



County of Orange Human Resources Department
Memorandum

October, 2007

To: County of Orange Eligibility Worker Retiree
From: Human Resources, Employee Benefits
Subject: **2008 Health Plan Changes for Retirees Eligible for Medicare Part B Only**

In a recent communication, you received important information on changes to the County of Orange health plans. This correspondence will serve as a follow-up to provide a preview of your 2008 Open Enrollment options and provide additional details regarding:

- New Health Plans and Health Plan Summaries
- Health Plan Rates for 2008
- Open Enrollment Presentations and Information Phone Lines

New Health Plans and Health Plan Summaries

In order to minimize the impact of the split pool rates, and maintain affordable, high quality benefits for our retirees, several new health plans will be available to choose from in 2008.

Two new HMO options will be added for Retirees with Medicare Part B only: Blue Cross Traditional HMO and Blue Cross Select HMO. The HMO options are available to retirees who resided within the covered zip codes in California. The Traditional HMO Plan's provider network is extensive. The Blue Cross Select HMO provides an additional plan with premiums lower than the other HMOs offered by the County. The Select HMO network is built around medical groups and hospitals that demonstrate the most efficient practice patterns.

One new PPO option will be added: Exclusive Care Select Health Plan. Exclusive Care is a Retiree Health Plan operated by the County of Riverside and provides nationwide coverage. The Network is comprised of two tiers. Tier one is comprised of the County of Riverside Medical facilities and four private hospitals in Riverside County. Tier two allows a retiree to select any licensed provider who participates in the Medicare program, i.e. accepts Medicare Assignment.

Premier Sharewell has been identified as a Health Savings Account (HSA) compliant Plan for retirees. The plan design complies with an HSA, high deductible plan, but without the health savings account contribution. This will enable you to establish your own HSA, to which you may contribute and be reimbursed for Sharewell premiums, co-payments, deductibles and health care expenses on a non-taxable basis. Please consult with a tax advisor regarding the tax implications of establishing a HSA.

(See Reverse Side)

Enclosed are Health Plan Summaries with the benefit coverage for each of the plans available to you including the new health plans.

Health Plan Rates for 2008

Enclosed is the 2008 health plan rate table for each health plan available to you through the County of Orange. Please review the rates carefully, as they include the new health plans available to you in 2008.

Open Enrollment Presentations and Information Phone Lines

The County remains committed to quality, affordable health plans and educating our retirees in making wise health care decisions. During Open Enrollment there will be a variety of resources to support and assist you with your questions and concerns. One form of assistance will be Open Enrollment Presentations beginning October 22nd through November 19th. These presentations will include an overview of each of the health plans and an opportunity for you to ask questions of each of the health plan representatives. Enclosed is the 2008 Retiree Open Enrollment Presentation schedule. In addition, information phone lines will be available for you to speak to Customer Service Representatives from each of the health plans about your own personal situation. Please see the enclosed Health Plan Summaries for the toll-free phone numbers for each health plan.

With all this information in mind, we encourage you to begin thinking about which health plan may be right for you. At the end of October, you will receive your Open Enrollment packet that will contain your Benefits Enrollment Guide and your personalized Benefits Enrollment Summary. Your personalized summary will show the health plans you are eligible to enroll in through the County of Orange and the 2008 rates for each plan. Should you have any questions regarding eligibility, the Benefits Resource Line is available at 1-866-325-2345 to assist you and answer your questions.

Enclosures

2008 Retiree Health Plan Rate Table

RETIREES ENROLLED IN MEDICARE PART B ONLY									
RETIREE ENROLLMENT STATUS	PPO PLANS			HEALTH MAINTENANCE PLAN (HMO)				MEDICARE ADVANTAGE PLANS	
	Premier Wellwise Plan	Sharewell Plan	Exclusive Care Plan	CIGNA Health Plan	Traditional HMO Plan	Blue Cross Select HMO Plan	Blue Cross Sr Advantage Plan	Kaiser HMO	
RETIREE ONLY									
Retiree Only - Part B Only	\$555.60	\$194.46	\$585.92	\$477.92	\$520.89	\$408.26		\$426.01	
RETIREE W/1 DEPENDENT									
Two W/ Medicare Part B Only	\$992.15	\$267.88	\$1,171.84	\$944.59	\$1,041.78	\$816.51		\$852.02	

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For EW eligible retirees, the Retiree Medical Grant for 2008 is \$ 17.50 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.

RETIREES WITH DEPENDENT(S) - MIXED MEDICARE PART B ONLY AND NON-MEDICARE ENROLLMENT									
RETIREE ENROLLMENT STATUS	PPO PLANS			Non-Medicare & Medicare HMO					
	Premier Wellwise Plan	Sharewell Plan	Exclusive Care Plan	CIGNA Health Plan	Traditional HMO Plan	Blue Cross Select HMO Plan	Blue Cross Senior Advantage Plan	Kaiser HMO & Sr Advantage Plan	
RETIREE W/1 DEPENDENT									
One W/ Medicare Part B Only	\$1,269.95	\$337.33	\$1,209.73	\$1,114.15	\$1,114.75	\$873.70		\$1,036.01	
RETIREE W/2 OR MORE DEPENDENTS									
One W/ Medicare Part B Only	\$1,746.18	\$436.54	\$1,792.33	\$1,583.95	\$1,114.75	\$873.70		\$1,585.01	
Two W/ Medicare Part B Only	\$1,428.69	\$367.09	\$1,558.75	\$1,432.22	\$1,635.64	\$1,281.96		\$1,401.02	

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For EW eligible retirees, the Retiree Medical Grant for 2008 is \$ 17.50 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.

**Retirees & Dependents Over & Under Age 65
Premier Wellwise PPO Plan**



1-888-235-1767 for additional information
& 1-800-573-3583 for Prescription Drug Information

	Network Provider (co-insurance)	Non-Network Provider (co-insurance)
Annual Deductible (included in the Major Expense Benefit)	\$300 individual / \$600 family	\$500 individual / \$1,000 family
Primary Care and Specialist Physician Office Visits	10%	30%
Inpatient Hospital Services <i>(requires pre-admission review for Non-Network provider)</i>	10%	30%
Outpatient Facility Services	10%	30%
Hospital Emergency Room or Outpatient Facility	10%	30%
Urgent Care Facility	10%	30%
Rehabilitative Therapy	10%	30%
Durable Medical Equipment <i>(requires prior authorization if the cost is more than \$5,000)</i>	10%	30%
External Prosthetic Appliances	10%	30%
Home Health Services <i>(requires prior authorization)</i>	10%	30%
Hospice Services <i>(requires prior authorization)</i>	10%	30%
Skilled Nursing and Rehabilitation Facilities <i>(60 visits maximum per participant per calendar year)</i>	10%	30%
Laboratory and Radiology Services	10%	30%
Mental Health Inpatient Services <i>(\$30,000 lifetime maximum per participant combined with Substance Abuse. The lifetime maximum does not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act.) - (requires pre-admission review for Non-Network provider)</i>	10%	30%
Mental Health Outpatient Services <i>(\$50 per visit maximum, 50 visits per participant, per calendar year. \$30,000 lifetime maximum per participant combined with Substance Abuse. The visit and lifetime maximum does not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act.)</i>	50%	50%

(Coverage Continued on Back Page)

**Retirees & Dependents Over & Under Age 65
Premier Wellwise PPO Plan**



1-888-235-1767 for additional information
& 1-800-573-3583 for Prescription Drug Information

(Coverage Continued)

	Network Provider (co-insurance)	Non-Network Provider (co-insurance)
Substance Abuse Detoxification Inpatient Services <i>(\$30,000 lifetime maximum per participant combined with Mental Health.) - (requires pre-admission review for Non-Network provider)</i>	10%	30%
Substance Abuse Detoxification Outpatient Services <i>(\$50 per visit maximum, 50 visits per participant, per calendar year. \$30,000 lifetime maximum per person combined with Mental Health.)</i>	50%	50%
Vision Care	Not Covered	Not Covered
Pharmacy/Prescription Drug Card program <i>(current Pharmacy Benefit Manager is WHI)- (Certain drugs require Prior Authorization, as determined by Pharmacy Benefit Manager for Medical Necessity).</i> <ul style="list-style-type: none"> - Generic Drugs on the Formulary Drug List - Preferred Brand-Name Drugs - Medically Necessary Name Brand Drugs designated as preferred on the Formulary Drug List, with no Generic Equivalent - Non-Preferred Brand-Name Drugs- Medically Necessary Name Brand Drugs not listed on the Formulary Drug List 	Must use the Prescription Drug Card program: Generic Drugs - 20% per prescription Preferred Brand-Name Drugs - 25% per prescription Non-Preferred Brand Name Drugs - 30% per prescription	
<u><i>Additional Programs offered:</i></u> Health Advocate program – Registered nurses who provide clinical advice and support. Disease Management programs – Covering a wide range of conditions, each program helps people manage their health through tools, knowledge and support NurseHelp 24/7 – Registered nurses on call 24 hours a day when you need health information at a moment’s notice.		

* This is a summary of the frequently asked about benefits. This chart is not meant to be a comprehensive explanation of benefits, cost sharing, exclusions or limitations. For a complete explanation of benefits, please refer to the Plan Document.

Retirees & Dependents Over & Under Age 65
Premier Sharewell PPO Plan



1-888-235-1767 for additional information

	Network Provider (co-insurance)	Non-Network Provider (co-insurance)
Annual Deductible (included in the Major Expense Benefit)	\$5,000 family	
Primary Care and Specialist Physician Office Visits	10%	20%
Inpatient Hospital Services <i>(requires pre-admission review for Non-Network provider)</i>	10%	20%
Outpatient Facility Services	10%	20%
Hospital Emergency Room or Outpatient Facility	10%	20%
Urgent Care Facility	10%	20%
Rehabilitative Therapy	10%	20%
Durable Medical Equipment <i>(requires prior authorization if the cost is more than \$5,000)</i>	10%	20%
External Prosthetic Appliances	10%	20%
Home Health Services <i>(requires prior authorization)</i>	10%	20%
Hospice Services <i>(requires prior authorization)</i>	10%	20%
Skilled Nursing and Rehabilitation Facilities <i>(60 visits maximum per participant per calendar year)</i>	10%	20%
Laboratory and Radiology Services	10%	20%
Mental Health Inpatient Services <i>(\$30,000 lifetime maximum per participant combined with Substance Abuse. The lifetime maximum does not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act.)- (requires pre-admission review for Non-Network provider)</i>	10%	20%
Mental Health Outpatient Services <i>(\$50 per visit maximum, 50 visits per participant, per calendar year. \$30,000 lifetime maximum per person combined with Substance Abuse. The visit and lifetime maximum does not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act.)</i>	50%	50%

(Coverage Continued on Back Page)

Retirees & Dependents Over & Under Age 65
Premier Sharewell PPO Plan

1-888-235-1767 for additional information



(Coverage Continued)

	Network Provider (co-insurance)	Non-Network Provider (co-insurance)
Substance Abuse Detoxification Inpatient Services <i>(\$30,000 lifetime maximum per participant combined with Mental Health).- (requires pre-admission review for Non-Network provider)</i>	10%	20%
Substance Abuse Detoxification Outpatient Services <i>(\$50 per visit maximum, 50 visits per participant, per calendar year. \$30,000 lifetime maximum per person combined with Mental Health.)</i>	50%	50%
Vision Care	Not Covered	Not Covered
Pharmacy – Prescription Drugs	20% per prescription	

Additional Programs offered:

Health Advocate program – Registered nurses who provide clinical advice and support.

Disease Management programs – Covering a wide range of conditions, each program helps people manage their health through tools, knowledge and support

NurseHelp 24/7 – Registered nurses on call 24 hours a day when you need health information at a moment's notice.

* This is a summary of the frequently asked about benefits. This chart is not meant to be a comprehensive explanation of benefits, cost sharing, exclusions or limitations. For a complete explanation of benefits, please refer to the Plan Document.

**Retirees & Dependents Over Age 65
Exclusive Care Select Medicare Coordination**

Call 1-800-962-1133 for additional information



	Tier 1	Tier 2
Annual Out-Pocket Maximum for Certain Services	\$1,500/person \$4,500/family	\$2,500/person \$7,500/family
Deductible	\$250/person \$750/family	\$500/person \$1,500/family
Primary Care and Specialist Physician Office Visits	\$10 co-pay/primary care \$20 co-pay/specialist	\$25 co-pay/primary care \$50 co-pay/specialist
Inpatient Hospital Services (<i>Mandatory Centers of Excellence apply</i>)	90%	80%
Outpatient Facility Services (<i>Mandatory Centers of Excellence apply to some Outpatient Facility</i>)	90%	80%
Hospital Emergency Room	\$50 co-pay, then 90%	\$100 co-pay, then 80%
Urgent Care Facility	\$20 co-pay	\$50 co-pay
Rehabilitative Therapy (Some Limits Apply)	90%	80%
Durable Medical Equipment (Maximum \$1,000 per participant per year)	90%	80%
External Prosthetic Appliances	90%	80%
Home Health Services (<i>up to 26 day/year</i>)	90%	80%
Hospice Services	90%	80%
Skilled Nursing and Rehabilitation Facilities (<i>100 visits maximum per participant per year</i>)	90%	80%
Laboratory and Radiology Services	90%	80%
Mental Health Inpatient Services (<i>Mandatory Centers of Excellence apply</i>)	90%	80%

(Coverage Continued on Back Page)

**Retirees & Dependents Over Age 65
Exclusive Care Select Medicare Coordination**



Call 1-800-962-1133 for additional information

	Tier 1	Tier 2
Mental Health Outpatient Services (30 days maximum per participant per year, unless Severe Mental Illness - Mandatory Centers of Excellence apply)	\$20 co-pay	
Substance Abuse Detoxification Inpatient Services (Mandatory Centers of Excellence apply)	90%	80%
Substance Abuse Detoxification Outpatient Services (30 days maximum per participant per year – Mandatory Centers of Excellence apply)	\$20 co-pay	
Vision Care: Eye Exam	\$10 co-pay	\$25 co-pay
Vision Care: One Pair of Approved Glasses	Not Covered	
Participating Retail Pharmacy (up to 30 day supply)	Generic: \$15 co-pay Brand-name formulary: \$25 co-pay Non-formulary Brand: \$40 co-pay Significant or new therapeutic class drugs: 50%	
Participating Mail-Order pharmacy (up to a 90 day supply) Mail-order is MANDATORY for maintenance medications	Generic: \$30 co-pay Brand-name formulary: \$50 co-pay Non-formulary Brand: \$80 co-pay	

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**Retirees & Dependents Under Age 65
Exclusive Care Select Non-Medicare**



Call 1-800-962-1133 for additional information

	Tier 1	Tier 2	Tier 3
Annual Out-Pocket Maximum for Certain Services	\$1,500/person \$4,500/family	\$2,500/person \$7,500/family	\$5,000/person \$15,000/family
Deductible	\$250/person \$750/family	\$500/person \$1,500/family	\$1,000/person \$3,000/family
Primary Care and Specialist Physician Office Visits	\$10 co-pay/primary care \$20 co-pay/specialist	\$25 co-pay/primary care \$50 co-pay/specialist	60%
Inpatient Hospital Services <i>(Mandatory Centers of Excellence apply)</i>	90%	80%	60%
Outpatient Facility Services <i>(Mandatory Centers of Excellence apply to some Outpatient Facility)</i>	90%	80%	60%
Hospital Emergency Room	\$50 co-pay, then 90%	\$100 co-pay, then 80%	\$100 co-pay, then 80%
Urgent Care Facility	\$20 co-pay	\$50 co-pay	60%
Rehabilitative Therapy (Some Limits Apply)	90%	80%	60%
Durable Medical Equipment (Maximum \$1,000 per person per year)	90%	80%	60%
External Prosthetic Appliances	90%	80%	60%
Home Health Services <i>(Up to 26 days/year)</i>	90%	80%	60%
Hospice Services	90%	80%	60%
Skilled Nursing and Rehabilitation Facilities <i>(100 visits maximum per year)</i>	90%	80%	60%
Laboratory and Radiology Services	90%	80%	60%

(Coverage Continued on Back Page)

**Retirees & Dependents Under Age 65
Exclusive Care Select Non-Medicare**



Call 1-800-962-1133 for additional information

(Coverage Continued)

	Tier 1	Tier 2	Tier 3
Mental Health Inpatient Services <i>Mandatory Centers of Excellence apply</i>	90%	80%	Not Covered
Mental Health Outpatient Services (30 days maximum per year, unless Severe Mental Illness; Mandatory Centers of Excellence apply)	\$20 co-pay		Not Covered
Substance Abuse Detoxification Inpatient Services (3-5 day max as medically necessary, one episode/lifetime; Mandatory Centers of Excellence apply)	90%	80%	Not Covered
Substance Abuse Detoxification Outpatient Services (30 days maximum per member per year; Mandatory Centers of Excellence apply)	\$20 co-pay		Not Covered
Vision Care: Eye Exam	\$10 co-pay	\$25 co-pay	Not Covered
Vision Care: One Pair of Approved Glasses	Not Covered		
Participating Retail Pharmacy	Generic: \$15 co-pay Brand-name formulary: \$25 co-pay Non-formulary Brand: \$40 co-pay Significant or new therapeutic class drugs: 50%		
Participating Mail-Order pharmacy (up to a 90 day supply) Mail-order is MANDATORY for maintenance medications	Generic: \$30 co-pay Brand-name formulary: \$50 co-pay Non-formulary Brand: \$80 co-pay		

This is a summary of the frequently asked about benefits. This chart is not meant to be a comprehensive explanation of benefits, cost sharing, exclusions or limitations. For a complete explanation of benefits, please refer to the Summary Plan Document (SPD).

Retirees & Dependents Over & Under Age 65

For more information, contact
CIGNA at 1-800-CIGNA24 or 1-800-244-6224



CIGNA HealthCare

Total Co-payment Maximum	
Retiree Only	\$1,000 per calendar year
Retiree with 1 Dependents	\$2,000 per calendar year
Retiree with 2 or More Dependents	\$2,000 per calendar year
Covered Services & Supplies	
Primary Care and Specialist Physician Office Visits	\$15 Co-payment per visit
Inpatient Hospital Services	100% after \$100 per admission Co-payment
Outpatient Facility Services	No Charge
Hospital Emergency Room or Outpatient Facility	\$50 Co-payment per visit, waived if admitted
Urgent Care Facility	\$25 Co-payment per visit
Rehabilitative Therapy	\$15 Co-payment per visit
Durable Medical Equipment	No Charge
External Prosthetic Appliances	No Charge
Home Health Services	No Charge
Hospice Services	No Charge
Skilled Nursing and Rehabilitation Facilities (<i>100 visits maximum per participant per year</i>)	No Charge
Laboratory and Radiology Services	No Charge
Mental Health Inpatient Services (<i>30 days maximum per participant per year</i>)	100% after \$100 per admission Co-payment
Mental Health Outpatient Services	\$20 Co-payment per visit
Substance Abuse Detoxification Inpatient Services	100% after \$100 per admission Co-payment
Substance Abuse Detoxification Outpatient Services	\$15 Co-payment per visit
Vision Care: Eye Exam (<i>limit one every 12 months</i>)	\$5 Co-payment per visit
Vision Care: One Pair of Approved Glasses (<i>limit one every 12 months</i>)	\$10 Co-payment
Pharmacy	
- Generic Drugs on the Prescription Drug List	\$10 Co-payment per prescription
- Preferred Brand - Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent	\$20 Co-payment per prescription
- Non-Preferred Brand - Non-Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List	\$40 Co-payment per prescription

(Additional Services & Program information on back page)

Retirees & Dependents Over & Under Age 65

For more information, contact
CIGNA at 1-800-CIGNA24 or 1-800-244-6224



CIGNA HealthCare

Additional Services & Programs that can make a difference in your life:

Healthy Rewards® - Discounts on laser vision correction, weight management, smoking cessation, and more.

CIGNA Well Aware for Better Health® - Helping you manage certain chronic conditions

Online Tools and Resources on **myCIGNA.com**

CIGNA HealthCare 24-Hour Health Information Line – Round-the-Clock access to Registered Nurses.

* This is a summary of the frequently asked about benefits. This chart is not meant to be a comprehensive explanation of benefits, cost sharing, exclusions or limitations. For a complete explanation of benefits, please refer to the Group Service Agreement (GSA).

* All Co-payments paid for Mental Health & Substance Abuse Services (except for Severe Mental Illness & Serious Emotional Disturbances of a Child), Vision care services and prescription drugs do not apply towards the total co-payment maximums.

Retirees & Dependents Over Age 65
 (Must Have Medicare Part A & B or B only)
 For more information, contact
 Kaiser Permanente at 1-800-443-0815 or www.kp.org

*****Important Enrollment Information*****

The election for this health plan requires an enrollment form to be submitted to Kaiser for each member of your family that is Medicare eligible. If the form is not received and approved by Kaiser on or before **December 31, 2007**, you and your family will remain in your current plan. Once the enrollment is approved by Kaiser you will be enrolled into Kaiser Senior Advantage effective January 1, 2008. However, the Center for Medicare and Medicaid Services (CMS) must also assign Medicare to Kaiser. If this assignment is not approved by CMS, or if you or one of your dependents lose Medicare in the future you and any dependents will be defaulted into Premier Wellwise on the 1st of the following month from receiving denial from CMS.

Annual Out-of-Pocket Maximum for Certain Services	
Retiree Only	\$1,500 per calendar year
Retiree with 1 Dependent	\$1,500 per calendar year
Retiree with 2 or More Dependents	\$3,000 per calendar year

Deductible or Lifetime Maximum	None
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Professional Services (Plan Provider office visits)	You Pay
Primary and specialty care visits (includes routine and Urgent Care appointments)	\$15 per visit
Routine preventive physical exams	\$15 per visit
Routine preventive refraction exams and glaucoma screening	\$15 per visit
Routine preventive hearing tests	\$15 per visit
Physical, occupational, and speech therapy visits	\$15 per visit

Outpatient Services	You Pay
Outpatient surgery	\$15 per procedure
Vaccines (immunizations)	No charge
X-rays, annual mammograms, and lab tests	No charge
Manual manipulation of the spine	\$15 per visit
Health education: Individual visits	\$15 per visit

Hospitalization Services	You Pay
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	\$100 per admission

Emergency Health Coverage	You Pay
Emergency Department and Out-of-Area Urgent Care visits	\$50 per visit (does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition)

Retirees & Dependents Over Age 65
 (Must Have Medicare Part A & B or B only)
 For more information, contact
 Kaiser Permanente at 1-800-443-0815 or www.kp.org

(Coverage Continued)

Ambulance Services	No charge
Prescription Drug Coverage	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Generic items	\$10 for up to a 100 day supply
Brand-name items	\$20 for up to a 100 day supply
Durable Medical Equipment (DME)	You Pay
Most covered DME for home use in accord with our DME formulary guidelines	No charge
Mental Health Services	You Pay
Inpatient psychiatric care: first 190 days per lifetime as covered by Medicare. Thereafter, up to 45 days per calendar year	\$100 per admission
Outpatient individual and group therapy visits	\$15 per individual therapy visit/\$7 Per group
Chemical Dependency Services	You Pay
Inpatient detoxification	\$100 per admission
Outpatient individual therapy visits	\$15 per visit
Outpatient group therapy visits	\$5 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission
Home Health Services	You Pay
Home health care (part-time, intermittent)	No charge
Other	You Pay
Eyewear purchased from Plan Optical Sales Offices every 24 months	Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Chiropractic Care	\$15 per visit/30 visits per year

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *Evidence of Coverage (EOC)*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Retirees & Dependents Under the age of 65

For more information, contact
Kaiser Permanente at 1-800-464-4000 or www.kp.org

Annual Out-of-Pocket Maximum for Certain Services	
Retiree Only	\$1,500 per calendar year
Retiree with 1 Dependent	\$1,500 per calendar year
Retiree with 2 or More Dependents	\$3,000 per calendar year
Deductible or Lifetime Maximum	
	None
Professional Services (Plan Provider office visits)	
You Pay	
Primary and specialty care visits (includes routine and Urgent Care appointments)	\$15 per visit
Routine preventive physical exams	\$15 per visit
Routine preventive refraction exams	\$15 per visit
Routine preventive hearing tests	\$15 per visit
Physical, occupational, and speech therapy visits	\$15 per visit
Outpatient Services	
You Pay	
Outpatient surgery	\$15 per procedure
Vaccines (immunizations)	No charge
X-rays and lab tests	No charge
Health education:	
Individual visits	\$15 per visit
Hospitalization Services	
You Pay	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	\$100 per admission
Emergency Health Coverage	
You Pay	
Emergency Department visits	\$50 per visit (does not apply if admitted directly to the hospital as an inpatient)
Ambulance Services	
You Pay	
Ambulance Services	No charge
Prescription Drug Coverage	
You Pay	
Covered outpatient items in accord with our drug formulary guidelines from Plan Pharmacies or from our mail-order program:	
Generic items	\$10 for up to a 100-day supply
Brand-name items	\$20 for up to a 100-day supply

Retirees & Dependents Under the age of 65

For more information, contact
Kaiser Permanente at 1-800-464-4000 or www.kp.org

(Coverage Continued)

Durable Medical Equipment (DME)	You Pay
Most covered DME for home use in accord with our DME formulary guidelines	No charge
Mental Health Services	You Pay
Inpatient psychiatric care (up to 45 days per calendar year)	\$100 per admission
Outpatient visits:	
Up to a total of 20 individual and group therapy visits per calendar year	\$15 per individual therapy visit
Note: Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses as described in the EOC.	
Chemical Dependency Services	You Pay
Inpatient detoxification	\$100 per admission
Outpatient individual therapy visits	\$15 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission
Home Health Services	You Pay
Home health care (up to 100 two-hour visits per calendar year)	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Hospice care	No charge
Chiropractic Care	\$15 per visit/30 visits per year

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *Evidence of Coverage (EOC)*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Retirees & Dependents Over Age 65
(with Medicare Part B only)

Blue Cross Select HMO
1-877-359-9653 Customer Services 8:00 a.m. to 12:00 p.m.
&
1-800-700-2541 Pharmacy Customer Services 7:00 a.m. to 9:00 p.m.



Annual Out-Pocket Maximum for Certain Services	\$1,500 for Retiree \$3,000 for Retiree with 1 dependent \$4,500 for Retiree with 2 or more dependents
Primary Care and Specialist Physician Office Visits	\$15 Co-payment per visit Primary Care \$30 Co-payment per visit Specialist
Inpatient Hospital Services	No Co-payment
Outpatient Facility Services	No Co-payment
Hospital Emergency Room or Outpatient Facility	\$100 Co-payment per visit, waived if admitted
Urgent Care Facility	\$15 Co-payment per visit
Rehabilitative Therapy	\$15 Co-payment per visit
Durable Medical Equipment	No Co-payment
External Prosthetic Appliances	No Co-payment
Home Health Services	No Co-payment, limited to 100 days/cal.
Hospice Services	No Co-payment
Skilled Nursing and Rehabilitation Facilities <i>(100 visits maximum per participant per contract year)</i>	No Co-payment
Laboratory and Radiology Services	No Co-payment
Mental Health Inpatient Services <i>(30 days maximum per participant per contract year)</i>	100% after \$100 per admission Co-payment
Mental Health Outpatient Services	\$30 Co-payment per visit

(Coverage Continued on Back Page)

Retirees & Dependents Over Age 65
(with Medicare Part B only)

Blue Cross Select HMO

1-877-359-9653 Customer Services 8:00 a.m. to 12:00 p.m.

&

1-800-700-2541 Pharmacy Customer Services 7:00 a.m. to 9:00 p.m.



(Coverage Continued)

Substance Abuse Detoxification Inpatient Services	100% after \$100 per admission Co-payment
Substance Abuse Detoxification Outpatient Services	Not Covered
Vision Care: Eye Exam <i>(limit one every 12 months)</i>	\$15 Co-payment per visit
Vision Care: One Pair of Approved Glasses <i>(limit one every 12 months)</i>	Not Covered
Pharmacy <ul style="list-style-type: none"> - Generic Drugs on the Prescription Drug List - Preferred Brand - Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent - Non-Preferred Brand - Non-Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List 	30 Days \$100 Deductible/Member 50% Of drug negotiated rate up to \$10 Co-payment per prescription (Deductible Waived) 45% Of drug negotiated rate up to \$25 Co-payment per prescription 45% Of drug negotiated rate up to \$40 Co-payment per prescription
<u><i>Additional Programs offered:</i></u> 90 Days Mail Drug Order \$100 Deductible/Member Generic 50% Of drug negotiated rate up to \$20 Co-payment per prescription (Deductible Waived) Brand Name 45% Of drug negotiated rate up to \$50 Co-payment per prescription Non-Formulary 45% Of drug negotiated rate up to \$80 Co-payment per prescription	

* This is a summary of the frequently asked about benefits. This chart is not meant to be a comprehensive explanation of benefits, cost sharing, exclusions or limitations. For a complete explanation of benefits, please refer to the *Evidence of Coverage (EOC)*.

Retirees & Dependents Over Age 65

(With Medicare Part B only)

Blue Cross Traditional HMO

1-877-359-9653 Customer Services 8:00 a.m. to 12:00 p.m.

&

1-800-700-2541 Pharmacy Customer Services 7:00 a.m. to 9:00 p.m.



Annual Out-Pocket Maximum for Certain Services	\$1,500 for Retiree only \$3,000 for Retiree with one dependent \$4,500 for Retiree with two or more dependents
Primary Care and Specialist Physician Office Visits	\$15 Co-payment per visit
Inpatient Hospital Services	100% after \$100 per admission Co-payment
Outpatient Facility Services	No Co-payment
Hospital Emergency Room or Outpatient Facility	\$50 Co-payment per visit, waived if admitted
Urgent Care Facility	\$15 Co-payment per visit
Rehabilitative Therapy	\$15 Co-payment per visit
Durable Medical Equipment	No Co-payment
External Prosthetic Appliances	No Co-payment
Home Health Services	No Co-payment, limited to 100 days/cal.
Hospice Services	No Co-payment
Skilled Nursing and Rehabilitation Facilities <i>(100 visits maximum per participant per year)</i>	No Co-payment
Laboratory and Radiology Services	No Co-payment
Mental Health Inpatient Services <i>(30 days maximum per participant per year)</i>	100% after \$100 per admission Co-payment
Mental Health Outpatient Services	\$20 Co-payment per visit

(Coverage Continued on Back Page)

**Retirees & Dependents Over Age 65
(with Part B only)**



Blue Cross Traditional HMO
 1-877-359-9653 Customer Services 8:00 a.m. to 12:00 p.m.
 &
 1-800-700-2541 Pharmacy Customer Services 7:00 a.m. to 9:00 p.m.

(Coverage Continued)

Substance Abuse Detoxification Inpatient Services	100% after \$100 per admission Co-payment
Substance Abuse Detoxification Outpatient Services	Not Covered
Vision Care: Eye Exam <i>(limit one every 12 months)</i>	\$15 Co-payment per visit
Vision Care: One Pair of Approved Glasses <i>(limit one every 12 months)</i>	Not Covered
Pharmacy - Generic Drugs on the Prescription Drug List - Preferred Brand - Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent - Non-Preferred Brand - Non-Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List	30 Days \$10 Co-payment per prescription \$20 Co-payment per prescription \$40 Co-payment per prescription
<u><i>Additional Programs offered:</i></u> 90 Days Mail Drug Order Generic \$20 Co-payment per prescription Brand Name \$40 Co-payment per prescription Non-Formulary \$80 Co-payment per prescription	

* This is a summary of the frequently asked about benefits. This chart is not meant to be a comprehensive explanation of benefits, cost sharing, exclusions or limitations. For a complete explanation of benefits, please refer to the *Evidence of Coverage (EOC)*.

**The 2008 Retiree Open Enrollment
Meeting Schedule for Retirees with
Part B Only or Mixed Enrollment**



**Monday, October 22, 2007
CEO Hall of Administration
333 W Santa Ana Blvd.
Santa Ana, CA, 92701
Board Room**

Directions: www.oc.ca.gov/hr/images/10.gif

2:00 pm to 3:30 pm

**Monday, October 29, 2007
CEO Hall of Administration
333 W. Santa Ana Blvd.
Santa Ana, CA, 92701
Board Room**

Directions: www.oc.ca.gov/hr/images/10.gif

2:00 pm to 3:30 pm

Thursday, November 8, 2007

**CEO/Info & Technology
1400 S. Grand Ave.
Santa Ana, CA 92705
Main Conference Room**

Directions: <http://www.oc.ca.gov/hr/images/1400.jpg>

2:00 pm to 3:30 pm