

The County of Sonoma offers a comprehensive health and welfare benefits program designed to meet the needs and preferences of our diverse workforce.

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.

What's New for 2011/2012

Elimination of UnitedHealthcare (UHC) HMO & HDHP Plans

Due to high premium increases proposed by UHC for the plan year beginning June 1, 2011, and the lack of other viable alternatives, these plans are being eliminated for all bargaining units that approved the elimination. UHC's proposed increases were as follows:

UHC HMO: 45 to 47% rate increase

UHC HDHP: 13 to 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.

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 new eligibility, they can now be reenrolled. Note: This does not apply to dental, vision, or dependent life insurance. Dental and vision cover children through age 19 or to age 23 if they are unmarried and full time students. Dependent life insurance age limits are 21 and 23 if a full time student.

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.

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.

Annual Enrollment – March 17 through April 15, 2011

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, 2011 and continues through May 31, 2012.

During annual enrollment you may:

- Add or Drop medical and dental coverage for yourself and eligible dependents
- Change your medical plan election
- Enroll in basic life insurance if you are a part time DSA, SCLEA or ESC represented employee
- Apply for supplemental and/or dependent life insurance (may require approval from the insurance company)

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 your enrollment by the annual enrollment deadline, **5:00 p.m., April 15, 2011**. Contact your department's Payroll Clerk or the Human Resources Benefits Unit for information or to request form(s).

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, 2011.

Dependent Eligibility

The following are generally eligible for enrollment in County sponsored benefits:

- 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.

Changes Outside of Annual Enrollment

IRS regulations and plan rules greatly limit changes that can be made outside of Annual Enrollment and are generally limited to:

- Gaining or losing eligibility for other group coverage
- A qualifying life status change, such as birth, marriage or divorce
- Circumstances allowed under the Children's Health Insurance Program Reauthorization Act of 2009

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 your Payroll Clerk. It's important to keep your personal information up-to-date at all times.

Take note... The circumstances under which you may change your benefit elections outside of the annual enrollment period are described in the Employee Health & Welfare Benefits Booklet available on the HR website. Contact the Human Resources Benefits Unit with your specific questions.

You are eligible to choose from the following medical plans:

- County Health Plan PPO (CHP PPO)
- County Health Plan EPO (CHP EPO)
- Kaiser Permanente HMO

When you enroll in a medical plan, you also decide if you want to enroll your eligible dependents in coverage. You can choose one of three coverage levels, as follows:

- Self
- Self and 1 dependent
- Self and 2 or more dependents

Are you struggling with problems at home or work?

The County's Employee Assistance Program (EAP), offered through Managed Health Network (MHN), can help County employees with referrals to a range of professional counselors, including psychologists, social workers, marriage and family counselors, financial advisors, child and elder care providers, retirement counselors and lawyers.

MHN can be reached at 800-227-1060, 24 hours a day, seven days a week.

Key Issues to Consider When Choosing Your Medical Plan

- Compare benefit coverage levels and premium costs carefully to see which option best fits your needs.
- Dependents must be enrolled in the same plan as you. Review the "Service Areas - Medical Plans" chart below to ensure you are eligible for enrollment.
- Medical plan costs vary based on the plan and coverage you select. You and the County share the costs. You pay your share through payroll deductions for the premiums and co-pays and co-insurance when you use services.
- Your bi-weekly premium deductions will change on the May 25, 2011 paycheck.

Service Areas – Medical Plans	
County Health Plans	Kaiser
California: Within the Prudent Buyer Plan network; online provider listing at www.anthem.com/ca For providers outside of California, log on to the above web site, select Find a Doctor, then click on BlueCard PPO	<u>Statewide</u> Live within a geographical area within a 30-mile radius of any Kaiser Permanente Medical Facility

Take note... The **Medical Plan Comparison Chart** on the next pages is only a summary of the benefits covered under the County Health Plans and Kaiser Permanente HMO. For more detailed information along with notices of your legal rights, review the Summary Plan Description (SPD), Evidence of Coverage (EOC) for each plan and Employee Health and Welfare Benefits booklet available through the County of Sonoma web site at:

http://hr.sonoma-county.org/for_employees.htm

In the case of conflict between the information presented in this summary and the plan's SPD/EOC booklets, the plan's SPD/EOC booklets determine the coverage.

Medical Plan Comparison	County Health Plan EPO Group # 175130M100	County Health Plan PPO Group # 175130M051	Kaiser Permanente HMO Group # 602484-0003
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	None	None	None
Dependent Children Eligibility	Any Dependent child under age 26 provided he/she is not eligible for own group coverage. Disabled: No age limit	Any Dependent child under age 26 provided he/she is not eligible for own group coverage. Disabled: No age limit	Any Dependent child under age 26 provided he/she is not eligible for own group coverage. Disabled: No age limit
Office Visits and Professional Services			
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	No charge, no deductible	In-network: No charge , no deductible Out of Network: 60%, after deductible	No charge
Preventive Care Adult Routine Care	No charge , no deductible, one exam every 24 months	No charge , in network only, no deductible, one exam every 24 months	No charge
Preventive Care Adult Routine OB/GYN	No charge , no deductible	In-network: No charge , no deductible Out of Network: 60%, after deductible	No charge
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
Mental Health & Substance Abuse (Out-patient)	80%	In-network 90% Out of Network: 60%	\$10 co-pay individual \$5 co-pay group
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%	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
Prescription Drugs			
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

County Contribution for Medical Coverage

You and the County share in the costs of your medical plan benefits. The plans are funded in part through the County's and your contributions toward plan premiums; costs are incurred as employees seek medical care and claims are paid for that care. As is the case with most employers, the County's total medical premium costs increase from year-to-year. And because employees 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.

The relationship between premiums and employees' use of the plans is important to understand – because utilization is a key driver of the premiums charged by our plan carriers. This means your decisions as you use your plan benefits can make a difference. You can choose to use your benefits wisely; to be aware of the costs of the services you select; and commit to making healthy choices that reduce the need for medical solutions to lifestyle-driven health issues.

2011/2012 Medical Plan Premium Chart

Bi-Weekly Premiums For Coverage Effective June 1, 2011 through May 31, 2012			
Plan	Total Premium Cost	County Contribution¹	Employee Contribution
County Health Plan EPO			
Self	\$308.87	\$229.98	\$78.89
Self and 1 dependent	\$603.34	\$229.98	\$373.36
Self and 2 or more dependents	\$841.59	\$229.98	\$611.61
County Health Plan PPO			
Self	\$375.70	\$229.98	\$145.72
Self and 1 dependent	\$738.51	\$229.98	\$508.53
Self and 2 or more dependents	\$1,032.03	\$229.98	\$802.05
Kaiser Permanente HMO			
Self	\$251.13	\$229.98	\$21.15
Self and 1 dependent	\$502.25	\$229.98	\$272.27
Self and 2 or more dependents	\$710.69	\$229.98	\$480.71

Eligible part-time employees receive a pro-rated County contribution for medical, dental, and vision coverage. The contribution is based on the number of qualifying hours compared to a full time employee. Qualifying hours include hours worked and qualified leave hours. Contact your Payroll Clerk if you have questions regarding your eligibility for a prorated County contribution.

The County contribution is prorated for eligible part-time employees, with the following exceptions:

Bargaining Unit(s)	Exception(s)
45, 49, 50, 51, 52, 55, 60	Employees in .75 FTE positions (60 hours or more bi-weekly) are eligible to receive the full County contribution.

¹ The additional County contribution currently in place for some ESC employees ends on May 25, 2011.

Dental and Vision Benefits

Delta Dental Premier Plan Benefit Highlights – Group # 3126-0124	
Services	All Bargaining Units
Diagnostic & Preventive	Plan pays 80% of allowable charges; an extra annual cleaning is included during pregnancy
Basic	Plan pays 80% of allowable charges
Crowns, Jackets & Cast Restorations	Plan pays 80% of allowable charges
Prosthodontics	Plan pays 80% of allowable charges; coverage for implants is now included under the plan
Orthodontics	Plan pays 50% of allowable charges, up to a lifetime maximum of \$3,000
Deductible	\$0
Plan Year Maximum Benefit	\$3,000

Payroll premium deductions for eligible full-time employees' dental coverage vary based on bargaining unit, as noted in the table below. The County contribution for dental coverage provided to eligible part-time employees is prorated, as described elsewhere in this booklet.

Bi-Weekly Premiums for Dental Coverage			
Bargaining Unit	Total Premium Cost	County Contribution	Employee Contribution
ESC, SCLEA, SCLEMA, SCPDIA,	\$62.56	\$50.56	\$12.00
Board of Supervisors, SCDPDAA, DSA, DSLEM, Elected Officials/Department Heads, SCPA, SEIU, Unrepresented, Administrative Management, Confidential	\$62.56	\$49.56	\$13.00
WCE	\$62.56	\$39.56	\$23.00
Local 39	\$62.56	\$38.56	\$24.00

Vision premiums are fully paid by the County for full time employees. The County contribution for vision coverage provided to eligible part-time employees is prorated, as described elsewhere in this booklet.

Vision Service Plan Benefit Highlights – Group # 1243 7001 0002	
Services	All Bargaining Units
Eye Exams	Covered in full every 12 months, following the date of your last exam
Prescription Glasses	Lenses: Covered in full every 12 months (following the date of your last lenses) Frames: \$115 allowance plus 20% of any out-of-pocket costs, provided every 24 months (following the date of your last frames)
Contact Lens Care (<i>in lieu of prescription glasses</i>)	\$105 allowance for contacts and contact lens exam every 12 months (following the date of your last contact lens exam and contacts)
Bi-Weekly Vision Premiums	
All Bargaining Units	
\$7.91	

County-Paid Life Insurance Coverage

All regular full-time employees or regular part-time employees, in an allocated position of 60 hours (.75 FTE) or more per pay period, receive a basic life insurance benefit paid by the County.

Part-time DSA, SCLEA and ESC employees working less than 60 hours per pay period can purchase basic life insurance at their own expense.

County-Paid Basic Life Insurance Coverage – Group # GL-673199	
Benefit Level	Bargaining Units
Class 1 \$10,000	SEIU, Unrepresented
Class 2 \$20,000	Local 39
Class 3 \$25,000	DSA, ESC, SCLEA, SCPDIA, WCE
Class 4 1.5 times annual salary, up to \$200,000	Confidential
Class 5 2 times annual salary, up to \$200,000	Board of Supervisors, DSLEM, Department/Agency Heads, SCLEMA, SCPA, SCDPDA, Administrative Management
Class 6 1 times annual salary, up to \$100,000	SEIU Supervisory (95 only)

Employee Supplemental Life Insurance

You may also purchase supplemental life insurance for yourself in amounts equaling 1, 2, 3, or 4 times your basic life insurance benefit, not to exceed \$500,000 when combined with the basic life ins. benefit. The coverage level you elect is subject to approval by The Hartford. No payroll deductions will be taken until your application is approved by The Hartford.

The cost of supplemental coverage is based on your age on the last calendar day of the year (December 31st) and the amount of insurance you select. Current rates for each \$10,000 in supplemental life insurance coverage are listed in the table to the right.

2011/2012 Employee Supplemental Life Insurance Premiums		
Age	Bi-Weekly Rate	Annual Rate
29 and under	\$0.28	\$7.20
30 – 34	\$0.31	\$8.17
35 – 39	\$0.39	\$10.20
40 – 44	\$0.59	\$15.37
45 – 49	\$0.86	\$22.44
50 – 54	\$1.37	\$35.77
55 – 59	\$2.28	\$59.40
60 – 64	\$3.38	\$88.08
65 – 69	\$5.53	\$144.35
70 – 74	\$10.12	\$264.13

Dependent Life Insurance

You can also purchase dependent life insurance coverage for your spouse/domestic partner and eligible unmarried dependent children to the age of 21 (age 23 if a full-time student). The benefit provided for dependent coverage is \$5,000 for each eligible family member. The premium is \$0.23 bi-weekly and includes all eligible members of your family.

Key Issues to Consider About Life Insurance

- You pay the full cost of supplemental and dependent coverage on a post tax basis.
- Especially if you are the sole wage-earner in your family, think about whether or not you need more protection than the County-paid coverage provides.
- Consider whether you have enough money to cover funeral and/or legal expenses in the event of a death of a spouse, domestic partner, or children. Dependent life insurance may help with these expenses.
- Be sure to designate a beneficiary (ies) for your employee life insurance.

Contact Information and Resources

CareCounsel

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

- Questions about your 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
- Getting the most from your health care dollars

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 your eligibility, coverage and annual enrollment.

E-mail:	benefits@sonoma-county.org
Phone:	707-565-2900
Internet:	http://hr.sonoma-county.org/for_employees.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 (CHP PPO and CHP EPO) <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
Delta Dental	800-765-6003	www.deltadentalins.com
Vision Service Plan	800-877-7195	www.vsp.com
Hartford Life & Accident Insurance Company	888-563-1124	www.thehartfordatwork.com
Employee Assistance Program <i>Administered through Managed Health Network (MHN)</i>	800-227-1060	www.members.mhn.com Company code: sonomacounty Law Enforcement: sclc