

## **BOARD OF DIRECTORS**

STEVE BRANDAU

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

## Exhibit B

## **County of Tulare**

## Plan Year 2024 Rates

County of Tulare Rates to be remitted to SJVIA	Monthly Rates Effective January 1, 2024			
	EE	ES	EC	FA
Anthem \$0	\$1,018.11	\$2,035.13	\$1,857.77	\$3,085.45
Anthem \$500	\$766.66	\$1,534.06	\$1,405.03	\$2,419.60
Anthem \$750	\$673.44	\$1,345.93	\$1,234.98	\$2,051.76
Anthem \$2,500	\$638.26	\$1,275.52	\$1,170.37	\$1,944.46
Kaiser HMO	\$1,134.04	\$2,257.75	\$2,044.24	\$3,381.48
Kaiser DHMO	\$872.00	\$1,733.68	\$1,569.96	\$2,595.37
KPSA -Medicare Senior Advantage	\$294.83	\$579.34		
Delta Dental PPO	\$40.30	\$69.87	\$79.17	\$117.53
Delta Dental DHMO	\$27.38	\$47.51	\$47.83	\$68.95
VSP Vision	\$5.02	\$8.47	\$8.96	\$13.36

For purposes of this Exhibit, the term

"EE" means "Employee Only" coverage;

"ES" means "Employee + Spouse" coverage;

"EC" means "Employee + Child(ren)" coverage; and

"FA" means "Employee + Family" coverage.