

## 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 2011 annual enrollment period. It highlights your options and key program features to consider when you enroll. It also includes your premium costs for 2011/2012.

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.

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://hr.sonoma-county.org/for\\_retirees](http://hr.sonoma-county.org/for_retirees)

# Table of Contents

<b>What's New for 2011/2012 .....</b>	<b>1</b>
Elimination of UnitedHealthcare (UHC) HMO & HDHP Plans.....	1
Hartford Life Insurance Upgrade.....	1
Changes Required by the Patient Protection and Affordable Care Act .....	1
Medical Plan Eligibility for Adult Children.....	1
No Cost Sharing for Routine Medical Care .....	1
No Annual or Life Time Maximums .....	1
Enrollment/Change Form Included on Back of Book.....	1
 <b>Enrolling in Benefits .....</b>	 <b>2</b>
 <b>When Changes are Allowed .....</b>	 <b>3</b>
 <b>Medical Plan Options for Non-Medicare-Eligible Retirees.....</b>	 <b>5</b>
Medical Plan Comparison Chart for Non-Medicare-Eligible Retirees .....	6
 <b>Medical Plan Options for Medicare-Eligible Retirees.....</b>	 <b>7</b>
How Medicare Works .....	7
How the County-Offered Medicare Plans Work with Medicare .....	8
AARP Medicare Supplement Insurance Plans .....	9
Prescription Drug Coverage for Medicare-Eligible Retirees .....	10
Medical Plan Comparison Chart for Medicare-Eligible Retirees.....	11
 <b>Medical Plan Premiums .....</b>	 <b>13</b>
County Contribution for Medical Coverage .....	13
2010/2011 Premium Cost Changes.....	14
2011/2012 Premium Rates .....	14
For Retirees Hired Before "1990".....	15
For Retirees Hired After "1990" with At Least 20 Years of County Service .....	17
For Retirees Hired After "1990" with 10 to 20 Years of County Service.....	19
For Retirees Frozen per Board Resolution 07-0269 & 08-0713.....	21
 <b>About Your Dental Plan Options.....</b>	 <b>23</b>
How the Dental Plan Works .....	23
Dental Plan Premiums .....	24
 <b>Vision Care Discount Program.....</b>	 <b>25</b>
 <b>Eligibility Information.....</b>	 <b>26</b>
Dependent Eligibility - Medical .....	26
Dependent Eligibility - Dental.....	26

# Table of Contents

<b>Important Mandatory Notices</b> .....	<b>27</b>
Reconstructive Surgery Following Mastectomy.....	27
Notice of Prescription Drug Creditable Coverage .....	27
Private Health Information .....	27
Changes Allowed Under the Children’s Health Insurance Program Reauthorization Act of 2009.....	27
Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families.....	28
<b>Benefit and Plan Contact Information</b> .....	<b>31</b>
CareCounsel.....	31
County of Sonoma Human Resources Benefits Unit.....	31
County-Offered Health Plan Contact Information.....	31

# What's New for 2011/2012

## **Elimination of UnitedHealthcare (UHC) HMO & HDHP Plans**

Due to high premium increases proposed by UHC for the benefit year beginning June 1, 2011, and the lack of other viable alternatives, the plan is being eliminated. UHC's proposed increases were as follows:

UHC HMO: 45 to 47% rate increase

UHC HDHP: 17% rate increase

If you are enrolled in one of these plans you must switch to one of the other County offered medical plans during this annual enrollment period.

## **Hartford Life Insurance Upgrade**

For all current retirees who are enrolled in the Hartford retiree life insurance policy through the County of Sonoma this benefit year you have a onetime option to upgrade your current \$2,000 policy to a \$10,000 policy. The monthly premium cost you are paying for the \$2,000 policy is \$0.52. The monthly cost for \$10,000 will be \$10.50. The upgrade is not available to retirees who declined enrollment into the life insurance policy in the past and will not be available after this annual enrollment. To upgrade, complete the universal enrollment form in the back of this booklet.

## **Changes Required by the Patient Protection and Affordable Care Act**

### **Medical Plan Eligibility for Adult Children**

Children are eligible to be enrolled in one of our medical plans through the end of the month that they turn age 26 as long as they are not eligible for their own group coverage. They no longer have to be unmarried and a full time student to remain eligible. If your child previously lost eligibility and now meets the eligibility, they can now be reenrolled. Note: This does not apply to dental coverage. Dental covers children through age 19 or to age 23 under DeltaCare USA and 19 or to age 25 under Delta Preferred Option if they are unmarried and full time students.

### **No Cost Sharing for Routine Medical Care**

Preventative and routine medical care for all covered participants is now covered at 100% with no out of pocket costs. For the CHP PPO this applies to in-network care only.

### **No Annual or Life Time Maximums**

For essential medical benefits there are no longer any maximum amounts a medical plan will cover. If you previously reached any plan limit for an essential benefit, you may now reenroll in that plan, or may have additional covered benefits.

### **New Universal Enrollment/Change Form Included in Back of Book**

This year you will be able to submit your enrollment /changes without any delays. For your convenience, a new universal enrollment form to enroll or make changes to medical, dental, and/or life insurance is now included in the back of this booklet. Please make a copy of your completed form for your records before mailing to the Human Resources Benefits Unit. Also note, if you or your dependents want to enroll in or make changes to a Kaiser Senior Advantage plan you will need to obtain an additional enrollment form by contacting the Human Resources Benefits Unit. If you and your dependents want to enroll in or make changes to the UHC AARP plans you will need to contact UHC AARP directly to obtain the additional enrollment forms. (Refer to back of this booklet for contact information)

**Take note...** If you are currently enrolled in UnitedHealth Plan HMO or HDHP and you do not make an enrollment election to change plans during annual enrollment you will be enrolled in the County Health Plan PPO. Be sure to review the plans available and choose the option that meets the needs of you and your family.

## Enrolling in Benefits

**Annual Enrollment is your once-a-year opportunity to make changes to your current benefit elections for the coming benefit year, which begins on June 1, 2011 and continues through May 31, 2012.**

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
- Change your life insurance coverage amount

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 15, 2011.**

### **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 benefit 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, 2011.

**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 pharmacy, or by mail order through CVS/Caremark.**

# When Changes are Allowed

## County of Sonoma- Human Resources Department

### A Summary of the most Common Change of Status Events and the Mid-Year Enrollment Changes Allowed for Retirees Under a Health Plan (Medical and Dental)

This chart is only a summary of some of the permitted health plan changes and is **not** all inclusive.

If you experience the following Event...	You may make the following change(s)* within 31 days of the Event...	YOU MAY NOT make these types of changes...
<i>Life / Family Events</i>		
Marriage or Commencement of Domestic Partnership (DP)	<ul style="list-style-type: none"> <li>Enroll in or waive coverage for your new spouse/DP and other newly eligible dependents<sup>1</sup></li> <li>Waive coverage for newly eligible dependents if your coverage is also waived<sup>1</sup></li> <li>Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>Waive health coverage for yourself and previously eligible children<sup>1</sup></li> <li>Enroll if not already enrolled</li> </ul>
Divorce or Termination of Domestic Partnership (DP)	<ul style="list-style-type: none"> <li>Cancel coverage for your spouse/DP</li> <li>Enroll yourself and your dependent children if you or they were previously enrolled in your spouse/DP's plan and only if a signed waiver is on file</li> <li>Cancel coverage for dependent children<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> </ul>
Gain a child due to birth or adoption	<ul style="list-style-type: none"> <li>Enroll in or waive coverage for the newly eligible dependent<sup>1</sup> <ul style="list-style-type: none"> <li>Adoption placement papers are required as proof</li> </ul> </li> <li>Change health plans</li> </ul>	
Previously ineligible child requires coverage due to a QMCSO	<ul style="list-style-type: none"> <li>Add child named on QMCSO to your health coverage (enroll yourself, if eligible and waiver is on file)</li> <li>Change health plans, when options are available if necessary to accommodate the child named on the QMCSO</li> </ul>	<ul style="list-style-type: none"> <li>Make any other changes, except as required by the QMCSO</li> </ul>
Loss of a child's eligibility (e.g., child reaches the maximum age for coverage)	<ul style="list-style-type: none"> <li>Drop the child who lost eligibility from your health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> </ul>
Death of a dependent (spouse or child)	<ul style="list-style-type: none"> <li>Drop the dependent from your health coverage</li> <li>Enroll in health coverage if the event resulted in the loss of other group coverage and if a waiver is in place</li> <li>Change medical plans</li> </ul>	
Retiree has become entitled to Medicare	<ul style="list-style-type: none"> <li>Change medical plans</li> <li>Last opportunity to enroll yourself, spouse, and dependent children, if previously waived. Eligibility for coverage will be permanently canceled if no enrollment within 60 days of Medicare eligibility</li> </ul>	
Spouse or Dependent has become entitled to (or lost entitlement to) Medicaid or Medicare	<ul style="list-style-type: none"> <li>Cancel coverage for the person who became entitled to Medicare or Medicaid</li> <li>Add the person who lost Medicare/Medicaid entitlement, if eligible and previously waived</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> </ul>
Change of home address outside of plan service area	<ul style="list-style-type: none"> <li>Change health plans if you are enrolled in a medical or dental HMO and move out of their service area</li> </ul>	
Death of retiree	<ul style="list-style-type: none"> <li>Eligible dependents must enroll at the time of the event or permanently lose eligibility</li> </ul>	<ul style="list-style-type: none"> <li>Surviving dependents cannot continue to waive coverage</li> </ul>
<i>Employment Status Events</i>		
You retire, transferring from active benefits to retiree benefits	<ul style="list-style-type: none"> <li>Change medical plans</li> <li>Enroll in a retiree dental plan</li> <li>Waive coverage for self and/or dependents covered on your plan at the time of retirement provided they have other group coverage (One time option)</li> <li>Enroll dependents who are currently enrolled or listed as waived on your active employee medical coverage</li> </ul>	<ul style="list-style-type: none"> <li>Add dependents to retiree medical plan not already enrolled in active employee medical</li> </ul>
Spouse obtains health benefits in another group health plan	<ul style="list-style-type: none"> <li>Cancel coverage for spouse</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> <li>Waive health coverage<sup>1</sup></li> </ul>
Spouse loses employment or otherwise loses coverage for health benefits in another group health plan (Proof of loss of other coverage is required)	<ul style="list-style-type: none"> <li>Enroll your spouse in your health plan, if previously waived due to other group coverage</li> <li>Enroll your spouse, yourself, and/or eligible dependent children in your medical plan if previously waived due to previous coverage under your spouse's group plan</li> <li>Change medical plans</li> </ul>	

# When Changes are Allowed

## Notes: Dropping Eligible Dependents:

Dependents dropped from coverage have limited or no re-enrollment rights. Review Article 16 of the Salary Resolution carefully before dropping coverage for eligible spouse and/or dependents.

## Waiving Coverage (when covered by other insurance):

Medical coverage can be waived only at the time of retirement or within 31 days of initial eligibility for newly eligible dependents. Re-enrollment is limited. Read Article 16 and the waiver language on the Retiree Benefits Enrollment and Change Form carefully before waiving coverage.

## Medicare Enrollment Requirements:

Medicare requirement: Medicare eligible retirees and/or Medicare eligible dependents must complete and sign enrollment paperwork the month prior to the effective date of the Medicare eligibility and provide a copy of their Medicare card(s) demonstrating enrollment in Medicare Part A and B.

## Continuation Rights through COBRA:

**Non-Medicare retirees**, spouses/domestic partners, and dependents who lose coverage will be offered the option for continuation coverage through COBRA for medical only. Continuation coverage through COBRA is not available for retiree dental plans.

**Medicare eligible retirees**, spouses/domestic partners, and dependents who lose coverage are NOT eligible for medical insurance continuation coverage through COBRA.

## Permanently Cancel All Coverage:

You may permanently cancel coverage at any time. However you will give up all reenrollment rights. Read Article 16 of the Salary Resolution carefully before cancelling coverage.

<b>Effective Dates</b> -The above benefit election changes are effective as follows:
Canceling Coverage: Effective date of change is generally the <b>last day of the month after the event</b> that allowed the change. E.g., Spouse obtains other group coverage on the 1 <sup>st</sup> of the month. Coverage for spouse ends on the last day of the prior month.
Adding newly eligible dependent: Effective date of change is generally the <b>first of the month following or coinciding with the event</b> that allowed the change. E.g., Married on 1 <sup>st</sup> of the month. Coverage for new spouse is effective on the 1 <sup>st</sup> of the same month. Married on the 2 <sup>nd</sup> of the month. Coverage for new spouse is effective on the 1 <sup>st</sup> of the following month.
New Retirees: Effective on the <b>1<sup>st</sup> of the month following or coinciding with the date of retirement</b> . E.g., Retired July 1st. Employee coverage ends June 30 <sup>th</sup> , retiree coverage is effective on July 1st. Retired July 9th. Employee coverage ends July 31 <sup>st</sup> , retiree coverage is effective August 1st.
<b>Exception:</b>
Birth/Adoption: Effective on the <b>1<sup>st</sup> of the month following date of birth/adoption</b> . Medical plans will cover a newborn under the subscriber's coverage from date of birth through the end of the birth month. Submit paperwork to Human Resources early and no later than 31 days from the date of birth to ensure medical coverage for the child.

All rules above apply equally to IRS qualified and non-qualified dependents for consistency and ease of administration.

**Contact Information:** County of Sonoma, Human Resources Benefits Unit, 707-565-2900, [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org)

<sup>1</sup> Waiving retiree medical for a newly eligible dependent is a one-time only option at the time of the enrollment of the newly eligible dependent

<sup>2</sup> Eligible dependents not covered when the retiree is covered are not eligible for re-enrollment at any time in the future, not even upon the loss of other group coverage, per Salary Resolution.

# 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 (NW))

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.** When you meet the annual out-of-pocket maximum, the plan will pay the full cost of *covered expenses* for the remainder of the benefit year. Covered expenses (e.g. co-insurance amounts) apply towards the out-of-pocket maximum. Co-payments, deductibles, and prescription drug co-payments **are not** applied toward the out-of-pocket maximum. In addition, out-of-pocket costs incurred for non-covered services or supplies 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.***

- **Kaiser Permanente HMO Plan.** The HMO (Health Maintenance Organization) plan requires you to live within the plan's respective service area and to receive care from Kaiser Permanente providers. This means you have access to Kaiser Permanente providers only, except when you need emergency care. 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 Kaiser Permanente, visit the County of Sonoma web site at:

[http://hr.sonoma-county.org/for\\_retirees](http://hr.sonoma-county.org/for_retirees)

# Medical Plan Options for Non-Medicare-Eligible Retirees

	County Health Plan EPO Group # 175130M102	County Health Plan PPO Group # 175130M053	Kaiser Permanente HMO Group # 9072-0000
Annual Deductible	\$500 individual \$1,500 family	\$300 individual \$900 family	None
Annual Out of Pocket Maximum	\$5,000 individual \$10,000 family	\$2,000 individual \$4,000 family	\$1,500 individual \$3,000 family
Co-insurance	80%	In-network: 90% Out of Network: 60%	None
Lifetime Maximum	<b>None</b>	<b>None</b>	None
Dependent Children Eligibility	<b>Any Dependent child under age 26 provided he/she is not eligible for own group coverage.</b> Disabled: No age limit	<b>Any Dependent child under age 26 provided he/she is not eligible for own group coverage.</b> Disabled: No age limit	<b>Any Dependent child under age 26 provided he/she is not eligible for own group coverage.</b> Disabled: No age limit
<b>Office Visits and Professional Services</b>			
Physician & Specialist	\$50 co-pay, no deductible	In-network: \$20 co-pay Out of Network: 60%	\$10 co-pay
Preventive Care Birth to Age 18	<b>No charge, no deductible</b>	In-network: <b>No charge</b> , no deductible Out of Network: 60%, after deductible	<b>No charge</b>
Preventive Care Adult Routine Care	<b>No charge</b> , no deductible, one exam every 24 months	<b>No charge</b> , in network only, no deductible, one exam every 24 months	<b>No charge</b>
Preventive Care Adult Routine OB/GYN	<b>No charge</b> , no deductible	In-network: <b>No charge</b> , no deductible Out of Network: 60%, after deductible	<b>No charge</b>
Lab and X-ray	80%	In-network: 90% Out of Network: 60%	No charge
Physical Therapy	80%	In-network: 90% Out of Network: 60%	\$10 co-pay medically necessary treatment only
Chiropractic	80%	In-network: 90% Out of Network: 60%	Discounted rates through Kaiser ChooseHealthy program in CA only
Mental Health & Substance Abuse (Out-patient)	<b>80%</b>	In-network 90% Out of Network: 60%	\$10 co-pay individual \$5 co-pay group
<b>Surgical and Hospital Services</b>			
Inpatient Hospital and Physician Services	\$500 co-pay + 80%	\$125 per admission co-pay + In-network: 90% Out of Network: 60%	No charge
Outpatient Surgery	\$500 co-pay + 80%	In-network: 90%, Out of Network: 60%	\$10 co-pay
Maternity	\$250 co-pay + 80%	In-network: 90%, Out of Network: 60%	No charge
Emergency Room	\$150 co-pay + 80%	\$100 per visit co-pay + In-network: 90% Out of Network: 60%	\$50 co-pay
Ambulance	80%	In-network: 90% Out of Network: 60%	\$50 per trip
Mental Health & Substance Abuse (In-patient)	\$500 co-pay + 80%	\$125 per admission co-pay + In-network: 90% Out of Network: 60%	No charge
Skilled Nursing facility	Not Covered	In-network: 90%, Out of Network: 60% 100 days per year	No charge 100 days per year
Home Health	Not Covered	In-network: 90% Out of Network: 60%	No charge 100 days per year
<b>Prescription Drugs</b>			
Generic or Tier 1	\$10 co-pay 34 day supply	\$5 co-pay 34 day supply	\$5 co-pay 100 day supply
Formulary Brand or Tier 2	\$35 co-pay 34 day supply	\$15 co-pay 34 day supply	\$10 co-pay 100 day supply
Non-Formulary Brand or Tier 3	\$75 co-pay 34 day supply	\$30 co-pay 34 day supply	\$10 co-pay 100 day supply
Mail Order Benefit	3 months supply for 1 co-pay	3 months supply for 1 co-pay	Same as retail
Mandatory Mail Order	Yes	Yes	No
Mandatory Generic Program	Yes	Yes	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)
- Kaiser Permanente Senior Advantage (California, Oregon/Washington, or Hawaii)
- AARP<sup>®</sup> 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 65<sup>th</sup> 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 65<sup>th</sup> 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.

## 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 Human Resources Benefits Unit 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.

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 HMO Plan.** This plan is approved as a "Medicare Advantage" plan by Medicare. When you choose to participate in this plan, you agree to allow Kaiser Permanente to *provide your Medicare Parts A and B benefits*. In doing so, you authorize Medicare to pay your benefits directly to Kaiser Permanente. Under the HMO plan you pay a set copayment for most services you use. You must use Kaiser Permanente contracted providers for your care, *except* in an emergency.

For more detailed information regarding the County Health Plans and the Kaiser Permanente Plan, visit the County of Sonoma web site at:

[http://hr.sonoma-county.org/for\\_retirees](http://hr.sonoma-county.org/for_retirees)

## 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 charge you an annual membership fee; 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](http://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 or Kaiser Permanente Senior Advantage, 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.

County retirees 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](http://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 Group # 175130M103	County Health Plan PPO Group # 175130M054
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	<b>None</b>	<b>None</b>
Dependent Children Eligibility	<b>Any Dependent child under age 26 provided he/she is not eligible for own group coverage.</b> Disabled: No age limit	<b>Any Dependent child under age 26 provided he/she is not eligible for own group coverage.</b> Disabled: No age limit
<b>Office Visits and Professional Services</b>		
Physician & Specialist	\$50 co-pay, no deductible	In-network: \$20 co-pay Out of Network: 60%
Preventive Care Birth to Age 18	<b>No charge, no deductible</b>	In-network: <b>No charge</b> , no deductible Out of Network: 60%, after deductible
Preventive Care Adult Routine Care	<b>No charge</b> , no deductible, one exam every 24 months	<b>No charge</b> , in network only, no deductible, one exam every 24 months
Preventive Care Adult Routine OB/GYN	<b>No charge</b> , no deductible	In-network: <b>No charge</b> , 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)	<b>80%</b>	In-network 90% Out of Network: 60%
<b>Surgical and Hospital Services</b>		
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%	\$100 per visit co-pay + 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%	\$125 per admission co-pay + 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%
<b>Prescription Drugs</b>		
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 - Group # 1068 (Plan F)	Kaiser Permanente Senior Advantage Group # 9072-0000
Annual Deductible	Part A and Part B Medicare deductibles paid in full by Plan F	None
Annual Out of Pocket Maximum	\$0	\$1,500 individual \$3,000 family
Co-insurance	100%	None
Lifetime Maximum	Unlimited (Medicare has limits on some services)	None
Dependent Children Eligibility	Contact the plan's customer service at 1-800-545-1797 to verify your or your dependent's eligibility	<b>Any Dependent child under age 26 provided he/she is not eligible for own group coverage.</b> Disabled: No age limit
<b>Office Visits and Professional Services</b>		
Physician & Specialist	\$0	\$10 co-pay
Preventive Care Birth to Age 18	N/A	Not Covered
Preventive Care Adult Routine Care	\$0	\$10 co-pay
Preventive Care Adult Routine OB/GYN	\$0	\$10 co-pay
Lab and X-ray	\$0	\$0
Physical Therapy	\$0	\$10 co-pay
Chiropractic	\$0	Discounted rates through Kaiser ChooseHealthy program in CA only
Mental Health & Substance Abuse (Out-patient)	\$0	\$10 co-pay individual \$5 co-pay group
<b>Surgical and Hospital Services</b>		
Inpatient Hospital and Physician Services	\$0, Up to Medicare maximum days allowed	\$0
Outpatient Surgery	\$0, Up to Medicare maximums allowed	\$0
Maternity	\$0, Up to Medicare maximum days allowed	\$0
Emergency Room	\$0	\$50 co-pay
Ambulance	\$0	\$0
Mental Health & Substance Abuse (In-patient)	\$0, 190 days lifetime max	\$0, 190 days lifetime max
Skilled Nursing facility	\$0, Up to Medicare maximum days allowed	\$0 100 days per year
Home Health	\$0, Up to Medicare maximum days allowed	\$0 100 days per year
<b>Prescription Drugs</b>		
Generic or Tier 1	\$7 co-pay 30 day supply	\$5 co-pay 100 day supply
Formulary Brand or Tier 2	\$38 co-pay 30 day supply	\$10 co-pay 100 day supply
Non-Formulary Brand or Tier 3	\$64-\$98 co-pay 30 day supply	\$10 co-pay 100 day supply
Mail Order Benefit	\$15 discount	Same as retail
Mandatory Mail Order	No	No
Mandatory Generic Program	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, 2011:

- 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

## 2010/2011 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.

## 2011/2012 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
<b>County Health Plan PPO</b>			
Non-Medicare Retiree			
Retiree Only	\$277.83	\$538.98	\$816.81
Retiree & 1 Dep under 65	\$835.83	\$769.76	\$1,605.59
Retiree & 2 Dep under 65	\$1,287.26	\$956.46	\$2,243.72
Retiree & 1 Dep w/ Medicare	\$596.89	\$659.35	\$1,256.24
Retiree & 2 Deps, 1 w/ Medicare	\$1,198.97	\$846.05	\$2,045.02
Medicare Retiree			
Retiree Only	\$0.00	\$439.43	\$439.43
Retiree & 1 Dep w/out Medicare	\$596.89	\$659.35	\$1,256.24
Retiree & 1 Dep both w/ Medicare	\$321.72	\$557.14	\$878.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$960.03	\$735.64	\$1,695.67
Retiree & 2 Deps w/out Medicare	\$1,198.97	\$846.05	\$2,045.02
<b>County Health Plan EPO</b>			
Non-Medicare Retiree			
Retiree Only	\$159.28	\$512.22	\$671.50
Retiree & 1 Dep under 65	\$594.56	\$717.16	\$1,311.72
Retiree & 2 Dep under 65	\$946.73	\$882.96	\$1,829.69
Retiree & 1 Dep w/ Medicare	\$413.65	\$619.11	\$1,032.76
Retiree & 2 Deps, 1 w/ Medicare	\$888.07	\$784.91	\$1,672.98
Medicare Retiree			
Retiree Only	\$0.00	\$361.26	\$361.26
Retiree & 1 Dep w/out Medicare	\$413.65	\$619.11	\$1,032.76
Retiree & 1 Dep both w/ Medicare	\$194.18	\$528.34	\$722.52
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$707.16	\$686.86	\$1,394.02
Retiree & 2 Deps w/out Medicare	\$888.07	\$784.91	\$1,672.98

# 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
<b>Kaiser HMO and Senior Advantage (CA)</b>			
Non-Medicare Retiree			
Retiree Only	\$45.97	\$500.00	\$545.97
Retiree & 1 Dep under 65	\$508.78	\$583.16	\$1,091.94
Retiree & 2 Dep under 65	\$844.41	\$700.68	\$1,545.09
Retiree & 1 Dep w/ Medicare	\$334.08	\$551.70	\$885.78
Retiree & 2 Deps, 1 w/ Medicare	\$669.71	\$669.22	\$1,338.93
Medicare Retiree			
Retiree Only	\$0.00	\$339.91	\$339.81
Retiree & 1 Dep w/out Medicare	\$334.08	\$551.70	\$885.78
Retiree & 1 Dep both w/ Medicare	\$159.38	\$520.24	\$679.62
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$495.02	\$637.75	\$1,132.77
Retiree & 2 Deps w/out Medicare	\$669.71	\$669.22	\$1,338.93
<b>Kaiser HMO and Senior Advantage (OR/WA)</b>			
Non-Medicare Retiree			
Retiree Only	\$210.64	\$500.00	\$710.64
Retiree & 1 Dep under 65	\$838.12	\$583.16	\$1,421.28
Retiree & 2 Dep under 65	\$1,431.24	\$700.68	\$2,131.92
Retiree & 1 Dep w/ Medicare	\$414.10	\$551.70	\$965.80
Retiree & 2 Deps, 1 w/ Medicare	\$1,007.22	\$669.22	\$1,676.44
Medicare Retiree			
Retiree Only	\$0.00	\$255.16	\$255.16
Retiree & 1 Dep w/out Medicare	\$414.10	\$551.70	\$965.80
Retiree & 1 Dep both w/ Medicare	\$0.00	\$510.32	\$510.32
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$583.21	\$637.75	\$1,220.96
Retiree & 2 Deps w/out Medicare	\$1,007.22	\$669.22	\$1,676.44
<b>Kaiser HMO and Senior Advantage (HI)</b>			
Non-Medicare Retiree			
Retiree Only	\$108.08	\$500.00	\$608.08
Retiree & 1 Dep under 65	\$633.00	\$583.16	\$1,216.16
Retiree & 2 Dep under 65	\$1,123.56	\$700.68	\$1,824.24
Retiree & 1 Dep w/ Medicare	\$346.41	\$551.70	\$898.11
Retiree & 2 Deps, 1 w/ Medicare	\$836.97	\$669.22	\$1,506.19
Medicare Retiree			
Retiree Only	\$0.00	\$290.03	\$290.03
Retiree & 1 Dep w/out Medicare	\$346.41	\$551.70	\$898.11
Retiree & 1 Dep both w/ Medicare	\$59.82	\$520.24	\$580.06
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$550.39	\$637.75	\$1,188.14
Retiree & 2 Deps w/out Medicare	\$836.97	\$669.22	\$1,506.19

# Medical Plan Premiums

Hired after "1990" with at least 20 Years Service	Retiree Cost	County Cost	Total Cost
<b>County Health Plan PPO</b>			
Non-Medicare Retiree			
Retiree Only	\$277.83	\$538.98	\$816.81
Retiree & 1 Dep under 65	\$835.83	\$769.76	\$1,605.59
Retiree & 2 Dep under 65	\$1,473.96	\$769.76	\$2,243.72
Retiree & 1 Dep w/ Medicare	\$596.89	\$659.35	\$1,256.24
Retiree & 2 Deps, 1 w/ Medicare	\$1,385.67	\$659.35	\$2,045.02
Medicare Retiree			
Retiree Only	\$0.00	\$439.43	\$439.43
Retiree & 1 Dep w/out Medicare	\$596.89	\$659.35	\$1,256.24
Retiree & 1 Dep both w/ Medicare	\$321.72	\$557.14	\$878.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$1,138.53	\$557.14	\$1,695.67
Retiree & 2 Deps w/out Medicare	\$1,385.67	\$659.35	\$2,045.02
<b>County Health Plan EPO</b>			
Non-Medicare Retiree			
Retiree Only	\$159.28	\$512.22	\$671.50
Retiree & 1 Dep under 65	\$594.56	\$717.16	\$1,311.72
Retiree & 2 Dep under 65	\$1,112.53	\$717.16	\$1,829.69
Retiree & 1 Dep w/ Medicare	\$413.65	\$619.11	\$1,032.76
Retiree & 2 Deps, 1 w/ Medicare	\$1,053.87	\$619.11	\$1,672.98
Medicare Retiree			
Retiree Only	\$0.00	\$361.26	\$361.26
Retiree & 1 Dep w/out Medicare	\$413.65	\$619.11	\$1,032.76
Retiree & 1 Dep both w/ Medicare	\$194.18	\$528.34	\$722.52
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$865.68	\$528.34	\$1,394.02
Retiree & 2 Deps w/out Medicare	\$1,053.87	\$619.11	\$1,672.98

# Medical Plan Premiums

Hired after "1990" with at least 20 Years Service	Retiree Cost	County Cost	Total Cost
<b>Kaiser HMO and Senior Advantage (CA)</b>			
Non-Medicare Retiree			
Retiree Only	\$45.97	\$500.00	\$545.97
Retiree & 1 Dep under 65	\$508.78	\$583.16	\$1,091.94
Retiree & 2 Dep under 65	\$961.93	\$583.16	\$1,545.09
Retiree & 1 Dep w/ Medicare	\$334.08	\$551.70	\$885.78
Retiree & 2 Deps, 1 w/ Medicare	\$787.23	\$551.70	\$1,338.93
Medicare Retiree			
Retiree Only	\$0.00	\$339.81	\$339.81
Retiree & 1 Dep w/out Medicare	\$334.08	\$551.70	\$885.78
Retiree & 1 Dep both w/ Medicare	\$159.38	\$520.24	\$679.62
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$612.53	\$520.24	\$1,132.77
Retiree & 2 Deps w/out Medicare	\$787.23	\$551.70	\$1,338.93
<b>Kaiser HMO and Senior Advantage (OR/WA)</b>			
Non-Medicare Retiree			
Retiree Only	\$210.64	\$500.00	\$710.64
Retiree & 1 Dep under 65	\$838.12	\$583.16	\$1,421.28
Retiree & 2 Dep under 65	\$1,548.76	\$583.16	\$2,131.92
Retiree & 1 Dep w/ Medicare	\$414.10	\$551.70	\$965.80
Retiree & 2 Deps, 1 w/ Medicare	\$1,124.74	\$551.70	\$1,676.44
Medicare Retiree			
Retiree Only	\$0.00	\$255.16	\$255.16
Retiree & 1 Dep w/out Medicare	\$414.10	\$551.70	\$965.80
Retiree & 1 Dep both w/ Medicare	\$0.00	\$510.32	\$510.32
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$700.72	\$520.24	\$1,220.96
Retiree & 2 Deps w/out Medicare	\$1,124.74	\$551.70	\$1,676.44
<b>Kaiser HMO and Senior Advantage (HI)</b>			
Non-Medicare Retiree			
Retiree Only	\$108.08	\$500.00	\$608.08
Retiree & 1 Dep under 65	\$633.00	\$583.16	\$1,216.16
Retiree & 2 Dep under 65	\$1,241.08	\$583.16	\$1,824.24
Retiree & 1 Dep w/ Medicare	\$346.41	\$551.70	\$898.11
Retiree & 2 Deps, 1 w/ Medicare	\$954.49	\$551.70	\$1,506.19
Medicare Retiree			
Retiree Only	\$0.00	\$290.03	\$290.03
Retiree & 1 Dep w/out Medicare	\$346.41	\$551.70	\$898.11
Retiree & 1 Dep both w/ Medicare	\$59.82	\$520.24	\$580.06
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$667.90	\$520.24	\$1,188.14
Retiree & 2 Deps w/out Medicare	\$954.49	\$551.70	\$1,506.19

# Medical Plan Premiums

Hired after "1990" with 10 to 20 Years Service	Retiree Cost	County Cost	Total Cost
<b>County Health Plan PPO</b>			
Non-Medicare Retiree			
Retiree Only	\$277.83	\$538.98	\$816.81
Retiree & 1 Dep under 65	\$1,066.61	\$538.98	\$1,605.59
Retiree & 2 Dep under 65	\$1,704.74	\$538.98	\$2,243.72
Retiree & 1 Dep w/ Medicare	\$717.26	\$538.98	\$1,256.24
Retiree & 2 Deps, 1 w/ Medicare	\$1,506.04	\$538.98	\$2,045.02
Medicare Retiree			
Retiree Only	\$0.00	\$439.43	\$439.43
Retiree & 1 Dep w/out Medicare	\$816.81	\$439.43	\$1,256.24
Retiree & 1 Dep both w/ Medicare	\$439.43	\$439.43	\$878.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$1,256.24	\$439.43	\$1,695.67
Retiree & 2 Deps w/out Medicare	\$1,605.59	\$439.43	\$2,045.02
<b>County Health Plan EPO</b>			
Non-Medicare Retiree			
Retiree Only	\$159.28	\$512.22	\$671.50
Retiree & 1 Dep under 65	\$799.50	\$512.22	\$1,311.72
Retiree & 2 Dep under 65	\$1,317.47	\$512.22	\$1,829.69
Retiree & 1 Dep w/ Medicare	\$520.54	\$512.22	\$1,032.76
Retiree & 2 Deps, 1 w/ Medicare	\$1,160.76	\$512.22	\$1,672.98
Medicare Retiree			
Retiree Only	\$0.00	\$361.26	\$361.26
Retiree & 1 Dep w/out Medicare	\$671.50	\$361.26	\$1,032.76
Retiree & 1 Dep both w/ Medicare	\$361.26	\$361.26	\$722.52
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$1,032.76	\$361.26	\$1,394.02
Retiree & 2 Deps w/out Medicare	\$1,311.72	\$361.26	\$1,672.98

# Medical Plan Premiums

Hired after "1990" with 10 to 20 Years Service	Retiree Cost	County Cost	Total Cost
<b>Kaiser HMO and Senior Advantage (CA)</b>			
Non-Medicare Retiree			
Retiree Only	\$45.97	\$500.00	\$545.97
Retiree & 1 Dep under 65	\$591.94	\$500.00	\$1,091.94
Retiree & 2 Dep under 65	\$1,045.09	\$500.00	\$1,545.09
Retiree & 1 Dep w/ Medicare	\$385.78	\$500.00	\$885.78
Retiree & 2 Deps, 1 w/ Medicare	\$838.93	\$500.00	\$1,338.93
Medicare Retiree			
Retiree Only	\$0.00	\$339.91	\$339.81
Retiree & 1 Dep w/out Medicare	\$545.97	\$339.91	\$885.78
Retiree & 1 Dep both w/ Medicare	\$339.81	\$339.91	\$679.62
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$792.96	\$339.91	\$1,132.77
Retiree & 2 Deps w/out Medicare	\$999.12	\$339.91	\$1,338.93
<b>Kaiser HMO and Senior Advantage (OR/WA)</b>			
Non-Medicare Retiree			
Retiree Only	\$210.64	\$500.00	\$710.64
Retiree & 1 Dep under 65	\$921.28	\$500.00	\$1,421.28
Retiree & 2 Dep under 65	\$1,631.92	\$500.00	\$2,131.92
Retiree & 1 Dep w/ Medicare	\$465.80	\$500.00	\$965.80
Retiree & 2 Deps, 1 w/ Medicare	\$1,176.44	\$500.00	\$1,676.44
Medicare Retiree			
Retiree Only	\$0.00	\$255.16	\$255.16
Retiree & 1 Dep w/out Medicare	\$710.64	\$255.16	\$965.80
Retiree & 1 Dep both w/ Medicare	\$255.16	\$255.16	\$510.32
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$965.80	\$255.16	\$1,220.96
Retiree & 2 Deps w/out Medicare	\$1,421.28	\$255.16	\$1,676.44
<b>Kaiser HMO and Senior Advantage (HI)</b>			
Non-Medicare Retiree			
Retiree Only	\$108.08	\$500.00	\$608.08
Retiree & 1 Dep under 65	\$716.16	\$500.00	\$1,216.16
Retiree & 2 Dep under 65	\$1,324.24	\$500.00	\$1,824.24
Retiree & 1 Dep w/ Medicare	\$398.11	\$500.00	\$898.11
Retiree & 2 Deps, 1 w/ Medicare	\$1,006.19	\$500.00	\$1,506.19
Medicare Retiree			
Retiree Only	\$0.00	\$290.03	\$290.03
Retiree & 1 Dep w/out Medicare	\$608.08	\$290.03	\$898.11
Retiree & 1 Dep both w/ Medicare	\$290.03	\$290.03	\$580.06
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$898.11	\$290.03	\$1,188.14
Retiree & 2 Deps w/out Medicare	\$1,216.16	\$290.03	\$1,506.19

# Medical Plan Premiums

<b>Frozen Per Board Resolution 07-0269 &amp; 08-0713</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total Cost</b>
<b>County Health Plan PPO</b>			
Non-Medicare Retiree			
Retiree Only	\$277.83	\$538.98	\$816.81
Retiree & 1 Dep under 65	\$1,066.61	\$538.98	\$1,605.59
Retiree & 2 Dep under 65	\$1,704.74	\$538.98	\$2,243.72
Retiree & 1 Dep w/ Medicare	\$717.26	\$538.98	\$1,256.24
Retiree & 2 Deps, 1 w/ Medicare	\$1,506.04	\$538.98	\$2,045.02
Medicare Retiree			
Retiree Only	\$118.58	\$320.85	\$439.43
Retiree & 1 Dep w/out Medicare	\$935.39	\$320.85	\$1,256.24
Retiree & 1 Dep both w/ Medicare	\$558.01	\$320.85	\$878.86
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$1,374.82	\$320.85	\$1,695.67
Retiree & 2 Deps w/out Medicare	\$1,724.17	\$320.85	\$2,045.02
<b>County Health Plan EPO</b>			
Non-Medicare Retiree			
Retiree Only	\$159.28	\$512.22	\$671.50
Retiree & 1 Dep under 65	\$799.50	\$512.22	\$1,311.72
Retiree & 2 Dep under 65	\$1,317.47	\$512.22	\$1,829.69
Retiree & 1 Dep w/ Medicare	\$520.54	\$512.22	\$1,032.76
Retiree & 2 Deps, 1 w/ Medicare	\$1,160.76	\$512.22	\$1,672.98
Medicare Retiree			
Retiree Only	\$40.41	\$320.85	\$361.26
Retiree & 1 Dep w/out Medicare	\$711.91	\$320.85	\$1,032.76
Retiree & 1 Dep both w/ Medicare	\$401.67	\$320.85	\$722.52
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$1,073.17	\$320.85	\$1,394.02
Retiree & 2 Deps w/out Medicare	\$1,352.13	\$320.85	\$1,672.98

# Medical Plan Premiums

Frozen Per Board Resolution 07-0269 & 08-0713	Retiree Cost	County Cost	Total Cost
<b>Kaiser HMO and Senior Advantage (CA)</b>			
Non-Medicare Retiree			
Retiree Only	\$196.06	\$349.91	\$545.97
Retiree & 1 Dep under 65	\$742.03	\$349.91	\$1,091.94
Retiree & 2 Dep under 65	\$1,195.18	\$349.91	\$1,545.09
Retiree & 1 Dep w/ Medicare	\$535.87	\$349.91	\$885.78
Retiree & 2 Deps, 1 w/ Medicare	\$989.02	\$349.91	\$1,338.93
Medicare Retiree			
Retiree Only	\$85.95	\$253.86	\$339.81
Retiree & 1 Dep w/out Medicare	\$631.92	\$253.86	\$885.78
Retiree & 1 Dep both w/ Medicare	\$425.76	\$253.86	\$679.62
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$878.91	\$253.86	\$1,132.77
Retiree & 2 Deps w/out Medicare	\$1,085.07	\$253.86	\$1,338.93
<b>Kaiser HMO and Senior Advantage (OR/WA)</b>			
Non-Medicare Retiree			
Retiree Only	\$360.73	\$349.91	\$710.64
Retiree & 1 Dep under 65	\$1,071.37	\$349.91	\$1,421.28
Retiree & 2 Dep under 65	\$1,782.01	\$349.91	\$2,131.92
Retiree & 1 Dep w/ Medicare	\$615.89	\$349.91	\$965.80
Retiree & 2 Deps, 1 w/ Medicare	\$1,326.53	\$349.91	\$1,676.44
Medicare Retiree			
Retiree Only	\$21.24	\$233.92	\$255.16
Retiree & 1 Dep w/out Medicare	\$731.88	\$233.92	\$965.80
Retiree & 1 Dep both w/ Medicare	\$276.40	\$233.92	\$510.32
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$987.04	\$233.92	\$1,220.96
Retiree & 2 Deps w/out Medicare	\$1,442.52	\$233.92	\$1,676.44
<b>Kaiser HMO and Senior Advantage (HI)</b>			
Non-Medicare Retiree			
Retiree Only	\$258.17	\$349.91	\$608.08
Retiree & 1 Dep under 65	\$866.25	\$349.91	\$1,216.16
Retiree & 2 Dep under 65	\$1,474.33	\$349.91	\$1,824.24
Retiree & 1 Dep w/ Medicare	\$548.20	\$349.91	\$898.11
Retiree & 2 Deps, 1 w/ Medicare	\$1,156.28	\$349.91	\$1,506.19
Medicare Retiree			
Retiree Only	\$40.53	\$249.50	\$290.03
Retiree & 1 Dep w/out Medicare	\$648.61	\$249.50	\$898.11
Retiree & 1 Dep both w/ Medicare	\$330.56	\$249.50	\$580.06
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	\$938.64	\$249.50	\$1,188.14
Retiree & 2 Deps w/out Medicare	\$1,256.69	\$249.50	\$1,506.19

## About Your Dental Plan Options

You can choose one of two retiree dental plans, offered 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

[http://hr.sonoma-county.org/for\\_retirees](http://hr.sonoma-county.org/for_retirees)

You can also visit the Delta Dental web site at [www.deltadentalins.com](http://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 #00247-0001	DeltaPreferred Option Group # 3136-0001
<b>Who can enroll?</b>	California residents only	No restrictions
<b>Dental provider choice</b>	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 <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> .
<b>Diagnostic &amp; Preventive</b>	Plan pays 100% for most services, no deductible	Plan pays 100% for most services, no deductible
<b>Basic</b>	Plan pays 100% for most services	Plan pays 80% of allowable charges; most benefits available after 12 months of continuous enrollment in the plan
<b>Crowns, Jackets &amp; Cast Restorations</b>	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
<b>Prosthodontics</b>	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; <b>coverage for implants is now included under the plan</b>

## About Your Dental Plan Options

Plan Feature	DeltaCare USA Group #00247-0001	DeltaPreferred Option Group # 3136-0001
<b>Orthodontics</b>	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
<b>Deductible</b>	\$0	\$50 per individual
<b>Benefit year Maximum Benefit</b>	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, 2011. The monthly premiums that take effect June 1, 2011 are noted below.

Monthly Dental Plan Premiums Effective June 1, 2011			
DeltaCare USA		DeltaPreferred Option	
Retiree only	\$28.16	Retiree only	\$38.94
Retiree + 1	\$46.43	Retiree + 1	\$74.39
Retiree + 2 or more	\$68.70	Retiree + 2 or more	\$123.45

If you are interested in enrolling in a retiree dental plan, complete the form in the back of this booklet and return to Sonoma County Human Resources by April 15, 2011.

**REMINDER...** If you were an elected official, worked for the County for at least 8 years and retired on/after December 10, 2002, you are eligible for the same employee dental and vision plans as in effect just prior to retirement your monthly cost for dental and vision is \$28.26 the County's monthly contribution is \$107.75. Contact the Human Resources Benefits Unit for details about your coverage and costs or visit the Human Resources website and click on "For Employees".

## 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](http://www.vsp.com) or by calling the plan's customer service at 1-800-877-7195. Other VSP insurance plans may be available to you for purchase but are not offered through the County of Sonoma. Contact VSP for more information.

# Dependent Eligibility

## Dependent eligibility criteria-Medical Plans

- Your lawfully married spouse
- Your domestic partner
- You or your domestic partner’s dependents including:
  - Your 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
- Eligible dependents must:
  - Be under each plan’s age limit criteria, or
  - Be any age if permanently and totally disabled and enrolled in the plan prior to attaining the limiting age.

## Dependent eligibility criteria-Dental Plans

In general, the following individuals may be eligible for enrollment in your dental insurance coverage. Refer to the table below for the plans’ respective dependent age limitations.

- Your lawfully married spouse or your domestic partner
- You 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 must:
    - Be (a) under age 19 at the end of the calendar year, (b) under each plan’s full time student age limit criteria (c) any age if permanently and totally disabled and enrolled in the plan prior to attaining the limiting age.
    - Share the same principal residence as you for more than 50% of the calendar year, excluding temporary absences such as attending school\*;
    - 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](http://www.sonoma-county.org/employees/emp_hippa_notice.htm), or by request from the Human Resources Benefits Unit at [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org) or 707-565-2900.

### **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 –**

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

## Important Notices

<b>GEORGIA – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Telephone: 1-800-694-3084
<b>IDAHO – Medicaid and CHIP</b>	<b>NEBRASKA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 208-334-5747 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092
<b>INDIANA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a> Phone: 1-877-438-4479	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA – Medicaid</b>	
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm">http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</a> Phone: 1-800-852-3345 x 5254
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	
Website: <a href="http://www.dhh.louisiana.gov/offices/?ID=92">www.dhh.louisiana.gov/offices/?ID=92</a> Phone: 1-888-342-0555	
<b>MAINE – Medicaid</b>	<b>NEW MEXICO – Medicaid and CHIP</b>
Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a> Phone: 1-800-321-5557	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>MASSACHUSETTS – Medicaid and CHIP</b>	
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	
<b>MINNESOTA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 800-657-3739	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MISSOURI – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a> Phone: 573-751-6944	Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100

## Important Notices

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

<b>E-mail:</b>	<a href="mailto:benefits@sonoma-county.org">benefits@sonoma-county.org</a>
<b>Phone:</b>	707-565-2900
<b>Internet:</b>	<a href="http://hr.sonoma-county.org/for_retirees">http://hr.sonoma-county.org/for_retirees</a>

## 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
<b>County Health Plans</b> <i>Administered by Anthem Blue Cross</i>	800-759-3030	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>CVS/Caremark</b> <i>County Health Plans' prescription drug provider</i>	800-966-5772	<a href="http://www.caremark.com">www.caremark.com</a>
<b>Kaiser Permanente</b>	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
<b><u>UnitedHealthcare AARP® Plans</u></b> UnitedHealthcare AARP® Medicare Supplement Insurance Plans AARP® MedicareRx Plans	800-545-1797 TTY: 877-730-4192 888-867-5575	<a href="http://www.aarphealthcare.com">www.aarphealthcare.com</a>  <a href="http://www.aarpmedicarerx.com">www.aarpmedicarerx.com</a>
<b><u>Delta Dental Plans</u></b> DeltaPreferred Option (retirees) DeltaCare USA (retirees)	800-765-6003 800-422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b><u>Vision Service Plan</u></b>	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b><u>Hartford Life &amp; Accident Insurance Company</u></b>	888-563-1124	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>