Claims

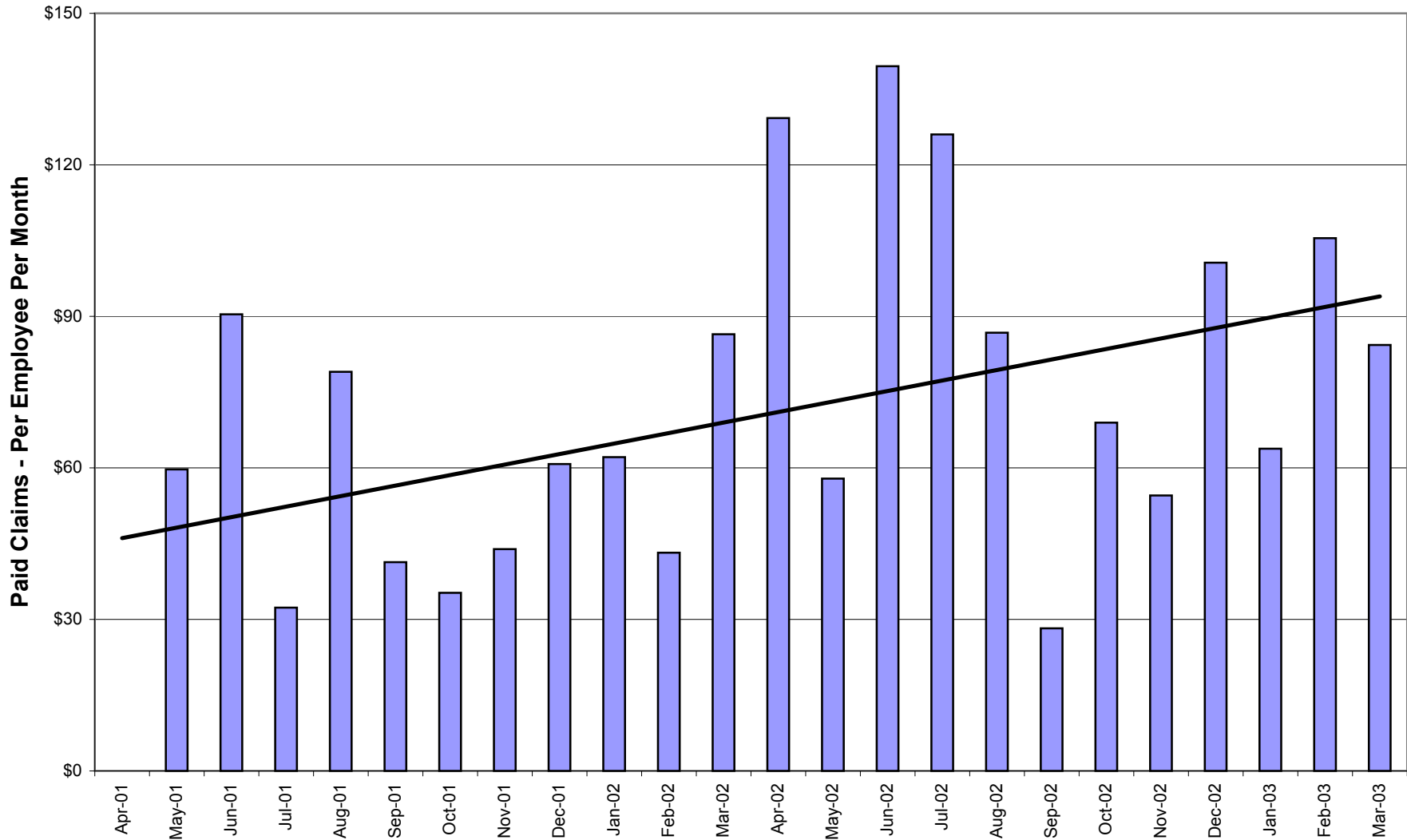
Claims Paid (April 2001 - March 2003)



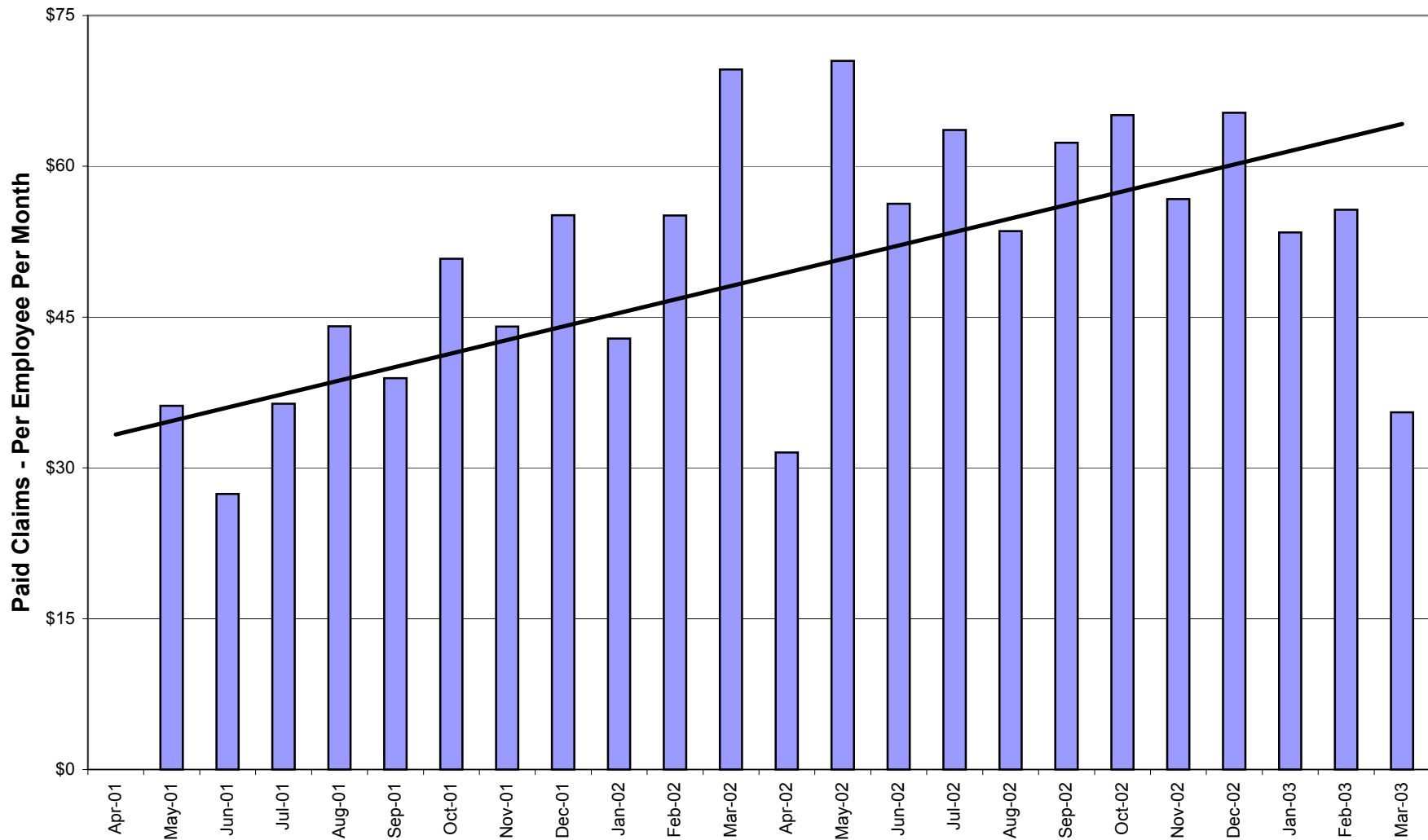
Routine Service - Paid Medical Claims Claims Paid (April 2001 - March 2003)



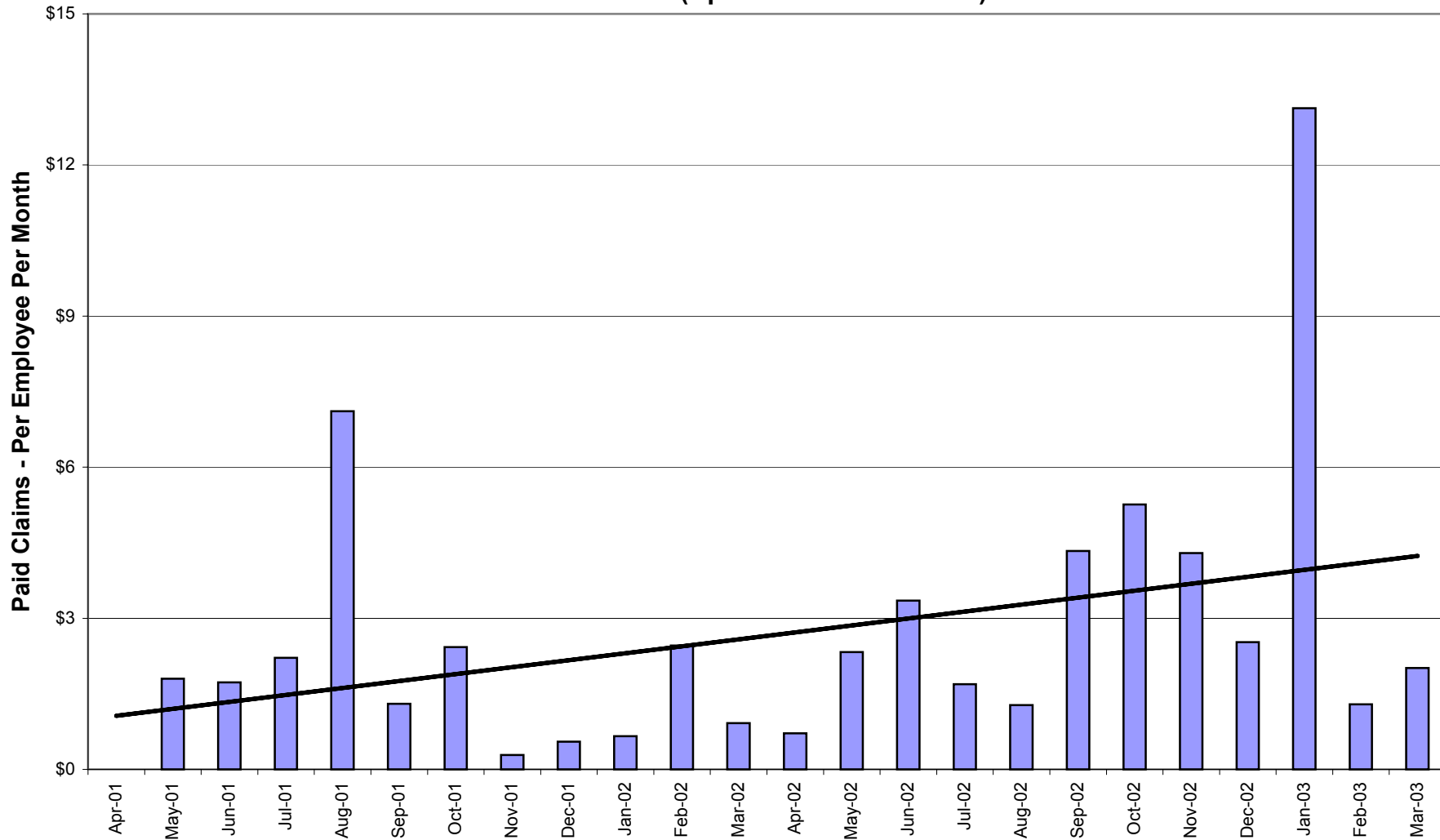
Inpatient Hospital - Paid Medical Claims Claims Paid (April 2001 - March 2003)



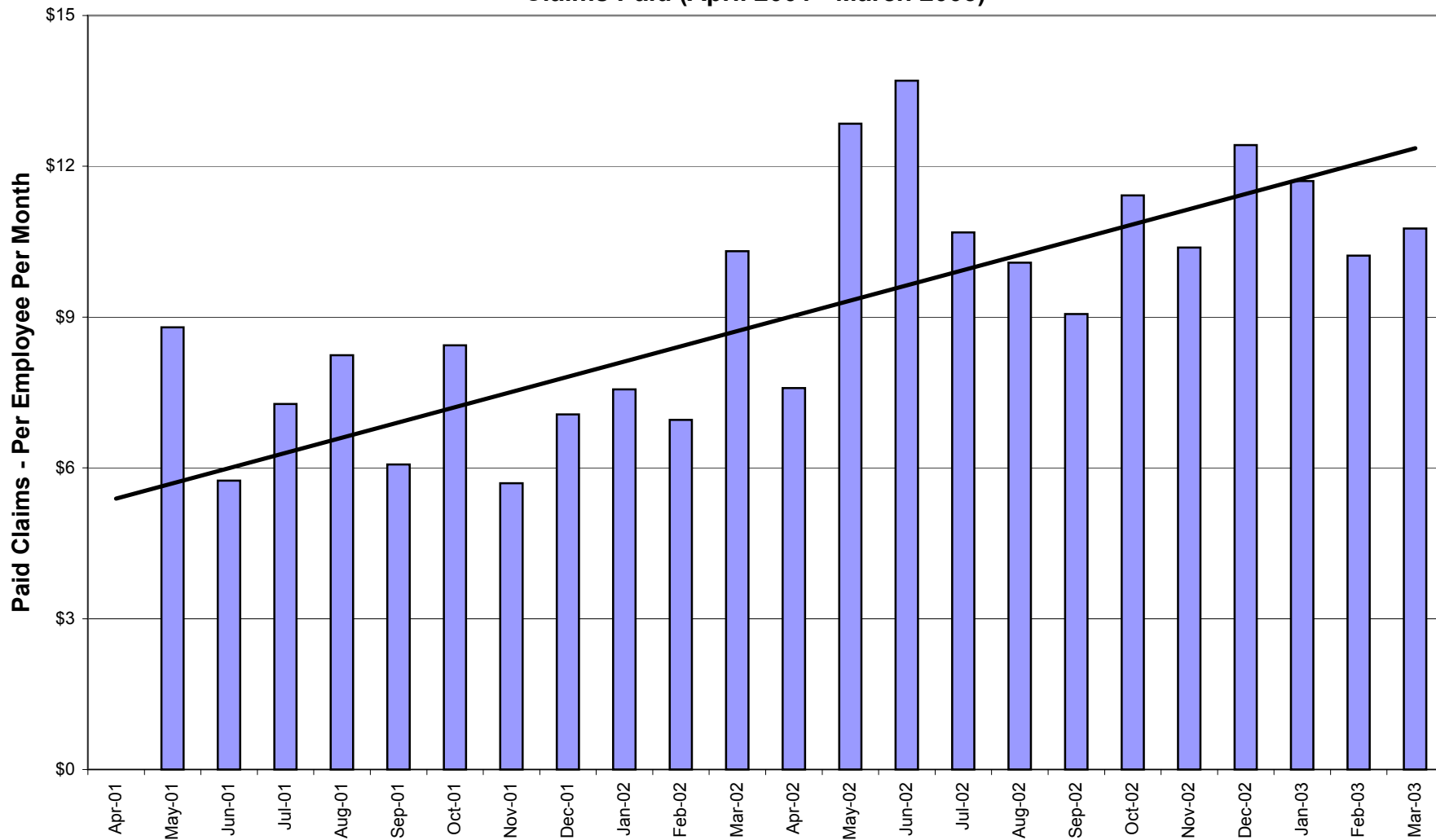
Outpatient Hospital - Paid Medical Claims Claims Paid (April 2001 - March 2003)



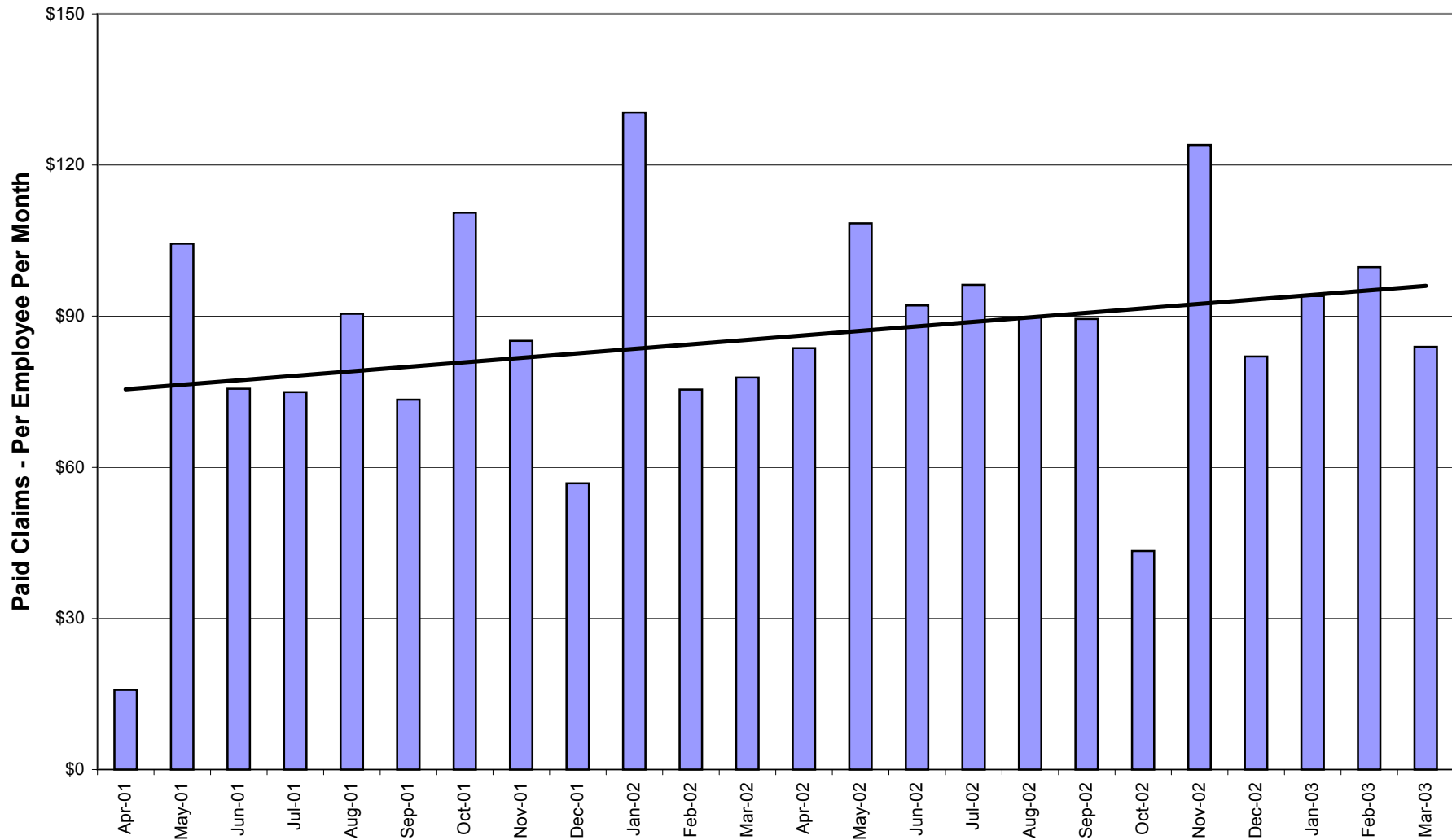
Chemical Dependency - Paid Medical Claims Claims Paid (April 2001 - March 2003)



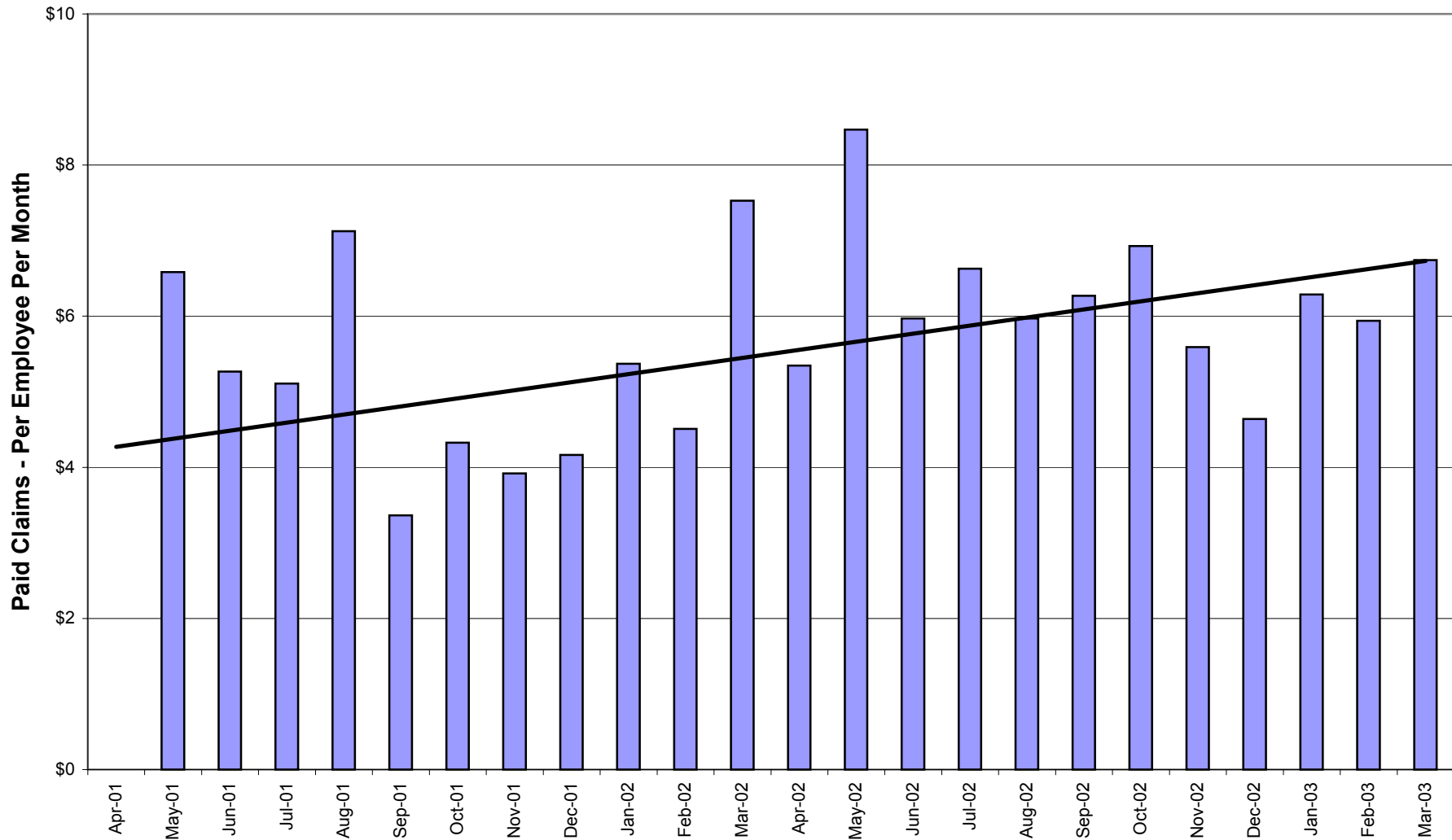
Mental Health - Paid Medical Claims Claims Paid (April 2001 - March 2003)



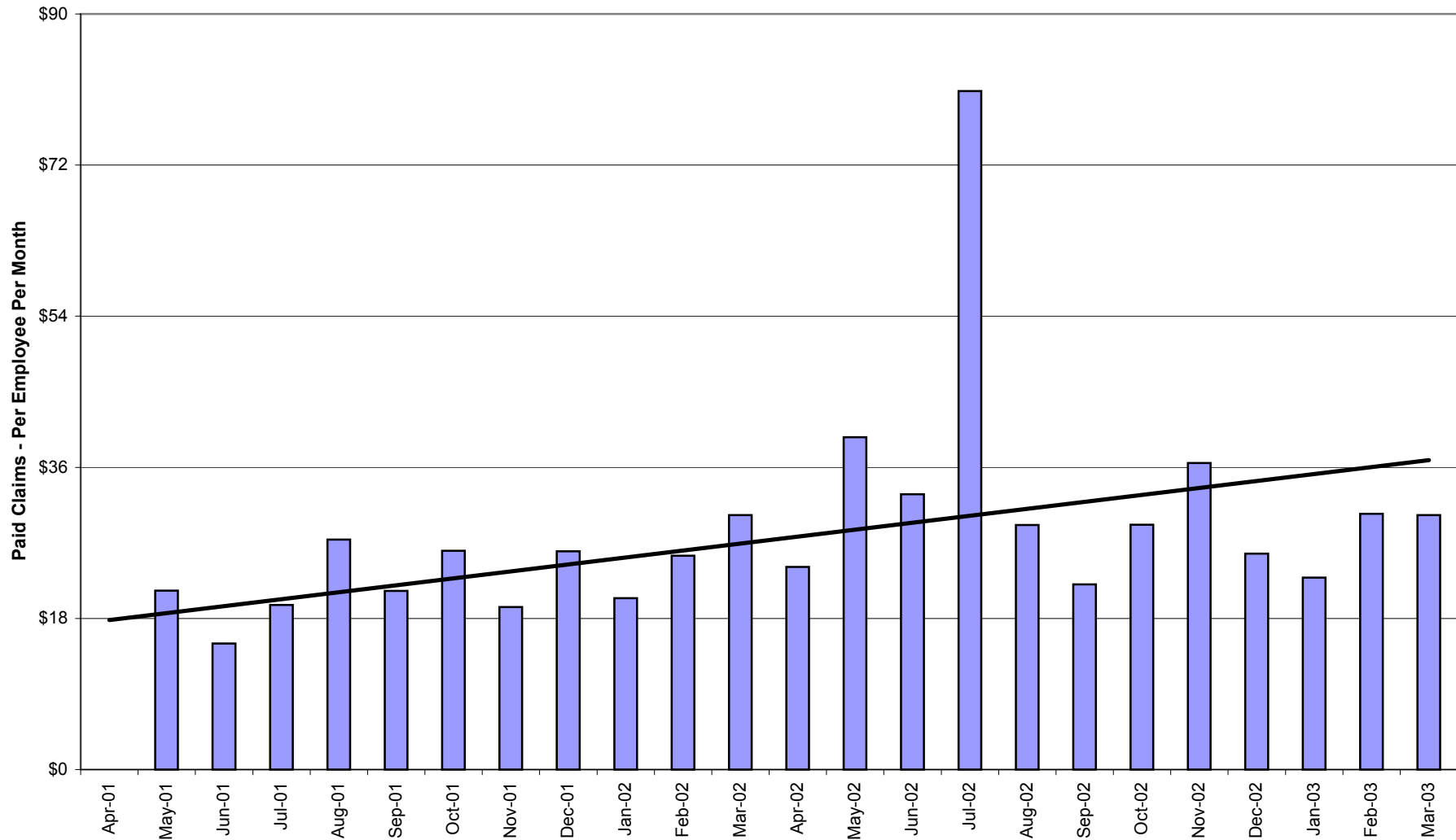
Prescription Drug - Paid Medical Claims Claims Paid (April 2001 - March 2003)



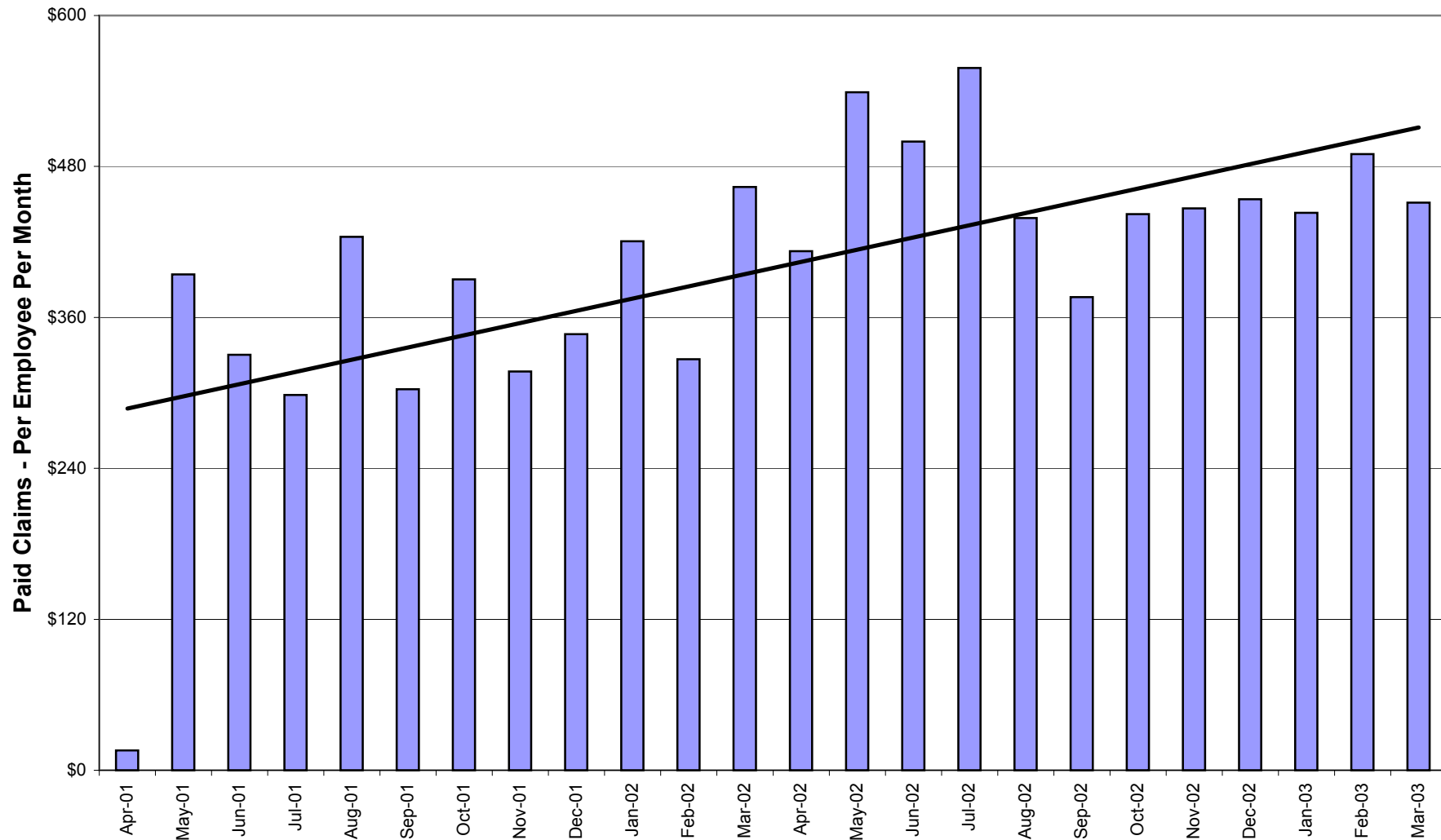
Chiropractic - Paid Medical Claims Claims Paid (April 2001 - March 2003)



Other Services - Paid Medical Claims Claims Paid (April 2001 - March 2003)



Total Paid Medical Claims Claims Paid (April 2001 - March 2003)



**SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004**

AFSCME/NON-REPRESENTED:

(Category A) Unions 00-07, 51-90

Regence Selectns	Employee Prem	Employer Contrib	Total EE+ER	Sectn 125 Pre-Tax Ded	After-Tax Ded #	Dom Prtnr Ded #	Pro-rated Grp5050/6050	Domestic Prtnr Grp5050/6050
							2 Ded #s Base + Prem Share	2 Ded #s Base + Prm Shr
EE	\$33	\$514.45	\$547.45	303-22	303-02	N/A	303-62+303-60	N/A
EC	\$56	\$514.45	\$570.45	303-23	303-03	303-13	303-63+303-60	303-73+303-70
ES	\$135	\$514.45	\$649.45	303-24	303-04	303-14	303-64+303-60	303-74+303-70
EF	\$158	\$514.45	\$672.45	303-25	303-05	303-15	303-65+303-60	303-75+303-70

Regence PPO								
EE	\$45	\$514.45	\$559.45	304-22	304-02	N/A	304-62+304-60	N/A
EC	\$77	\$514.45	\$591.45	304-23	304-03	304-13	304-63+304-60	304-73+304-70
ES	\$160	\$514.45	\$674.45	304-24	304-04	304-14	304-64+304-60	304-74+304-70
EF	\$191	\$514.45	\$705.45	304-25	304-05	304-15	304-65+304-60	304-75+304-70

Group Health Options								
EE	\$30	\$514.45	\$544.45	301-22	301-02	N/A	301-62+301-60	N/A
EC	\$50	\$514.45	\$564.45	301-23	301-03	301-13	301-63+301-60	301-73+301-70
ES	\$128	\$514.45	\$642.45	301-24	301-04	301-14	301-64+301-60	301-74+301-70
EF	\$149	\$514.45	\$663.45	301-25	301-05	301-15	301-65+301-60	301-75+301-70

CORRECTIONS CUSTODY OFFICERS/CORRECTIONS SUPPORT:

(Category B) Unions 41, 46

Regence Selectns	Employee Prem	Employer Contrib	Total EE+ER	Sect 125 Pre-Tax Ded #	After-Tax Ded #	Dom Prtnr Ded #	Grp 4050	Domestic Prtnr Grp4050
							2 Ded #s Base + Prem Share	2 Ded #s Base + Prm Shr
EE	\$59	\$508.88	\$567.88	303-80	none	N/A	303-80+303-84	Not set up
EC	\$101	\$508.88	\$609.88	303-81	none	303-85	303-81+303-84	for P/T EE
ES	\$118	\$508.88	\$626.88	303-82	none	303-86	303-82+303-84	
EF	\$160	\$508.88	\$668.88	303-83	none	303-87	303-83+303-84	

**SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004**

Regence PPO							
EE	\$72	\$508.88	\$580.88	304-80	none	N/A	304-80+304-84
EC	\$122	\$508.88	\$630.88	304-81	none	304-85	304-81+304-84
ES	\$143	\$508.88	\$651.88	304-82	none	304-86	304-82+304-84
EF	\$193	\$508.88	\$701.88	304-83	none	304-87	304-83+304-84

Group Health Options							
EE	\$56	\$508.88	\$564.88	301-80	none	N/A	301-80+301-84
EC	\$95	\$508.88	\$603.88	301-81	none	301-85	301-81+301-84
ES	\$112	\$508.88	\$620.88	301-82	none	301-86	301-82+301-84
EF	\$151	\$508.88	\$659.88	301-83	none	301-87	301-83+301-84

CORRECTIONS LIEUTENANTS, SERGEANTS, WORK RELEASE SUPRV:

(Category C) Union 45

Regence Selections	EE Prem Contrib	Employer Contrib	Total EE+ER	Sectn 125 Pre-Tax Ded	After-Tax Ded #	Dom Prtnr Ded #	Grp 4050	Domestic Prtnr Grp4050
							2 Ded #s Base + Prem Share	2 Ded #s Base + Prm Shr
EE	\$52	\$478.35	\$530.35	303-40	none	N/A	303-40+303-44	Not set up
EC	\$89	\$478.35	\$567.35	303-41	none	303-45	303-41+303-44	for P/T EE
ES	\$169	\$478.35	\$647.35	303-42	none	303-46	303-42+303-44	
EF	\$205	\$478.35	\$683.35	303-43	none	303-47	303-43+303-44	

Regence PPO							
EE	\$65	\$478.35	\$543.35	304-40	none	N/A	304-40+304-44
EC	\$110	\$478.35	\$588.35	304-41	none	304-45	304-41+304-44
ES	\$194	\$478.35	\$672.35	304-42	none	304-46	304-42+304-44
EF	\$239	\$478.35	\$717.35	304-43	none	304-47	304-43+304-44

Group Health Options							
EE	\$49	\$478.35	\$527.35	301-40	none	N/A	301-40+301-44
EC	\$83	\$478.35	\$561.35	301-41	none	301-45	301-41+301-44
ES	\$162	\$478.35	\$640.35	301-42	none	301-46	301-42+301-44
EF	\$196	\$478.35	\$674.35	301-43	none	301-47	301-43+301-44

**SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004**

LEOFF -- DEPUTY SHERIFFS, CAPTAINS, LIEUT., SGT.; INT'L ASSOC OF FIREFIGHTERS:

(Category D) Unions 21, 31, 32

Regence Selections	Employee Prem	Employer Contrib	Total EE+ER	Sectn 125 Pre-Tax Ded	After-Tax Ded #	Dom Prtnr Ded #	N/A (No pro-rated group)	N/A
EE	\$0	\$690.75	\$690.75	303-30	none	N/A		
EC	\$0	\$690.75	\$690.75	303-31	none	303-35		
ES	\$0	\$690.75	\$690.75	303-32	none	303-36		
EF	\$0	\$690.75	\$690.75	303-33	none	303-37		

Regence PPO								
EE	\$0	\$758.68	\$758.68	304-30	none	N/A		
EC	\$0	\$758.68	\$758.68	304-31	none	304-35		
ES	\$0	\$758.68	\$758.68	304-32	none	304-36		
EF	\$0	\$758.68	\$758.68	304-33	none	304-37		

Group Health Options								
EE	\$0	\$893.25	\$893.25	301-30	none	N/A		
EC	\$0	\$893.25	\$893.25	301-31	none	301-35		
ES	\$0	\$893.25	\$893.25	301-32	none	301-36		
EF	\$0	\$893.25	\$893.25	301-33	none	301-37		

CORRECTIONS SUPPORT SUPERVISORS/SHERIFFS LAW ENFORCEMENT SUPP'T

(Category E) Unions 42, 43

Regence Selections	Employee Prem	Employer Contrib	Total EE+ER	Sectn 125 Pre-Tax Ded	After-Tax Ded #	Dom Prtnr Ded #	Grp 4050	Domestic Prtnr Grp4050
							2 Ded #s Base + Prem Share	2 Ded #s Base + Prm Shr
EE	\$59	\$508.88	\$567.88	303-50	none	N/A	303-50+303-54	Not set up
EC	\$101	\$508.88	\$609.88	303-51	none	303-55	303-51+303-54	for P/T EE
ES	\$118	\$508.88	\$626.88	303-52	none	303-56	303-52+303-54	
EF	\$160	\$508.88	\$668.88	303-53	none	303-57	303-53+303-54	

**SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004**

Regence PPO							
EE	\$72	\$508.88	\$580.88	304-50	none	N/A	304-50+304-54
EC	\$122	\$508.88	\$630.88	304-51	none	304-55	304-51+304-54
ES	\$143	\$508.88	\$651.88	304-52	none	304-56	304-52+304-54
EF	\$193	\$508.88	\$701.88	304-53	none	304-57	304-53+304-54
Group Health Options							
EE	\$56	\$508.88	\$564.88	301-50	none	N/A	301-50+301-54
EC	\$95	\$508.88	\$603.88	301-51	none	301-55	301-51+301-54
ES	\$112	\$508.88	\$620.88	301-52	none	301-56	301-52+301-54
EF	\$151	\$508.88	\$659.88	301-53	none	301-57	301-53+301-54

**SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004**

ALL EMPLOYEES:

Regence Vision	Employee Prem	Employer Contrib	Total EE+ER	Sectn 125 Pre-Tax Ded	After-Tax Ded #	Dom Prtnr Ded #	Grps 4050 / 5050 / 6050	Domestic Prtnr Grps X050
							Pro-ratd based on FTE (PT EE)	2 Ded #: Base + Prm Shr
EE only	\$0	\$ 16.21		N/A	302-03	N/A	302-25	Not set up
ES (or DP)	\$0	\$ 16.21		N/A	302-03	302-31	302-25	for P/T EE
EC (or CH of DP)	\$0	\$ 16.21		N/A	302-03	302-33	302-25	
EF (or DP+CH)	\$0	\$ 16.21		N/A	302-03	302-32	302-25	
Willamette Dental								
EE only	\$0	\$ 63.98		N/A	305-00	N/A	305-25	Not set up
ES (or DP)	\$0	\$ 63.98		N/A	305-00	305-11	305-25	for P/T EE
EC (or CH of DP)	\$0	\$ 63.98		N/A	305-00	305-13	305-25	
EF (or DP+CH)	\$0	\$ 63.98		N/A	305-00	305-12	305-25	
CIGNA Dental								
EE only	\$0	\$ 80.05		N/A	306-00	N/A	306-25	Not set up
ES (or DP)	\$0	\$ 80.05		N/A	306-00	306-11	306-25	for P/T EE
EC (or CH of DP)	\$0	\$ 80.05		N/A	306-00	306-13	306-25	
EF (or DP+CH)	\$0	\$ 80.05		N/A	306-00	306-12	306-25	
Wash Dental Svc								
EE only	\$0	\$ 89.02		N/A	307-00	N/A	307-25	Not set up
ES (or DP)	\$0	\$ 89.02		N/A	307-00	307-11	307-25	for P/T EE
EC (or CH of DP)	\$0	\$ 89.02		N/A	307-00	307-13	307-25	
EF (or DP+CH)	\$0	\$ 89.02		N/A	307-00	307-12	307-25	

**SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004**

NO INSURANCE DEDUCTIONS-For EE that opt out of County Medical Insurance

	Amount	Ded #
Category A-AFSCME/Non Rep	\$ 514.45	300-90
Category B-Teamstrs Corrcntns Custody Officers/Correctns Suppt	\$ 508.88	300-91
Category C-Teamsters Corrcntns Lt, Sgt, Work Release Supvsr	\$ 478.35	300-92
Category D-LEOFF- Dep Sheriffs, Capts, Lts, Sgts/IAFF (Intl Assoc of Firefighters)	\$ 690.75	300-93
Category E-Corrcntns Support Suprvsrs/Teamstrs Law Enf Suppt	\$ 508.88	300-94

Disability Insurance --

The rate for Disability Ins remains at
1.02% of covered payroll

Life Insurance

The rate for Life Ins remains at
\$0.21 per \$1000 of Life Ins Benefit
Most Snohomish County employees
have \$40,000 of life insurance currently.
The rate may change at the 5/1/03
renewal date.

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
Increases Taxable Wages (Federal/FICA/Medicare Taxable)
Employees electing Domestic Partner Coverage

MEDICAL	REGENCE SELECTIONS	REGENCE PPO	GROUP HEALTH
<u>Category A : AFSCME/Non-Represented</u>			
Employee + Dom Ptnr's Children	\$ 193.59	\$ 193.26	\$ 191.28
Employee + Domestic Ptnr	\$ 207.41	\$ 206.80	\$ 203.83
Employee + Domestic Ptnr + Dom Ptnr's Children	\$ 401.01	\$ 401.05	\$ 394.11
<u>Category B: Corrections Custody Officers/Corrections Support</u>			
Employee + Dom Ptnr's Children	\$ 174.59	\$ 175.26	\$ 172.28
Employee + Domestic Ptnr	\$ 250.41	\$ 250.80	\$ 245.83
Employee + Domestic Ptnr + Dom Ptnr's Children	\$ 425.01	\$ 426.05	\$ 418.11
<u>Category C: Corrections Serg/Lieut/WR Suprv</u>			
Employee + Dom Ptnr's Children	\$ 179.59	\$ 180.26	\$ 177.28
Employee + Domestic Ptnr	\$ 192.41	\$ 192.80	\$ 188.83
Employee + Domestic Ptnr + Dom Ptnr's Children	\$ 373.01	\$ 373.05	\$ 366.11
<u>Category D: LEOFF Deputies/Srgt/Lieut/Captains/Int'l Assoc Firefighters</u>			
Employee + Dom Ptnr's Children	\$ 206.63	\$ 221.10	\$ 240.35
Employee + Domestic Ptnr	\$ 295.19	\$ 315.86	\$ 343.36
Employee + Domestic Ptnr + Dom Ptnr's Children	\$ 501.83	\$ 536.95	\$ 583.70
<u>Category E: Corrections Corrections Support Supv/Sheriffs Law Enf Support</u>			
Employee + Dom Ptnr's Children	\$ 174.59	\$ 175.26	\$ 175.28
Employee + Domestic Ptnr	\$ 250.41	\$ 250.80	\$ 250.12
Employee + Domestic Ptnr + Dom Ptnr's Children	\$ 425.01	\$ 426.05	\$ 425.40

Vision -- All Employees

Employee + Dom Ptnr's Children	
Employee + Domestic Ptnr	
Employee + Domestic Ptnr + Dom Ptnr's Children	

Regence Vision

\$	5.56
\$	7.94
\$	13.49

Dental -- All Employees

Employee + Dom Ptnr's Children**	
Employee + Domestic Ptnr	
Employee + Domestic Ptnr + Dom Ptnr's Children	

<u>Willamette</u>	<u>CIGNA</u>	<u>WDS</u>
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\$	59.66	\$	29.65	\$	43.10
\$	31.24	\$	42.35	\$	35.00
\$	59.66	\$	71.99	\$	78.10

*(To determine the taxable benefit to the employee that is receiving domestic partner benefits:
 tiered rate, less employee-only tiered rate, less (tiered premium contribution minus employee-only premium contrib.)*

** Employee premium contributions related to domestic partners and children of domestic partners
 ARE NOT deducted from employees' paychecks pre-tax.*

***CIGNA dental -- coverage is for Employee, Employee + 1 dependent, Employee + 2 or more dependents.
 This assumes employee + children is at the "Employee + 2 or more dependents" tier.*

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts

AFSCME & NON-REP-Category A (Unions 00-07, 51-90)

PART-TIME 50/50 & PART-TIME PRORATED EE IN X050

		EE+CH of DP	EE+DP	EE+DP+CH		EE+CH of D	EE+DP	EE+DP+CH
Selections	EE Portion	56.00	135.00	158.00	EE Portion			
	ER Portion	514.45	514.45	514.45				
	Scr 2	570.45	649.45	672.45	Total EE+ER	56.00	135.00	158.00
	minus EE	56.00	135.00	158.00		(56.00)	(135.00)	(158.00)
	Base	514.45	514.45	514.45		-	-	-
	Less TaxBen	193.59	207.41	401.01	+ Tax Benefit Amt	193.59	207.41	401.01
	Non-Tax	320.86	307.04	113.44	Non-Tax Amt	(193.59)	(207.41)	(401.01)
Regence PPO	EE	77.00	160.00	191.00	EE Portion			
	ER	514.45	514.45	514.45				
	Scr 2	591.45	674.45	705.45	Total EE+ER	77.00	160.00	191.00
	minus EE	77.00	160.00	191.00		(77.00)	(160.00)	(191.00)
	Base	514.45	514.45	514.45		-	-	-
	Less TaxBen	193.26	206.80	401.05	+ Tax Benefit Amt	193.26	206.80	401.05
	Non-Tax	321.19	307.65	113.40	Non-Tax Amt	(193.26)	(206.80)	(401.05)
Group Health	EE	50.00	128.00	149.00	EE Portion			
	ER	514.45	514.45	514.45				
	Scr 2	564.45	642.45	663.45	Total EE+ER	50.00	128.00	149.00
	minus EE	50.00	128.00	149.00		(50.00)	(128.00)	(149.00)
	Base	514.45	514.45	514.45		-	-	-
	Less TaxBen	191.28	203.83	394.11	+ Tax Benefit Amt	191.28	203.83	394.11
	Non-Tax	323.17	310.62	120.34	Non-Tax Amt	(191.28)	(203.83)	(394.11)

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts
TEAMSTERS-Category B (Unions 41,46)-Corr Custody Officers/Corr Suppt

		EE+CH of DP	EE+DP	EE+DP+CH	
Selections	EE Portion	101.00	118.00	160.00	EE Portion
	ER Portion	508.88	508.88	508.88	
	Scr 2	609.88	626.88	668.88	Total EE+ER
	minus EE	101.00	118.00	160.00	
	Base	508.88	508.88	508.88	
	Less TaxBen	174.59	250.41	425.01	+ Tax Benefit Amt
	Non-Tax	334.29	258.47	83.87	Non-Tax Amt
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Regence PPO	EE	122.00	143.00	193.00	EE Portion
	ER	508.88	508.88	508.88	
	Scr 2	630.88	651.88	701.88	Total EE+ER
	minus EE	122.00	143.00	193.00	
	Base	508.88	508.88	508.88	
	Less TaxBen	175.26	250.80	426.05	+ Tax Benefit Amt
	Non-Tax	333.62	258.08	82.83	Non-Tax Amt
<hr/>					
Group Health	EE	95.00	112.00	151.00	EE Portion
	ER	508.88	508.88	508.88	
	Scr 2	603.88	620.88	659.88	Total EE+ER
	minus EE	95.00	112.00	151.00	
	Base	508.88	508.88	508.88	
	Less TaxBen	172.28	245.83	418.11	+ Tax Benefit Amt
	Non-Tax	336.60	263.05	90.77	Non-Tax Amt

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts
TEAMSTERS-Category C (Unions 45)-Corr Lts, Sgts, Work Release Supvrs

		EE+CH of DP	EE+DP	EE+DP+CH	
Selections	EE Portion	89.00	169.00	205.00	EE Portion
	ER Portion	478.35	478.35	478.35	
	Scr 2	567.35	647.35	683.35	Total EE+ER
	minus EE	89.00	169.00	205.00	
	Base	478.35	478.35	478.35	
	Less TaxBen	179.59	192.41	373.01	+ Tax Benefit Amt
	Non-Tax	298.76	285.94	105.34	Non-Tax Amt
<hr/>					
		EE+CH of DP	EE+DP	EE+DP+CH	
Regence PPO	EE	110.00	194.00	239.00	EE Portion
	ER	478.35	478.35	478.35	
	Scr 2	588.35	672.35	717.35	Total EE+ER
	minus EE	110.00	194.00	239.00	
	Base	478.35	478.35	478.35	
	Less TaxBen	180.26	192.80	373.05	+ Tax Benefit Amt
	Non-Tax	298.09	285.55	105.30	Non-Tax Amt
<hr/>					
		EE+CH of DP	EE+DP	EE+DP+CH	
Group Health	EE	83.00	162.00	196.00	EE Portion
	ER	478.35	478.35	478.35	
	Scr 2	561.35	640.35	674.35	Total EE+ER
	minus EE	83.00	162.00	196.00	
	Base	478.35	478.35	478.35	
	Less TaxBen	177.28	188.83	366.11	+ Tax Benefit Amt
	Non-Tax	301.07	289.52	112.24	Non-Tax Amt

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts
LEOFF(SCDSA/IAFF)-Category D (Unions 21,31,32)-Dep Sheriffs, Captn, Lts, Sgts, Firefighters

		EE+CH of DP	EE+DP	EE+DP+CH	
Selections	EE Portion	0.00	0.00	0.00	EE Portion
	ER Portion	690.75	690.75	690.75	
	Scr 2	690.75	690.75	690.75	Total EE+ER
	minus EE	0.00	0.00	0.00	
	Base	690.75	690.75	690.75	
	Less TaxBen	206.63	295.19	501.83	+ Tax Benefit Amt
	Non-Tax	484.12	395.56	188.92	Non-Tax Amt
Regence PPO	EE	0.00	0.00	0.00	EE Portion
	ER	758.68	758.68	758.68	
	Scr 2	758.68	758.68	758.68	Total EE+ER
	minus EE	0.00	0.00	0.00	
	Base	758.68	758.68	758.68	
	Less TaxBen	221.10	315.86	536.95	+ Tax Benefit Amt
	Non-Tax	537.58	442.82	221.73	Non-Tax Amt
Group Health	EE	0.00	0.00	0.00	EE Portion
	ER	893.25	893.25	893.25	
	Scr 2	893.25	893.25	893.25	Total EE+ER
	minus EE	0.00	0.00	0.00	
	Base	893.25	893.25	893.25	
	Less TaxBen	240.35	343.36	583.70	+ Tax Benefit Amt
	Non-Tax	652.90	549.89	309.55	Non-Tax Amt

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts
Teamsters-Category E (Unions 42,43)-Corr Suppt Suprvrs; Sheriffs Law Enforcement Suppt

		EE+CH of DP	EE+DP	EE+DP+CH	
Selections	EE Portion	101.00	118.00	160.00	EE Portion
	ER Portion	508.88	508.88	508.88	
	Scr 2	609.88	626.88	668.88	Total EE+ER
	minus EE	101.00	118.00	160.00	
	Base	508.88	508.88	508.88	
	Less TaxBen	174.59	250.41	425.01	+ Tax Benefit Amt
	Non-Tax	334.29	258.47	83.87	Non-Tax Amt
Regence PPO	EE	122.00	143.00	193.00	EE Portion
	ER	508.88	508.88	508.88	
	Scr 2	630.88	651.88	701.88	Total EE+ER
	minus EE	122.00	143.00	193.00	
	Base	508.88	508.88	508.88	
	Less TaxBen	175.26	250.80	426.05	+ Tax Benefit Amt
	Non-Tax	333.62	258.08	82.83	Non-Tax Amt
Group Health	EE	95.00	112.00	151.00	EE Portion
	ER	508.88	508.88	508.88	
	Scr 2	603.88	620.88	659.88	Total EE+ER
	minus EE	95.00	112.00	151.00	
	Base	508.88	508.88	508.88	
	Less TaxBen	175.28	250.12	425.40	+ Tax Benefit Amt
	Non-Tax	333.60	258.76	83.48	Non-Tax Amt

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts

		EE+CH of DP	EE+DP	EE+DP+CH	
Reg Vision	EE	0.00	0.00	0.00	EE Portion
	ER	16.21	16.21	16.21	
	Scr 2	16.21	16.21	16.21	Total EE+ER
	minus EE	0.00	0.00	0.00	
	Base	16.21	16.21	16.21	
	Less TaxBen	5.56	7.94	13.49	+ Tax Benefit Amt
	Non-Tax	10.65	8.27	2.72	Non-Tax Amt

		EE+CH of DP	EE+DP	EE+DP+CH	
Willamette Dental	EE	0.00	0.00	0.00	EE Portion
	ER	63.98	63.98	63.98	
	Scr 2	63.98	63.98	63.98	Total EE+ER
	minus EE	0.00	0.00	0.00	
	Base	63.98	63.98	63.98	
	Less TaxBen	59.66	31.24	59.66	+ Tax Benefit Amt
	Non-Tax	4.32	32.74	4.32	Non-Tax Amt

		EE+CH of DP	EE+DP	EE+DP+CH	
Cigna Dntl	EE	0.00	0.00	0.00	EE Portion
	ER	80.05	80.05	80.05	
	Scr 2	80.05	80.05	80.05	Total EE+ER
	minus EE	0.00	0.00	0.00	
	Base	80.05	80.05	80.05	
	Less TaxBen	29.65	42.35	71.99	+ Tax Benefit Amt
	Non-Tax	50.40	37.70	8.06	Non-Tax Amt

SNOHOMISH COUNTY
MEDICAL RATES FOR -- PLAN YEAR 4/1/2003-3/31/2004
DOMESTIC PARTNER CALC FOR DATA ENTRY INTO DED MASTER FILE (Payroll Only)

For each category & each medical plan: Input EE portions (col CDE), ER portion (col C only); then Tax Ben Amts

	EE+CH of DP	EE+DP	EE+DP+CH	
WDS Dntl	EE	0.00	0.00	0.00 EE Portion
	ER	89.02	89.02	89.02
	Scr 2	89.02	89.02	89.02 Total EE+ER
	minus EE	0.00	0.00	0.00
	Base	89.02	89.02	89.02
	Less TaxBen	43.10	35.00	78.10 + Tax Benefit Amt
	Non-Tax	45.92	54.02	10.92 Non-Tax Amt

King County

2003 Monthly Rates

ATTACHMENT 7

1. Regular Employees

Plan	2003 Monthly Rates		2002 Monthly Rates	
KingCare Basic (Aetna)	\$428.16		\$375.73	
KingCare Preferred (Aetna)	\$648.15		\$601.97	
Group Health Cooperative	\$566.39		\$544.62	
Washington Dental Service	\$115.60		\$108.13	
Vision Service Plan	\$17.98		\$17.13	
Basic Life Insurance (Aetna)	\$0.138 per \$1000		\$0.14 per \$1000	
Basic AD&D Insurance (CIGNA)	\$0.015 per \$1000		\$0.02 per \$1000	
Basic LTD Insurance (CIGNA)	0.40% of covered payroll		0.60% of covered payroll	
Enhanced Life Insurance (Aetna)	Age	Rate per \$1000	Age	Rate per \$1000
– Employee premium rates	Under 25	0.047	Under 25	0.045
<i>(Spouse/domestic partner's coverage is based on employees age)</i>	25-29	0.056	25-29	0.054
	30-34	0.075	30-34	0.072
	35-39	0.075	35-39	0.072
	40-44	0.094	40-44	0.090
	45-49	0.150	45-49	0.144
	50-54	0.225	50-54	0.216
	55-59	0.403	55-59	0.387
	60-64	0.618	60-64	0.594
	65-69	1.063	65-69	1.143
	70+	1.724	70+	1.854
– Dependent children – \$5,000	14 days old	\$0.419 per unit	14 days old	\$0.45 per unit
– Dependent children – \$10,000	up to age 23	\$0.838 per unit	up to age 23	N/A
		<i>(Regardless of # of children or volume of employees coverage)</i>		<i>(Regardless of # of children or volume of employees coverage)</i>
Enhanced AD&D (CIGNA)				
– Employee		\$0.02 per \$1000		\$0.02 per \$1000
– Spouse		\$0.02 per \$1000		\$0.02 per \$1000
– Child(ren)		\$0.06 per \$1000		\$0.06 per \$1000
<i>(Regardless of # of children)</i>				
Enhanced LTD (CIGNA)		0.21% of covered payroll		\$9.40 per employee

2. Deputy Sheriffs

Plan	2003 Monthly Rates		2002 Monthly Rates	
Regence	\$566.99		\$501.85	
PacifiCare	\$658.69		\$658.05	
Group Health Cooperative	\$520.74		\$465.73	
Washington Dental Service	\$135.18		\$125.94	
Life Insurance (Aetna)	\$0.138 per \$1000		\$0.14 per \$1000	
AD&D (CIGNA)	\$0.015 per \$1000		\$0.02 per \$1000	
Dependent Life (Aetna)	\$0.316 per dependent unit*		\$0.34 per dependent unit*	
<i>*dependent unit = spouse and/or all children to age 23</i>				
Enhanced Life (Aetna)	\$0.334 per \$1000		\$0.315 per \$1000	
<i>(1X annual salary less \$6,000)</i>	(EE pays entire monthly premium)		(EE pays entire monthly premium)	

King County
2003 Monthly Rates

ATTACHMENT 7

3. Part-Time Transit

Plan	2003 Rates			2002 Rates		
	Total Premium	County Pays	You Pay	Total Premium	County Pays	You Pay
KingCare Basic (Aetna)						
– Employee only	\$275.31	\$229.99	\$45.32	\$267.48	\$195.48	\$72.00
– Employee/Spouse	\$550.62	\$229.99	\$320.63	\$534.96	\$195.48	\$339.48
– Employee/Child(ren)	\$495.55	\$229.99	\$265.56	\$481.46	\$195.48	\$285.98
– Employee/Family	\$770.86	\$229.99	\$540.87	\$748.94	\$195.48	\$553.46
KingCare Preferred (Aetna)						
– Employee only	\$329.20	\$229.99	\$99.21	\$314.68	\$195.48	\$119.20
– Employee/Spouse	\$658.40	\$229.99	\$428.41	\$629.36	\$195.48	\$433.88
– Employee/Child(ren)	\$592.55	\$229.99	\$362.56	\$566.42	\$195.48	\$370.94
– Employee/Family	\$921.75	\$229.99	\$691.76	\$881.10	\$195.48	\$685.62
Group Health Cooperative						
– Employee only	\$287.49	\$229.99	\$57.50	\$248.41	\$195.48	\$52.93
– Employee/Spouse	\$575.03	\$229.99	\$345.04	\$496.87	\$195.48	\$301.39
– Employee/Child(ren)	\$517.48	\$229.99	\$287.49	\$447.14	\$195.48	\$251.66
– Employee/Family	\$804.95	\$229.99	\$574.96	\$695.54	\$195.48	\$500.06
Washington Dental Service						
– Employee only	\$58.01	\$29.01	\$29.00	\$54.39	\$27.20	\$27.19
– Employee/Spouse	\$116.02	\$29.01	\$87.01	\$108.78	\$27.20	\$81.58
– Employee/Child(ren)	\$104.42	\$29.01	\$75.41	\$97.90	\$27.20	\$70.70
– Employee/Family	\$162.43	\$29.01	\$133.42	\$152.29	\$27.20	\$125.09
Vision Service Plan						
– Employee only	\$9.01	\$4.51	\$4.50	\$8.61	\$4.31	\$4.30
– Employee/Spouse	\$18.02	\$4.51	\$13.51	\$17.22	\$4.31	\$12.91
– Employee/Child(ren)	\$16.21	\$4.51	\$11.70	\$15.50	\$4.31	\$11.19
– Employee/Family	\$25.22	\$4.51	\$20.71	\$24.11	\$4.31	\$19.80
Basic Life Insurance	Age	Monthly Cost		Age	Monthly Cost	
– Employee premium rates (per \$20,000)	Under 25	\$	0.94	Under 25	\$	\$1.00
	25-29	\$	1.12	25-29	\$	\$1.20
	30-34	\$	1.50	30-34	\$	\$1.60
	35-39	\$	1.50	35-39	\$	\$1.60
	40-44	\$	1.88	40-44	\$	\$2.00
	45-49	\$	3.00	45-49	\$	\$3.20
	50-54	\$	4.50	50-54	\$	\$4.80
	55-59	\$	8.06	55-59	\$	\$8.60
	60-64	\$	12.36	60-64	\$	\$13.20
	65-69	\$	21.26	65-69	\$	\$25.40
	70+	\$	34.48	70+	\$	\$41.20

**King County
2003 Monthly Rates**

ATTACHMENT 7

(Domestic Partner Health Plan Premium Values)

1. Regular Employees

Plan	2003 Monthly Rates	2002 Monthly Rates
KingCare Basic (Aetna)		
– Adult	\$275.31	\$267.48
– Child(ren)	\$220.24	\$213.98
– Adult/Child(ren)	\$495.55	\$481.46
KingCare Preferred (Aetna)		
– Adult	\$329.20	\$314.68
– Child(ren)	\$263.35	\$251.74
– Adult/Child(ren)	\$592.55	\$566.42
Group Health Cooperative		
– Adult	\$296.17	\$286.46
– Child(ren)	\$272.15	\$229.18
– Adult/Child(ren)	\$568.32	\$515.63
Washington Dental Service		
– Adult	\$58.01	\$54.39
– Child(ren)	\$46.41	\$43.51
– Adult/Child(ren)	\$104.42	\$97.90
Vision Service Plan		
– Adult	\$9.01	\$8.61
– Child(ren)	\$7.20	\$6.89
– Adult/Child(ren)	\$16.21	\$15.50

2. Deputy Sheriffs

Plan	2003 Monthly Rates	2002 Monthly Rates
Regence		
– Adult	\$268.60	\$235.36
– Child(ren)	\$233.81	\$204.90
– Adult/Child(ren)	\$502.41	\$440.26
PacifiCare		
– Adult	\$258.88	\$258.62
– Child(ren)	\$210.32	\$210.11
– Adult/Child(ren)	\$469.20	\$468.72
Group Health Cooperative		
– Adult	\$271.78	\$243.07
– Child(ren)	\$249.73	\$223.35
– Adult/Child(ren)	\$521.51	\$466.72
Washington Dental Service		
– Adult	\$58.01	\$55.65
– Child(ren)	\$47.22	\$44.52
– Adult/Child(ren)	\$105.23	\$100.17

King County
2003 Monthly Rates

ATTACHMENT 7

(Domestic Partner Health Plan Premium Values)

3. Part-Time Transit

Plan	2003 Monthly Rates	2002 Monthly Rates
KingCare Basic (Aetna)		
– Adult	\$275.31	\$267.48
– Child(ren)	\$220.24	\$213.98
– Adult/Child(ren)	\$495.55	\$481.46
KingCare Preferred (Aetna)		
– Adult	\$329.20	\$314.68
– Child(ren)	\$263.35	\$251.74
– Adult/Child(ren)	\$592.55	\$566.42
Group Health Cooperative		
– Adult	\$287.54	\$248.46
– Child(ren)	\$229.99	\$198.73
– Adult/Child(ren)	\$517.46	\$447.13
Washington Dental Service		
– Adult	\$58.01	\$54.39
– Child(ren)	\$46.41	\$43.51
– Adult/Child(ren)	\$104.42	\$97.90
Vision Service Plan		
– Adult	\$9.01	\$8.61
– Child(ren)	\$7.20	\$6.89
– Adult/Child(ren)	\$16.21	\$15.50

King County

ATTACHMENT 7

2003 Monthly Rates

(COBRA, Retiree, Self-Pay Premium Rates)

includes 2% administrative fee

1. Regular Employees

Plan	2003 Monthly Rates	2002 Monthly Rates
KingCare Basic (Aetna)		
– Employee	\$280.82	\$272.83
– Spouse	\$280.82	\$272.83
– Child(ren)	\$224.64	\$218.26
KingCare Preferred (Aetna)		
– Employee	\$335.78	\$320.97
– Spouse	\$335.78	\$320.97
– Child(ren)	\$268.62	\$256.77
Group Health Cooperative		
– Employee	\$265.83	\$292.18
– Spouse	\$302.09	\$292.19
– Child(ren)	\$277.59	\$233.76
Washington Dental Service		
– Employee	\$59.17	\$55.48
– Spouse	\$59.17	\$55.48
– Child(ren)	\$47.34	\$44.38
Vision Service Plan		
– Employee	\$9.19	\$8.78
– Spouse	\$9.19	\$8.78
– Child(ren)	\$7.34	\$7.03

2. Deputy Sheriffs

Plan	2003 Monthly Rates	2002 Monthly Rates
Regence		
– Employee	\$273.97	\$242.48
– Spouse	\$273.97	\$242.48
– Child(ren)	\$238.49	\$211.08
PacifiCare		
– Employee	\$330.05	\$329.74
– Spouse	\$264.06	\$263.79
– Child(ren)	\$214.53	\$214.31
Group Health Cooperative		
– Employee	\$243.93	\$218.17
– Spouse	\$277.22	\$247.93
– Child(ren)	\$254.72	\$227.82
Washington Dental Service		
– Employee	\$60.20	\$56.76
– Spouse	\$60.20	\$56.76
– Child(ren)	\$48.16	\$45.41

King County

ATTACHMENT 7

2003 Monthly Rates

(COBRA, Retiree, Self-Pay Premium Rates)

includes 2% administrative fee

3. Part-Time Transit

Plan	2003 Monthly Rates	2002 Monthly Rates
KingCare Basic (Aetna)		
– Employee	\$280.82	\$272.83
– Spouse	\$280.82	\$272.83
– Child(ren)	\$224.64	\$218.26
KingCare Preferred (Aetna)		
– Employee	\$335.78	\$320.97
– Spouse	\$335.78	\$320.97
– Child(ren)	\$268.62	\$256.77
Group Health Cooperative		
– Employee	\$293.24	\$253.38
– Spouse	\$293.29	\$253.43
– Child(ren)	\$234.59	\$202.70
Washington Dental Service		
– Employee	\$59.17	\$55.48
– Spouse	\$59.17	\$55.48
– Child(ren)	\$47.34	\$44.38
Vision Service Plan		
– Employee	\$9.19	\$8.78
– Spouse	\$9.19	\$8.78
– Child(ren)	\$7.34	\$7.03

King County

ATTACHMENT 7

2003 Monthly Rates

(COBRA, Retiree, Self-Pay Premium Rates)

excludes administrative fee

1. Regular Employees

Plan	2003 Monthly Rates	2002 Monthly Rates
KingCare Basic (Aetna)		
– Employee	\$275.31	\$267.48
– Spouse	\$275.31	\$267.48
– Child(ren)	\$220.24	\$213.98
KingCare Preferred (Aetna)		
– Employee	\$329.20	\$314.68
– Spouse	\$329.20	\$314.68
– Child(ren)	\$263.35	\$251.74
Group Health Cooperative		
– Employee	\$260.62	\$286.45
– Spouse	\$296.17	\$286.46
– Child(ren)	\$272.15	\$229.18
Washington Dental Service		
– Employee	\$58.01	\$54.39
– Spouse	\$58.01	\$54.39
– Child(ren)	\$46.41	\$43.51
Vision Service Plan		
– Employee	\$9.01	\$8.61
– Spouse	\$9.01	\$8.61
– Child(ren)	\$7.20	\$6.89

2. Deputy Sheriffs

Plan	2003 Monthly Rates	2002 Monthly Rates
Regence		
– Employee	\$268.60	\$237.73
– Spouse	\$268.60	\$237.73
– Child(ren)	\$233.81	\$206.94
PacifiCare		
– Employee	\$323.58	\$323.27
– Spouse	\$258.88	\$258.62
– Child(ren)	\$210.32	\$210.11
Group Health Cooperative		
– Employee	\$239.15	\$213.89
– Spouse	\$271.78	\$243.07
– Child(ren)	\$249.73	\$223.35
Washington Dental Service		
– Employee	\$59.02	\$55.65
– Spouse	\$59.02	\$55.65
– Child(ren)	\$47.22	\$44.52

King County

ATTACHMENT 7

2003 Monthly Rates

(COBRA, Retiree, Self-Pay Premium Rates)

excludes administrative fee

3. Part-Time Transit

Plan	2003 Monthly Rates	2002 Monthly Rates
KingCare Basic (Aetna)		
– Employee	\$275.31	\$267.48
– Spouse	\$275.31	\$267.48
– Child(ren)	\$220.24	\$213.98
KingCare Preferred (Aetna)		
– Employee	\$329.20	\$314.68
– Spouse	\$329.20	\$314.68
– Child(ren)	\$263.35	\$251.74
Group Health Cooperative		
– Employee	\$287.49	\$248.41
– Spouse	\$287.54	\$248.46
– Child(ren)	\$229.99	\$198.73
Washington Dental Service		
– Employee	\$58.01	\$54.39
– Spouse	\$58.01	\$54.39
– Child(ren)	\$46.41	\$43.51
Vision Service Plan		
– Employee	\$9.01	\$8.61
– Spouse	\$9.01	\$8.61
– Child(ren)	\$7.20	\$6.89

King County
2003 Monthly Rates

ATTACHMENT 7

Plan	Monthly Rates						
	2003	2002	2001	2000	1999	1998	1997
Regence	\$566.99	\$501.85	\$496.85	\$496.85	\$382.42	\$382.45	\$341.45
PacifiCare	\$658.69	\$658.05	\$592.52	\$506.95	\$449.42	\$393.62	\$328.01
Group Health Cooperative	\$520.74	\$465.73	\$343.53	\$299.36	\$294.95	\$294.95	\$300.53
Washington Dental Service	\$135.18	\$125.94	\$114.05	\$108.82	\$106.31	\$103.84	\$106.12
Life Insurance (Aetna)	\$0.138 per \$1000	\$0.14 per \$1000	\$0.14 per \$1000	\$0.14 per \$1000	\$0.17 per \$1000	\$0.17 per \$1000	\$0.17 per \$1000
AD&D (Cigna)	\$0.015 per \$1000	\$0.02 per \$1000	\$0.02 per \$1000	\$0.02 per \$1000	\$0.024 per \$1000	\$0.024 per \$1000	\$0.024 per \$1000
Dependent Life (Aetna) <i>*dependent unit = spouse and/or all children to age 23</i>	\$0.316 per dependent unit*	\$0.34 per dependent unit*	\$0.34 per dependent unit*	\$0.34 per dependent unit*	\$0.34 per dependent unit*	\$0.34 per dependent unit*	\$0.34 per dependent unit*
Enhanced Life (Aetna) <i>(1X annual salary less \$6,000)</i>	\$0.334 per \$1000 (EE pays <i>entire</i> monthly premium)	\$0.315 per \$1000 (EE pays <i>entire</i> monthly premium)	\$0.35 per \$1000 (EE pays <i>entire</i> monthly premium)	\$0.35 per \$1000 (EE pays <i>entire</i> monthly premium)	\$0.43 per \$1000 (EE pays <i>entire</i> monthly premium)	\$0.43 per \$1000 (EE pays <i>entire</i> monthly premium)	\$0.43 per \$1000 (EE pays <i>entire</i> monthly premium)

**PIERCE COUNTY HUMAN RESOURCES DEPARTMENT
2003 PIERCE COUNTY MEDICAL/DENTAL INSURANCE RATES**

Regence PPO - \$615.04 (which includes the \$43.70 employee portion)
Regence Selections - \$571.34
Group Health Options - \$463.60

Washington Dental - \$119.60
Willamette Dental - \$79.69

**SPOKANE COUNTY HUMAN RESOURCES DEPARTMENT
2003 SPOKANE COUNTY MEDICAL/DENTAL INSURANCE RATES**

For Full-Time, 50%, 60% and 80% Employees: Coverage Effective: February 11, 2003
Deduction Effective: January 15, 2003

	<u>2003 RATES</u>	<u>FULL-TIME EMPLOYEE COST</u>	<u>50% EMPLOYEE MONTHLY COST</u>	<u>60% EMPLOYEE MONTHLY COST</u>	<u>80% EMPLOYEE MONTHLY COST</u>
<u>Spokane County Preferred Provider Plan administered by MEDICAL SERVICE CORPORATION</u>					
Employee	290	-0-	145	116	58
Employee & Spouse	641	-0-	321	256	128
Employee, Spouse & Child(ren)	932	-0-	466	373	186
Employee & Child(ren)	582	-0-	291	233	116
<u>GROUP HEALTH NORTHWEST</u>					
Employee	273	-0-	137	109	55
Employee & Spouse	552	-0-	276	221	110
Employee, Spouse & Child(ren)	736	-0-	368	294	147
Employee & Child(ren)	507	-0-	254	203	101
<u>WASHINGTON DENTAL SERVICE</u>					
Employee <i>or</i> Employee/Family	121	-0-	61	48	24
<u>COLUMBIA DENTAL</u>					
Employee <i>or</i> Employee/Family	79.25	0	39.63	31.70	15.85

Thurston County
 MOST COUNTY EMPLOYEES

MEDICAL RATES - 2003
CHART # 1-
\$275 DEPENDENT
EFFECTIVE 1/01/2003

MOST COUNTY EMPLOYEES*

RATES \$275.00 Dependent

	TOTAL PREMIUM	DEDUCTION		BENEFIT		REMAIN BENEFIT	ADMIN CODES	2% BENEFIT ADMIN
		CODE	AMOUNT	CODE	AMOUNT			
UNIFORM MEDICAL PLAN		ump		ump				
EMPLOYEE	322.65		0.00	ump	322.65	0.00	umpadm	6.45
EMPLOYEE & SPOUSE	620.48	ump	22.83	ump	597.65	0.00	umpadm	11.95
EMPLOYEE, SPOUSE & CHILDREN	843.85	ump	246.20	ump	597.65	0.00	umpadm	11.95
EMPLOYEE & CHILDREN	546.02	ump	0.00	ump	546.02	51.63	umpadm	10.92
GROUP HEALTH OPTIONS		gho		gho				
EMPLOYEE	330.77		0.00	gho	330.77	0.00	ghoadm	6.62
EMPLOYEE & SPOUSE	636.72	gho	30.95	gho	605.77	0.00	ghoadm	12.12
EMPLOYEE, SPOUSE & CHILDREN	866.18	gho	260.41	gho	605.77	0.00	ghoadm	12.12
EMPLOYEE & CHILDREN	560.23	gho	0.00	gho	560.23	45.54	ghoadm	11.21
GROUP HEALTH		ghc		ghc				
EMPLOYEE	316.44		0.00	ghc	316.44	0.00	ghcadm	6.33
EMPLOYEE & SPOUSE	608.06	ghc	16.62	ghc	591.44	0.00	ghcadm	11.83
EMPLOYEE, SPOUSE & CHILDREN	826.78	ghc	235.34	ghc	591.44	0.00	ghcadm	11.83
EMPLOYEE & CHILDREN	535.16	ghc	0.00	ghc	535.16	56.28	ghcadm	10.70

UMP
\$322.65 Employee
\$297.83 Spouse
\$223.37 2+ Child
\$521.20 Sp & 2+child

GHC OPTIONS
\$330.77 Employee
\$305.95 Spouse
\$229.46 2+ Child
\$535.41 Sp & 2+child

GHC
\$316.44 Employee
\$291.62 Spouse
\$218.72 2+ Child
\$510.34 Sp & 2+child

Thurston County
MOST COUNTY EMPLOYEES

PACIFICARE		pc		pc			
EMPLOYEE	327.29		0.00	pc	327.29	0.00	pcadm 6.55
EMPLOYEE & SPOUSE	629.76	pc	27.47	pc	602.29	0.00	pcadm 12.05
EMPLOYEE, SPOUSE & CHILDREN	856.61	pc	254.32	pc	602.29	0.00	pcadm 12.05
EMPLOYEE & CHILDREN	554.14	pc	0.00	pc	554.14	48.15	pcadm 11.08
PREMERA FOUNDATIONS		bcf		bcf			
EMPLOYEE	353.65	bcf	22.88	bcf	330.77	0.00	bcfadm 6.62
EMPLOYEE & SPOUSE	682.48	bcf	76.71	bcf	605.77	0.00	bcfadm 12.12
EMPLOYEE, SPOUSE & CHILDREN	929.10	bcf	323.33	bcf	605.77	0.00	bcfadm 12.12
EMPLOYEE & CHILDREN	600.27	bcf	22.88	bcf	577.39	28.38	bcfadm 11.55
REGENCE CARE		rc3		rc3			
EMPLOYEE	340.68	rc	9.91	rc	330.77	0.00	rc3adm 6.62
EMPLOYEE & SPOUSE	656.54	rc	50.77	rc	605.77	0.00	rc3adm 12.12
EMPLOYEE, SPOUSE & CHILDREN	893.44	rc	287.67	rc	605.77	0.00	rc3adm 12.12
EMPLOYEE & CHILDREN	577.58	rc	9.91	rc	567.67	38.10	rc3adm 11.35
KAISER FOUNDATION		kf3		kf3			
EMPLOYEE	298.54	kf	0.00	kf	298.54	0.00	kf3adm 5.97
EMPLOYEE & SPOUSE	572.26	kf	0.00	kf	572.26	1.28	kf3adm 11.45
EMPLOYEE, SPOUSE & CHILDREN	777.55	kf	204.01	kf	573.54	0.00	kf3adm 11.47
EMPLOYEE & CHILDREN	503.83	kf	0.00	kf	503.83	69.71	kf3adm 10.08

PACIFICARE	
\$327.29	Employee
\$302.47	Spouse
\$226.85	2+ Child
\$529.32	Sp & 2+child

FOUNDATIONS	
\$353.65	Employee
\$328.83	Spouse
\$246.62	2+ Child
\$575.45	Sp & 2+child

REGENCE CARE	
\$340.68	Employee
\$315.86	Spouse
\$236.90	Children
\$552.76	Sp & 2+child

KAISER FHPofNW	
\$298.54	Employee
\$273.72	Spouse
\$205.29	Children
\$479.01	Sp & 2+child

Thurston County
MOST COUNTY EMPLOYEES

WASHINGTON DENTAL			wds		wds	
EMPLOYEE	38.53		0.00	wds	38.53	
EMPLOYEE & 1 DEPENDENT	74.31		0.00	wds	74.31	
EMPLOYEE & 2+ DEPENDENTS	114.52		0.00	wds	114.52	
EMPLOYEE & 1 DEPENDENT	74.31	wds	35.78	wds	38.53	
EMPLOYEE & 2+ DEPENDENTS	114.52	wds	75.99	wds	38.53	
EE & 1 DEPENDENT PB1 - 51.63	74.31		0.00	wds	74.31	15.85
EE & 1 DEPENDENT PB2 - 45.54	74.31		0.00	wds	74.31	9.76
EE & 1 DEPENDENT PB3 - 56.28	74.31		0.00	wds	74.31	20.50
EE & 1 DEPENDENT PB4 - 48.15	74.31		0.00	wds	74.31	12.37
EE & 1 DEPENDENT PB5 - 28.38	74.31	wds	7.40	wds	66.91	
EE & 1 DEPENDENT PB6 - 38.10	74.31		0.00	wds	74.31	2.32
EE & 1 DEPENDENT PB7 - 1.28	74.31	wds	34.50	wds	39.81	
EE & 1 DEPENDENT PB8 - 69.71	74.31		0.00	wds	74.31	33.93
EE & 2+ DEPENDENTS PB1 - 51.63	114.52	wds	24.36	wds	90.16	
EE & 2+ DEPENDENTS PB2 - 45.54	114.52	wds	30.45	wds	84.07	
EE & 2+ DEPENDENTS PB3 - 56.28	114.52	wds	19.71	wds	94.81	
EE & 2+ DEPENDENTS PB4 - 48.15	114.52	wds	27.84	wds	86.68	
EE & 2+ DEPENDENTS PB5 - 28.38	114.52	wds	47.61	wds	66.91	
EE & 2+ DEPENDENTS PB6 - 38.10	114.52	wds	76.42	wds	38.10	
EE & 2+ DEPENDENTS PB7 - 1.28	114.52	wds	74.71	wds	39.81	
EE & 2+ DEPENDENTS PB8 - 69.71	114.52	wds	6.28	wds	108.24	

WDS	
\$38.53	Employee
\$35.78	1 Depend
\$75.99	2+ Depend

Thurston County
MOST COUNTY EMPLOYEES

COLUMBIA DENTAL			cd		cd		
EMPLOYEE	36.32			0.00	cd	36.32	
EMPLOYEE & 1 DEPENDENT	59.01			0.00	cd	59.01	
EMPLOYEE & 2+ DEPENDENTS	111.77			0.00	cd	111.77	
EMPLOYEE & 1 DEPENDENT	59.01	cd		22.69	cd	36.32	
EMPLOYEE & 2+ DEPENDENTS	111.77	cd		75.45	cd	36.32	
EE & 1 DEPENDENT PB1 - 51.63	59.01			0.00	cd	59.01	28.94
EE & 1 DEPENDENT PB2 - 45.54	59.01			0.00	cd	59.01	22.85
EE & 1 DEPENDENT PB3 - 56.28	59.01			0.00	cd	59.01	33.59
EE & 1 DEPENDENT PB4 - 48.15	59.01			0.00	cd	59.01	25.46
EE & 1 DEPENDENT PB5 - 28.38	59.01			0.00	cd	59.01	5.69
EE & 1 DEPENDENT PB6 - 38.10	59.01			0.00	cd	59.01	15.41
EE & 1 DEPENDENT PB7 - 1.28	59.01	cd		21.41	cd	37.60	
EE & 1 DEPENDENT PB8 - 69.71	59.01			0.00	cd	59.01	47.02
EE & 2+ DEPENDENTS PB1 - 51.63	111.77	cd		23.82	cd	87.95	
EE & 2+ DEPENDENTS PB2 - 45.54	111.77	cd		29.91	cd	81.86	
EE & 2+ DEPENDENTS PB3 - 56.28	111.77	cd		19.17	cd	92.60	
EE & 2+ DEPENDENTS PB4 - 48.15	111.77	cd		27.30	cd	84.47	
EE & 2+ DEPENDENTS PB5 - 28.38	111.77	cd		47.07	cd	64.70	
EE & 2+ DEPENDENTS PB6 - 38.10	111.77	cd		37.35	cd	74.42	
EE & 2+ DEPENDENTS PB7 - 1.28	111.77	cd		87.80	cd	23.97	
EE & 2+ DEPENDENTS PB8 - 69.71	111.77	cd		5.74	cd	106.03	

COLUMBIA DENTAL	
\$36.32	Employee
\$22.69	1 Depend
\$75.45	2+ Depend

Thurston County
MOST COUNTY EMPLOYEES

VISION SERVICE PLAN			vsp		vsp	
EMPLOYEE	8.90			0.00	vsp	8.90
EMPLOYEE & 1+ DEPENDENTS	20.80			0.00	vsp	20.80
EMPLOYEE & 1+ DEPENDENTS	20.80	vsp		11.90	vsp	8.90
EE & 1+ DEPENDENTS PBW2 - 9.76	20.80	vsp		2.14	vsp	18.66
EE & 1+ DEPENDENTS PBW4 - 12.37	20.80	vsp		0.00	vsp	20.80
EE & 1+ DEPENDENTS PBW6 - 2.32	20.80	vsp		9.58	vsp	11.22
EE & 1+ DEPENDENTS PBC5 - 5.69	20.80	vsp		6.21	vsp	14.59
						0.47

VISION	
\$8.90	Employee
\$11.90	1+ Depend

CIGNA BASIC LIFE			lif		lif	
EMPLOYEE	6.84			0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	7.49			0.00	lif	7.49
EMPLOYEE & 1+ DEPENDENTS	7.49	lif		0.65	lif	6.84
EE & 1+ DEPENDENTS PB - 0.47	7.49	lif		0.18	lif	7.31

CIGNA	
\$6.84	Employee
\$0.65	1+ Depend

Chart 1 - Draft 12/13/02

Thurston County
ASFCME 618CO

MEDICAL RATES - 2003
CHART # 2
\$275 DEPENDENT
EFFECTIVE 1/01/2003

AFSCME 618CO

RATES
\$275.00 Dependent

	TOTAL PREMIUM	DEDUCTION		BENEFIT		REMAIN BENEFIT	ADMIN CODES	2% BENEFIT ADMIN
		CODE	AMOUNT	CODE	AMOUNT			
UNIFORM MEDICAL PLAN		ump		ump				
EMPLOYEE	322.65		0.00	ump	322.65	0.00	umpadm	6.45
EMPLOYEE & SPOUSE	620.48	ump	22.83	ump	597.65	0.00	umpadm	11.95
EMPLOYEE, SPOUSE & CHILDREN	843.85	ump	246.20	ump	597.65	0.00	umpadm	11.95
EMPLOYEE & CHILDREN	546.02	ump	0.00	ump	546.02	51.63	umpadm	10.92
GROUP HEALTH OPTIONS		gho		gho				
EMPLOYEE	330.77		0.00	gho	330.77	0.00	ghoadm	6.62
EMPLOYEE & SPOUSE	636.72	gho	30.95	gho	605.77	0.00	ghoadm	12.12
EMPLOYEE, SPOUSE & CHILDREN	866.18	gho	260.41	gho	605.77	0.00	ghoadm	12.12
EMPLOYEE & CHILDREN	560.23	gho	0.00	gho	560.23	45.54	ghoadm	11.20
GROUP HEALTH		ghc		ghc				
EMPLOYEE	316.44		0.00	ghc	316.44	0.00	ghcadm	6.33
EMPLOYEE & SPOUSE	608.06	ghc	16.62	ghc	591.44	0.00	ghcadm	11.83
EMPLOYEE, SPOUSE & CHILDREN	826.78	ghc	235.34	ghc	591.44	0.00	ghcadm	11.83
EMPLOYEE & CHILDREN	535.16	ghc	0.00	ghc	535.16	56.28	ghcadm	10.70

UMP
\$322.65 Employee
\$297.83 Spouse
\$223.37 2+ Child
\$521.20 Sp & 2+child

GHC OPTIONS
\$330.77 Employee
\$305.95 Spouse
\$229.46 2+ Child
\$535.41 Sp & 2+child

GHC
\$316.44 Employee
\$291.62 Spouse
\$218.72 2+ Child
\$510.34 Sp & 2+child

Thurston County
ASFCME 618CO

PACIFICARE		pc	pc	pc	pc	pcadm	pcadm
EMPLOYEE	327.29		0.00	pc	327.29	0.00	pcadm 6.55
EMPLOYEE & SPOUSE	629.76	pc	27.47	pc	602.29	0.00	pcadm 12.05
EMPLOYEE, SPOUSE & CHILDREN	856.61	pc	254.32	pc	602.29	0.00	pcadm 12.05
EMPLOYEE & CHILDREN	554.14	pc	0.00	pc	554.14	48.15	pcadm 11.08
PREMERA FOUNDATIONS		bcf	bcf	bcf	bcf	bcfadm	bcfadm
EMPLOYEE	353.65	bcf	22.88	bcf	330.77	0.00	bcfadm 6.62
EMPLOYEE & SPOUSE	682.48	bcf	76.71	bcf	605.77	0.00	bcfadm 12.12
EMPLOYEE, SPOUSE & CHILDREN	929.10	bcf	323.33	bcf	605.77	0.00	bcfadm 12.12
EMPLOYEE & CHILDREN	600.27	bcf	22.88	bcf	577.39	28.38	bcfadm 11.55

PACIFICARE	
\$327.29	Employee
\$302.47	Spouse
\$226.85	2+ Child
\$529.32	Sp & 2+child

FOUNDATIONS	
\$353.65	Employee
\$328.83	Spouse
\$246.62	2+ Child
\$575.45	Sp & 2+child

* Except AFSCME 618CO, Deputies, Corrections & Sheriff's Admin

WASHINGTON DENTAL		wds	wds	wds	wds
EMPLOYEE	38.53		0.00	wds	38.53
EMPLOYEE & 1 DEPENDENT	74.31		0.00	wds	74.31
EMPLOYEE & 2+ DEPENDENTS	114.52		0.00	wds	114.52
EMPLOYEE & 1 DEPENDENT	74.31	wds	35.78	wds	38.53
EMPLOYEE & 2+ DEPENDENTS	114.52	wds	75.99	wds	38.53
EE & 1 DEPENDENT PB5 - 28.38	74.31	wds	7.40	wds	66.91
EE & 2+ DEPENDENTS PB1 - 51.63	114.52	wds	24.36	wds	90.16
EE & 2+ DEPENDENTS PB2 - 45.54	114.52	wds	30.45	wds	84.07
EE & 2+ DEPENDENTS PB3 - 56.28	114.52	wds	19.71	wds	94.81
EE & 2+ DEPENDENTS PB4 - 48.15	114.52	wds	27.84	wds	86.68
EE & 2+ DEPENDENTS PB5 - 28.38	114.52	wds	47.61	wds	66.91

WDS	
\$38.53	Employee
\$35.78	1 Depend
\$75.99	2+ Depend

Thurston County:
Healthcare Premium Rates
For The Year 2003

Thurston County
ASFCME 618CO

COLUMBIA DENTAL		cd		cd	
EMPLOYEE	36.32		0.00	cd	36.32
EMPLOYEE & 1 DEPENDENT	59.01		0.00	cd	59.01
EMPLOYEE & 2+ DEPENDENTS	111.77		0.00	cd	111.77
EMPLOYEE & 1 DEPENDENT	59.01	cd	22.69	cd	36.32
EMPLOYEE & 2+ DEPENDENTS	111.77	cd	75.45	cd	36.32
EE & 2+ DEPENDENTS PB1 - 51.63	111.77	wds	23.82	wds	87.95
EE & 2+ DEPENDENTS PB2 - 45.54	111.77	wds	29.91	wds	81.86
EE & 2+ DEPENDENTS PB3 - 56.28	111.77	wds	19.17	wds	92.60
EE & 2+ DEPENDENTS PB4 - 48.15	111.77	wds	27.30	wds	84.47
EE & 2+ DEPENDENTS PB5 - 28.38	111.77	wds	47.07	wds	64.70

COLUMBIA DENTAL	
\$36.32	Employee
\$22.69	1 Depend
\$75.45	2+ Depend

VISION SERVICE PLAN		vsp		vsp	
EMPLOYEE	8.90		0.00	vsp	8.90
EMPLOYEE & 1+ DEPENDENTS	20.80		0.00	vsp	20.80
EMPLOYEE & 1+ DEPENDENTS	20.80	vsp	11.90	vsp	8.90

VISION	
\$8.90	Employee
\$11.90	1+ Depend

CIGNA BASIC LIFE		lif		lif	
EMPLOYEE	6.84		0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	6.84		0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	6.84	lif	0.65	lif	6.84
EE & 1+ DEPENDENTS PB - 0.18	6.84	lif	0.18	lif	7.31

CIGNA	
\$6.84	Employee
\$0.65	1+ Depend

**Thurston County
SHERIFF ADMIN & JUVENILE DET**

**MEDICAL RATES - 2003
CHART # 3**

**80% Dependent Benefit
EFFECTIVE 1/01/2003**

SHERIFF ADMIN & JUVENILE DET

RATES	80%
Dependent Benefit	

	TOTAL PREMIUM	DEDUCTION		BENEFIT		REMAIN BENEFIT	ADMIN CODES	2% BENEFIT ADMIN
		CODE	AMOUNT	CODE	AMOUNT			
UNIFORM MEDICAL PLAN		ump3		ump3				
EMPLOYEE	322.65		0.00	ump3	322.65	0.00	um3adm	6.45
EMPLOYEE & SPOUSE	620.48	ump3	59.57	ump3	560.91	0.00	um3adm	11.22
EMPLOYEE, SPOUSE & CHILDREN	843.85	ump3	104.24	ump3	739.61	0.00	um3adm	14.79
EMPLOYEE & CHILDREN	546.02	ump3	44.67	ump3	501.35	0.00	um3adm	10.03
GROUP HEALTH OPTIONS		gho3		gho3				
EMPLOYEE	330.77		0.00	gho3	330.77	0.00	go3adm	6.62
EMPLOYEE & SPOUSE	636.72	gho3	61.19	gho3	575.53	0.00	ghoadm	11.51
EMPLOYEE, SPOUSE & CHILDREN	866.18	gho3	107.08	gho3	759.10	0.00	ghoadm	15.18
EMPLOYEE & CHILDREN	560.23	gho3	45.89	gho3	514.34	0.00	ghoadm	10.29
GROUP HEALTH		ghc3		ghc3				
EMPLOYEE	316.44		0.00	ghc3	316.44	0.00	gh3adm	6.33
EMPLOYEE & SPOUSE	608.06	ghc3	58.32	ghc3	549.74	0.00	gh3adm	10.99
EMPLOYEE, SPOUSE & CHILDREN	826.78	ghc3	102.07	ghc3	724.71	0.00	gh3adm	14.49
EMPLOYEE & CHILDREN	535.16	ghc3	43.74	ghc3	491.42	0.00	gh3adm	9.83

UMP		
\$322.65	Employee	
\$297.83	Spouse	238.26
\$223.37	2+ Child	178.70
\$521.20	Sp & 2+child	416.96

GHC OPTIONS		
\$330.77	Employee	
\$305.95	Spouse	244.76
\$229.46	2+ Child	183.57
\$535.41	Sp & 2+child	428.33

GHC		
\$316.44	Employee	
\$291.62	Spouse	233.30
\$218.72	2+ Child	174.98
\$510.34	Sp & 2+child	408.27

Thurston County
SHERIFF ADMIN & JUVENILE DET

PACIFICARE		pc3		pc3				PACIFICARE		
EMPLOYEE	327.29		0.00	pc3	327.29	0.00	pc3adm	6.55	\$327.29 Employee	
EMPLOYEE & SPOUSE	629.76	pc3	60.49	pc3	569.27	0.00	pc3adm	11.39	\$302.47 Spouse	241.98
EMPLOYEE, SPOUSE & CHILDREN	856.61	pc3	105.86	pc3	750.75	0.00	pc3adm	15.01	\$226.85 2+ Child	181.48
EMPLOYEE & CHILDREN	554.14	pc3	45.37	pc3	508.77	0.00	pc3adm	10.18	\$529.32 Sp & 2+child	423.46
PREMERA FOUNDATIONS		bcf3		bcf3				FOUNDATIONS		
EMPLOYEE	353.65	bcf3	22.88	bcf3	330.77	0.00	bf3adm	6.62	\$353.65 Employee	
EMPLOYEE & SPOUSE	682.48	bcf3	88.65	bcf3	593.83	0.00	bf3adm	11.88	\$328.83 Spouse	263.06
EMPLOYEE, SPOUSE & CHILDREN	929.10	bcf3	137.97	bcf3	791.13	0.00	bf3adm	15.82	\$246.62 2+ Child	197.30
EMPLOYEE & CHILDREN	600.27	bcf3	72.20	bcf3	528.07	0.00	bf3adm	10.56	\$575.45 Sp & 2+child	460.36
REGENCE CARE		rc3		rc3				REGENCE CARE		
EMPLOYEE	340.68		9.91		330.77		rc3adm	6.62	\$340.68 Employee	
EMPLOYEE & SPOUSE	656.54		73.08		583.46		rc3adm	11.67	\$315.86 Spouse	252.69
EMPLOYEE, SPOUSE & CHILDREN	893.44		120.46		772.98		rc3adm	15.46	\$236.90 Children	189.52
EMPLOYEE & CHILDREN	577.58		57.29		520.29		rc3adm	10.41	\$552.76 Sp & 2+child	442.21
KAISER FOUNDATION		kf3		kf3				KAISER FHPofNW		
EMPLOYEE	298.54		0.00		298.54		kf3adm	5.97	\$298.54 Employee	
EMPLOYEE & SPOUSE	572.26		54.74		517.52		kf3adm	10.35	\$273.72 Spouse	218.98
EMPLOYEE, SPOUSE & CHILDREN	777.55		95.80		681.75		kf3adm	13.63	\$205.29 Children	164.23
EMPLOYEE & CHILDREN	503.83		41.06		462.77		kf3adm	9.26	\$479.01 Sp & 2+child	383.21

ATTACHMENT 10

**Thurston County
SHERIFF ADMIN & JUVENILE DET**

WASHINGTON DENTAL		wds		wds	
EMPLOYEE	38.53		0.00	wds3	38.53
EMPLOYEE & 1 DEPENDENT	74.31	wds3	7.16	wds3	67.15
EMPLOYEE & 2+ DEPENDENTS	114.52	wds3	15.20	wds3	99.32

WDS		
\$38.53	Employee	
\$35.78	1 Depend	28.62
\$75.99	2+ Depend	60.79

COLUMBIA DENTAL		cd		cd	
EMPLOYEE	36.32		0.00	cd3	36.32
EMPLOYEE & 1 DEPENDENT	59.01	cd3	4.54	cd3	54.47
EMPLOYEE & 2+ DEPENDENTS	111.77	cd3	15.09	cd3	96.68

COLUMBIA DENTAL		
\$36.32	Employee	
\$22.69	1 Depend	18.15
\$75.45	2+ Depend	60.36

VISION SERVICE PLAN		vsp		vsp	
EMPLOYEE	8.90		0.00	vsp3	8.90
EMPLOYEE & 1+ DEPENDENTS	20.80	vsp3	2.38	vsp3	18.42

VISION		
\$8.90	Employee	
\$11.90	1+ Depend	9.52

CIGNA BASIC LIFE		lif		lif	
EMPLOYEE	6.84		0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	7.49	lif	0.65	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	7.49	lifjuv	0.13	lifjuv	7.36

CIGNA		
\$6.84	Employee	
\$0.65	1+ Depend	0.52

Chart 3 - Draft 12/20/02

Thurston County
CORRECTIONS

**MEDICAL RATES - 2003
CHART # 4
100% Dependent Benefit
EFFECTIVE 1/01/2003**

CORRECTIONS

RATES	100%
	Dependent Benefit

	TOTAL PREMIUM	DEDUCTION		BENEFIT		REMAIN BENEFIT	ADMIN CODES	2% BENEFIT ADMIN
		CODE	AMOUNT	CODE	AMOUNT			
UNIFORM MEDICAL PLAN		ump4		ump4				
EMPLOYEE	322.65		0.00	ump4	322.65	0.00	um4adm	6.45
EMPLOYEE & SPOUSE	620.48		0.00	ump4	620.48	0.00	um4adm	12.41
EMPLOYEE, SPOUSE & CHILDREN	843.85		0.00	ump4	843.85	0.00	um4adm	16.88
EMPLOYEE & CHILDREN	546.02		0.00	ump4	546.02	0.00	um4adm	10.92
GROUP HEALTH OPTIONS		gho4		gho4				
EMPLOYEE	330.77		0.00	gho4	330.77	0.00	go4adm	6.62
EMPLOYEE & SPOUSE	636.72		0.00	gho4	636.72	0.00	go4adm	12.73
EMPLOYEE, SPOUSE & CHILDREN	866.18		0.00	gho4	866.18	0.00	go4adm	17.32
EMPLOYEE & CHILDREN	560.23		0.00	gho4	560.23	0.00	go4adm	11.20
GROUP HEALTH		ghc4		ghc4				
EMPLOYEE	316.44		0.00	ghc4	316.44	0.00	gh4adm	6.33
EMPLOYEE & SPOUSE	608.06		0.00	ghc4	608.06	0.00	gh4adm	12.16
EMPLOYEE, SPOUSE & CHILDREN	826.78		0.00	ghc4	826.78	0.00	gh4adm	16.54
EMPLOYEE & CHILDREN	535.16		0.00	ghc4	535.16	0.00	gh4adm	10.70

UMP
\$322.65 Employee
\$297.83 Spouse
\$223.37 2+ Child
\$521.20 Sp & 2+child

GHC OPTIONS
\$330.77 Employee
\$305.95 Spouse
\$229.46 2+ Child
\$535.41 Sp & 2+child

GHC
\$316.44 Employee
\$291.62 Spouse
\$218.72 2+ Child
\$510.34 Sp & 2+child

Thurston County
CORRECTIONS

PACIFICARE		pc4		pc4					PACIFICARE
EMPLOYEE	327.29		0.00	pc4	327.29	0.00	pc4adm	6.55	\$327.29 Employee
EMPLOYEE & SPOUSE	629.76		0.00	pc4	629.76	0.00	pc4adm	12.60	\$302.47 Spouse
EMPLOYEE, SPOUSE & CHILDREN	856.61		0.00	pc4	856.61	0.00	pc4adm	17.13	\$226.85 2+ Child
EMPLOYEE & CHILDREN	554.14		0.00	pc4	554.14	0.00	pc4adm	11.08	\$529.32 Sp & 2+child
PREMERA FOUNDATIONS		bcf4		bcf4					FOUNDATIONS
EMPLOYEE	353.65		0.00	bcf4	353.65	0.00	bf4adm	7.07	\$353.65 Employee
EMPLOYEE & SPOUSE	682.48		0.00	bcf4	682.48	0.00	bf4adm	13.65	\$328.83 Spouse
EMPLOYEE, SPOUSE & CHILDREN	929.10		0.00	bcf4	929.10	0.00	bf4adm	18.58	\$246.62 2+ Child
EMPLOYEE & CHILDREN	600.27		0.00	bcf4	600.27	0.00	bf4adm	12.01	\$575.45 Sp & 2+child
REGENCE CARE		rc4		rc4					REGENCE CARE
EMPLOYEE	340.68		0.00	rc4	340.68		rc4adm	6.81	\$340.68 Employee
EMPLOYEE & SPOUSE	656.54		0.00	rc4	656.54		rc4adm	13.13	\$315.86 Spouse
EMPLOYEE, SPOUSE & CHILDREN	893.44		0.00	rc4	893.44		rc4adm	17.87	\$236.90 Children
EMPLOYEE & CHILDREN	577.58		0.00	rc4	577.58		rc4adm	11.55	\$552.76 Sp & 2+child
KAISER FOUNDATION		kf4		kf4					KAISER FHPofNW
EMPLOYEE	298.54		0.00	kf4	298.54		kf4adm	5.97	\$298.54 Employee
EMPLOYEE & SPOUSE	572.26		0.00	kf4	572.26		kf4adm	11.45	\$273.72 Spouse
EMPLOYEE, SPOUSE & CHILDREN	777.55		0.00	kf4	777.55		kf4adm	15.55	\$205.29 Children
EMPLOYEE & CHILDREN	503.83		0.00	kf4	503.83		kf4adm	10.08	\$479.01 Sp & 2+child

**Thurston County
CORRECTIONS**

WASHINGTON DENTAL		wds4		wds4	
EMPLOYEE	38.53		0.00	wds4	38.53
EMPLOYEE & 1 DEPENDENT	74.31		0.00	wds4	74.31
EMPLOYEE & 2+ DEPENDENTS	114.52		0.00	wds4	114.52

WDS
\$38.53 Employee
\$35.78 1 Depend
\$75.99 2+ Depend

COLUMBIA DENTAL		cd4		cd4	
EMPLOYEE	36.32		0.00	cd4	36.32
EMPLOYEE & 1 DEPENDENT	59.01		0.00	cd4	59.01
EMPLOYEE & 2+ DEPENDENTS	111.77		0.00	cd4	111.77

COLUMBIA DENTAL
\$36.32 Employee
\$22.69 1 Depend
\$75.45 2+ Depend

VISION SERVICE PLAN		vsp4		vsp4	
EMPLOYEE	8.90		0.00	vsp4	8.90
EMPLOYEE & 1+ DEPENDENTS	20.80		0.00	vsp4	20.80

VISION
\$8.90 Employee
\$11.90 1+ Depend

CIGNA BASIC LIFE		lif		lif	
EMPLOYEE	6.84		0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	7.49	lif	0.65	lif	6.84

CIGNA
\$6.84 Employee
\$0.65 1+ Depend

Chart 4 - Draft 12/20/02

Thurston County
DEPUTY

**MEDICAL RATES - 2003
CHART # 5
100% Dependent Benefit
EFFECTIVE 1/01/2003**

DEPUTY

RATES	100%
	Dependent Benefit

	TOTAL PREMIUM	DEDUCTION		BENEFIT		REMAIN BENEFIT	ADMIN CODES	2% BENEFIT ADMIN
		CODE	AMOUNT	CODE	AMOUNT			
UNIFORM MEDICAL PLAN		ump5		ump5				
EMPLOYEE	322.65		0.00	ump5	322.65	0.00	um5adm	6.45
EMPLOYEE & SPOUSE	620.48		0.00	ump5	620.48	0.00	um5adm	12.41
EMPLOYEE, SPOUSE & CHILDREN	843.85		0.00	ump5	843.85	0.00	um5adm	16.88
EMPLOYEE & CHILDREN	546.02		0.00	ump5	546.02	0.00	um5adm	10.92
GROUP HEALTH OPTIONS		gho5		gho5				
EMPLOYEE	330.77		0.00	gho5	330.77	0.00	go5adm	6.62
EMPLOYEE & SPOUSE	636.72		0.00	gho5	636.72	0.00	go5adm	12.73
EMPLOYEE, SPOUSE & CHILDREN	866.18		0.00	gho5	866.18	0.00	go5adm	17.32
EMPLOYEE & CHILDREN	560.23		0.00	gho5	560.23	0.00	go5adm	11.20
GROUP HEALTH		ghc5		ghc5				
EMPLOYEE	316.44		0.00	ghc5	316.44	0.00	gh5adm	6.33
EMPLOYEE & SPOUSE	608.06		0.00	ghc5	608.06	0.00	gh5adm	12.16
EMPLOYEE, SPOUSE & CHILDREN	826.78		0.00	ghc5	826.78	0.00	gh5adm	16.54
EMPLOYEE & CHILDREN	535.16		0.00	ghc5	535.16	0.00	gh5adm	10.70

UMP
\$322.65 Employee
\$297.83 Spouse
\$223.37 2+ Child
\$521.20 Sp & 2+child

GHC OPTIONS
\$330.77 Employee
\$305.95 Spouse
\$229.46 2+ Child
\$535.41 Sp & 2+child

GHC
\$316.44 Employee
\$291.62 Spouse
\$218.72 2+ Child
\$510.34 Sp & 2+child

Thurston County
DEPUTY

PACIFICARE		pc5		pc5					PACIFICARE
EMPLOYEE	327.29		0.00	pc5	327.29	0.00	pc5adm	6.55	\$327.29 Employee
EMPLOYEE & SPOUSE	629.76		0.00	pc5	629.76	0.00	pc5adm	12.60	\$302.47 Spouse
EMPLOYEE, SPOUSE & CHILDREN	856.61		0.00	pc5	856.61	0.00	pc5adm	17.13	\$226.85 2+ Child
EMPLOYEE & CHILDREN	554.14		0.00	pc5	554.14	0.00	pc5adm	11.08	\$529.32 Sp & 2+child
PREMERA FOUNDATIONS		bcf5		bcf5					FOUNDATIONS
EMPLOYEE	353.65		0.00	bcf5	353.65	0.00	bf5adm	7.07	\$353.65 Employee
EMPLOYEE & SPOUSE	682.48		0.00	bcf5	682.48	0.00	bf5adm	13.65	\$328.83 Spouse
EMPLOYEE, SPOUSE & CHILDREN	929.10		0.00	bcf5	929.10	0.00	bf5adm	18.58	\$246.62 2+ Child
EMPLOYEE & CHILDREN	600.27		0.00	bcf5	600.27	0.00	bf5adm	12.01	\$575.45 Sp & 2+child
REGENCE CARE		rc5		rc5					REGENCE CARE
EMPLOYEE	340.68		0.00	rc5	340.68		rc5adm	6.81	\$340.68 Employee
EMPLOYEE & SPOUSE	656.54		0.00	rc5	656.54		rc5adm	13.13	\$315.86 Spouse
EMPLOYEE, SPOUSE & CHILDREN	893.44		0.00	rc5	893.44		rc5adm	17.87	\$236.90 Children
EMPLOYEE & CHILDREN	577.58		0.00	rc5	577.58		rc5adm	11.55	\$552.76 Sp & 2+child
KAISER FOUNDATION		kf5		kf5					KAISER FHPofNW
EMPLOYEE	298.54		0.00	kf5	298.54		kf5adm	5.97	\$298.54 Employee
EMPLOYEE & SPOUSE	572.26		0.00	kf5	572.26		kf5adm	11.45	\$273.72 Spouse
EMPLOYEE, SPOUSE & CHILDREN	777.55		0.00	kf5	777.55		kf5adm	15.55	\$205.29 Children
EMPLOYEE & CHILDREN	503.83		0.00	kf5	503.83		kf5adm	10.08	\$479.01 Sp & 2+child

**Thurston County
DEPUTY**

WASHINGTON DENTAL		wds5		wds5	
EMPLOYEE	38.53		0.00	wds5	38.53
EMPLOYEE & 1 DEPENDENT	74.31		0.00	wds5	74.31
EMPLOYEE & 2+ DEPENDENTS	114.52		0.00	wds5	114.52

WDS
\$38.53 Employee
\$35.78 1 Depend
\$75.99 2+ Depend

COLUMBIA DENTAL		cd5		cd5	
EMPLOYEE	36.32		0.00	cd5	36.32
EMPLOYEE & 1 DEPENDENT	59.01		0.00	cd5	59.01
EMPLOYEE & 2+ DEPENDENTS	111.77		0.00	cd5	111.77

COLUMBIA DENTAL
\$36.32 Employee
\$22.69 1 Depend
\$75.45 2+ Depend

VISION SERVICE PLAN		vsp5		vsp4	
EMPLOYEE	8.90		0.00	vsp5	8.90
EMPLOYEE & 1+ DEPENDENTS	20.80		0.00	vsp5	20.80

VISION
\$8.90 Employee
\$11.90 1+ Depend

CIGNA BASIC LIFE		lif		lif	
EMPLOYEE	6.84		0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	7.49	lif	0.65	lif	6.84

CIGNA
\$6.84 Employee
\$0.65 1+ Depend

Chart 5 - Draft 12/20/02

Thurston County
ACTIVE LEOFF1

MEDICAL RATES - 2003
CHART # 6
100% Dependent Benefit
EFFECTIVE 1/01/2003

ACTIVE LEOFF1

RATES	100%
	Dependent Benefit

	TOTAL PREMIUM	DEDUCTION		BENEFIT		REMAIN BENEFIT	ADMIN CODES	2% BENEFIT ADMIN
		CODE	AMOUNT	CODE	AMOUNT			
UNIFORM MEDICAL PLAN		ump6		ump6				
EMPLOYEE	322.65		0.00	ump6	322.65	0.00	um6adm	6.45
EMPLOYEE & SPOUSE	620.48		0.00	ump6	620.48	0.00	um6adm	12.41
EMPLOYEE, SPOUSE & CHILDREN	843.85		0.00	ump6	843.85	0.00	um6adm	16.88
EMPLOYEE & CHILDREN	546.02		0.00	ump6	546.02	0.00	um6adm	10.92
GROUP HEALTH OPTIONS		gho6		gho6				
EMPLOYEE	330.77		0.00	gho6	330.77	0.00	go6adm	6.62
EMPLOYEE & SPOUSE	636.72		0.00	gho6	636.72	0.00	go6adm	12.73
EMPLOYEE, SPOUSE & CHILDREN	866.18		0.00	gho6	866.18	0.00	go6adm	17.32
EMPLOYEE & CHILDREN	560.23		0.00	gho6	560.23	0.00	go6adm	11.20
GROUP HEALTH		ghc6		ghc6				
EMPLOYEE	316.44		0.00	ghc6	316.44	0.00	gh6adm	6.33
EMPLOYEE & SPOUSE	608.06		0.00	ghc6	608.06	0.00	gh6adm	12.16
EMPLOYEE, SPOUSE & CHILDREN	826.78		0.00	ghc6	826.78	0.00	gh6adm	16.54
EMPLOYEE & CHILDREN	535.16		0.00	ghc6	535.16	0.00	gh6adm	10.70

UMP
\$322.65 Employee
\$297.83 Spouse
\$223.37 2+ Child
\$521.20 Sp & 2+child

GHC OPTIONS
\$330.77 Employee
\$305.95 Spouse
\$229.46 2+ Child
\$535.41 Sp & 2+child

GHC
\$316.44 Employee
\$291.62 Spouse
\$218.72 2+ Child
\$510.34 Sp & 2+child

Thurston County
ACTIVE LEOFF1

PACIFICARE		pc6		pc6			
EMPLOYEE	327.29		0.00	pc6	327.29	0.00	pc6adm 6.55
EMPLOYEE & SPOUSE	629.76		0.00	pc6	629.76	0.00	pc6adm 12.60
EMPLOYEE, SPOUSE & CHILDREN	856.61		0.00	pc6	856.61	0.00	pc6adm 17.13
EMPLOYEE & CHILDREN	554.14		0.00	pc6	554.14	0.00	pc6adm 11.08
PREMERA FOUNDATIONS		bcf6		bcf6			
EMPLOYEE	353.65		0.00	bcf6	353.65	0.00	bf6adm 7.07
EMPLOYEE & SPOUSE	682.48		0.00	bcf6	682.48	0.00	bf6adm 13.65
EMPLOYEE, SPOUSE & CHILDREN	929.10		0.00	bcf6	929.10	0.00	bf6adm 18.58
EMPLOYEE & CHILDREN	600.27		0.00	bcf6	600.27	0.00	bf6adm 12.01
REGENCE CARE		rc6		rc6			
EMPLOYEE	340.68		0.00	rc6	340.68		rc6adm 6.81
EMPLOYEE & SPOUSE	656.54		0.00	rc6	656.54		rc6adm 13.13
EMPLOYEE, SPOUSE & CHILDREN	893.44		0.00	rc6	893.44		rc6adm 17.87
EMPLOYEE & CHILDREN	577.58		0.00	rc6	577.58		rc6adm 11.55
KAISER FOUNDATION		kf6		kf6			
EMPLOYEE	298.54		0.00	kf6	298.54		kf6adm 5.97
EMPLOYEE & SPOUSE	572.26		0.00	kf6	572.26		kf6adm 11.45
EMPLOYEE, SPOUSE & CHILDREN	777.55		0.00	kf6	777.55		kf6adm 15.55
EMPLOYEE & CHILDREN	503.83		0.00	kf6	503.83		kf6adm 10.08

PACIFICARE	
\$327.29	Employee
\$302.47	Spouse
\$226.85	2+ Child
\$529.32	Sp & 2+child

FOUNDATIONS	
\$353.65	Employee
\$328.83	Spouse
\$246.62	2+ Child
\$575.45	Sp & 2+child

REGENCE CARE	
\$340.68	Employee
\$315.86	Spouse
\$236.90	Children
\$552.76	Sp & 2+child

KAISER FHPofNW	
\$298.54	Employee
\$273.72	Spouse
\$205.29	Children
\$479.01	Sp & 2+child

**Thurston County
ACTIVE LEOFF1**

WASHINGTON DENTAL		wds6		wds6	
EMPLOYEE	38.53		0.00	wds6	38.53
EMPLOYEE & 1 DEPENDENT	74.31		0.00	wds6	74.31
EMPLOYEE & 2+ DEPENDENTS	114.52		0.00	wds6	114.52

WDS
\$38.53 Employee
\$35.78 1 Depend
\$75.99 2+ Depend

COLUMBIA DENTAL		cd6		cd6	
EMPLOYEE	36.32		0.00	cd6	36.32
EMPLOYEE & 1 DEPENDENT	59.01		0.00	cd6	59.01
EMPLOYEE & 2+ DEPENDENTS	111.77		0.00	cd6	111.77

COLUMBIA DENTAL
\$36.32 Employee
\$22.69 1 Depend
\$75.45 2+ Depend

VISION SERVICE PLAN		vsp6		vsp6	
EMPLOYEE	8.90		0.00	vsp6	8.90
EMPLOYEE & 1+ DEPENDENTS	20.80		0.00	vsp6	20.80

VISION
\$8.90 Employee
\$11.90 1+ Depend

CIGNA BASIC LIFE		lif		lif	
EMPLOYEE	6.84		0.00	lif	6.84
EMPLOYEE & 1+ DEPENDENTS	7.49	lif	0.65	lif	6.84

CIGNA
\$6.84 Employee
\$0.65 1+ Depend

Chart 6 - Draft 12/20/02

Clark County

2003 ACTIVE Premium Rates for full-time employees without Commissions included						
MOU GROUPS						
	HMO of Oregon	KAISER	PPO 75/50	Kaiser Dental	WDS Dental	
SINGLE						
Ee	-	-	-			
Er	285.68	237.24	349.20	110.04	91.24	
Total	285.68	237.24	349.20	110.04	91.24	
TWO PARTY						
Ee	-	-	-			
Er	572.55	474.48	698.31			
Total	572.55	474.48	698.31			
FAMILY						
Ee	-	-	-			
Er	806.95	711.72	982.74			
Total	806.95	711.72	982.74			

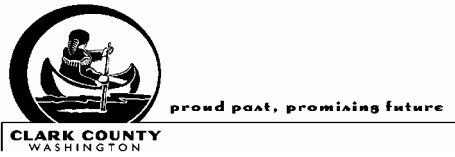
COMPOSITE RATES FOR DENTAL



Clark County
2003 Monthly Premiums

	Regence HMO of Oregon	Kaiser Permanente	Regence PPO 75/50	Kaiser Dental	WDS Dental
Single Coverage	285.68	237.24	349.20	Composite Rate 110.04	Composite Rate 91.24
Two-Party Coverage	572.55	474.48	698.31		
Family Coverage	806.95	711.72	982.74		

ATTACHMENT 11



**Clark County
Juvenile Detention Guild
2003 Employee Contributions
Per Pay Period**

	Regence HMO of Oregon	Kaiser Permanente	Regence PPO 75/50
SINGLE COVERAGE	7.14	-	8.73
TWO PARTY COVERAGE	14.31	-	17.46
FAMILY COVERAGE	20.17	-	24.57

Clark County

**2003 ACTIVE Premium Rates for full-time employees without Commissions included
MOU GROUPS**

	HMO of Oregon	KAISER	PPO 75/50	Kaiser Dental	WDS Dental
SINGLE					
Ee	-	-	-		
Er	285.68	237.24	349.20	110.04	91.24
Total	285.68	237.24	349.20	110.04	91.24
TWO PARTY					
Ee	-	-	-		
Er	572.55	474.48	698.31		
Total	572.55	474.48	698.31		
FAMILY					
Ee	-	-	-		
Er	806.95	711.72	982.74		
Total	806.95	711.72	982.74		

**COMPOSITE
RATES
FOR DENTAL**

Clark County
2003 ACTIVE Premium Rates for full-time employees without Commissions included

MOU GROUPS				
HMO of Oregon	KAISER	PPO 75/50	KAISER DENTAL	WDS

SINGLE					Composite	
	Er	285.68	237.24	349.20	49.67	42.48
	Admin	5.71	4.74	6.98	0.99	0.85
	Total	291.39	241.98	356.18	50.66	43.33
TWO PARTY						
	Er	572.55	474.48	698.31	99.34	80.11
	Admin	11.45	9.49	13.97	1.99	1.60
	Total	584.00	483.97	712.28	101.33	81.71
FAMILY						
	Er	806.95	711.72	982.74	149.01	123.98
	Admin	16.14	14.23	19.65	2.98	2.48
	Total	823.09	725.95	1,002.39	151.99	126.46

DEPUTY SHERIFF'S (Revised as of June 25, 2003)				
HMO of Oregon	KAISER	PPO 80/60	KAISER DENTAL	WDS

SINGLE						
	Ee	285.68	238.38	358.82	49.67	42.48
	Admin	5.71	4.77	7.18	0.99	0.85
	Total	291.39	243.15	366.00	50.66	43.33
TWO PARTY						
	Ee	572.55	476.76	717.61	99.34	80.11
	Admin	11.45	9.54	14.35	1.99	1.60
	Total	584.00	486.30	731.96	101.33	81.71
FAMILY						
	Ee	806.95	715.14	1,009.97	149.01	123.98
	Admin	16.14	14.30	20.20	2.98	2.48
	Total	823.09	729.44	1,030.17	151.99	126.46

CUSTODY OFFICERS				
HMO of Oregon	KAISER	PPO 80/60	KAISER DENTAL	WDS

SINGLE						
	Er	298.83	244.60	375.36	56.97	42.48
	Admin	5.98	4.89	7.51	1.14	0.85
	Total	304.81	249.49	382.87	58.11	43.33
TWO PARTY						
	Er	598.99	489.20	751.00	113.95	80.11
	Admin	11.98	9.78	15.02	2.28	1.60
	Total	610.97	498.98	766.02	116.23	81.71
FAMILY						
	Er	843.89	733.80	1,057.12	170.81	123.98
	Admin	16.88	14.68	21.14	3.42	2.48
	Total	860.77	748.48	1,078.26	174.23	126.46



Clark County
2003 Monthly COBRA Premiums

	Regence HMO of Oregon	Kaiser Permanente	Regence PPO 75/50	Kaiser Dental	WDS Dental	Providence EAP
Single Coverage	291.39	241.98	356.18	50.66	43.33	2.47
Two-Party Coverage	584.00	483.97	712.28	101.33	81.71	2.47
Family Coverage	823.09	725.95	1,002.39	151.99	126.46	2.47



Clark County
2003 Monthly COBRA Premiums
Deputy Sheriff's Guild (Revised as of June 25, 2003)

	Regence HMO of Oregon	Kaiser Permanente	Regence PPO 80/60	Kaiser Dental	WDS Dental	Providence EAP
Single Coverage	291.39	243.15	366.00	50.66	43.33	2.47
Two-Party Coverage	584.00	486.30	731.96	101.33	81.71	2.47
Family Coverage	823.09	729.44	1,030.17	151.99	126.46	2.47



Clark County
2003 Monthly COBRA Premiums
Custody Officer's Guild

	Regence HMO of Oregon	Kaiser Permanente	Regence PPO 80/60	Kaiser Dental	WDS Dental	Providence EAP
Single Coverage	304.81	249.49	382.87	58.11	43.33	2.47
Two-Party Coverage	610.97	508.96	766.02	116.23	81.71	2.47
Family Coverage	860.77	748.48	1,078.26	174.23	126.46	2.47

Clark County

**2003 ACTIVE Premium Rates for full-time employees without Commissions included
Deputy Sheriff (Revised as of June 25, 2003)**

	<u>HMO of Oregon</u>	<u>KAISER</u>	<u>PPO 80/60</u>	<u>Kaiser Dental</u>	<u>WDS Dental</u>
SINGLE					
Ee	-	-	-		
Er	285.68	238.38	358.82	110.04	91.24
Total	285.68	238.38	358.82	110.04	91.24
TWO PARTY					
Ee	-	-	-		
Er	572.55	476.76	717.61		
Total	572.55	476.76	717.61		
FAMILY					
Ee	-	-	-		
Er	806.95	715.14	1,009.97		
Total	806.95	715.14	1,009.97		

**COMPOSITE
RATES
FOR DENTAL**

Clark County

**2003 ACTIVE Premium Rates for full-time employees without Commissions included
Custody Officers**

	HMO of Oregon	KAISER	PPO 80/60	Kaiser Dental	WDS Dental
SINGLE					
Ee	-	-	-		
Er	298.83	244.60	375.36	126.22	91.24
Total	298.83	244.60	375.36	126.22	91.24
TWO PARTY					
Ee	-	-	-		
Er	598.99	489.20	751.00		
Total	598.99	489.20	751.00		
FAMILY					
Ee	-	-	-		
Er	843.89	733.80	1,057.12		
Total	843.89	733.80	1,057.12		

Clark County

2003 RATES without COMMISSIONS

LEOFF 1 RETIREES Retiree and Spouse Under Age 65				LEOFF 1 RETIREES Retiree over age 65 with Spouse under age 65				LEOFF 1 RETIREES Retiree over age 65 with Spouse over age 65			
HMO of Oregon Kaiser PPO				HMO of Oregon Kaiser PPO				HMO of Oregon Kaiser PPO			
SINGLE				SINGLE				SINGLE			
Ee	-	-	-	Ee	-	-	-	Ee	-	-	-
Er	285.68	237.24	358.82	Er	242.27	175.39	302.85	Er	242.27	175.39	302.85
Total	285.68	237.24	358.82	Total	242.27	175.39	302.85	Total	242.27	175.39	302.85
TWO PARTY				TWO PARTY				TWO PARTY			
Ee	286.87	237.24	358.79	Ee	287.21	175.39	358.89	Ee	263.26	175.39	331.26
Er	285.68	237.24	358.82	Er	242.27	175.39	302.85	Er	242.27	175.39	302.85
Total	572.55	474.48	717.61	Total	529.48	350.78	661.74	Total	505.53	350.78	634.11
FAMILY				FAMILY				FAMILY			
Ee	521.27	474.48	651.15	Ee	521.75	-	650.45	Ee	497.80		622.72
Er	285.68	237.24	358.82	Er	242.27	-	302.85	Er	242.27	NA	302.85
Total	806.95	711.72	1,009.97	Total	764.02	-	953.30	Total	740.07		925.57



Report Evaluation

Our primary goal at the Performance Audit Division is to assist and advise County Management in achieving efficient, open and full accountability to the citizens of Snohomish County. Our mission is to provide County management with information that is accurate and unbiased. We strive to provide County management with recommendations, which will best serve them and County citizens in efficient use of our limited public resources.

Your feedback will enable us to facilitate your needs while improving our reporting process and structure. Please take a few minutes to complete the following:

Project Title: **Healthcare Review** Your Name (optional): _____

File Code: **FCS05-HEALTHCARE-2003** Telephone Number (optional): _____

Please rate this report:

Too Little Just Right Too Much

Background Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any suggestion you may have on the following areas:

Report Format: _____

Additional Areas for Review: _____

Other Comments: _____

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Call us at: (425) 388-3006 (Martin T. Standel – Performance Auditor)
E-mail: martin.t.standel@co.snohomish.wa.us
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