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.

The purpose of this booklet is to help you make informed decisions about your benefits during the 2012 annual enrollment period. It highlights your options and key program features to consider when you enroll. It also includes your premium costs for 2012/2013.

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. For more detailed information along with notices of your legal rights review each plan's Summary Plan Description (SPD) or Evidence of Coverage (EOC). 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

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What's New for 2012/2013

No Health Plan Changes and Improvements in UHC-AARP Prescription Coverage

There are no changes to the plans that are available to you this year or their basic design. However, there is a change to the prescription drug plans available to you through UHC-AARP, which are Medicare Part-D plans. As Part-D plans, they are subject to changes implemented as a result of the Patient Protection and Affordable Care Act (ACA), commonly referred to as Health Care Reform. Starting January 1, 2011, the ACA required that Part-D prescription plans gradually close the prescription drug coverage gap, known as the "donut hole". In January, 2011, members covered by a UHC-AARP prescription plan who reached the coverage gap, or donut hole, automatically began receiving a 50% discount on covered brand-name drugs. You receive this discount when you purchase these drugs at a pharmacy or order them through the mail, until you reach the catastrophic coverage phase. You also receive a 7% discount on generic drugs while in the donut hole. In 2012, this discount increased to 14%. In 2013 it is scheduled to increase to 21% and your share of cost for brand name drugs will drop from 50% to 47.5%. You can expect additional savings on your covered brand-name and generic drugs while in the coverage gap until the gap is closed in 2020. For more information, visit:

http://www.healthcare.gov/law/features/65-older/drug-discounts/index.html

or contact the UHC-AARP customer service representative at 888-867-5575. CareCounsel can also answer your questions.

Review Your Benefits

Dependent Age Eligibility

Dependent age limits differ depending on the health plan, though it is consistent across the medical plans. Refer to the Dependent Eligibility section for dependent age limits for the medical and dental benefits.

Enrolling in Benefits

Annual Enrollment – March 26, through April 13, 2012

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, 2012 and continues through May 31, 2013.

During annual enrollment you may:

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

You need to take action during annual enrollment **only** if you need to make one or more of the changes noted above. Be sure to complete and submit the required form(s) to the HR Benefits Unit by **5:00 p.m., April 13, 2012**.

Items to Consider During Annual Enrollment
Dependent data: Names, birthdates, Social Security numbers, full-time student status, etc. are required
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, 2012.

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

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...
Life / Family Events		
Marriage or Commencement of Domestic Partnership (DP)	• Enroll in or waive coverage for your new spouse/DP and other newly eligible dependents[1] • Waive coverage for newly eligible dependents if your coverage is also waived[1] • Change health plans	• Waive health coverage for yourself and previously eligible children[1] • Enroll if not already enrolled
Divorce or Termination of Domestic Partnership (DP)	• Cancel coverage for your spouse/DP • 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 • Cancel coverage for dependent children[2]	• Change health plans
Gain a child due to birth or adoption	• Enroll in or waive coverage for the newly eligible dependent[1] ○ Adoption placement papers are required • Change health plans	
Previously ineligible child requires coverage due to a QMCSO	• Add child named on QMCSO to your health coverage (enroll yourself, if eligible and waiver is on file) • Change health plans, when options are available if necessary to accommodate the child named on the QMCSO	• Make any other changes, except as required by the QMCSO
Loss of a child's eligibility (*e.g.,* child reaches the maximum age for coverage)	• Drop the child who lost eligibility from your health coverage	• Change health plans
Death of a dependent (spouse or child)	• Drop the dependent from your health coverage • Enroll in health coverage if the event resulted in the loss of other group coverage and if a waiver is in place • Change medical plans	
Retiree has become entitled to Medicare	• Change medical plans • 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	
Spouse or Dependent has become entitled to (or lost entitlement to) Medicare or Medicaid, or SCHIP	• Cancel coverage for the person who became entitled to Medicare or Medicaid • Add the person who lost Medicare, Medicaid, or SCHIP entitlement, if eligible and previously waived ○ Documentation required	• Change health plans • Drop health coverage for yourself or any other individuals who are not newly Medicare, Medicaid, or SCHIP eligible
Change of home address outside of plan service area	• Change health plans if you are enrolled in a medical or dental HMO and move out of their service area	
Death of retiree	• Eligible dependents must enroll at the time of the event or permanently lose eligibility	• Surviving dependents cannot continue to waive coverage
Employment Status Events		
You retire, transferring from active benefits to retiree benefits	• Change medical plans • Enroll in a retiree dental plan • 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) • Enroll dependents who are currently enrolled or listed as waived on your active employee medical coverage	• Add dependents to retiree medical plan not already enrolled in active employee medical
Spouse obtains health benefits in another group health plan	• Cancel coverage for spouse	• Change health plans • Waive health coverage[1]
Spouse loses employment or otherwise loses coverage for health benefits in another group health plan (Proof of loss of other coverage is required)	• Enroll your spouse in your health plan, if previously waived due to other group coverage • 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 • Change medical plans	

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:
Not available to retirees or dependents of retirees. COBRA is available to covered active employees and their dependents at the time of retirement, upon losing active coverage.

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.

Effective Dates-The above benefit election changes are effective as follows:
Canceling Coverage: Effective date of change is generally the **last day of the month after the event** that allowed the change. E.g., Spouse obtains other group coverage on the 1st 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 **first of the month following or coinciding with the event** that allowed the change. E.g., Married on 1st of the month. Coverage for new spouse is effective on the 1st of the same month. Married on the 2nd of the month. Coverage for new spouse is effective on the 1st of the following month.
New Retirees: Effective on the **1st of the month following or coinciding with the date of retirement**. E.g., Retired July 1st. Employee coverage ends June 30th, retiree coverage is effective on July 1st. Retired July 9th. Employee coverage ends July 31st, retiree coverage is effective August 1st.
Exception:
Birth/Adoption: Effective on the **1st of the month following date of birth/adoption**. 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.

[1]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

[2]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 plans offered, visit the County of Sonoma web site at:

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
Plan Year Deductible	$500 individual $1,500 family	$300 individual $900 family	None
Plan Year 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
Diagnostic 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)	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%	$125 per admission co-pay + 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 plan year	No charge 100 days per benefit period
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

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® Medicare Supplement Insurance with MedicareRx Prescription Drug Plans

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

How Medicare Works

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

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

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

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

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

Medical Plan Options for Medicare-Eligible Retirees

How the County-Offered Medicare Plans Work with Medicare

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

Take Note…Medicare eligible retirees and their Medicare eligible dependents need to provide proof of enrollment in Medicare to enroll in a County-offered retiree medical plan. You must provide a copy of your or your eligible dependent's Medicare card(s) to 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 (i.e. EPO, PPO), 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 co-payments and co-insurance 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 offered plans, visit the County of Sonoma web site at:

http://hr.sonoma-county.org/for_retirees

- **AARP® Medicare Supplement Insurance Plans:** As an alternative, 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 (e.g. Plans A-M). Each plan offers a different level of benefits, and monthly premiums vary accordingly. Because there are so many plans and variable, we could not represent them all in this booklet. Instead, you must contact UHC-AARP for details.

  Please note: All enrollees in these plans (i.e. retiree and their dependents) must be enrolled in both Medicare Part A and Part B AND be at least age 65 in order to elect one of the AARP®plans.

  Membership in AARP 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 and provide them with the County of Sonoma's group numbers. The group numbers and an enrollment checklist are provided below to help ensure you have a successful enrollment. 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:

  http://www.aarphealthcare.com/home.html

  The plans are underwritten by UnitedHealthcare Insurance Company. Unlike the County Health Plans and Kaiser Senior Advantage, AARP requires medical underwriting and coverage may be denied, though rarely is. In cases where coverage is denied the retiree and any enrolled dependent will remain in the coverage in place prior to the application to AARP.

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. The only time you need to enroll in a separate prescription drug plan is if you enroll in one of the UHC-AARP medical plans. Their prescription plans require separate enrollment. All other county-offered medical plans include prescription drug coverage that is comparable to Medicare Part D coverage.

IMPORTANT: Enrollment in an AARP medical plan is required to be paired with enrollment in an AARP Medicare Part-D prescription drug plan-***you cannot enroll in a stand-alone Medicare Part D plan, such as the AARP® Medicare Rx Plans without also enrolling in their medical plan as noted below***. *In fact, sometime in the fall, you likely will receive offers to enroll in Medicare Part D plans that have no connection to the county plans or you may have an opportunity to enroll in a Medicare Advantage plan through a spouse or through another avenue.* If you enroll in ANY Medicare Advantage plan or Part D Prescription Drug plan other than those offered to County of Sonoma retirees as explained in this booklet, you may be dis-enrolled from your County-offered coverage.

County retirees who enroll in an AARP medical plan must also 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 888-867-5575. Be sure to identify yourself as a County of Sonoma retiree and provide them with the County of Sonoma's group numbers. The group numbers and an enrollment checklist are provided below for your convenience. Customer service representatives are available 24 hours a day, seven days a week. You can also visit the Plan's web site at **www.aarpmedicareplans.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.

To Assist with Enrollment in AARP Plans, use this Checklist. Complete all steps to enroll:

- ❑ To inquire about enrollment and ask questions contact:
  - ❑ **AARP® Medicare Supplement Insurance Plans** 800-545-1797-Group # 1068
  - ❑ **AARP® MedicareRx Plans** 888-867-5575-Group # 3803
- ❑ To enroll, AARP will send you the forms. Complete the AARP enrollment forms for both a medical plan and an Rx plan and **return originals to UHC AARP**. **Mail copies** of these two forms to the County as described below.
- ❑ In addition to the two AARP enrollment forms, complete the **County of Sonoma Retiree Benefits Enrollment/Change Form** found in the back of this booklet. Keep a copy and **send original** along with:
  a) **Copy of** AARP® Medicare Supplement Insurance Plan enrollment form, and
  b) **Copy of** AARP® MedicareRx Plan enrollment form
  Mail all three forms to be received by 5pm, April 13, 2012*, to:

County of Sonoma, Attn: Human Resources Benefits Unit
575 Administration Dr., Ste 116C
Santa Rosa, CA 95403

*If AARP forms not available by deadline, return County form by deadline and AARP forms as soon as possible.

Medical Plan Options for Medicare-Eligible Retirees

	County Health Plan EPO Group # 175130M103	**County Health Plan PPO** Group # 175130M054
Plan Year Deductible	$500 individual $1,500 family	$300 individual $900 family
Plan Year 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	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
Office Visits and Professional Services		
Physician & Specialist	$50 co-pay, no deductible	In-Network: $20 co-pay Out of Network: 60%
Preventive Care Birth to Age 18	No charge, no deductible	In-Network: No charge, no deductible Out of Network: 60%, after deductible
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
Preventive Care Adult Routine OB/GYN	No charge, no deductible	In-Network: No charge, no deductible Out of Network: 60%, after deductible
Diagnostic 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)	80%	In-Network 90% Out of Network: 60%
Surgical and Hospital Services		
Inpatient Hospital and Physician Services	$500 co-pay + 80%	$125 per admission co-pay + In-Network: 90% Out of Network: 60%
Outpatient Surgery	$500 co-pay + 80%	In-Network: 90%, Out of Network: 60%
Maternity	$250 co-pay + 80%	**$125 per admission co-pay** + 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 plan year
Home Health	Not Covered	In-Network: 90% Out of Network: 60%
Prescription Drugs		
Generic or Tier 1	$10 co-pay 34 day supply	$5 co-pay 34 day supply
Formulary Brand or Tier 2	$35 co-pay 34 day supply	$15 co-pay 34 day supply
Non-Formulary Brand or Tier 3	$75 co-pay 34 day supply	$30 co-pay 34 day supply
Mail Order Benefit	3 months supply for 1 co-pay	3 months supply for 1 co-pay
Mandatory Mail Order	Yes	Yes
Mandatory Generic Program	Yes	Yes

Medical Plan Options for Medicare-Eligible Retirees

	UnitedHealthcare AARP Medicare Supplement - Group # 1068 **Sample Plan F-cvrg varies by plan**	**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	N/A	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	Any Dependent child under age 26 provided he/she is not eligible for own group coverage. Disabled: No age limit, details in EOC
Office Visits and Professional Services		
Physician & Specialist	$0	$10 co-pay
Preventive Care Birth to Age 18	N/A	N/A
Preventive Care Adult Routine Care	$0 for Medicare-covered srvcs	No charge
Preventive Care Adult Routine OB/GYN	$0 for Medicare-covered srvcs	No charge
Diagnostic Lab and X-ray	$0	$0
Physical Therapy	$0	$10 co-pay
Chiropractic	$0 for Medicare-covered srvcs	Discounted rates through Kaiser ChooseHealthy program in CA only
Mental Health & Substance Abuse (Out-patient)	$0	$10 co-pay individual $5 co-pay group
Surgical and Hospital Services		
Inpatient Hospital and Physician Services	$0, Up to Medicare maximum days allowed	$0
Outpatient Surgery	$0, Up to Medicare maximums allowed	$10 per procedure
Maternity	$0, Up to Medicare maximum days allowed	$0
Emergency Room	$0	$50 co-pay
Ambulance	$0	$50 per trip
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 benefit period
Home Health	$0, Up to Medicare maximum days allowed	$0 (part-time, intermittent)
Prescription Drugs		
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
Tier 4	$76-$95 co-pay 30 day supply	
Tier 5	33% coinsurance	
Mail Order Benefit	Included with $15 discount in most areas	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 may affect your medical plan premium costs effective June 1, 2012:

- 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 share 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 beginning in 2013/2014.

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, if you are already retired. 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

2012/2013 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.

2012/2013 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 and Elected Officials with 10 Years of Service and Former Board of Supervisors with 8 Years of Service	Retiree and two or more eligible dependents	Pre-1990
Retirees Hired after "1990" with more than 20 Years of County Service	Retiree and one eligible dependent	Post 1990 w 20+
Retirees Hired after "1990" with 10 to 20 Years of County Service	Retiree only	Post 1990 w 10-20
Retirees who receive a County contribution under Board Resolutions 07-0269 & 08-0713	Retiree only	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:

UnitedHealthcare AARP® Plans UnitedHealthcare AARP® Medicare Supplement Insurance Plans AARP® MedicareRx Plans	800-545-1797 TTY: 877-730-4192 888-867-5575	**www.aarphealthcare.com** **www.aarpmedicarerx.com**

AARP 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. Be sure to identify yourself as a County of Sonoma retiree.

It's important to understand AARP will provide you with a premium quote for the total cost of your medical and prescription coverage but they do not have knowledge of the County's contribution to the total cost of your coverage. Because AARP has so many plan options and rates vary by region and other factors, we cannot publish them in this booklet. The County makes the same premium contribution for retirees with coverage under AARP as they make for the same level of coverage under Kaiser Senior Advantage. Look this amount up in the rate charts in this booklet to determine your share of cost. Contact our customer service line at 707-565-2900 for assistance if needed.

Medical Plan Premiums

Retirees Hired Prior to "1990" & Department Heads and Retired Board of Supervisors with 10 Years of County Service	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	$450.06	$519.49	$969.55
Retiree & 1 Dep under 65	$1,270.96	$634.88	$1,905.84
Retiree & 2 Dep under 65	$1,935.07	$728.23	$2,663.30
Retiree & 1 Dep w/ Medicare	$911.48	$579.67	$1,491.15
Retiree & 2 Deps, 1 w/ Medicare	$1,754.41	$673.03	$2,427.44
Medicare Retiree			
Retiree Only	$21.60	$500.00	$521.60
Retiree & 1 Dep w/out Medicare	$911.48	$579.67	$1,491.15
Retiree & 1 Dep both w/ Medicare	$514.63	$528.57	$1,043.20
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,394.93	$617.82	$2,012.75
Retiree & 2 Deps w/out Medicare	$1,754.41	$673.03	$2,427.44
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	$290.96	$506.11	$797.07
Retiree & 1 Dep under 65	$948.43	$608.58	$1,557.01
Retiree & 2 Dep under 65	$1,480.36	$691.48	$2,171.84
Retiree & 1 Dep w/ Medicare	$666.33	$559.56	$1,225.89
Retiree & 2 Deps, 1 w/ Medicare	$1,343.38	$642.45	$1,985.83
Medicare Retiree			
Retiree Only	$0.00	$428.82	$428.82
Retiree & 1 Dep w/out Medicare	$666.33	$559.56	$1,225.89
Retiree & 1 Dep both w/ Medicare	$343.47	$514.17	$857.64
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,061.28	$593.43	$1,654.71
Retiree & 2 Deps w/out Medicare	$1,343.38	$642.45	$1,985.83

Medical Plan Premiums

Retiree Hired Prior to "1990" & Department Heads and Retired Board of Supervisors with 10 Years of County Service	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	$130.31	$500.00	$630.31
Retiree & 1 Dep under 65	$719.04	$541.58	$1,260.62
Retiree & 2 Dep under 65	$1,183.44	$600.34	$1,783.78
Retiree & 1 Dep w/ Medicare	$440.54	$525.85	$966.39
Retiree & 2 Deps, 1 w/ Medicare	$904.94	$584.61	$1,489.55
Medicare Retiree			
Retiree Only	$0.00	$336.08	$336.08
Retiree & 1 Dep w/out Medicare	$440.54	$525.85	$966.39
Retiree & 1 Dep both w/ Medicare	$162.04	$510.12	$672.16
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$626.44	$568.88	$1,195.32
Retiree & 2 Deps w/out Medicare	$904.94	$584.61	$1,489.55
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	$255.71	$500.00	$755.71
Retiree & 1 Dep under 65	$969.84	$541.58	$1,511.42
Retiree & 2 Dep under 65	$1,666.79	$600.34	$2,267.13
Retiree & 1 Dep w/ Medicare	$485.28	$525.85	$1,011.13
Retiree & 2 Deps, 1 w/ Medicare	$1,182.23	$584.61	$1,766.84
Medicare Retiree			
Retiree Only	$0.00	$255.42	$255.42
Retiree & 1 Dep w/out Medicare	$485.28	$525.85	$1,011.13
Retiree & 1 Dep both w/ Medicare	$0.72	$510.12	$510.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$697.67	$568.88	$1,266.55
Retiree & 2 Deps w/out Medicare	$1,182.23	$584.61	$1,766.84
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	$126.32	$500.00	$626.32
Retiree & 1 Dep under 65	$711.06	$541.58	$1,252.64
Retiree & 2 Dep under 65	$1,278.62	$600.34	$1,878.96
Retiree & 1 Dep w/ Medicare	$415.34	$525.85	$941.19
Retiree & 2 Deps, 1 w/ Medicare	$982.90	$584.61	$1,567.51
Medicare Retiree			
Retiree Only	$0.00	$314.87	$314.87
Retiree & 1 Dep w/out Medicare	$415.34	$525.85	$941.19
Retiree & 1 Dep both w/ Medicare	$119.62	$510.12	$629.74
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$687.18	$568.88	$1,256.06
Retiree & 2 Deps w/out Medicare	$982.90	$584.61	$1,567.51

Medical Plan Premiums

Hired after "1990" with at least 20 Years of County Service	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	$450.06	$519.49	$969.55
Retiree & 1 Dep under 65	$1,270.96	$634.88	$1,905.84
Retiree & 2 Dep under 65	$2,028.42	$634.88	$2,663.30
Retiree & 1 Dep w/ Medicare	$911.48	$579.67	$1,491.15
Retiree & 2 Deps, 1 w/ Medicare	$1,792.56	$634.88	$2,427.44
Medicare Retiree			
Retiree Only	$21.60	$500.00	$521.60
Retiree & 1 Dep w/out Medicare	$911.48	$579.67	$1,491.15
Retiree & 1 Dep both w/ Medicare	$514.63	$528.57	$1,043.20
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,433.08	$579.67	$2,012.75
Retiree & 2 Deps w/out Medicare	$1,847.77	$579.67	$2,427.44
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	$290.96	$506.11	$797.07
Retiree & 1 Dep under 65	$948.43	$608.58	$1,557.01
Retiree & 2 Dep under 65	$1,563.26	$608.58	$2,171.84
Retiree & 1 Dep w/ Medicare	$666.33	$559.56	$1,225.89
Retiree & 2 Deps, 1 w/ Medicare	$1,377.25	$608.58	$1,985.83
Medicare Retiree			
Retiree Only	$0.00	$428.82	$428.82
Retiree & 1 Dep w/out Medicare	$666.33	$559.56	$1,225.89
Retiree & 1 Dep both w/ Medicare	$343.47	$514.17	$857.64
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,095.15	$559.56	$1,654.71
Retiree & 2 Deps w/out Medicare	$1,426.27	$559.56	$1,985.83

Medical Plan Premiums

Hired after "1990" with at least 20 Years of County Service	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	$130.31	$500.00	$630.31
Retiree & 1 Dep under 65	$719.04	$541.58	$1,260.62
Retiree & 2 Dep under 65	$1,242.20	$541.58	$1,783.78
Retiree & 1 Dep w/ Medicare	$440.54	$525.85	$966.39
Retiree & 2 Deps, 1 w/ Medicare	$947.97	$541.58	$1,489.55
Medicare Retiree			
Retiree Only	$0.00	$336.08	$336.08
Retiree & 1 Dep w/out Medicare	$440.54	$525.85	$966.39
Retiree & 1 Dep both w/ Medicare	$162.04	$510.12	$672.16
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$669.47	$525.85	$1,195.32
Retiree & 2 Deps w/out Medicare	$963.70	$525.85	$1,489.55
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	$255.71	$500.00	$755.71
Retiree & 1 Dep under 65	$969.84	$541.58	$1,511.42
Retiree & 2 Dep under 65	$1,725.55	$541.58	$2,267.13
Retiree & 1 Dep w/ Medicare	$485.28	$525.85	$1,011.13
Retiree & 2 Deps, 1 w/ Medicare	$1,225.26	$541.58	$1,766.84
Medicare Retiree			
Retiree Only	$0.00	$255.42	$255.42
Retiree & 1 Dep w/out Medicare	$485.28	$525.85	$1,011.13
Retiree & 1 Dep both w/ Medicare	$0.72	$510.12	$510.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$740.70	$525.85	$1,266.55
Retiree & 2 Deps w/out Medicare	$1,240.99	$525.85	$1,766.84
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	$126.32	$500.00	$626.32
Retiree & 1 Dep under 65	$711.06	$541.58	$1,252.64
Retiree & 2 Dep under 65	$1,337.38	$541.58	$1,878.96
Retiree & 1 Dep w/ Medicare	$415.34	$525.85	$941.19
Retiree & 2 Deps, 1 w/ Medicare	$1,025.93	$541.58	$1,567.51
Medicare Retiree			
Retiree Only	$0.00	$314.87	$314.87
Retiree & 1 Dep w/out Medicare	$415.34	$525.85	$941.19
Retiree & 1 Dep both w/ Medicare	$119.62	$510.12	$629.74
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$730.21	$525.85	$1,256.06
Retiree & 2 Deps w/out Medicare	$1,041.66	$525.85	$1,567.51

Medical Plan Premiums

Hired after "1990" with 10 to 20 Years of County Service	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	$450.06	$519.49	$969.55
Retiree & 1 Dep under 65	$1,386.35	$519.49	$1,905.84
Retiree & 2 Dep under 65	$2,143.81	$519.49	$2,663.30
Retiree & 1 Dep w/ Medicare	$971.66	$519.49	$1,491.15
Retiree & 2 Deps, 1 w/ Medicare	$1,907.95	$519.49	$2,427.44
Medicare Retiree			
Retiree Only	$21.60	$500.00	$521.60
Retiree & 1 Dep w/out Medicare	$991.15	$500.00	$1,491.15
Retiree & 1 Dep both w/ Medicare	$543.20	$500.00	$1,043.20
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,512.75	$500.00	$2,012.75
Retiree & 2 Deps w/out Medicare	$1,927.44	$500.00	$2,427.44
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	$290.96	$506.11	$797.07
Retiree & 1 Dep under 65	$1,050.90	$506.11	$1,557.01
Retiree & 2 Dep under 65	$1,665.73	$506.11	$2,171.84
Retiree & 1 Dep w/ Medicare	$719.78	$506.11	$1,225.89
Retiree & 2 Deps, 1 w/ Medicare	$1,479.72	$506.11	$1,985.83
Medicare Retiree			
Retiree Only	$0.00	$428.82	$428.82
Retiree & 1 Dep w/out Medicare	$797.07	$428.82	$1,225.89
Retiree & 1 Dep both w/ Medicare	$428.82	$428.82	$857.64
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,225.89	$428.82	$1,654.71
Retiree & 2 Deps w/out Medicare	$1,557.01	$428.82	$1,985.83

Medical Plan Premiums

Hired after "1990" with 10 to 20 Years of County Service	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	$130.31	$500.00	$630.31
Retiree & 1 Dep under 65	$760.62	$500.00	$1,260.62
Retiree & 2 Dep under 65	$1,283.78	$500.00	$1,783.78
Retiree & 1 Dep w/ Medicare	$466.39	$500.00	$966.39
Retiree & 2 Deps, 1 w/ Medicare	$989.55	$500.00	$1,489.55
Medicare Retiree			
Retiree Only	$0.00	$336.08	$336.08
Retiree & 1 Dep w/out Medicare	$630.31	$336.08	$966.39
Retiree & 1 Dep both w/ Medicare	$336.08	$336.08	$672.16
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$859.24	$336.08	$1,195.32
Retiree & 2 Deps w/out Medicare	$1,153.47	$336.08	$1,489.55
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	$255.71	$500.00	$755.71
Retiree & 1 Dep under 65	$1,011.42	$500.00	$1,511.42
Retiree & 2 Dep under 65	$1,767.13	$500.00	$2,267.13
Retiree & 1 Dep w/ Medicare	$511.13	$500.00	$1,011.13
Retiree & 2 Deps, 1 w/ Medicare	$1,266.84	$500.00	$1,766.84
Medicare Retiree			
Retiree Only	$0.00	$255.42	$255.42
Retiree & 1 Dep w/out Medicare	$755.71	$255.42	$1,011.13
Retiree & 1 Dep both w/ Medicare	$255.42	$255.42	$510.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,011.13	$255.42	$1,266.55
Retiree & 2 Deps w/out Medicare	$1,511.42	$255.42	$1,766.84
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	$126.32	$500.00	$626.32
Retiree & 1 Dep under 65	$752.64	$500.00	$1,252.64
Retiree & 2 Dep under 65	$1,378.96	$500.00	$1,878.96
Retiree & 1 Dep w/ Medicare	$441.19	$500.00	$941.19
Retiree & 2 Deps, 1 w/ Medicare	$1,067.51	$500.00	$1,567.51
Medicare Retiree			
Retiree Only	$0.00	$314.87	$314.87
Retiree & 1 Dep w/out Medicare	$626.32	$314.87	$941.19
Retiree & 1 Dep both w/ Medicare	$314.87	$314.87	$629.74
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$941.19	$314.87	$1,256.06
Retiree & 2 Deps w/out Medicare	$1,252.64	$314.87	$1,567.51

Medical Plan Premiums

Frozen Per Board Resolution 07-0269 & 08-0713	Retiree Cost	County Cost	Total Cost
County Health Plan PPO			
Non-Medicare Retiree			
Retiree Only	$450.27	$519.28	$969.55
Retiree & 1 Dep under 65	$1,386.56	$519.28	$1,905.84
Retiree & 2 Dep under 65	$2,144.02	$519.28	$2,663.30
Retiree & 1 Dep w/ Medicare	$971.87	$519.28	$1,491.15
Retiree & 2 Deps, 1 w/ Medicare	$1,908.16	$519.28	$2,427.44
Medicare Retiree			
Retiree Only	$200.75	$320.85	$521.60
Retiree & 1 Dep w/out Medicare	$1,170.30	$320.85	$1,491.15
Retiree & 1 Dep both w/ Medicare	$722.35	$320.85	$1,043.20
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,691.90	$320.85	$2,012.75
Retiree & 2 Deps w/out Medicare	$2,106.59	$320.85	$2,427.44
County Health Plan EPO			
Non-Medicare Retiree			
Retiree Only	$290.96	$506.11	$797.07
Retiree & 1 Dep under 65	$1,050.90	$506.11	$1,557.01
Retiree & 2 Dep under 65	$1,665.73	$506.11	$2,171.84
Retiree & 1 Dep w/ Medicare	$719.78	$506.11	$1,225.89
Retiree & 2 Deps, 1 w/ Medicare	$1,479.72	$506.11	$1,985.83
Medicare Retiree			
Retiree Only	$107.97	$320.85	$428.82
Retiree & 1 Dep w/out Medicare	$905.04	$320.85	$1,225.89
Retiree & 1 Dep both w/ Medicare	$536.79	$320.85	$857.64
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,333.86	$320.85	$1,654.71
Retiree & 2 Deps w/out Medicare	$1,664.98	$320.85	$1,985.83

Medical Plan Premiums

Frozen Per Board Resolution 07-0269 & 08-0713	Retiree Cost	County Cost	Total Cost
Kaiser HMO and Senior Advantage (CA)			
Non-Medicare Retiree			
Retiree Only	$280.40	$349.91	$630.31
Retiree & 1 Dep under 65	$910.71	$349.91	$1,260.62
Retiree & 2 Dep under 65	$1,433.87	$349.91	$1,783.78
Retiree & 1 Dep w/ Medicare	$616.48	$349.91	$966.39
Retiree & 2 Deps, 1 w/ Medicare	$1,139.64	$349.91	$1,489.55
Medicare Retiree			
Retiree Only	$82.22	$253.86	$336.08
Retiree & 1 Dep w/out Medicare	$712.53	$253.86	$966.39
Retiree & 1 Dep both w/ Medicare	$418.30	$253.86	$672.16
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$941.46	$253.86	$1,195.32
Retiree & 2 Deps w/out Medicare	$1,235.69	$253.86	$1,489.55
Kaiser HMO and Senior Advantage (OR/WA)			
Non-Medicare Retiree			
Retiree Only	$405.80	$349.91	$755.71
Retiree & 1 Dep under 65	$1,161.51	$349.91	$1,511.42
Retiree & 2 Dep under 65	$1,917.22	$349.91	$2,267.13
Retiree & 1 Dep w/ Medicare	$661.22	$349.91	$1,011.13
Retiree & 2 Deps, 1 w/ Medicare	$1,416.93	$349.91	$1,766.84
Medicare Retiree			
Retiree Only	$1.56	$253.86	$255.42
Retiree & 1 Dep w/out Medicare	$757.27	$253.86	$1,011.13
Retiree & 1 Dep both w/ Medicare	$256.98	$253.86	$510.84
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,012.69	$253.86	$1,266.55
Retiree & 2 Deps w/out Medicare	$1,512.98	$253.86	$1,766.84
Kaiser HMO and Senior Advantage (HI)			
Non-Medicare Retiree			
Retiree Only	$276.41	$349.91	$626.32
Retiree & 1 Dep under 65	$902.73	$349.91	$1,252.64
Retiree & 2 Dep under 65	$1,529.05	$349.91	$1,878.96
Retiree & 1 Dep w/ Medicare	$591.28	$349.91	$941.19
Retiree & 2 Deps, 1 w/ Medicare	$1,217.60	$349.91	$1,567.51
Medicare Retiree			
Retiree Only	$61.01	$253.86	$314.87
Retiree & 1 Dep w/out Medicare	$687.33	$253.86	$941.19
Retiree & 1 Dep both w/ Medicare	$375.88	$253.86	$629.74
Retiree & 1 Dep w/ Medicare, 1 w/out Medicare	$1,002.20	$253.86	$1,256.06
Retiree & 2 Deps w/out Medicare	$1,313.65	$253.86	$1,567.51

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

You can also visit the Delta Dental web site at **www.deltadentalins.com** .

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

Plan Feature	DeltaCare USA Group #00247-0001	DeltaPreferred Option Group # 3136-0001
Who can enroll?	California residents only	No residency restrictions
Dental provider choice	You must use a DeltaCare USA contracted dentist	Use any dentist, but pay lower out-of-pocket costs when using a DeltaPreferred Option contracted dentist. Note: If you visit a non-Delta Preferred Option provider, the plan will reimburse you at contracted rates only, and you will need to file a claim with Delta Dental for reimbursement. To obtain a form and instructions for submitting your claim, visit the Delta Dental web site at **www.deltadentalins.com** .
Diagnostic & Preventive	Plan pays 100% for most services, no deductible	Plan pays 100% for most services, no deductible
Basic	Plan pays 100% for most services	Plan pays 80% of allowable charges; most benefits available after 12 months of continuous enrollment in the plan
Crowns, Jackets & Cast Restorations	You pay set co-payments ranging from $0 to $90 for most services	Plan pays 50% of allowable charges; benefits available after 12 months of continuous enrollment in the plan
Prosthodontics	You pay set co-payments ranging from $10 to $175 for most services	Plan pays 50% of allowable charges; benefits available after 12 months of continuous enrollment in the plan**;** coverage for implants is included under the plan

About Your Dental Plan Options

Plan Feature	DeltaCare USA Group #00247-0001	DeltaPreferred Option Group # 3136-0001
Orthodontics	You pay first $1,600 per child and $1,800 per adult for 24-month treatment. Plan pays 100% thereafter. $75 per month member co-payment for treatment after 24 months. Additional start-up fees may apply.	Not covered
Deductible	$0	$50 per individual
Benefit year Maximum Benefit	None	$1,000 per individual

Dental Plan Premiums

You pay the full cost for dental coverage. If you enroll in retiree dental coverage during annual enrollment, your coverage is effective June 1, 2012. The monthly premiums that take effect June 1, 2012 are noted below.

Monthly Dental Plan Premiums Effective June 1, 2012			
DeltaCare USA		**DeltaPreferred Option**	
Retiree only	$29.00	Retiree only	$38.94
Retiree + 1	$47.82	Retiree + 1	$74.38
Retiree + 2 or more	$70.76	Retiree + 2 or more	$123.42

If you are interested in enrolling in a retiree dental plan, complete the form in the back of this booklet and return to the County of Sonoma Human Resources Benefits Unit by April 13, 2012.

Retired Elected Officials-retired on/after December 10, 2002… 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 and 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 and Life Insurance Benefits

Vision Service Plan- Retiree Access Plan

Group #: 300128600002

County of Sonoma retirees and their dependents have access to discounts on vision care through the Vision Service Plan (VSP) Retiree 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, group number (listed above), and identify yourself as a County of Sonoma retiree when scheduling an appointment with a VSP doctor.

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

Hartford Life Insurance

Group #: GL-673199

Retirees are offered a one time opportunity to enroll in life insurance at the time of retirement. There is no annual enrollment opportunity to enroll or change coverage amount. The policies available are:

Coverage Amount	Monthly Premium
$2,000	$0.52
$10,000	$10.50

New enrollment, or an upgrade from the $2,000 policy to the $10,000 policy, is not available to retirees who declined enrollment at the time of retirement or did not take advantage of the one time opportunity to upgrade in the past.

Dependent Eligibility

Dependent Eligibility Criteria-Medical Plans

- Your lawfully married spouse or 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.

Notice about the Early Retiree Reinsurance Program

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

You are responsible for providing a copy of this notice to your family members who are participants in this plan.

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 lymph edema)? 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 receive a copy of this Notice on the County of Sonoma web site at: **www.sonoma-county.org/employees/emp_hippa_notice.htm** , or by request from the Human Resources Benefits Unit at **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 CHIP coverage
  OR
- Become eligible to participate in a premium assistance program under Medicaid or CHIP

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

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**.

Important Notices

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 31, 2012. You should contact your State for further information on eligibility –

ALABAMA – Medicaid Website: **http://www.medicaid.alabama.gov** Phone: 1-855-692-5447	**COLORADO** – Medicaid Medicaid Website: **http://www.colorado.gov/** Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP Website: **http://www.azahcccs.gov/applicants** Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	**FLORIDA** – Medicaid Website: **https://www.flmedicaidtplrecovery.com/** Phone: 1-877-357-3268 **GEORGIA** – Medicaid Website: **http://dch.georgia.gov/** Click on Programs, then Medicaid Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP Medicaid Website: **www.accesstohealthinsurance.idaho.gov** Medicaid Phone: 1-800-926-2588 CHIP Website: **www.medicaid.idaho.gov** CHIP Phone: 1-800-926-2588	**MONTANA** – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid Website: **http://www.in.gov/fssa** Phone: 1-800-889-9948	**NEBRASKA** – Medicaid Website: http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx Phone: 1-877-255-3092
IOWA – Medicaid Website: **www.dhs.state.ia.us/hipp/** Phone: 1-888-346-9562 **KANSAS** – Medicaid Website: **http://www.kdheks.gov/hcf/** Phone: 1-800-792-4884	**NEVADA** – Medicaid Medicaid Website: **http://dwss.nv.gov/** Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid Website: **http://chfs.ky.gov/dms/default.htm** Phone: 1-800-635-2570	**NEW HAMPSHIRE** – Medicaid Website: **www.dhhs.nh.gov/ombp/index.htm** Phone: 603-271-5218
LOUISIANA – Medicaid Website: **http://www.lahipp.dhh.louisiana.gov** Phone: 1-888-695-2447	**NEW JERSEY** – Medicaid and CHIP Medicaid Website: **http://www.state.nj.us/humanservices/dmahs/clients/medicaid/** Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

Important Notices

MAINE – Medicaid Website: **http://www.maine.gov/dhhs/OIAS/public-assistance/index.html** Phone: 1-800-572-3839	
MASSACHUSETTS – Medicaid and CHIP Website: **http://www.mass.gov/MassHealth** Phone: 1-800-462-1120	**NEW YORK –** Medicaid Website: **http://www.nyhealth.gov/health_care/medicaid/** Phone: 1-800-541-2831
MINNESOTA – Medicaid Website: **http://www.dhs.state.mn.us/** Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	**NORTH CAROLINA** – Medicaid and CHIP Website: **http://www.ncdhhs.gov/dma** Phone: 919-855-4100
MISSOURI – Medicaid Website: **http://www.dss.mo.gov/mhd/participants/pages/hipp.htm** Phone: 573-751-2005	**NORTH DAKOTA** – Medicaid Website: **http://www.nd.gov/dhs/services/medicalserv/medicaid/** Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP Website: **http://www.insureoklahoma.org** Phone: 1-888-365-3742	**UTAH** – Medicaid and CHIP Website: **http://health.utah.gov/upp** Phone: 1-866-435-7414
OREGON – Medicaid and CHIP Website: **http://www.oregonhealthykids.gov** **http://www.hijossaludablesoregon.gov** Phone: 1-877-314-5678	**VERMONT**– Medicaid Website: **http://www.greenmountaincare.org/** Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid Website: **http://www.dpw.state.pa.us/hipp** Phone: 1-800-692-7462	**VIRGINIA** – Medicaid and CHIP Medicaid Website: **http://www.dmas.virginia.gov/rcp-HIPP.htm** Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid Website: **www.ohhs.ri.gov** Phone: 401-462-5300	**WASHINGTON** – Medicaid Website: **http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm** Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid Website: **http://www.scdhhs.gov** Phone: 1-888-549-0820	**WEST VIRGINIA** – Medicaid Website: **www.dhhr.wv.gov/bms/** Phone: 1-877-598-5820, HMS Third Party Liability

Important Notices

SOUTH DAKOTA - Medicaid	**WISCONSIN** – Medicaid
Website: **http://dss.sd.gov** Phone: 1-888-828-0059	Website: **http://www.badgercareplus.org/pubs/p-10095.htm** Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING** – Medicaid
Website: **https://www.gethipptexas.com/** Phone: 1-800-440-0493	Website: **http://health.wyo.gov/healthcarefin/equalitycare** Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2012, or for more information on special enrollment rights, you can contact either:

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

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

OMB Control Number 1210-0137 (expires 09/30/2013)

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 health plan benefits including understanding Medicare
- 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
- Tips for how to make a successful transition from one plan to another

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

County of Sonoma Human Resources Benefits Unit

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

E-mail:	**benefits@sonoma-county.org**
Phone:	707-565-2900
Internet:	**http://hr.sonoma-county.org/for_retirees**

Please note: Resources are limited. When calling, leave one clear message rather than multiple messages. Your call will be returned as soon as possible. Please do not call to confirm receipt of your form. Keep a copy of your form as proof of completion. Drop the form off directly if concerned about receipt.

County-Offered Health Plan Contact Information

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

Plan	Phone	Web
County Health Plans *Administered by Anthem Blue Cross*	800-759-3030	**www.anthem.com/ca**
CVS/Caremark *County Health Plans' prescription drug provider*	800-966-5772	**www.caremark.com**
Kaiser Permanente	800-464-4000	**www.kp.org**
UnitedHealthcare AARP® Plans UnitedHealthcare AARP® Medicare Supplement Insurance Plans AARP® MedicareRx Plans	800-545-1797 TTY:877-730-4192 888-867-5575	**www.aarphealthcare.com** **www.aarpmedicarerx.com**
Delta Dental Plans DeltaPreferred Option DeltaCare USA	800-765-6003 800-422-4234	**www.deltadentalins.com**
Vision Service Plan	800-877-7195	**www.vsp.com**
Hartford Life & Accident Ins. Company	888-563-1124	**www.thehartfordatwork.com**
HEALTHY HABITS County Wellness Program	707-565-2900	**www.healthyhabits.sonoma-county.org**