

Important Information About Your Benefit Options and Enrolling in Coverage

The County of Sonoma offers retired employees and their eligible dependents access to comprehensive health care benefits, designed to meet our retirees' diverse health care needs and budgets.

The purpose of this booklet is to help you make informed decisions about your benefits during the 2010 annual enrollment period. It highlights your options and key program features to consider when you enroll. It also includes your premium costs for 2010/2011.

We encourage you to review this booklet carefully so that you can make the best choices possible for yourself and your family. You can also seek additional information from the resources listed at the back of this booklet.

LEARN MORE...

Representatives from the County's Human Resources Department, Anthem Blue Cross, Kaiser Permanente, UnitedHealthcare, Delta Dental, CVS/Caremark, and CareCounsel will be on hand to explain what you can do during annual enrollment and describe the benefits available

to you for the coming plan year. If you are thinking about changing your benefits during annual enrollment, we encourage you to attend an education session — it's your opportunity to learn more about the plans and ask questions specific to your situation.

2010 Benefits and Enrollment Education Sessions

Date/Time	Location	Address
Thursday March 25 & Wednesday April 7 11:30 a.m.-1:00 p.m.	Santa Rosa Veterans Memorial Bldg. Large Auditorium	1351 Maple Ave.
Monday April 12 11:30 a.m.-1:00 p.m.	Board Chambers	575 Administration Dr. Ste. 100

Representatives will be available 30 minutes before and after each meeting to answer questions.

The information provided in this enrollment booklet provides a summary of your benefits under the County-offered health plans. You should carefully review each plan's Summary Plan Description (SPD) or Evidence of Coverage (EOC) booklet for more details on these benefits. In the case of conflict between the information presented in this booklet and the plan's SPD/EOC booklets, the plan's booklets determine the coverage. The booklets are available through the County's web site at: http://www.sonoma-county.org/employees/retiree_benefits.htm

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What's New for 2010/2011

County Health Plans Renamed

We are changing the names of the County Health Plans to reflect their basic plan design. The County Health Value Plus Plan (CHVPP #2), will now be called the CHP PPO, since the basic plan design is a PPO. A PPO plan allows you to obtain services within a Preferred Provider Organization (PPO) network where you pay a smaller share of the cost, or outside of the PPO network where you pay a larger share of the cost. This is a name change only, not a plan design change. As described below, the County Health Value Plan is now called the CHP EPO.

County Health Value Plan is now an EPO

The basic plan design of the County Health Value Plan is changing from a PPO to an Exclusive Provider Organization (EPO). An EPO plan uses the same in-network physicians and hospitals as a PPO, but does not have out of network benefits, so like an HMO you have to use an in-network provider to receive benefits. In addition to this change, co-payments for most services and prescriptions have increased. Refer to the Medical Plan Comparison Chart in this booklet for more information.

PacifiCare is now UnitedHealthcare (UHC)

UHC purchased PacifiCare in 2008 and is changing the name on their products. The County's existing PacifiCare HMO will transition to the UnitedHealthcare name over the next year. We are changing the name to PacifiCare HMO now so members have a head start.

High Deductible Health Plan from UnitedHealthcare added

A High Deductible Health Plan (HDHP) requires that the participant pay a larger deductible for most services before any amount is covered. Only preventive care is not subject to the deductible. The plan the County is adding will pay 100% of most services in-network once the deductible is met. For families the entire family deductible must be met before services are covered, even if all the services are obtained by one member.

Mental Health Parity for all medical plans

New federal regulations require that all fully insured group medical plans that cover mental health and substance abuse, cover them with no more restrictions than other medical care. Although the new regulations do not require self funded plans (the County Health Plans are self funded) to meet these standards, the County has adopted mental health parity for all plans offered. See the comparison charts in this booklet.

AARP UnitedHealthcare Enrollment and Plan Changes

This enrollment will be the last opportunity for all retirees that are currently eligible for Medicare Parts A & B to enroll in the AARP Medicare Supplement program without medical underwriting. If you are considering enrolling in this plan at some point you should carefully review this option during this enrollment period.

In addition federal Medicare supplement regulations have changed so Medigap Plans E, H, I and J are no longer available. If you are currently enrolled in one of these plans you can keep that enrollment, but no new enrollments are possible.

Take note... If you are currently enrolled in the County Health Value Plan (CHVP #3) and you do not change plans during annual enrollment you will be enrolled in the County Health Plan EPO. Be sure you have reviewed the new plan design and that it still meets the needs of you and your family. Complete an enrollment/change form if you do not want to be enrolled in the CHP EPO.

Enrolling in Benefits

Annual Enrollment is your once-a-year opportunity to make changes to your current benefit elections for the coming plan year, which begins on June 1, 2010 and continues through May 31, 2011.

During annual enrollment you may:

- Change your medical or dental plan election(s)
- Enroll in one of the retiree dental plans
- Drop coverage for dependents that are no longer eligible

You need to take action during annual enrollment **only** if you need to make one or more of the changes noted above. Be sure to complete and submit the required form(s) to the Benefits Unit by the annual enrollment deadline, **5:00 p.m., April 16, 2010**. Contact the Human Resources Benefits Unit to request the form(s) you need.

- **E-mail:** benefits@sonoma-county.org
- **Phone:** 707-565-2900

Items to Consider During Annual Enrollment

Dependent data: Names, birthdates, Social Security numbers, full-time student status, etc.

Beneficiary designations: There are no set deadlines for updating your beneficiary designations, but annual enrollment is a great time to take a look at them.

Personal information: If you've moved or changed your name or contact information, be sure to notify the Benefits Unit. It's important to keep your personal information up-to-date at all times.

If you simply want to continue your current elections in the coming plan year and all of your dependents continue to meet the plans' eligibility criteria, no action is necessary — your current benefits will continue effective June 1, 2010.

Take note... Be sure to verify your dependent coverage during the annual enrollment period. You are responsible for dropping coverage for dependents who no longer meet the dependent eligibility criteria.

County Health Plan Participants Take Note... If a generic drug is not available, you will pay the brand-name co-pay. If a brand-name drug is medically necessary, as prescribed by your doctor, your doctor must request an exception to the plans mandatory generic policy through CVS/Caremark prior to getting the prescription filled. If approved, you will be charged the brand-name co-pay. However, if you choose the brand-name drug, or the exception is not approved, the drug will not be a covered expense and you will be responsible for the full cost.

If you are taking a maintenance drug, it can be filled at any retail pharmacy twice. After that it must be filled at a CVS/Longs pharmacy, or by mail order through CVS/Caremark.

Medical Plan Options for Non-Medicare-Eligible Retirees

Non-Medicare-eligible retirees can choose from the following County-offered medical plans:

- County Health Plan PPO (CHP PPO)
- County Health Plan EPO (CHP EPO)
- Kaiser Permanente HMO (California, Hawaii, Oregon/Washington only)
- UnitedHealthcare HMO (California only)
- UnitedHealthcare HDHP

The following provides a brief description of how each plan works.

- **County Health Plans (CHP PPO, CHP EPO).** The plans include a network of preferred providers, including doctors, hospitals and other health care facilities, which participate in the Anthem Blue Cross Prudent Buyer PPO Plan network. Prescription drug coverage is provided through CVS/Caremark. The plans' network providers agree in advance to provide their services at a negotiated, discounted rate. In the CHP PPO, you may seek care from providers outside the network, but you will pay less out of your own pocket when you use a network provider. All care in the CHP EPO must be obtained within the plan network.

Deductibles and Co-insurance. Services under the County Health Plans are subject to an annual deductible. As you incur medical expenses, you first pay the deductible out of your own pocket. Then, after meeting the deductible, you pay your share of your covered expenses (known as "co-payment or co-insurance"), up to the plan's annual out-of-pocket maximum.

Out-of-Pocket Maximum. Covered expenses (e.g. co-insurance amounts, deductible) apply towards the out-of-pocket maximum. When you meet the annual out-of-pocket maximum, the plan will pay the full cost of **covered expenses** for the remainder of the plan year. Office visit and prescription drug co-pays are not applied toward the out-of-pocket maximum. In addition, out-of-pocket costs incurred for **non-covered services** or **in excess of the plan's covered expenses** (e.g., expenses incurred for out-of-network services that exceed the reasonable and customary charges allowed by the plan) **are not** applied toward the out-of-pocket maximum; these non-covered charges are the plan participant's financial responsibility. ***Be sure you understand the amount you will be required to pay out of your own pocket if you seek care out-of-network.***

- **High Deductible Health Plan (UnitedHealthcare -UHC).** Like the CHP PPO, services are provided within a network of preferred providers, including doctors, hospitals and other health care facilities. This plan uses UHC's California Choice Plus PPO network. The plans' network providers agree in advance to provide their services at a negotiated, discounted rate. You may seek care from providers outside the network, but you will pay less out of your own pocket when you use a network provider.

A High Deductible Health Plan (HDHP) requires that the participant pay a larger deductible for most services before any amount is covered. Prescriptions are subject to the deductible, only preventive care is not subject to the deductible. The plan the County is adding will pay 100% of most services in-network once the deductible is met. For families, the entire family deductible must be met before services are covered, even if all the services are obtained by one member.

Medical Plan Options for Non-Medicare-Eligible Retirees

- **HMO Plans (*Kaiser Permanente and UnitedHealthcare*).** The HMO (Health Maintenance Organization) plans require you to live within the plan's respective service area and to receive care from providers (physicians, hospitals, pharmacies, etc.) who contract with the plan. This means you have access to network providers only, except when you need emergency care. You must select a Primary Care Physician (PCP) or medical group that coordinates your health care needs, including referrals to specialists, laboratory tests, x-rays, hospitalization, and prescription medications. You share in the cost of your care through copayments, and, in some cases, coinsurance.

For more detailed information regarding the County Health Plans and the Kaiser Permanente and UnitedHealthcare Plans, visit the County of Sonoma web site at: http://www.sonoma-county.org/employees/retiree_benefits.htm

Medical Plan Options for Non-Medicare-Eligible Retirees

	County Health Plan EPO	County Health Plan PPO
Annual Deductible	\$500 individual \$1,500 family	\$300 individual \$900 family
Annual Out of Pocket Maximum	\$5,000 individual \$10,000 family	\$2,000 individual \$4,000 family
Co-insurance	80%	In-network: 90% Out of Network: 60%
Lifetime Maximum	\$3,000,000	\$3,000,000
Dependent Children Eligibility	Non-Student: Under 19 Full-Time Student: Under 23 Disabled: No age limit	Non-Student: Under 19 Full-Time Student: Under 23 Disabled: No age limit
Office Visits and Professional Services		
Physician & Specialist	\$50 co-pay	In-network: \$20 co-pay Out of Network: 60%
Preventive Care Birth to Age 18	\$50 co-pay	In-network: \$20 co-pay, no deductible Out of Network: 60%, after deductible
Preventive Care Adult Routine Care	\$50 co-pay , no deductible, one exam every two years	\$20 co-pay, in network only, no deductible, one exam every two years
Preventive Care Adult Routine OB/GYN	\$50 co-pay , no deductible	In-network: \$20 co-pay, no deductible Out of Network: 60%, after deductible
Lab and X-ray	80%	In-network: 90% Out of Network: 60%
Physical Therapy	80%	In-network: 90% Out of Network: 60%
Chiropractic	80%	In-network: 90% Out of Network: 60%
Mental Health & Substance Abuse (Out-patient)	\$50 co-pay	In-network 90% Out of Network: 60%
Surgical and Hospital Services		
Inpatient Hospital and Physician Services	\$500 co-pay + 80%	\$125 per admission co-pay + In-network: 90% Out of Network: 60%
Outpatient Surgery	\$500 co-pay + 80%	In-network: 90%, Out of Network: 60%
Maternity	\$250 co-pay + 80%	In-network: 90%, Out of Network: 60%
Emergency Room	\$150 co-pay + 80%	In-network: 90%, Out of Network: 60%
Ambulance	80%	In-network: 90% Out of Network: 60%
Mental Health & Substance Abuse (In-patient)	\$500 co-pay + 80%	In-network 90% Out of Network: 60%
Skilled Nursing facility	Not Covered	In-network: 90%, Out of Network: 60% 100 days per year
Home Health	Not Covered	In-network: 90% Out of Network: 60%
Prescription Drugs		
Generic or Tier 1	\$10 co-pay 34 day supply	\$5 co-pay 34 day supply
Formulary Brand or Tier 2	\$35 co-pay 34 day supply	\$15 co-pay 34 day supply
Non-Formulary Brand or Tier 3	\$75 co-pay 34 day supply	\$30 co-pay 34 day supply
Mail Order Benefit	3 months supply for 1 co-pay	3 months supply for 1 co-pay
Mandatory Mail Order	Yes	Yes
Mandatory Generic Program	Yes	Yes

Medical Plan Options for Non-Medicare-Eligible Retirees

UnitedHealthcare HDHP	UnitedHealthcare HMO	Kaiser Permanente HMO
In-network: \$1,500 individual \$3,000 family Out of Network: \$3,500 individual \$7,000 family	\$0	None
In-network: \$2,500 individual \$5,000 family Out of Network: \$4,500 individual \$9,000 family	\$2,000 individual \$6,000 family	\$1,500 individual \$3,000 family
In-network: 100% Out of Network: 80%	100%	None
\$5,000,000	None	None
Non-Student: Under 25 Full-Time Student: Under 25 Disabled: No age limit	Non-Student: Under 25 Full-Time Student: Under 25 Disabled: No age limit	Non-Student: Under 25 Full-Time Student: Under 25 Disabled: No age limit
In-network: 100% Out of Network: 80%	\$10 co-pay	\$10 co-pay
100% in network only, no deductible	\$0 co-pay, birth to 23 months \$10 co-pay, over 23 months	\$5 co-pay, birth to 23 months \$10 co-pay, over 23 months
100% in network only, no deductible	\$10 co-pay	\$10 co-pay
100% in network only, no deductible	\$10 co-pay	\$5 co-pay, prenatal care \$10 co-pay, all other care
In-network: 100%, Out of Network: 80%	100%	No charge
In-network: 100% Out of Network: 80%	\$10 co-pay short term treatment only	\$10 co-pay medically necessary treatment only
In-network: 100% Out of Network: 80%	\$10 co-pay 30 visits per year	Discounted rates through Kaiser ChooseHealthy program in CA only
In-network: 100% Out of Network: 80%	\$10 co-pay	\$10 co-pay individual \$5 co-pay group
In-network: 100% Out of Network: 80%	100%	No charge
In-network: 100%, Out of Network: 80%	100%	\$10 co-pay
In-network: 100%, Out of Network: 80%	100%	No charge
100%	\$100 co-pay	\$50 co-pay
100%	100%	\$50 per trip
In-network: 100% Out of Network: 80%	100%	No charge
In-network: 100%, Out of Network: 80% 60 days per year	100% 100 days per year	No charge 100 days per year
In-network: 100%, Out of Network: 80% 100 visits per year	100% 100 visits per year	No charge 100 days per year
\$10 co-pay 31 day supply	\$5 co-pay 30 day supply	\$5 co-pay 100 day supply
\$30 co-pay 31 day supply	\$15 co-pay 30 day supply	\$10 co-pay 100 day supply
\$50 co-pay 31 day supply	\$30 co-pay 30 day supply	\$10 co-pay 100 day supply
3 months supply for 2 co-pays	3 months supply for 2 co-pays	Same as retail
No	No	No
No	No	N/A

Medical Plan Options for Medicare-Eligible Retirees

Medicare-eligible retirees can choose from the following retiree medical plans during this annual enrollment:

- County Health Plan PPO (CHP PPO)
- County Health Plan EPO (CHP EPO)
- UnitedHealthcare Secure Horizons (California only)
- Kaiser Permanente Senior Advantage (California, Oregon/Washington, or Hawaii)
- AARP® Medicare Supplement Insurance with MedicareRx Prescription Drug Plans

As you consider which plan is right for you, it's important to understand how Medicare and your County-offered medical plan benefits work together to provide your health care benefits.

How Medicare Works

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with end-stage renal disease. In general, those eligible to receive Social Security are automatically enrolled in Medicare at age 65; if eligible, you should receive your Medicare card in the mail three months prior to your 65th birthday.

Take note... If you have questions about your eligibility for and enrollment in Medicare, contact the Social Security Administration at 1-800-772-1213 at least 90 days prior to your 65th birthday. If you are enrolled in a plan for Non-Medicare-eligible retirees when you become Medicare-eligible, you may elect to remain covered with your current medical carrier or choose a different medical plan.

Once you are enrolled in Medicare, coverage is provided as follows.

- **Medicare Part A provides hospital insurance.** It helps pay for Medicare-approved hospital stays, care in skilled nursing facilities, hospice care and hospital care from qualified Medicare providers. You typically do not pay a premium for Part A coverage if you paid Medicare taxes while you were working.
- **Medicare Part B provides medical insurance.** It helps pay for Medicare-approved doctor services, outpatient care, certain preventive care services, diagnostic tests and some other services and supplies that Medicare Part A does not cover. In most cases, the Medicare Part B premium is deducted from your Social Security benefits. The County of Sonoma provides eligible retirees with reimbursement for the Medicare Part B premium (up to \$96.40). If you are eligible, this reimbursement is included in your monthly pension check.

Take note... The County's Medicare Part B reimbursement amount is frozen at \$96.40 effective June 1, 2009.

Medical Plan Options for Medicare-Eligible Retirees

How the County-Offered Medicare Plans Work with Medicare

Eligible retirees, who are enrolled in Medicare Parts A and B, can participate in a County-offered retiree medical plan, which, depending on the plan you elect, provides, coordinates with or supplements your Medicare Parts A and B coverage. Participation in one of the County-offered plans generally enhances the coverage you receive through Medicare Parts A and B. You pay a monthly premium *in addition to* your Medicare Part B premium for this coverage.

Take Note... Medicare-eligible retirees and their Medicare-eligible dependents need to provide proof of enrollment in Medicare to enroll in a County-offered retiree medical plan. You must provide a copy of your or your eligible dependent's Medicare card(s) to Sonoma County Employees' Retirement Association (SCERA) and complete the appropriate enrollment forms. If you do not complete the forms in the timeframes requested, your County-offered coverage is subject to cancellation.

Following is a summary of how Medicare and the County-offered plans work together to provide your benefits, by plan.

- **County Health Plans.** If you choose to participate in one of the County Health Plans, the benefits paid as you receive care are *coordinated with your Medicare Parts A and B coverage*. When you incur expenses under one of the County Health Plans, the cost will first be submitted to Medicare for payment. Then, the plan will pay an amount, based on the benefit provided for that type of expense (e.g., for an in-network doctor's office visit). Refer to the plan's Summary Plan Description for more information and examples of how County Health Plan benefits are coordinated with Medicare. (The Summary Plan Description is available through the County of Sonoma web site at:http://www.sonoma-county.org/employees/emp_benefits_index.htm.)

Under the County Health Plans you are required to meet a deductible under the plans and pay applicable copayments and coinsurance for services. You must use a Medicare provider to receive benefits under the County Health Plans. You will receive a higher level of coverage when you use providers within the Anthem Blue Cross network.

- **Kaiser Permanente Senior Advantage or UnitedHealthcare Secure Horizons HMO Plans.** These plans are approved as "Medicare Advantage" plans by Medicare. When you choose to participate in one of the plans, you agree to allow Kaiser Permanente or UnitedHealthcare to *provide your Medicare Parts A and B benefits*. In doing so, you authorize Medicare to pay your benefits directly to Kaiser Permanente or UnitedHealthcare. Under the HMO plans you pay a set copayment for most services you use. You must use HMO-contracted providers for your care, *except* in an emergency.

For more detailed information regarding the County Health Plans and the Kaiser Permanente and UnitedHealthcare Plans, visit the County of Sonoma web site at:
http://www.sonoma-county.org/employees/retiree_benefits.htm

Medical Plan Options for Medicare-Eligible Retirees

- **AARP® Medicare Supplement Insurance Plans.** As an alternative to retiree health care, Medicare participants may opt to purchase Medicare supplement insurance if currently enrolled in both Medicare Parts A and B. A Medicare supplement insurance plan (also known as a “Medigap” plan) is designed to *supplement some or all of the health care costs not covered through Medicare Part A and Part B.*

The County offers a range of Medicare supplement insurance plans to our Medicare-eligible retirees. The AARP® Medicare Supplement Insurance Plans offer Medicare-eligible retirees, in most states, an opportunity to choose from a variety of standardized plans. Each plan offers a different level of benefits, and monthly premiums vary accordingly. You must be enrolled in both Medicare Part A and Part B to elect one of these plans.

The plans are underwritten by UnitedHealthcare Insurance Company.

AARP® Membership is required for the AARP® Medicare Supplement Insurance plans. If you are not a current member of AARP but wish to enroll in an AARP Medicare Supplement Plan, UnitedHealthcare will pay your annual membership fee for the first year of coverage. In future years, you will be billed directly by AARP for the annual membership fee, currently \$16.00.

To learn more about the AARP® Medicare Supplement Insurance plans and to request a monthly premium quote, contact the plan’s customer service at 1-800-545-1797. Be sure to identify yourself as a County of Sonoma retiree. Customer service representatives are available Monday through Friday from 4:00 a.m. to 8:00 p.m. PT, and Saturday from 6:00 a.m. to 2:00 p.m. PT. You can get additional information at www.aarphealthcare.com.

Medical Plan Options for Medicare-Eligible Retirees

Prescription Drug Coverage for Medicare-Eligible Retirees

Medicare Parts A and B cover your eligible hospital and medical care expenses. Under Medicare, if you want prescription drug benefits as well, you may choose to enroll in a Medicare Part D prescription drug plan.

IMPORTANT: If you participate in one of the County Health Plans, Kaiser Permanente Senior Advantage or UnitedHealthcare Secure Horizons, your Medicare Part D prescription drug benefits are covered through that plan—**you cannot enroll in a stand-alone Medicare Part D plan, such as the AARP® Medicare Rx Plans noted below. In fact,** if you enroll in ANY Medicare Advantage plan or Part D Prescription Drug plan, other than one of those offered to County of Sonoma retirees as explained in this booklet, doing so will dis-enroll you from your County-offered coverage.

Effective June 1, 2009, County retirees will have the option to enroll in an AARP® MedicareRx Plan. The AARP® MedicareRx Plans are available to retirees across the U.S. and in the five U.S. territories. They offer a national pharmacy network with access to more than 60,000 pharmacies. In addition, the plan's drug list includes thousands of brand-name and generic drugs.

To learn more about the AARP® MedicareRx Plan options and request a monthly premium quote, contact the plan's customer service at 1-800-545-1797. Be sure to identify yourself as a County of Sonoma retiree. Customer service representatives are available 24 hours a day, seven days a week. You can also visit the Plan's web site at www.aarpmedicarerx.com.

Remember, you are eligible to enroll in a County-offered AARP MedicareRx Plan **ONLY** if you enroll in a County-offered AARP Medicare Supplement Insurance Plan. These are separate elections. Contact AARP customer service at the number listed above for more information about these plans.

Medical Plan Options for Medicare-Eligible Retirees

	County Health Plan EPO	County Health Plan PPO
Annual Deductible	\$500 individual \$1,500 family	\$300 individual \$900 family
Annual Out of Pocket Maximum	\$5,000 individual \$10,000 family	\$2,000 individual \$4,000 family
Co-insurance	80%	In-network: 90% Out of Network: 60%
Lifetime Maximum	\$3,000,000	\$3,000,000
Dependent Children Eligibility	Non-Student: Under 19 Full-Time Student: Under 23 Disabled: No age limit	Non-Student: Under 19 Full-Time Student: Under 23 Disabled: No age limit
Office Visits and Professional Services		
Physician & Specialist	\$50 co-pay	In-network: \$20 co-pay Out of Network: 60%
Preventive Care Birth to Age 18	\$50 co-pay	In-network: \$20 co-pay, no deductible Out of Network: 60%, after deductible
Preventive Care Adult Routine Care	\$50 co-pay , no deductible, one exam every two years	\$20 co-pay, in network only, no deductible, one exam every two years
Preventive Care Adult Routine OB/GYN	\$50 co-pay , no deductible	In-network: \$20 co-pay, no deductible Out of Network: 60%, after deductible
Lab and X-ray	80%	In-network: 90% Out of Network: 60%
Physical Therapy	80%	In-network: 90% Out of Network: 60%
Chiropractic	80%	In-network: 90% Out of Network: 60%
Mental Health & Substance Abuse (Out-patient)	\$50 co-pay	In-network 90% Out of Network: 60%
Surgical and Hospital Services		
Inpatient Hospital and Physician Services	\$500 co-pay + 80%	\$125 per admission co-pay + In-network: 90% Out of Network: 60%
Outpatient Surgery	\$500 co-pay + 80%	In-network: 90%, Out of Network: 60%
Maternity	\$250 co-pay + 80%	In-network: 90%, Out of Network: 60%
Emergency Room	\$150 co-pay + 80%	In-network: 90%, Out of Network: 60%
Ambulance	80%	In-network: 90% Out of Network: 60%
Mental Health & Substance Abuse (In-patient)	\$500 co-pay + 80%	In-network 90% Out of Network: 60%
Skilled Nursing facility	Not Covered	In-network: 90%, Out of Network: 60% 100 days per year
Home Health	Not Covered	In-network: 90% Out of Network: 60%
Prescription Drugs		
Generic or Tier 1	\$10 co-pay 34 day supply	\$5 co-pay 34 day supply
Formulary Brand or Tier 2	\$35 co-pay 34 day supply	\$15 co-pay 34 day supply
Non-Formulary Brand or Tier 3	\$75 co-pay 34 day supply	\$30 co-pay 34 day supply
Mail Order Benefit	3 months supply for 1 co-pay	3 months supply for 1 co-pay
Mandatory Mail Order	Yes	Yes
Mandatory Generic Program	Yes	Yes

Medical Plan Options for Medicare-Eligible Retirees

UnitedHealthcare AARP Medicare Supplement (Plan F)	UnitedHealthcare Secure Horizons	Kaiser Permanente Senior Advantage
Part A and Part B Medicare deductibles paid in full by Plan F	None	None
\$0	Unlimited	\$1,500 individual \$3,000 family
100%	100%	None
Unlimited (Medicare has limits on some services)	None	None
Contact the plan's customer service at 1-800-545-1797 to verify your or your dependent's eligibility	Non-Student: Under 25 Full-Time Student: Under 25 Disabled: No age limit	Non-Student: Under 25 Full-Time Student: Under 25 Disabled: No age limit
\$0	\$10 co-pay	\$10 co-pay
N/A	\$10 co-pay	Not Covered
\$0	\$10 co-pay	\$10 co-pay
\$0	\$10 co-pay	\$10 co-pay
\$0	\$0	\$0
\$0	\$10 co-pay	\$10 co-pay
\$0	\$10 co-pay 12 visits per year	Discounted rates through Kaiser ChooseHealthy program in CA only
\$0	\$10 co-pay	\$10 co-pay individual \$5 co-pay group
\$0, Up to Medicare maximum days allowed	\$0	\$0
\$0, Up to Medicare maximums allowed	\$0	\$0
\$0, Up to Medicare maximum days allowed	\$0	\$0
\$0	\$50 co-pay	\$50 co-pay
\$0	\$0	\$0
\$0, 190 days lifetime max	\$0, 190 days lifetime max, then 45 day annual max	\$0, 190 days lifetime max
\$0, Up to Medicare maximum days allowed	\$0 100 days per year	\$0 100 days per year
\$0, Up to Medicare maximum days allowed	\$0 100 visits per year	\$0 100 days per year
\$7 co-pay 30 day supply	\$5 co-pay 30 day supply	\$5 co-pay 100 day supply
\$38 co-pay 30 day supply	\$15 co-pay 30 day supply	\$10 co-pay 100 day supply
\$64-\$98 co-pay 30 day supply	\$30 co-pay 30 day supply	\$10 co-pay 100 day supply
\$15 discount	3 months supply for 2 co-pays	Same as retail
No	No	No
No	No	N/A

AARP Medicare Supplement Plans A through L offered in most states. Plan codes and plan benefits vary in WI, MA, and MN.

Medical Plan Premiums

The total monthly medical plan premium costs for County-offered retiree medical plans vary based on the medical plan and coverage level you select.

Two factors will affect your medical plan premium costs effective June 1, 2010:

- A change in the County's contribution
- Increases to the total premium costs passed on to the County by our medical plan carriers

County Contribution for Medical Coverage

Retirees and the County of Sonoma have always shared in the cost of monthly premiums for medical coverage. The County makes a contribution toward the cost of the plan and coverage level you choose. You are responsible for the difference between the total premium cost and the County's contribution.

The contribution maximum is being phased in over a 5-year period. To do this, we will adjust the 2008/2009 County contribution amount incrementally each year until it reaches a \$500 per month maximum contribution.

Take note... If you are not eligible for a County contribution toward dependent coverage, you are responsible for the full cost of covering your eligible dependents under the plan.

Frequently Asked Questions about the \$500 County Contribution Maximum

I was hired before "1990," and retired with less than 10 years of service. When the County's new 10 years of service requirement goes into effect, will I still be eligible to receive a County contribution for my coverage?

Yes. Pre-"1990" employees with less than 10 years of service, who are currently eligible, will remain eligible for the County contribution.

I am eligible for a County contribution for my dependent's coverage. Will I continue to receive that contribution during the transition period? What happens after the transition period?

During the transition period, the County contribution amount will be adjusted incrementally each year until reaching the \$500 maximum. At that point, you will receive a contribution of up to \$500 per month, regardless of the plan option and coverage level you select.

Medical Plan Premiums

2009/2010 Medical Plan Premium Cost Changes

As is the case with most employers, the County typically expects an increase in our total medical premium costs from year-to-year. And because retirees pay the difference between the total premium cost and the County's contribution, the carriers' premium increases have a direct effect on your contribution cost.

2010/2011 Premium Rates

The County's contribution pays a portion of the total premium cost for retiree coverage and, based on your hire date and years of service, may pay a portion of the cost for your dependents' coverage, as noted in the table below. To determine which group you are under, look at the category listed above your name on the mailing label for this booklet

Retiree Group	County Provides a Contribution For...	Category
Retirees Hired before "1990", Department Heads with 10 years of service and former Board of Supervisors with 8 years of service	<u>Retiree and two or more eligible dependents</u>	Pre-1990
Retirees Hired after "1990" with more than 20 years of County service	<u>Retiree and one eligible dependent</u>	Post 1990 w 20+
Retirees Hired after "1990" with 10 to 20 years of County service	<u>Retiree only</u>	Post 1990 w 10-20
Retirees who receive a County contribution under Board Resolutions 07-0269 & 08-0713	<u>Retiree only</u>	Frozen

Premiums for the AARP Medicare Supplement Insurance and AARP MedicareRx plans vary based on your location and other factors. To request a monthly premium quote, contact the plan's customer service at 1-800-545-1797. Be sure to identify yourself as a County of Sonoma retiree. Customer service representatives are available Monday through Friday from 4:00 a.m. to 8:00 p.m. PT, and Saturday from 6:00 a.m. to 2:00 p.m. PT.

Medical Plan Premiums

Retiree Hired Prior to 1990 & Department Heads and Retired Board of Supervisors with 10 years of Service	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	\$ 199.93	\$ 558.48	\$ 758.41
Retiree & 1 Dep under 65	\$ 586.16	\$ 904.64	\$ 1,490.80
Retiree & 2 Dep under 65	\$ 898.61	\$ 1,184.70	\$ 2,083.31
Retiree & 1 Dep w/ Medicare	\$ 401.38	\$ 739.02	\$ 1,140.40
Retiree & 2 Deps, 1 w/ Medicare	\$ 713.83	\$ 1,019.08	\$ 1,732.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 408.01	\$ 408.01
Retiree & 1 Dep w/out Medicare	\$ 401.38	\$ 739.02	\$ 1,140.40
Retiree & 1 Dep both w/ Medicare	\$ 230.33	\$ 585.70	\$ 816.03
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 529.05	\$ 853.45	\$ 1,382.50
Retiree & 2 Deps w/out Medicare	\$ 713.83	\$ 1,019.08	\$ 1,732.91
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	\$ 105.16	\$ 518.33	\$ 623.49
Retiree & 1 Dep under 65	\$ 392.20	\$ 825.74	\$ 1,217.94
Retiree & 2 Dep under 65	\$ 624.44	\$ 1,074.44	\$ 1,698.88
Retiree & 1 Dep w/ Medicare	\$ 251.22	\$ 678.67	\$ 929.89
Retiree & 2 Deps, 1 w/ Medicare	\$ 483.46	\$ 927.36	\$ 1,410.82
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 335.43	\$ 335.43
Retiree & 1 Dep w/out Medicare	\$ 251.22	\$ 678.67	\$ 929.89
Retiree & 1 Dep both w/ Medicare	\$ 128.34	\$ 542.52	\$ 670.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 342.48	\$ 780.29	\$ 1,122.77
Retiree & 2 Deps w/out Medicare	\$ 483.46	\$ 927.36	\$ 1,410.82
UnitedHealthcare HMO and Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 357.64	\$ 501.41	\$ 859.05
Retiree & 1 Dep under 65	\$ 915.27	\$ 802.81	\$ 1,718.08
Retiree & 2 Dep under 65	\$ 1,305.64	\$ 1,013.81	\$ 2,319.45
Retiree & 1 Dep w/ Medicare	\$ 628.80	\$ 665.88	\$ 1,294.68
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,019.16	\$ 876.87	\$ 1,896.03
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 435.63	\$ 435.63
Retiree & 1 Dep w/out Medicare	\$ 628.80	\$ 665.88	\$ 1,294.68
Retiree & 1 Dep both w/ Medicare	\$ 340.90	\$ 530.36	\$ 871.26
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 732.69	\$ 739.92	\$ 1,472.61
Retiree & 2 Deps w/out Medicare	\$ 1,019.16	\$ 876.87	\$ 1,896.03
UnitedHealthcare HDHP/Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 81.50	\$ 500.00	\$ 581.50
Retiree & 1 Dep under 65	\$ 369.87	\$ 793.13	\$ 1,163.00
Retiree & 2 Dep under 65	\$ 569.32	\$ 1,000.73	\$ 1,570.05
Retiree & 1 Dep w/ Medicare	\$ 298.39	\$ 718.74	\$ 1,017.13
Retiree & 2 Deps, 1 w/ Medicare	\$ 583.33	\$ 1,015.30	\$ 1,598.63
Medicare Retiree			
Retiree & 1 Dep w/out Medicare	\$ 298.39	\$ 718.74	\$ 1,017.13
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 511.85	\$ 940.91	\$ 1,452.76
Retiree & 2 Deps w/out Medicare	\$ 583.33	\$ 1,015.30	\$ 1,598.63

Medical Plan Premiums

Retiree Hired Prior to 1990 & Department Heads and Retired Board of Supervisors with 10 years of Service	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	\$ 7.11	\$ 500.00	\$ 507.11
Retiree & 1 Dep under 65	\$ 389.47	\$ 624.75	\$ 1,014.22
Retiree & 2 Dep under 65	\$ 634.10	\$ 801.02	\$ 1,435.12
Retiree & 1 Dep w/ Medicare	\$ 269.54	\$ 577.56	\$ 847.10
Retiree & 2 Deps, 1 w/ Medicare	\$ 514.18	\$ 753.82	\$ 1,268.00
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 339.99	\$ 339.99
Retiree & 1 Dep w/out Medicare	\$ 269.54	\$ 577.56	\$ 847.10
Retiree & 1 Dep both w/ Medicare	\$ 149.62	\$ 530.36	\$ 679.98
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 347.06	\$ 753.82	\$ 1,100.88
Retiree & 2 Deps w/out Medicare	\$ 561.37	\$ 706.63	\$ 1,268.00
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	\$ 168.55	\$ 500.00	\$ 668.55
Retiree & 1 Dep under 65	\$ 712.35	\$ 624.75	\$ 1,337.10
Retiree & 2 Dep under 65	\$ 1,204.62	\$ 801.02	\$ 2,005.64
Retiree & 1 Dep w/ Medicare	\$ 324.91	\$ 577.56	\$ 902.47
Retiree & 2 Deps, 1 w/ Medicare	\$ 817.19	\$ 753.82	\$ 1,571.01
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 233.92	\$ 233.92
Retiree & 1 Dep w/out Medicare	\$ 324.91	\$ 577.56	\$ 902.47
Retiree & 1 Dep both w/ Medicare	\$ 0.00	\$ 467.84	\$ 467.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 382.56	\$ 753.82	\$ 1,136.38
Retiree & 2 Deps w/out Medicare	\$ 864.38	\$ 706.63	\$ 1,571.01
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	\$ 52.70	\$ 500.00	\$ 552.70
Retiree & 1 Dep under 65	\$ 480.66	\$ 624.75	\$ 1,105.41
Retiree & 2 Dep under 65	\$ 857.09	\$ 801.02	\$ 1,658.11
Retiree & 1 Dep w/ Medicare	\$ 224.64	\$ 577.56	\$ 802.20
Retiree & 2 Deps, 1 w/ Medicare	\$ 601.09	\$ 753.82	\$ 1,354.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 249.50	\$ 249.50
Retiree & 1 Dep w/out Medicare	\$ 224.64	\$ 577.56	\$ 802.20
Retiree & 1 Dep both w/ Medicare	\$ 0.00	\$ 499.00	\$ 499.00
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 297.88	\$ 753.82	\$ 1,051.70
Retiree & 2 Deps w/out Medicare	\$ 648.28	\$ 706.63	\$ 1,354.91

Medical Plan Premiums

Hired after 1990 with at least 20 Years Service	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	\$ 199.93	\$ 558.48	\$ 758.41
Retiree & 1 Dep under 65	\$ 586.16	\$ 904.64	\$ 1,490.80
Retiree & 2 Dep under 65	\$ 1,178.67	\$ 904.64	\$ 2,083.31
Retiree & 1 Dep w/ Medicare	\$ 401.38	\$ 739.02	\$ 1,140.40
Retiree & 2 Deps, 1 w/ Medicare	\$ 993.89	\$ 739.02	\$ 1,732.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 408.01	\$ 408.01
Retiree & 1 Dep w/out Medicare	\$ 401.38	\$ 739.02	\$ 1,140.40
Retiree & 1 Dep both w/ Medicare	\$ 230.33	\$ 585.70	\$ 816.03
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 796.80	\$ 585.70	\$ 1,382.50
Retiree & 2 Deps w/out Medicare	\$ 993.89	\$ 739.02	\$ 1,732.91
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	\$ 105.16	\$ 518.33	\$ 623.49
Retiree & 1 Dep under 65	\$ 392.20	\$ 825.74	\$ 1,217.94
Retiree & 2 Dep under 65	\$ 873.14	\$ 825.74	\$ 1,698.88
Retiree & 1 Dep w/ Medicare	\$ 251.22	\$ 678.67	\$ 929.89
Retiree & 2 Deps, 1 w/ Medicare	\$ 732.15	\$ 678.67	\$ 1,410.82
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 335.43	\$ 335.43
Retiree & 1 Dep w/out Medicare	\$ 251.22	\$ 678.67	\$ 929.89
Retiree & 1 Dep both w/ Medicare	\$ 128.34	\$ 542.52	\$ 670.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 580.25	\$ 542.52	\$ 1,122.77
Retiree & 2 Deps w/out Medicare	\$ 732.15	\$ 678.67	\$ 1,410.82
UnitedHealthcare HMO and Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 357.64	\$ 501.41	\$ 859.05
Retiree & 1 Dep under 65	\$ 915.27	\$ 802.81	\$ 1,718.08
Retiree & 2 Dep under 65	\$ 1,516.64	\$ 802.81	\$ 2,319.45
Retiree & 1 Dep w/ Medicare	\$ 628.80	\$ 665.88	\$ 1,294.68
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,230.15	\$ 665.88	\$ 1,896.03
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 435.63	\$ 435.63
Retiree & 1 Dep w/out Medicare	\$ 628.80	\$ 665.88	\$ 1,294.68
Retiree & 1 Dep both w/ Medicare	\$ 340.90	\$ 530.36	\$ 871.26
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 942.25	\$ 530.36	\$ 1,472.61
Retiree & 2 Deps w/out Medicare	\$ 1,230.15	\$ 665.88	\$ 1,896.03
UnitedHealthcare HDHP/Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 81.50	\$ 500.00	\$ 581.50
Retiree & 1 Dep under 65	\$ 369.87	\$ 793.13	\$ 1,163.00
Retiree & 2 Dep under 65	\$ 776.92	\$ 793.13	\$ 1,570.05
Retiree & 1 Dep w/ Medicare	\$ 224.00	\$ 793.13	\$ 1,017.13
Retiree & 2 Deps, 1 w/ Medicare	\$ 805.50	\$ 793.13	\$ 1,598.63
Medicare Retiree			
Retiree & 1 Dep w/out Medicare	\$ 224.00	\$ 793.13	\$ 1,017.13
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 659.63	\$ 793.13	\$ 1,452.76
Retiree & 2 Deps w/out Medicare	\$ 805.50	\$ 793.13	\$ 1,598.63

Medical Plan Premiums

Hired after 1990 with at least 20 Years Service	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	\$ 7.11	\$ 500.00	\$ 507.11
Retiree & 1 Dep under 65	\$ 389.47	\$ 624.75	\$ 1,014.22
Retiree & 2 Dep under 65	\$ 810.37	\$ 624.75	\$ 1,435.12
Retiree & 1 Dep w/ Medicare	\$ 269.54	\$ 577.56	\$ 847.10
Retiree & 2 Deps, 1 w/ Medicare	\$ 690.44	\$ 577.56	\$ 1,268.00
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 339.99	\$ 339.99
Retiree & 1 Dep w/out Medicare	\$ 269.54	\$ 577.56	\$ 847.10
Retiree & 1 Dep both w/ Medicare	\$ 149.62	\$ 530.36	\$ 679.98
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 523.32	\$ 577.56	\$ 1,100.88
Retiree & 2 Deps w/out Medicare	\$ 737.64	\$ 530.36	\$ 1,268.00
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	\$ 168.55	\$ 500.00	\$ 668.55
Retiree & 1 Dep under 65	\$ 712.35	\$ 624.75	\$ 1,337.10
Retiree & 2 Dep under 65	\$ 1,380.89	\$ 624.75	\$ 2,005.64
Retiree & 1 Dep w/ Medicare	\$ 324.91	\$ 577.56	\$ 902.47
Retiree & 2 Deps, 1 w/ Medicare	\$ 993.45	\$ 577.56	\$ 1,571.01
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 233.92	\$ 233.92
Retiree & 1 Dep w/out Medicare	\$ 324.91	\$ 577.56	\$ 902.47
Retiree & 1 Dep both w/ Medicare	\$ 0.00	\$ 467.84	\$ 467.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 558.82	\$ 577.56	\$ 1,136.38
Retiree & 2 Deps w/out Medicare	\$ 1040.65	\$ 530.36	\$ 1,571.01
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	\$ 52.70	\$ 500.00	\$ 552.70
Retiree & 1 Dep under 65	\$ 480.66	\$ 624.75	\$ 1,105.41
Retiree & 2 Dep under 65	\$ 1,033.36	\$ 624.75	\$ 1,658.11
Retiree & 1 Dep w/ Medicare	\$ 224.64	\$ 577.56	\$ 802.20
Retiree & 2 Deps, 1 w/ Medicare	\$ 777.35	\$ 577.56	\$ 1,354.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 249.50	\$ 249.50
Retiree & 1 Dep w/out Medicare	\$ 224.64	\$ 577.56	\$ 802.20
Retiree & 1 Dep both w/ Medicare	\$ 0.00	\$ 499.00	\$ 499.00
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 474.14	\$ 577.56	\$ 1,051.70
Retiree & 2 Deps w/out Medicare	\$ 824.55	\$ 530.36	\$ 1,354.91

Medical Plan Premiums

Hired after 1990 with 10 to 20 Years Service	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	\$ 199.93	\$ 558.48	\$ 758.41
Retiree & 1 Dep under 65	\$ 932.32	\$ 558.48	\$ 1,490.80
Retiree & 2 Dep under 65	\$ 1,524.83	\$ 558.48	\$ 2,083.31
Retiree & 1 Dep w/ Medicare	\$ 581.92	\$ 558.48	\$ 1,140.40
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,174.43	\$ 558.48	\$ 1,732.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 408.01	\$ 408.01
Retiree & 1 Dep w/out Medicare	\$ 732.39	\$ 408.01	\$ 1,140.40
Retiree & 1 Dep both w/ Medicare	\$ 408.02	\$ 408.01	\$ 816.03
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 974.49	\$ 408.01	\$ 1,382.50
Retiree & 2 Deps w/out Medicare	\$ 1,324.90	\$ 408.01	\$ 1,732.91
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	\$ 105.16	\$ 518.33	\$ 623.49
Retiree & 1 Dep under 65	\$ 699.61	\$ 518.33	\$ 1,217.94
Retiree & 2 Dep under 65	\$ 1,180.55	\$ 518.33	\$ 1,698.88
Retiree & 1 Dep w/ Medicare	\$ 411.56	\$ 518.33	\$ 929.89
Retiree & 2 Deps, 1 w/ Medicare	\$ 892.49	\$ 518.33	\$ 1,410.82
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 335.43	\$ 335.43
Retiree & 1 Dep w/out Medicare	\$ 594.46	\$ 335.43	\$ 929.89
Retiree & 1 Dep both w/ Medicare	\$ 335.43	\$ 335.43	\$ 670.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 787.34	\$ 335.43	\$ 1,122.77
Retiree & 2 Deps w/out Medicare	\$ 1,075.39	\$ 335.43	\$ 1,410.82
UnitedHealthcare HMO and Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 357.64	\$ 501.41	\$ 859.05
Retiree & 1 Dep under 65	\$ 1,216.67	\$ 501.41	\$ 1,718.08
Retiree & 2 Dep under 65	\$ 1,818.04	\$ 501.41	\$ 2,319.45
Retiree & 1 Dep w/ Medicare	\$ 793.27	\$ 501.41	\$ 1,294.68
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,394.62	\$ 501.41	\$ 1,896.03
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 435.63	\$ 435.63
Retiree & 1 Dep w/out Medicare	\$ 859.05	\$ 435.63	\$ 1,294.68
Retiree & 1 Dep both w/ Medicare	\$ 435.63	\$ 435.63	\$ 871.26
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 1,036.98	\$ 435.63	\$ 1,472.61
Retiree & 2 Deps w/out Medicare	\$ 1,460.40	\$ 435.63	\$ 1,896.03
UnitedHealthcare HDHP/Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 81.50	\$ 500.00	\$ 581.50
Retiree & 1 Dep under 65	\$ 663.00	\$ 500.00	\$ 1,163.00
Retiree & 2 Dep under 65	\$ 1,070.05	\$ 500.00	\$ 1,570.05
Retiree & 1 Dep w/ Medicare	\$ 517.13	\$ 500.00	\$ 1,017.13
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,098.63	\$ 500.00	\$ 1,598.63
Medicare Retiree			
Retiree & 1 Dep w/out Medicare	\$ 522.85	\$ 494.28	\$ 1,017.13
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 958.48	\$ 494.28	\$ 1,452.76
Retiree & 2 Deps w/out Medicare	\$ 1,104.35	\$ 494.28	\$ 1,598.63

Medical Plan Premiums

Hired after 1990 with 10 to 20 Years Service	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	\$ 7.11	\$ 500.00	\$ 507.11
Retiree & 1 Dep under 65	\$ 514.22	\$ 500.00	\$ 1,014.22
Retiree & 2 Dep under 65	\$ 935.12	\$ 500.00	\$ 1,435.12
Retiree & 1 Dep w/ Medicare	\$ 347.10	\$ 500.00	\$ 847.10
Retiree & 2 Deps, 1 w/ Medicare	\$ 768.00	\$ 500.00	\$ 1,268.00
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 339.99	\$ 339.99
Retiree & 1 Dep w/out Medicare	\$ 507.11	\$ 339.99	\$ 847.10
Retiree & 1 Dep both w/ Medicare	\$ 339.99	\$ 339.99	\$ 679.98
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 760.89	\$ 339.99	\$ 1,100.88
Retiree & 2 Deps w/out Medicare	\$ 928.01	\$ 339.99	\$ 1,268.00
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	\$ 168.55	\$ 500.00	\$ 668.55
Retiree & 1 Dep under 65	\$ 837.10	\$ 500.00	\$ 1,337.10
Retiree & 2 Dep under 65	\$ 1,505.64	\$ 500.00	\$ 2,005.64
Retiree & 1 Dep w/ Medicare	\$ 402.47	\$ 500.00	\$ 902.47
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,071.01	\$ 500.00	\$ 1,571.01
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 233.92	\$ 233.92
Retiree & 1 Dep w/out Medicare	\$ 668.55	\$ 233.92	\$ 902.47
Retiree & 1 Dep both w/ Medicare	\$ 233.92	\$ 233.92	\$ 467.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 902.46	\$ 233.92	\$ 1,136.38
Retiree & 2 Deps w/out Medicare	\$ 1,337.09	\$ 233.92	\$ 1,571.01
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	\$ 52.70	\$ 500.00	\$ 552.70
Retiree & 1 Dep under 65	\$ 605.41	\$ 500.00	\$ 1,105.41
Retiree & 2 Dep under 65	\$ 1,158.11	\$ 500.00	\$ 1,658.11
Retiree & 1 Dep w/ Medicare	\$ 302.20	\$ 500.00	\$ 802.20
Retiree & 2 Deps, 1 w/ Medicare	\$ 854.91	\$ 500.00	\$ 1,354.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 249.50	\$ 249.50
Retiree & 1 Dep w/out Medicare	\$ 552.70	\$ 249.50	\$ 802.20
Retiree & 1 Dep both w/ Medicare	\$ 249.50	\$ 249.50	\$ 499.00
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 802.20	\$ 249.50	\$ 1,051.70
Retiree & 2 Deps w/out Medicare	\$ 1,105.41	\$ 249.50	\$ 1,354.91

Medical Plan Premiums

Frozen Per Board Resolution 07-0269 & 08-0713	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	\$ 200.58	\$ 557.83	\$ 758.41
Retiree & 1 Dep under 65	\$ 932.97	\$ 557.83	\$ 1,490.80
Retiree & 2 Dep under 65	\$ 1,525.48	\$ 557.83	\$ 2,083.31
Retiree & 1 Dep w/ Medicare	\$ 582.57	\$ 557.83	\$ 1,140.40
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,175.08	\$ 557.83	\$ 1,732.91
Medicare Retiree			
Retiree Only	\$ 87.16	\$ 320.85	\$ 408.01
Retiree & 1 Dep w/out Medicare	\$ 819.55	\$ 320.85	\$ 1,140.40
Retiree & 1 Dep both w/ Medicare	\$ 495.18	\$ 320.85	\$ 816.03
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 1,061.65	\$ 320.85	\$ 1,382.50
Retiree & 2 Deps w/out Medicare	\$ 1,412.06	\$ 320.85	\$ 1,732.91
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	\$ 65.66	\$ 557.83	\$ 623.49
Retiree & 1 Dep under 65	\$ 660.11	\$ 557.83	\$ 1,217.94
Retiree & 2 Dep under 65	\$ 1,141.05	\$ 557.83	\$ 1,698.88
Retiree & 1 Dep w/ Medicare	\$ 372.06	\$ 557.83	\$ 929.89
Retiree & 2 Deps, 1 w/ Medicare	\$ 852.99	\$ 557.83	\$ 1,410.82
Medicare Retiree			
Retiree Only	\$ 14.58	\$ 320.85	\$ 335.43
Retiree & 1 Dep w/out Medicare	\$ 609.04	\$ 320.85	\$ 929.89
Retiree & 1 Dep both w/ Medicare	\$ 350.01	\$ 320.85	\$ 670.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 801.92	\$ 320.85	\$ 1,122.77
Retiree & 2 Deps w/out Medicare	\$ 1,089.97	\$ 320.85	\$ 1,410.82
UnitedHealthcare HMO and Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 413.91	\$ 445.14	\$ 859.05
Retiree & 1 Dep under 65	\$ 1,272.94	\$ 445.14	\$ 1,718.08
Retiree & 2 Dep under 65	\$ 1,874.31	\$ 445.14	\$ 2,319.45
Retiree & 1 Dep w/ Medicare	\$ 849.54	\$ 445.14	\$ 1,294.68
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,450.89	\$ 445.14	\$ 1,896.03
Medicare Retiree			
Retiree Only	\$ 166.70	\$ 268.93	\$ 435.63
Retiree & 1 Dep w/out Medicare	\$ 1,025.75	\$ 268.93	\$ 1,294.68
Retiree & 1 Dep both w/ Medicare	\$ 602.33	\$ 268.93	\$ 871.26
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 1,203.68	\$ 268.93	\$ 1,472.61
Retiree & 2 Deps w/out Medicare	\$ 1,627.10	\$ 268.93	\$ 1,896.03
UnitedHealthcare HDHP/Secure Horizons			
Non-Medicare Retiree			
Retiree Only	\$ 87.22	\$ 494.28	\$ 581.50
Retiree & 1 Dep under 65	\$ 668.72	\$ 494.28	\$ 1,163.00
Retiree & 2 Dep under 65	\$ 1,075.77	\$ 494.28	\$ 1,570.05
Retiree & 1 Dep w/ Medicare	\$ 522.85	\$ 494.28	\$ 1,017.13
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,104.35	\$ 494.28	\$ 1,598.63
Medicare Retiree			
Retiree & 1 Dep w/out Medicare	\$ 748.20	\$ 268.93	\$ 1,017.13
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 1,183.83	\$ 268.93	\$ 1,452.76
Retiree & 2 Deps w/out Medicare	\$ 1,329.70	\$ 268.93	\$ 1,598.63

Medical Plan Premiums

Frozen Per Board Resolution 07-0269 & 08-0713	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	\$ 157.20	\$ 349.91	\$ 507.11
Retiree & 1 Dep under 65	\$ 664.31	\$ 349.91	\$ 1,014.22
Retiree & 2 Dep under 65	\$ 1,085.21	\$ 349.91	\$ 1,435.12
Retiree & 1 Dep w/ Medicare	\$ 497.19	\$ 349.91	\$ 847.10
Retiree & 2 Deps, 1 w/ Medicare	\$ 918.09	\$ 349.91	\$ 1,268.00
Medicare Retiree			
Retiree Only	\$ 86.13	\$ 253.86	\$ 339.99
Retiree & 1 Dep w/out Medicare	\$ 593.24	\$ 253.86	\$ 847.10
Retiree & 1 Dep both w/ Medicare	\$ 426.12	\$ 253.86	\$ 679.98
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 847.02	\$ 253.86	\$ 1,100.88
Retiree & 2 Deps w/out Medicare	\$ 1,014.14	\$ 253.86	\$ 1,268.00
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	\$ 318.64	\$ 349.91	\$ 668.55
Retiree & 1 Dep under 65	\$ 987.19	\$ 349.91	\$ 1,337.10
Retiree & 2 Dep under 65	\$ 1,655.73	\$ 349.91	\$ 2,005.64
Retiree & 1 Dep w/ Medicare	\$ 552.56	\$ 349.91	\$ 902.47
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,221.10	\$ 349.91	\$ 1,571.01
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 233.92	\$ 233.92
Retiree & 1 Dep w/out Medicare	\$ 668.55	\$ 233.92	\$ 902.47
Retiree & 1 Dep both w/ Medicare	\$ 233.92	\$ 233.92	\$ 467.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 902.46	\$ 233.92	\$ 1,136.38
Retiree & 2 Deps w/out Medicare	\$ 1,337.09	\$ 233.92	\$ 1,571.01
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	\$ 202.79	\$ 349.91	\$ 552.70
Retiree & 1 Dep under 65	\$ 755.50	\$ 349.91	\$ 1,105.41
Retiree & 2 Dep under 65	\$ 1,308.20	\$ 349.91	\$ 1,658.11
Retiree & 1 Dep w/ Medicare	\$ 452.29	\$ 349.91	\$ 802.20
Retiree & 2 Deps, 1 w/ Medicare	\$ 1,005.00	\$ 349.91	\$ 1,354.91
Medicare Retiree			
Retiree Only	\$ 0.00	\$ 249.50	\$ 249.50
Retiree & 1 Dep w/out Medicare	\$ 552.70	\$ 249.50	\$ 802.20
Retiree & 1 Dep both w/ Medicare	\$ 249.50	\$ 249.50	\$ 499.00
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$ 802.20	\$ 249.50	\$ 1,051.70
Retiree & 2 Deps w/out Medicare	\$ 1,105.41	\$ 249.50	\$ 1,354.91

About Your Dental Plan Options

You can choose one of two retiree dental plans, provided through Delta Dental of California. The DeltaCare USA plan is for **California residents only**; the DeltaPreferred Option plan provides worldwide coverage.

How the Dental Plan Works

A summary of plan benefits is provided below. For more detailed information, refer to the plan's evidence of coverage booklets, available through the County of Sonoma web site at www.sonoma-county.org/employees/retiree_dental.htm. You can also visit the Delta Dental web site at www.deltadentalins.com.

Take note... The County administers dental plan benefits on a calendar year basis, from January 1 through December 31. This means your deductibles and plan maximum benefit levels accumulate over the calendar year and start over as of January 1 each year.

Plan Feature	DeltaCare USA Group #247-0001	DeltaPreferred Option Group # 3136-0001
Who can enroll?	California residents only	No restrictions
Dental provider choice	You must use a DeltaCare USA contracted dentist	Use any dentist, but pay lower out-of-pocket costs when using a DeltaPreferred Option contracted dentist. Note: If you visit a non-Delta Preferred Option provider, the plan will reimburse you at contracted rates only, and you will need to file a claim with Delta Dental for reimbursement. To obtain a form and instructions for submitting your claim, visit the Delta Dental web site at www.deltadentalins.com .
Diagnostic & Preventive	Plan pays 100% for most services, no deductible	Plan pays 100% for most services, no deductible
Basic	Plan pays 100% for most services	Plan pays 80% of allowable charges; most benefits available after 12 months of continuous enrollment in the plan
Crowns, Jackets & Cast Restorations	You pay set co-payments ranging from \$0 to \$90 for most services	Plan pays 50% of allowable charges; benefits available after 12 months of continuous enrollment in the plan
Prosthodontics	You pay set co-payments ranging from \$10 to \$175 for most services	Plan pays 50% of allowable charges; benefits available after 12 months of continuous enrollment in the plan; coverage for implants is now included under the plan

About Your Dental Plan Options

Plan Feature	DeltaCare USA Group #247-0001	DeltaPreferred Option Group # 3136-0001
Orthodontics	You pay first \$1,600 per child and \$1,800 per adult for 24-month treatment. Plan pays 100% thereafter. \$75 per month member co-payment for treatment after 24 months. Additional start-up fees may apply.	Not covered
Deductible	\$0	\$50 per individual
Plan Year Maximum Benefit	None	\$1,000 per individual

Dental Plan Premiums

You pay the full cost for dental coverage. If you enroll in retiree dental coverage during annual enrollment, your coverage is effective June 1, 2010. The monthly premiums that take effect June 1, 2010 are noted below.

Monthly Dental Plan Premiums Effective June 1, 2010			
DeltaCare USA		DeltaPreferred Option	
Retiree only	\$28.16	Retiree only	\$36.57
Retiree + 1	\$46.43	Retiree + 1	\$69.87
Retiree + 2 or more	\$68.70	Retiree + 2 or more	\$115.95

If you are interested in enrolling in a retiree dental plan, contact the Human Resources Benefits Unit at 707-565-2900, or by e-mail at benefits@sonoma-county.org. The Human Resources Benefits Unit will mail you the necessary forms, which must be returned by April 16, 2010.

REMINDER... If you were an elected official, worked for the County for at least 8 years and retired after December 10, 2002, you are eligible for the same employee dental and vision plans as in effect just prior to retirement. Contact the Human Resources Benefits Unit for details about your coverage and costs.

Vision Care Discount Program

County of Sonoma retirees have access to discounts on vision care through the Vision Service Plan (VSP) Access Plan. Through this plan, you will receive the following discounts from VSP network doctors only:

- Eye exam: 20% discount on VSP network doctors' fees
- Eyeglasses: 20% discount on prescription and non-prescription glasses, including sunglasses
- Contact lens exam: 15% off VSP network doctors' contact lens exam fees
- Contact lenses: Not covered.
- Laser vision correction: Discounts averaging 15% off of contracted laser centers' prices for laser vision correction surgery or an additional 5% off the center's promotional price

Discounts for eyeglasses are available from any VSP doctor within 12 months of your last covered eye exam.

VSP does not issue plan ID cards; simply provide your name, social security number, and identify yourself as a County of Sonoma retiree when scheduling an appointment with a VSP doctor.

Take note... The VSP Access Plan is available at no cost to retirees. However, you must use a VSP network provider to receive the applicable discounts for services. You can find a VSP provider through the VSP web site at www.vsp.com or by calling the plan's customer service at 1-800-877-7195.

Important Notices

Dependent Eligibility

New medical plan dependent eligibility criteria effective 6/01/2010

Currently enrolled as of 6/01/10

- Your lawfully married spouse
 - Your domestic partner
 - Your or your domestic partner’s dependents including:
 - Your unmarried son, daughter, stepson, stepdaughter, legally adopted child, a child placed with you for adoption, eligible foster child, or child for whom you are the legally appointed guardian
- Dependents currently enrolled who are under the age of 26 who exceed the current plan’s age limit, marry, move out, lose student status, or no longer receive 50% of their support from the employee will be allowed to remain enrolled until the 1st of the month following their 26th birth date. Provided they do not have access to their own group coverage.

Newly eligible dependents as of 6/1/10

- Your newly acquired lawfully married spouse
- Your newly acquired domestic partner
- Your or your domestic partner’s dependents including:
 - Your newborn child, stepson, stepdaughter, legally adopted child, a child placed with you for adoption, eligible foster child, or child for whom you are the legally appointed guardian
 - Be (a) under age 26, (b) any age if permanently and totally disabled and enrolled in the plan prior to attaining limiting age.
 - Not be eligible for their own group coverage.

For newly eligible dependents (those not eligible to enroll on 6/1/10)

Dependent Age Limits – Medical Plans

County Health Plans	Kaiser Permanente HMO	UHC HMO / HDHP
Any dependent child under age 26 is eligible provided he/she is not eligible for his/her own group coverage.		
An unmarried dependent child over the limiting age described above is eligible if incapable of supporting self due to mental or physical disability incurred prior to reaching the limiting age, who is chiefly dependent upon the subscriber for support.		

Dependent eligibility criteria-Dental

In general, the following individuals may be eligible for enrollment in your dental insurance coverage. These are general guidelines for dependent eligibility only. Different criteria and age limits may apply by plan. Refer to the table on the following page for the plans’ respective dependent age limitations.

- Your lawfully married spouse
- Your domestic partner
- Your or your domestic partner’s dependents including:
 - Your unmarried son, daughter, stepson, stepdaughter, legally adopted child, a child placed with you for adoption, eligible foster child, or child for whom you are the legally appointed guardian

Important Notices

Dependents must:

- Be (a) under age 19 at the end of the calendar year, (b) under each plan’s age limit criteria (c) any age if permanently and totally disabled and enrolled in the plan prior to attaining limiting age.
- Share the same principal residence as you for more than 50% of the calendar year, excluding temporary absences such as attending school; special circumstances apply for a child whose parents are divorced or legally separated. For details, contact each plan’s respective customer service department.
- Receive more than 50% of his/her support from you during the calendar year; special circumstances apply for a child whose parents are divorced or legally separated. For details, contact each plan’s respective customer service department.
- Be a U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada or Mexico; special circumstances apply for an adopted child that does not meet these criteria. For details, contact each plan’s respective customer service department.

The *Dependent Age Limits* chart below provides eligible dependent age limitations for enrollment in dental. When reaching the age limit, coverage is effective through the end of the dependent’s birth month. **You may be held financially responsible for expenses incurred by an ineligible dependent if you neglect to delete that dependent from coverage.**

Dependent Age Limits – Delta Dental	
DeltaCare USA	DeltaPreferred Option
An unmarried child between age 19 and 23 is eligible provided he/she is a full-time student. An unmarried child over the limiting age described above is eligible if incapable of supporting self due to mental or physical handicap incurred prior to reaching the limiting age, who is chiefly dependent upon the subscriber for support.	An unmarried child between age 19 and 25 is eligible provided he/she is a full-time student. An unmarried child over the limiting age described above is eligible if incapable of supporting self due to mental or physical handicap incurred prior to reaching the limiting age, who is chiefly dependent upon the subscriber for support.

Important Notices

Following are notices required by law to be communicated to plan participants.

Reconstructive Surgery Following Mastectomy

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your medical plan for more information.

Notice of Prescription Drug Creditable Coverage

Federal law requires Medicare-eligible participants who enroll in employer-sponsored prescription drug coverage be provided with a "Notice of Creditable Coverage." This plan's notice states that under the County of Sonoma medical plans, prescription drug coverage is, on average, as generous as the standard Medicare Prescription Drug Coverage. You will be provided with the Notice prior to the effective date for coverage under the County's prescription drug plan and again each year. Please keep a copy in your records. A copy is also available upon request from the Human Resources Benefits Unit.

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws.

The HIPAA Privacy Notice explains how the group health plans uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the plan. You can get a copy of this Notice on the County of Sonoma web site at:

www.sonoma-county.org/employees/emp_hippa_notice.htm, or by request from the Human Resources Benefits Unit.

Changes Allowed Under the Children's Health Insurance Program Reauthorization Act of 2009

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 creates a new special enrollment period that applies to group health plans, similar to those currently in effect for the loss of eligibility for other group coverage or qualifying life status changes. Under this Act, group health plans must permit those eligible for group health plan coverage to enroll in the plan if they:

- Lose eligibility for Medicaid or SCHIP coverage
- **OR**
- Become eligible to participate in a premium assistance program under Medicaid or SCHIP

In both cases, you must request special enrollment within 60 days (of the loss of Medicaid/SCHIP or of the eligibility determination).

Important Notices

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 22, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/Pages/default.aspx Phone: 1-800-635-2570
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 602-417-5422	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237

Important Notices

GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 208-334-5747 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid	
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.khpa.ks.gov Phone: 1-800-635-2570	Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	
Website: www.dhh.louisiana.gov/offices/?ID=92 Phone: 1-888-342-0555	
MAINE – Medicaid	NEW MEXICO – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MASSACHUSETTS – Medicaid and CHIP	
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	
MINNESOTA – Medicaid	NEW YORK – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 800-657-3739	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid

Important Notices

Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	Website: http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid	UTAH – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OKLAHOMA – Medicaid	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.oregon.gov/DHS/healthplan/index.shtml Medicaid Phone: 1-800-359-9517 CHIP Website: http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml CHIP Phone: 1-800-359-9517	Medicaid Website: http://www.famis.org/ Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://ihrsa/sites/DCS/COB/default.aspx Phone: 1-800-562-6136
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethiptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since January 22, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Benefits and Plan Contact Information

CareCounsel

CareCounsel is a health care advocacy program available to County of Sonoma retirees and active employees. Contact CareCounsel for the following:

- Questions about health plan benefits
- Assistance with choosing a health plan and selecting and locating doctors and hospitals
- Troubleshooting claims problems and obtaining support with medical claims and appeals
- Addressing quality-of-care concerns
- Finding resources for a health condition

You can reach CareCounsel at 888-227-3334. Resources are also available through the CareCounsel web site at www.carecounsel.com.

County of Sonoma Human Resources Benefits Unit

Contact the Human Resources Benefits Unit with questions related to benefit eligibility and coverage, the annual enrollment process, and to request the forms you need during annual enrollment.

E-mail:	benefits@sonoma-county.org
Phone:	707-565-2900
Internet:	http://www.sonoma-county.org/employees/emp_annual_enrollment.htm

County-Offered Health Plan Contact Information

Contact your health plan carriers with questions related to your benefits coverage, to find network providers, preauthorize care as required and confirm your residence is within the plans' service areas.

Plan	Phone	Web
County Health Plans <i>Administered by Anthem Blue Cross</i>	800-759-3030	www.anthem.com/ca
CVS/Caremark <i>County Health Plans' prescription drug provider</i>	800-966-5772	www.caremark.com
Kaiser Permanente	800-464-4000	www.kp.org
UnitedHealthcare-HMO PacifiCare SignatureValue Secure Horizons	800-624-8822 800-610-2660	www.pacificare.com www.uhretiree.com
UnitedHealthcare-HDHP	866-873-3903	www.uhc.com
<u>UnitedHealthcare AARP® Plans</u> UnitedHealthcare AARP® Medicare Supplement Insurance Plans AARP® MedicareRx Plans	800-545-1797 TTY: 877-730-4192 888-867-5575	www.aarphealthcare.com www.aarpmedicarerx.com

Benefits and Plan Contact Information

<u>Delta Dental Plans</u> DeltaPreferred Option (retirees) DeltaCare USA (retirees)	800-765-6003 800-422-4234	www.deltadentalins.com
<u>Vision Service Plan</u>	800-877-7195	www.vsp.com
<u>Hartford Life & Accident Insurance Company</u>	888-563-1124	www.thehartfordatwork.com