

## 2009 SBCERS Retiree Health Plan Open Enrollment Guide

### What's New for 2009

#### Change of Plan Year to Calendar Year

**T**he plan year for all County health plans is moving from a July 1 to a January 1 effective date. This will among other things simplify issues with calendar year deductibles. This Open Enrollment is for changes effective January 1, 2009, and Open Enrollment will now always be held at this time of year (November-December).

#### Only SecureHorizons Medical Rates are Changing

Premium rates for Secure Horizons Medicare Advantage plans are increasing by 11.24%. All other existing premium rates, including Aetna, Golden West, and VSP will continue unchanged through December 31, 2009.

#### No Plan Changes Except Minor Enhancements in SecureHorizons

There are no changes in existing plan provisions for Aetna or Kaiser medical plans, dental plans or the VSP vision plan for the 2009 plan year. SecureHorizons is adding the following enhancements effective January 1, 2009: fully-paid annual physical exam; annual \$0 copay hearing exam; \$500 hearing aid allowance every 36 months; senior fitness program; and expanded wellness and health advisory services including disease management programs.

#### Insurance Subsidy Remains Tax-Free Under New 401(h)

In September 2008, a 401(h) account was established to enable continued payment of the retiree health insurance subsidy on a non-taxable basis. While the County and other plan sponsors are now funding this benefit rather than SBCERS as required by federal tax law, it continues to be paid through the Retirement System. Retirees should see no difference in how the subsidy is applied to their healthcare premiums.

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## Board of Retirement

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## Your Health Care Subsidy

**R**etired members of SBCERS who participate in County-sponsored health plans currently receive a health insurance subsidy of \$15 per month per year of service toward their premium costs. As an example, if a retiree has service credit of 25 years, he is eligible to receive \$375/month (25 x \$15 = \$375) toward the cost of health insurance for his family:

<b>Monthly Insurance Premiums</b>	<b>\$900</b>
<b>Health Insurance Subsidy</b>	<b>- 375</b>
<b>Member Pays Remainder</b>	<b>\$525</b>

Surviving spouses and other beneficiaries receive an amount proportionate to their benefit continuance percentage. Members receiving a disability retirement allowance currently receive a health insurance subsidy of at least \$187 per month.

# Calendar of Open Enrollment Meetings

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## Spouses are welcome, too!

Insurance representatives will be available at these meetings:

### **Santa Maria:**

#### **Monday, November 17**

2:00 p.m. – 4:00 p.m.

Board of Supervisors'

Hearing Room

511 E. Lakeside Parkway

### **Santa Barbara:**

#### **Friday, November 21**

9:00 a.m. – 11:00 a.m.

Board of Supervisors'

Hearing Room

105 E. Anapamu Street,

4th Floor

If you know what change you wish to make and would like assistance in filling out the paperwork, you are welcome to attend one of the following "open house" periods when Retirement staff will be available to assist you. Insurance representatives will not be present at these open house events:

### **Santa Maria Office**

2400 Professional Parkway, Suite 150

#### **Wednesday, November 19**

9:00 a.m. – 12:00 noon

and

#### **Tuesday, December 2**

1:00 p.m. – 4:00 p.m.

### **Santa Barbara Office**

3916 State Street, Suite 210

#### **Thursday, December 4**

8:00 a.m. – 4:30 p.m.

If you need directions to any of these locations, please call the Retirement Office at **(805) 568-2940**. Open Enrollment starts November 17 and ends **December 5, 2008**. This is your chance to think about your coverage, consider your options, and make changes for the upcoming enrollment period (through December 31, 2009).

# Open Enrollment Instructions

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During Open Enrollment, all retirees are encouraged to review their healthcare options.

**Step 1:** Review the information in this booklet carefully, especially the medical/dental plan choices described on pages 5 -11, and the premiums shown on page 15. Then calculate your available subsidy and possible premium deduction to determine if your preferred plans are still right for you.

**Step 2:** If you have questions about your choices, you can attend an Open Enrollment meeting (see schedule on page 3). Or, if you want more specific information regarding the different plans, you can use the websites and phone numbers on the back cover of this booklet to see which doctors and other healthcare providers you can use under the different plan choices. Remember that CareCounsel is also available to help you choose the best healthcare plan for your circumstances.

**Step 3:** If you want to enroll, change or cancel coverage, contact your Benefits Specialist or visit the [www.sbcers.org](http://www.sbcers.org) website to obtain the necessary election forms. Complete and return the forms to SBCERS no later than December 5, 2008. Please note that you may not add dental coverage if you have previously waived dental insurance.

**Changes made during Open Enrollment  
are effective January 1, 2009.**

# Your Medical Plan Choices

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**A**ll medical plans include prescription drug coverage. The medical plan comparison charts in this guide show only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

**Retirees may choose from the following medical plans for the coming year.**

## **Aetna HMO/Low Option**

A comprehensive HMO plan which requires that you use an Aetna HMO provider when you need care. Subscriber costs include a \$20 office visit co-pay, and \$250 per hospital admission plus 20% of hospital charges.

## **Aetna HMO/High Option**

A second comprehensive HMO plan with lower co-pays than the low option HMO plan. Co-pays include \$15 for office visit and \$100 for inpatient services.

## **Aetna Point of Service (POS)**

A two-tier point-of-service option that allows you to see any provider when you need care. In-Network services have no annual deductible and reduced co-pays including \$15 for office visit and \$200 per hospital admission.

## **Aetna Open Access Plan (PPO)**

A preferred provider organization plan that allows you to see any provider when you need care and choose between receiving services from in-network or out-of-network providers. Subscribers must meet an annual deductible. Subscriber costs for in-network services include \$30 office visit co-pay and \$250 per hospital admission plus 20% of hospital charges.

## **Aetna High Deductible Health Plan (HDHP)**

A high deductible preferred provider organization plan that allows services from any provider with coverage for in-network providers at a higher benefit level and with lower co-pays. In exchange for lower premiums, this plan has a high annual deductible of \$1,500 for single coverage and \$3,000 for family coverage (2 or more family members). This plan is now available to Medicare participants.

## **Aetna Out-of-Area PPO Plan**

The Aetna option for retirees living outside an Aetna service area. A PPO plan that allows you to use the healthcare providers of your choice. You and the plan each pay a percentage of covered expenses. Subscriber pays \$30 co-pay for office visits, and \$250 per hospital admission plus 20% of hospital charges.

## **PacifiCare Secure Horizons**

Retirees enrolled in Medicare (Parts A&B) also have a choice of two Medicare Advantage plans designed to coordinate with Medicare benefits. These plans feature all of the health coverage services offered by Medicare, plus some extra services Medicare does not offer.

## **Kaiser Permanente Buena Ventura**

Two additional HMO options for Ventura County residents only.

## PacifiCare Secure Horizons Plan Benefits

	PacifiCare Secure Horizons Low Option	PacifiCare Secure Horizons High Option
<b>Annual Deductible</b>	None	None
<b>Lifetime Maximum</b>	None	None
<b>Annual Co-pay Maximum</b>	None	None
<b>Hospital Inpatient</b>	\$500 per admission	\$0 copay
<b>Hospital Outpatient</b>	\$250 per surgery	\$0 copay
<b>Emergency Room</b>	\$50 copay, if not admitted	\$50 copay, if not admitted
<b>Urgent Care Centers</b>	\$15 copay	\$5 copay
<b>Skilled Nursing</b>	No charge first 20 days, \$50 per day thereafter, 100 days max per year	No charge, 100 days max per year
<b>Doctor Visits</b>	Primary Care Office Visit: \$15 copay Specialist Office Visit: \$25 copay	Primary Care Office Visit: \$5 copay Specialist Office Visit: \$5 copay
<b>Lab Services</b>	\$0 copay	\$0 copay
<b>Standard X-rays</b>	\$15 copay	\$0 copay
<b>Rehabilitation Therapy</b>	\$25 copay	\$5 copay
<b>Home Health Visit</b>	\$0 copay	\$0 copay
<b>Durable Medical Equipment</b>	\$0 copay	\$0 copay
<b>Transplants</b>	\$500 per admission	\$0 copay
<b>Renal Dialysis</b>	\$25 copay	\$5 copay
<b>Acupuncture</b>	Not covered	Not covered
<b>Severe Mental Health Disorders</b>	Inpatient: \$500 per admission, 190 days lifetime (combined with non-severe mental health) Outpatient: \$25 copay	Inpatient: \$0 copay, 190 days lifetime (combined with non-severe mental health) Outpatient: \$5 copay
<b>Non-Severe Mental Health Disorders</b>	Inpatient: \$500 per admission, 190 days lifetime (combined with severe mental health disorders) Outpatient: \$25 copay	Inpatient: No charge, 190 days lifetime (combined with severe mental health disorders) Outpatient: \$5 copay
<b>Inpatient Detoxification</b>	\$500 per admission	\$0 copay
<b>Medicare Covered Chiropractic</b>	\$25 copay	\$5 copay
<b>Retail Prescription Drugs</b> (30 day supply)	Generic: \$15 Preferred Brand: \$25 Non-Preferred Brand: \$40 Preferred Specialty Drug: \$40	Generic: \$7 Preferred Brand: \$14 Non-Preferred Brand: \$14 Preferred Specialty Drug: \$14
<b>Mail Order Prescription Drugs</b> (90 day supply)	Generic: \$30 Preferred Brand: \$50 Non-Preferred Brand: \$80 Preferred Specialty Drug: \$80	Generic: \$14 Preferred Brand: \$28 Non-Preferred Brand: \$28 Preferred Specialty Drug: \$28
<b>Routine Eye Exam</b> (annual)	Not covered	\$5 copay
<b>Eyewear</b>	Not covered	\$125 frame allowance/24 months

## Who to Contact?

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If you need general information about enrollment, need forms or need help filling out enrollment forms, your Benefits Specialist can help you. If you need specific information about plan benefits or the healthcare providers you can use, it is best if you contact the insurance carriers (Aetna, SecureHorizons, Kaiser, Golden West or VSP). CareCounsel can also help you decide what healthcare plan is best for you.

## Potential Cost Savings for Medicare Retirees enrolled in Aetna!!

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For members enrolled in Medicare Parts A&B, the Aetna plan deductible is waived and the Aetna plan covers most services at 100% of eligible charges. Please note that this may allow you to receive the same services at a lower premium rate. Call your Benefits Representative to see if you might benefit from a change to a lower-cost Aetna plan.

## Retirees Participating in COBRA

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Members who have recently retired and are enrolled in COBRA have the same opportunity to change plans and dependent coverage during this open enrollment period. Please follow the process described in this booklet to make any plan and/or coverage changes.

## Enrollment in PacifiCare SecureHorizons

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Enrollment in PacifiCare SecureHorizons is an option only for individuals enrolled in Medicare and residing in a PacifiCare service area. Residents of Lompoc should be aware that they do not live in a qualifying service area.

If you are currently in PacifiCare SecureHorizons and you want to change to one of the other plans, make sure you disenroll in SecureHorizons simultaneously. If you are interested in changing to PacifiCare SecureHorizons, please contact your Benefits Specialist for an enrollment kit.

## Kaiser Permanente Buena Ventura Option For Ventura County Residents Only

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Retirees living in Ventura County (with the exception of Ojai residents) may enroll in Kaiser's Low or High Option HMO plan and have access to former Buena Ventura Medical Group physicians. Descriptions of the Kaiser plans and premium rates will be mailed separately to members identified as eligible based on home address zip code. Pursuant to the County's contract with its health insurance carriers, Kaiser medical plans are not available to retirees living anywhere other than Ventura County.

## MEDICAL BENEFITS - AETNA

	*Aetna HMO - Low Option		*Aetna HMO - High Option		*Aetna's Managed Choice POS		*Aetna's Open Access Plan		*Aetna's HDHP Plan		*Aetna's Out-of-Area Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network
<b>How it works</b>	<p><b>YOU MUST</b> use Aetna's HMO providers or your care will not be covered (except in an emergency).</p> <p>You may see any provider when you need care. You decide whether to see a network or an out-of-network provider each time you need care. When you see network providers you typically pay less.</p>											
<b>MEDICAL PLAN</b>												
<b>Annual Deductible</b>	None	None	None	\$250/\$750	None	\$500/\$1500 (combined)	\$500/\$1500 (combined)	\$1,500/\$3,000 (combined)	\$500/\$1500 (combined)	\$500/\$1500 (combined)	\$500/\$1500 (combined)	\$500/\$1500 (combined)
<b>Lifetime Maximum</b>	None	None	Unlimited		\$6 million	\$6 million	\$6 million (combined)	\$6 million (combined)	\$6 million	\$6 million	\$6 million	\$6 million
<b>Annual Co-Pay Maximum</b>	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$1,500 individual \$4,500 family	\$3,000 individual \$9,000 family	\$4,000 / \$8,000	\$6,000 / \$12,000	\$4,500/\$9,000 (combined)	\$4,500/\$9,000 (combined)	\$3,000 / \$9,000	\$3,000 / \$9,000	\$3,000 / \$9,000	\$3,000 / \$9,000
<b>HOSPITAL CARE</b>												
<b>Inpatient</b>	\$250 copay / admit + 20%	\$100 copay / admit	\$200 / admit	\$200 / admit +20%	\$250/admit +20%	40%	20%	40%	20%	40%	20%	\$250/admit +20%
<b>Outpatient</b>	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	40%	20%	20%
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay No coverage for non-emergency	\$50 copay No coverage for non-emergency	\$50 copay No coverage for non-emergency	\$50 copay No coverage for non-emergency	\$75 copay+20% No coverage for non-emergency	40%	20%	20%	20%	20%	20%	\$75 copay+20% No coverage for non-emergency
<b>Urgent Care**</b>	\$20 copay	\$15 copay	\$15 copay	20%	\$30 copay	40%	20%	40%	20%	40%	20%	\$30 copay
<b>Skilled Nursing</b>	\$250 copay 100 days/year	No charge 100 days/year	No charge 100 days/year	20% 100 days/year	20% 100 days/year	40% 100 days/year	20% 100 days/year	20% 100 days/year	20% 100 days/year	20% 100 days/year	20% 100 days/year	20% 100 days/year
<b>PHYSICIAN CARE</b>												
<b>Office Visits</b>	\$20 copay	\$15 copay	\$15 copay	20%	\$30 copay	40%	20%	40%	20%	40%	20%	\$30 copay
<b>Specialist Visits</b>	\$20 copay	\$15 copay	\$15 copay	20%	\$30 copay	40%	20%	40%	20%	40%	20%	\$30 copay
<b>Periodic Health Evaluation</b>	\$20 copay	No charge	No charge	20%	\$30 copay	40%	No charge	40%	20%	40%	20%	\$30 copay
<b>X-Ray &amp; Lab Services</b>	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	40%	20%	20%
<b>Outpatient Rehabilitation Therapy</b>	\$20 copay	\$15 copay	No charge	20%	20%	40%	20%	40%	20%	40%	20%	20%
<b>Immunizations</b>	\$20 copay	No charge	No charge	20%	\$30 copay	40%	No charge	40%	20%	40%	20%	\$30 copay
<b>Home Health Care Services</b> (Visit limitations where applicable are combined for network and non-network services)	\$20 copay 100 visits / year	\$15 copay 100 visits/year	No charge 100 visits/year	20% 100 visits/year	20% 100 visits / year	20% 100 visits / year	20%	40%	20%	40%	20%	20% 100 visits / year
<b>Chiropractic</b> (Benefits provided through contracted chiropractic in ASH Plans Network)	\$20 copay 30 visits/year	\$15 copay 30 visits/year	\$15 copay 30 visits/year	Not covered	\$30 copay up to 12 visits/yr.	Not covered	20% 20 visits combined	40% 20 visits combined	20% 20 visits/yr.	40% 20 visits combined	20% 20 visits/yr.	\$30 copay up to 12 visits/yr.
<b>Prosthetics/Orthotics</b>	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	40%	20%	20%

\*\* Same copay for Urgent and Non-Urgent visits.

	Aetna HMO - Low Option		Aetna HMO - High Option		Aetna's Managed Choice POS		Aetna's Open Access Plan		Aetna's HDHP Plan		Aetna's Out-of-Area Plan	
					In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Durable Medical Equipment</b> (unlimited benefits based on medical necessity)	No charge	No charge	No charge	No charge	20%	40%	20%	40%	20%	40%	20%	20%
<b>MENTAL HEALTH</b>												
<b>Severe Disorders-Inpatient</b>	\$250 copay/ admit+20% unlimited days	\$100 copay/ admit unlimited days	\$200 copay/ admit unlimited days	\$200 copay/ admit unlimited days	\$200 copay/ admit + 20% unlimited days	40% unlimited days	\$250 copay/ admit + 20% unlimited days	40% unlimited days	20% unlimited days	40% unlimited days	\$250 copay/ admit + 20% unlimited days	\$250 copay/ admit + 20% unlimited days
<b>Severe Disorders-Outpatient</b>	\$20 copay/ visit unlimited visits	\$15 copay/ visit unlimited visits	\$15 copay/visit unlimited visits	\$15 copay/visit unlimited visits	\$30 copay /visit unlimited visits	40% unlimited visits	\$30 copay /visit unlimited visits	40% unlimited visits	20% unlimited visits	40% unlimited visits	\$30 copay /visit unlimited visits	\$30 copay /visit unlimited visits
<b>Non-Severe Disorders-Inpatient</b>	\$250 copay/ admit + 20% unlimited days	\$100 copay/admit unlimited days	\$200 copay/ admit unlimited days	\$200 copay/ admit unlimited days	\$250 copay/ admit + 20% unlimited days	40% unlimited days	\$250 copay/ admit + 20% unlimited days	40% unlimited days	20% unlimited days	40% unlimited days	\$250 copay/ admit + 20% unlimited days	\$250 copay/ admit + 20% unlimited days
<b>Non-Severe Disorders-Outpatient</b>	\$25 copay/ visit unlimited visits	\$20 copay/visit unlimited visits	\$20 copay/visit unlimited visits	\$15 copay/visit unlimited visits	\$30 copay/visit unlimited visits	40% unlimited visits	\$30 copay/visit unlimited visits	40% unlimited visits	20% unlimited visits	40% unlimited visits	\$30 copay/visit unlimited visits	\$30 copay/visit unlimited visits
<b>Chem. Dependency Rehab-Outpatient</b>	\$25 copay 20 visits/yr.	\$20 copay 20 visits/yr.	\$20 copay 20 visits/yr.	\$15 copay 20 visits/yr.	\$30 copay 20 visits/yr.	40% 20 visits/yr.	\$30 copay 20 visits/yr.	40% 20 visits/yr.	20% 20 visits/yr.	40% 20 visits/yr.	\$30 copay 20 visits/yr.	\$30 copay 20 visits/yr.
<b>Detoxification-Inpatient</b> (Detoxification only)	\$250 copay/ admit+20% 30 days/yr.	\$100 copay / admit 30 days/yr.	\$200 copay/ admit	\$200 copay/ admit	\$200 copay/admit + 20%	40% per admission	\$200 copay/admit + 20%	40% per admission	20%	40%	\$200 copay/admit + 20%	\$200 copay/admit + 20%
<b>PRESCRIPTION DRUGS</b>												
<b>RETAIL:</b> <b>Generic/Brand/Non-formulary</b>	\$10 / \$35 / \$50 with a \$25 annual deductible on Tier2+3 drugs (30-day limit)	\$10 / \$30 / \$45 with a \$25 annual deductible on Tier2+3 drugs (30-day limit)	\$10 / \$20 / \$35 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	\$10 / \$20 / \$35 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	Not covered	Not covered	\$15 / \$25 / \$40 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	Not covered	20%	20%	\$15 / \$25 / \$40 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	Not covered
<b>MAIL ORDER:</b> <b>Generic/Brand/Non-formulary</b>	\$20 / \$70 / \$100 with a \$25 annual deductible on Tier2+3 drugs (90-day limit)	\$20 / \$60 / \$90 with a \$25 annual deductible on Tier2+3 drugs (90-day limit)	\$20 / \$40 / \$70 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	\$20 / \$40 / \$70 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	Not covered	Not covered	\$30 / \$50 / \$80 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	Not covered	20%	Not covered	\$30 / \$50 / \$80 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	Not covered
<b>VISION</b>												
<b>Screening</b> (Routine Preventive performed by PCP, excludes refractions)	\$20 copay, subject to RPE schedule	\$15 copay, subject to RPE schedule	No charge	No charge	20% after deductible	40%	\$30 copay/visit 1 exam/24 mos.	40%	no charge 1 exam/24 mos.	40%	\$30 copay/visit 1 exam/24 mos.	\$30 copay/visit 1 exam/24 mos.
<b>Eyewear</b> (Lens, Frame)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

\* See Summary of Coverage document for more details  
1 For POS, Open Access & HDHP & plans, the out-of-network benefit applies to allowable charges above the allowable charges.  
2 Some copays do not apply to the Annual Copay Maximum. Check your Certificate of Coverage for details.  
3 The Open Access Plan and HDHP have, a 6-month pre-existing condition limitation. If you have been previously covered by another health plan within 63 days, your prior coverage period will be used to reduce or eliminate this limitation. See Certificate of Coverage for details.  
4 Day and/or visit limitations where applicable are combined for network and non-network services.

## Your Dental Plan Choices

**T**here are no changes in dental benefits or rates. Your choices for dental coverage are as follows:

### County Self-Funded Dental Plan –

This is a fee-for-service plan that allows you to use the dentist of your choice. However, the plan does offer you a preferred provider network (“the True Advantage PPO network”). The County plan is administered by Golden West, and you can find more

information on preferred providers on the Golden West website (see the “Contacts” list on the back page).

### Golden West Pacesetter HMO Dental Plan –

This is a comprehensive dental HMO with no deductibles or calendar-year maximums. Preventive services are provided at no charge, and there is no limit on approved specialty services. Most basic and major services have co-pays.

## Dental Plan Comparison Chart

	County Self-Funded Dental Plan	Golden West Pacesetter Dental HMO Plan
<b>Annual Deductible</b>	None for preventive services; \$50 individual, \$100 family maximum for all other services	None
<b>Annual Maximum Benefit</b>	\$1,500 per person (excluding orthodontics)	No maximum
<b>Diagnostic &amp; Preventive Services</b>	Plan pays 100% of reasonable and customary rates.	No charge, except \$20 per tooth for sealants
<b>Restorative</b>		
• <b>Fillings</b>	20% charge for covered expenses	Co-pays: from \$8
• <b>Crowns &amp; Bridges</b>	40% charge for covered expenses	Co-pays: from \$200* + lab fees
<b>Endodontics</b>	20% charge for covered expenses	Co-pays: from \$150*
<b>Periodontics</b>	20% charge for covered expenses	Co-pays: from \$100*
<b>Prosthodontics</b>	40% charge for covered expenses	Co-pays: from \$250*
<b>Oral Surgery</b>	20% charge for covered expenses	Co-pays: from \$10 to \$70*
<b>Orthodontics</b>	40% charge for dentist’s fee. Lifetime maximum benefit: \$1,200 per person	Child: \$1845+ \$350 Diagnostic Adult: \$2045+ \$250 Diagnostic
<b>Cosmetic Services</b>	Not covered	Generally not covered

\* Specific co-pay amounts under the Golden West Pacesetter Dental HMO Plan will depend on the type of service.

This comparison shows only a brief summary of the benefits available. The health plan contracts define the exact terms and conditions of coverage.

## Vision Care Coverage Provided Through Vision Service Plan (VSP)

Except for those covered by PacifiCare Secure Horizons high option plan (which has its own vision care coverage), if you want vision care coverage you'll need to enroll in the VSP plan. If you are (or will be) covered by PacifiCare Secure Horizons low option plan, you may want to consider enrolling in VSP since the Secure Horizons low option plan does not include eyewear coverage. Some Aetna medical Plans allow a routine vision exam conducted by your primary care physician every 24 months, but no specialist examinations or eyewear coverage.

VSP features a broad provider network with substantial access across the United States in a variety of settings. All VSP network providers are independent optometrists or ophthalmologists in private practice who provide full service. However, you do have the option of using a non-network provider under the VSP plan but the benefit allowances are lower.

### VSP Benefit Plan Summary

	In-Network	Out-of-Network
<b>Eye Examination, once every 12 months</b>	\$10 co-pay	\$51 benefit allowance
<b>Standard Lenses, once every 24 months (or 12 months if change in prescription)</b>		
• Single Vision	No charge	\$41 benefit allowance
• Lined Bifocal	No charge	\$63 benefit allowance
• Lined Trifocal	No charge	\$82 benefit allowance
<b>Frame, once every 24 months</b>	No charge upto \$100 retail allowance	\$67 benefit allowance
<b>Contact Lenses (in lieu of eyeglasses)</b>		
• Elective/Convenience	\$100 allowance	\$100 allowance
• Medically Necessary	25% charge	\$126 allowance
<b>Low Vision Benefit (for severe visual problems)</b>	\$500 maximum benefit every two years	Not covered
<b>Laser Vision Correction</b>	15% fee discount	Not covered

This comparison shows only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

# A Reminder About CareCounsel

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## **Your personal healthcare advocate**

Sometimes health care and insurance issues can be confusing. CareCounsel, a healthcare assistance program, is available to help.

When you call CareCounsel, you get confidential support, benefits assistance, claims troubleshooting, health plan issues resolution, help locating quality healthcare resources, and healthcare advocacy. CareCounsel is an independent organization and is not part of your health plan. They are here to help you navigate the complexities of your health plan benefits.

## **Some of the areas where CareCounsel can help are:**

- Choosing a health plan for your family
- Understanding your benefits
- Selecting doctors and hospitals
- Troubleshooting claims problems
- Obtaining care or referrals
- Addressing quality-of-care concerns
- Communicating effectively with doctors
- Getting the most from your healthcare dollars
- Finding resources for a health condition

CareCounsel is different from your health plan. They do not provide medical advice or treatment, but serve as advocates to help you get your health needs met.

For more information, call 1-888-227-3334, or go to [www.carecounsel.com](http://www.carecounsel.com).

## A Few Points to Remember

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**Dental Insurance Eligibility** – You must be enrolled in a medical plan offered by SBCERS to be eligible for dental coverage; if you drop your dental coverage you waive your right to re-enroll.

**Self-Pay Option** – If your subsidy and retirement allowance are insufficient to cover your monthly premium, you must elect the Self-Pay Option to cover the monthly difference in premium to keep your medical/dental plan; your payment is due to the Retirement Office by the 15th of the month prior to the coverage month. Contact your Benefits Specialist for details.

**Pooling of Health Insurance Subsidies** – If two retirees are married to each other or are registered domestic partners and are both eligible for a health insurance subsidy, they may now combine their subsidy amounts toward the premium cost for two-party or family coverage. Both spouses/partners must enroll in the same medical, dental and/or vision coverage to participate. If you want to take advantage of this benefit, please telephone your Benefits Specialist to request an “Election to Combine Health Insurance Subsidies” form or come to one of the Open Enrollment meetings.

**Medicare Part D** – Part D Pharmacy benefits are included in all County medical insurance plans. If you are enrolled in medical insurance through the Retirement System, you must not enroll in an independent Part D plan through another carrier or pharmacy.

**Health Savings Accounts** – If you enroll in the High Deductible Health Plan (HDHP) and you are not enrolled in Medicare, you are eligible to establish a Health Savings Account (HSA). An HSA is a tax-free savings account that you can use to pay qualified medical expenses, and can be established at most banks offering tax-free savings accounts.

**Dependent Eligibility** – Eligible retirees who enroll in healthcare coverage may also enroll their eligible dependents. Eligible dependents generally include your spouse or domestic partner; your (and domestic partner’s) children under age 23 who are dependent on you for the majority of their support; and disabled children age 23 or older. Specific eligibility criteria can be found on the County Benefits website or by contacting your Benefits Specialist.

## Changes During the Year

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**Y**ou may enroll in or change your medical or dental elections during the year if you or your eligible spouse or eligible dependents experience a qualified change in family status affecting your eligibility for coverage under our retiree health plans. Qualified changes in family status allow you to add or drop medical or dental coverage. Qualified changes in family status allow you to change from single to retiree + one or family coverage, and vice versa. You are not allowed to change from one health plan option to another option. Changing your address may also be a qualifying event to make changes to your health plan.

## Qualifying Events

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The following events qualify as changes in family status or eligibility:

- Change in marital status due to marriage, divorce, or legal separation
- Change in domestic partnership
- Change in the number of dependents due to birth, adoption, or placement for adoption
- Death of spouse, domestic partner, or dependent
- Your dependent child becomes ineligible for coverage (age 23)
- Your address changes and you no longer reside within your plan service area

### **You Acquire New Dependents**

If you acquire any new eligible dependents during the year and you wish to add them to your coverage, you must enroll them within 31 days of the event (marriage, birth, adoption, etc.). Telephone or e-mail your Benefits Specialist to get the necessary form.

### **You or Your Spouse Becomes Eligible for Medicare**

If you or your spouse becomes eligible for Medicare after Open Enrollment, contact your Benefits Specialist for the required Medicare Part D application and enrollment instructions. Your medical benefits (and the amount you are being charged each month) will be adjusted accordingly.

### **You Change Your Address**

If you change your address, you are required to submit that information to the Retirement Office within 31 days of the event. If you or your eligible dependent(s) no longer reside within a service area for the plan in which you are enrolled, you may not be eligible for that plan. Telephone your Benefits Specialist for assistance.



**Plan Year 2009  
HEALTH INSURANCE COVERAGE**

**SecureHorizons**

**Aetna**

	High Option HMO	Low Option HMO	Low Option HMO	High Option HMO	Managed Choice POS	Open Access PPO	High Deductible Health Plan HDHP	Out of Area PPO
<b>MEDICAL FOR NON-MEDICARE RETIREE</b>								
Single Retiree Only	N/A	N/A	\$ 619.10	\$ 917.82	\$ 1,063.32	\$ 567.19	\$ 454.42	\$ 567.19
<b>NON-MEDICARE DEPENDENTS</b>								
Couple Retiree +1 dependent	N/A	N/A	\$ 1,151.99	\$ 1,704.37	\$ 1,967.14	\$ 1,049.29	\$ 845.01	\$ 1,049.29
Family Retiree +2 or more dependents	N/A	N/A	\$ 1,795.47	\$ 2,665.79	\$ 3,083.64	\$ 1,644.86	\$ 1,316.86	\$ 1,644.86
<b>MEDICARE DEPENDENTS</b>								
Couple Retiree +1 dependent with MC	N/A	N/A	\$ 875.30	\$ 1,321.12	\$ 1,587.67	\$ 990.17	\$ 890.50	\$ 1,008.80
Family Retiree +2 dependents/1 with MC	N/A	N/A	\$ 1,408.19	\$ 2,107.67	\$ 2,491.49	\$ 1,472.27	\$ 1,281.09	\$ 1,490.90
<b>MEDICAL FOR MEDICARE RETIREE</b>								
Single Medicare Retiree Only	\$ 322.14	\$ 205.34	\$ 256.20	\$ 403.30	\$ 524.35	\$ 422.98	\$ 436.08	\$ 441.61
<b>NON-MEDICARE DEPENDENTS</b>								
Couple MC Retiree +1 dependent	N/A	N/A	\$ 875.30	\$ 1,321.12	\$ 1,587.67	\$ 990.17	\$ 890.50	\$ 1,008.80
Family MC Retiree +2 or more dependents	N/A	N/A	\$ 1,408.19	\$ 2,107.67	\$ 2,491.49	\$ 1,472.27	\$ 1,281.09	\$ 1,490.90
<b>MEDICARE DEPENDENTS</b>								
Couple MC Retiree +1 dependent with MC	\$ 644.28	\$ 410.68	\$ 512.40	\$ 806.60	\$ 1,048.70	\$ 845.95	\$ 872.16	\$ 883.22
Family MC Retiree +2 dependents/1 with MC	N/A	N/A	\$ 1,131.50	\$ 1,724.42	\$ 2,112.02	\$ 1,413.14	\$ 1,326.58	\$ 1,450.41

**VISION (optional)**

Vision Service Plan VSP

\$ 6.95  
\$ 10.01  
\$ 17.96

**DENTAL (optional)**

\*County Self Funded PPO

\$ 46.52  
\$ 93.05  
\$ 139.57

Golden West Pacesetter HMO

\$ 31.30  
\$ 51.44  
\$ 78.09

**CARE COUNSEL (mandatory)**

Monthly Rate \$ 2.90

Effective dates for all premiums will be  
January 1 – December 31, 2009  
N/A = NOT APPLICABLE

## Contact Information

### Santa Barbara Office

3916 State Street, Suite 210  
Santa Barbara, CA 93105 (805) 568-2940

#### Last Name A – K

**Barbara Gordon:** (805) 568-2942

#### Last Name L – Z

**Scott Dunlap:** (805) 568-2943

### Santa Maria Office

2400 Professional Parkway, Suite 150  
Santa Maria, CA 93458 (805) 739-8686

#### Last Name A – K

**Doreen Miller:** (805) 739-8668

#### Last Name L – Z

**Renee Lynn:** (805) 739-8667

SBCERS' toll free number: (877) 568-2940

Website: [www.sbcers.org](http://www.sbcers.org)

### Aetna

HMO Member Services: (800) 807-9749

Non-HMO Member Services: (800) 326-2010

Informed Health Line: (800) 556-1555

Website:

[www.aetna.com/docfind/custom/countyofsb](http://www.aetna.com/docfind/custom/countyofsb)

### PacifiCare SecureHorizons

Customer Service: (800) 228-2144

Website: [www.securehorizons.com](http://www.securehorizons.com)

### Kaiser Permanente

Member Services: (800) 464-4000

Senior Advantage members: (800) 443-0815

Website: [www.kaiserpermanente.org](http://www.kaiserpermanente.org)

### Golden West Dental

Customer Service: (800) 995-4124

Website: [www.goldenwestdental.com](http://www.goldenwestdental.com)

### Vision Service Plan (VSP)

Customer Service: (800) 877-7195

Website: [www.vsp.com](http://www.vsp.com)

### CareCounsel Healthcare Assistance Program

Customer Service: (888) 227-3334

Website: [www.carecounsel.com](http://www.carecounsel.com)

### Conexis (COBRA administrator)

Customer Service: (877) 864-9546

Website: [www.conexis.com](http://www.conexis.com)



Santa Barbara County

Employees' Retirement System

3916 State Street, Suite 210

Santa Barbara, CA 93105

RETURN SERVICE REQUESTED