

2019

County of San Luis Obispo Retiree Benefits Brochure



2019 OPEN ENROLLMENT:
OCTOBER 1 – OCTOBER 18, 2018

slocounty.ca.gov/2019OE

SLO Retiree Enrollment Line:

1-855-230-0745 Ext. 4453



| Who Do I Call If...? | You Call: |
|--|--|
| <p style="text-align: center;">Enrollment Issues/Questions</p> <ul style="list-style-type: none"> ▪ I want to make changes to my benefits this Open Enrollment, but I don't know how to use the online portal (www.BenXcel.net) | <p>Call the new SLO Retiree Enrollment Line between October 1st & October 18th to speak to one of BCC's dedicated enrollment specialists. 1-855-230-0745 Ext. 4453</p> |
| <p style="text-align: center;">Enrollment Issues/Questions</p> <ul style="list-style-type: none"> ▪ I can't remember my password for BenXcel and I need a reset ▪ I'm in BenXcel to change my benefits during Open Enrollment but I am having system issues | <p>Call BCC at 1-800-685-6100.</p> |
| <p style="text-align: center;">Medical Issues/Questions</p> <ul style="list-style-type: none"> ▪ I want to check if my provider is in Anthem's network for my plan ▪ I have a question about how my plan covers a certain service or procedure ▪ I lost my medical ID card and need a new one ▪ I received a bill from medical provider and I don't think it's right | <p>Call Anthem at 1-800-967-3015.</p> |
| <p style="text-align: center;">Pharmacy Issues/Questions</p> <ul style="list-style-type: none"> ▪ I have questions on the cost of my medication ▪ I want to check if my medication is on the formulary ▪ I want to know what pharmacies I can get my medication from ▪ I lost my pharmacy card and need a new one ▪ I want to refill a medication ▪ I want to learn more about the mail-order pharmacy option | <p>Call Express Scripts! Non-Medicare Retiree: 1-877-554-3091 Medicare Retiree: 1-844-468-0428</p> |
| <p style="text-align: center;">Dental Issues/Questions</p> <ul style="list-style-type: none"> ▪ I want to check if there are any Aetna dentists in my area ▪ I have questions about my dental coverage ▪ I have a billing question | <p>Call Aetna at 1-877-238-6200</p> |
| <p style="text-align: center;">Vision Issues/Questions</p> <ul style="list-style-type: none"> ▪ I want to know which providers near me accept VSP ▪ I have questions about my vision coverage | <p>Call VSP at 1-800-877-7195</p> |
| <p style="text-align: center;">Medicare Transition Issues/Questions</p> <ul style="list-style-type: none"> ▪ I'm turning 65 and I do not know what I am supposed to do to enroll in Medicare ▪ I am not sure what kind of Medicare plan is right for me | <p>Call the Central Coast Commission for Senior Citizens at 805-928-5663 to speak to a Medicare Counselor from their Health Insurance Counseling & Advocacy Program (HICAP).</p> |

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2019 OPEN ENROLLMENT

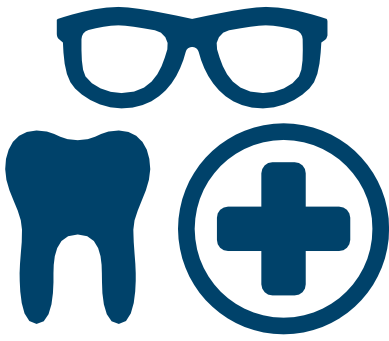
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Medicare Part D Notice

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the Benefits webpage on the County's website, www.slocounty.ca.gov/hr or contact Human Resources at 805-781-5959, Pension Trust at 805-781-5465 or e-mail hr@co.slo.ca.us for more details.

Important Eligibility Information

- Retirees have a one-time opportunity to opt in or out of medical upon retirement. If retirees opt in, they are able to change their election annually during Open Enrollment.
- If retirees opt out, they will not have another opportunity to enroll in medical until they turn 65 and enroll in Medicare. If they opt out at any time over Age 65, they are not eligible to enroll in a County medical plan again in the future.



LET'S TALK BENEFITS

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to the Summary of Benefits and Coverage (SBCs) and/or Evidence of Coverage (EOC) documents available at slocounty.ca.gov/2018EOCs or by contacting Anthem. The EOC documents determine how all benefits are paid. A list of plan contacts is included at the back of this guide.

No action is required this year if you do not wish to make any benefit changes!

Your Open Enrollment Resources

Visit slocounty.ca.gov/2019OE for the latest information available. This page will be updated regularly and is your best source of information.

Contact Your Insurance Carriers for Plan Benefit Questions

Carrier contact information for Anthem, Express Scripts, Aetna and VSP is available on the back of this brochure. We encourage you to reach out to them with your personal questions for the quickest response.

SLO Retiree Enrollment Line – New this year!

Retirees can speak to a licensed insurance representative to complete enrollment over the phone by calling the SLO Retiree Enrollment Line at 855-230-0745 Ext. 4453

Personal Counseling Sessions (Limited Availability)

A limited number of 15-minute appointments with a benefits counselor will be available on September 25 & 27. To schedule an appointment, please contact Pension Trust at (805) 781-5465.

Educational Workshops

The Benefits team will also hold Educational Workshops to review the County Benefits and take questions. To register for a workshop contact HR at 805-781-5959. Registration for each workshop will be closed when capacity is filled. A copy of the presentation will also be available on our Open Enrollment webpage listed above.

| Educational Workshops Schedule (You Must Enroll to Attend) | | |
|--|-----------------|---|
| Date | Time | Location |
| October 3 | 11:00am-12:00pm | Atascadero Library: Conference Room 6555 Capistrano Ave, Atascadero 93422 |
| | 1:00-2:00pm | |
| October 4 | 10:30-11:30am | New Government Center: BOS Chambers 1055 Monterey St. San Luis Obispo 93408 |
| | 12:00-1:00pm | |
| October 10 | 1:00-2:00pm | Online webinar that will be posted to slocounty.ca.gov/2019OE |

WHAT'S NEW IN 2019?

| Medical & Pharmacy | |
|--|---|
| Early Retirees <u>ONLY</u> (Under 65 & Not on Medicare) | Medicare Retirees <u>ONLY</u> (Over 65 & Enrolled in Medicare) |
| <p>Peace Officer Plan: Due to low enrollment, similar premiums, and richer benefits offered on other plans, the Anthem Peace Officer plan will not be offered in 2019. Participants in this plan will be automatically transitioned to Anthem Care effective 1/1/2019. No action is required during Open Enrollment for medical insurance unless retirees want to elect a plan other than Anthem Care.</p> <p>Anthem EPO Pharmacy Benefit Enhancement: All early retirees will now have the same pharmacy benefit. This change will reduce the out of pocket maximum for those enrolled in the Anthem EPO plan.</p> | <p>New Plan Name & Benefit Enhancement for Medicare Anthem Select, Choice & Care: Minor differences exist between these plans while there is a \$40/month cost difference. Under a new plan name of Anthem PPO Medicare, the County is now able to offer the superior plan design of Anthem Care at the cost of Anthem Select/Choice by consolidating these three plans into one. Those enrolled in Anthem Select and Choice will receive an improved hearing aid benefit and those enrolled in Anthem Care will receive a monthly premium cost reduction. No action is required unless a retiree would like to change to the Anthem EPO Medicare plan. While premiums will go up for retirees enrolled in Anthem Select/Choice that is only because all employee and retiree medical plan premiums are rising by 4% from 2018.</p> <p>Anthem Peace Officer: Due to low enrollment, similar premiums and enriched benefits offered on other plans, the Anthem Peace Officer plan will not be offered in 2019. Medicare retirees will be enrolled in Anthem PPO Medicare effective 1/1/2019. No action is required unless the retiree wants to enroll in a different plan.</p> |
| Dental (All Retirees) | |
| <p>Aetna Dental Provider Alert: There are no plan changes, however, the office of Dr. Latta, Wells, & Poblacion has notified the County they will no longer accept Aetna Dental after 12/31/18. A list of Aetna Primary Care Dentists with capacity to take new patients is available on our Open Enrollment website or by contacting Aetna at 877-238-6200.</p> | |
| Vision (All Retirees) | |
| <p>Standard progressive lenses will now be covered in full for no additional cost. In addition, an extra \$20 will be added to retirees' frame allowance for select name brands.</p> | |
| <p>Introducing the new SLO Retiree Enrollment Line! Need assistance making your Open Enrollment elections? Call the SLO Retiree Enrollment Line between October 1 through October 18 to be connected with a dedicated enrollment specialist who will update your elections for you! 1-855-230-0745 Ext. 4453</p> | |

OPEN ENROLLMENT PERIOD:

October 1 – October 18, 2018

BENEFITS EFFECTIVE DATE:

January 1, 2019 - December 31, 2019

ENROLLMENT TIPS

Remember

Open Enrollment will take place from **October 1 – October 18, 2018**. During this time, you are able to edit dependents and make changes to your current benefits. Remember, this year the County will be having a **passive enrollment**, meaning you **do not need to take action** if you do not want to change any of your current elections.

How do I Enroll?

You have two options to change your elections during Open Enrollment: These actions can only be taken between October 1 to October 18, 2018:

1. Enroll Over the Phone by Calling the SLO Retiree Enrollment Line:

- a. Call 1-855-230-0745 Ext. 4453 to be connected with a dedicate enrollment specialist who will process the changes you would like to make over the phone.

OR

2. Online Enrollment:

- a. Go online to the County's eBenefits website, www.benxcel.net, to enroll, add a dependent, change your address, or make personal information updates. To access online enrollment, follow the steps below:
 - i. Go to: www.benxcel.net
 - ii. Enter your user information:
 1. **USER ID:** First letter of first name, full last name, entire DOB
EX: Judy Smith-Doe DOB: 01/25/1973
USER ID: jsmithdoe01251973
 2. **PASSWORD:** The password you set for yourself last Open Enrollment. If you cannot remember your password, you can utilize the "Forgot Password" button or call BCC at 1-800-685-6100 and they will reset it for you.
 3. **Company Name:** SLO
 - iii. Click the Sign In button to enter the system.
 - iv. Follow the system prompts to review the benefit options and begin making elections.
 - v. Note: A Confirmation Statement will appear when the enrollment is complete. Please save or print for your records.

Online Enrollment Tips:

You can access an Online Enrollment guide for BenXcel at slocounty.ca.gov/2019OE

If you have forgotten your username and/or password, are having system issues, or need help navigating the portal, you can call **BCC at 1-800-685-6100** for assistance.

Need help reading your Confirmation Statement? Check out the ***How to Read Your Confirmation Statement*** guide also located at slocounty.ca.gov/2019OE

WHO CAN YOU COVER?

WHO IS ELIGIBLE?

All eligible Retirees – those officially retiring with the County within 120 days of separation– are able to participate in County medical insurance. Retirees that opt in or enroll in County medical insurance can continue to make changes annually at open enrollment and always have the ability to opt out at any time. All retirees can participate in Dental and Vision.

WHAT HAPPENS IF I OPT OUT OR WAIVE?

Retirees have a one-time opportunity to opt in or out of medical, upon retirement. If retirees opt out at any time, they will not have another opportunity to enroll in County medical until they turn Age 65 and enroll in Medicare. If they opt out at any time over Age 65, they are not eligible to enroll in medical plans again in the future.

ELIGIBLE DEPENDENTS

1. Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
2. Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit guidelines.
3. Your children (including your domestic partner's children):
 - o Children under age 26 are eligible to enroll in medical, dental & vision coverage. They do not have to live with

you or be enrolled in school. They can be married and/or living and working on their own.

- o Children you have legal guardianship of or those named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
- o Children over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support. Obtain the Disabled Dependent Certification Form by contacting HR@co.slo.ca.us

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include, but are not limited to:

- Parents, grandparents, and siblings.
- Former spouses.

ENROLLMENT PERIODS & QUALIFYING EVENTS

Open Enrollment is the only time each year that retirees can make changes to their benefit elections without a qualifying life event. **Enrollment changes can be made by calling BCC at 1-855-230-0745 Ext. 4453 or online at www.benxcel.net within 31 days of your qualifying life event.**

Qualifying life events include, but are not limited to:

1. Marriage, divorce or death
2. Dependent involuntary loss of other healthcare coverage
3. Dependent new eligibility for other group coverage



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ELIGIBLE PROCEDURES INCLUDE:

- | | |
|--------------|-----------------|
| Shoulder | Ankle / Foot |
| Elbow | Spine |
| Wrist / Hand | Bariatric* |
| Hip | Cardiac |
| Knee | Pain Management |

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FREQUENTLY ASKED QUESTIONS (FAQs)

OPEN ENROLLMENT

If I take no action, will my coverage automatically carry over from last year?

Yes, if you take no action your plan enrollment and dependents covered will automatically rollover to the next year. If you were impacted by a plan change, your plan will automatically rollover to the identified equivalent.

How do I complete open enrollment if I want to make changes this year?

Retirees have two options to complete enrollment:

1. Call the SLO Retiree Enrollment Line at 1-855-230-0745 Ext. 4453
2. If you are currently enrolled in County benefits you can log on to www.BenXcel.net

What is the County Contribution to my County medical plan in 2019?

In 2019, the County will contribute either \$136 or \$139 per month to the cost of your County medical plan. The amount you receive is based on your bargaining unit at retirement. All of the County information will display the full medical premium costs without the County Contribution. The County contribution amount will be applied toward your medical premium before your pension deduction each month.

Are the medical or pharmacy provider networks changing?

No, the Anthem provider networks available will not be changing. Whether or not a provider chooses to accept an insurance network is the providers choice and is always subject to change. Always verify with your provider that they accept your insurance by providing them your Medicare and medical insurance ID cards.

Will I receive a new pharmacy and medical ID card?

Medical: Yes, because the County has added the plan names to the ID cards, all members who currently participate in the medical benefits **will** receive new ID cards prior to January 1, 2019.

- One ID card is issued to the subscriber and one to a spouse/domestic partner
- Two cards will be issued in the subscriber's name for subscriber plus child(ren) enrollees
- ID cards with child dependent names can be requested by calling the member service number printed on your ID card

Login at Anthem.com to print a copy of your member ID card now or call Anthem at 1-800-967-3015 for any additional questions on ID cards. The County does not have access to Anthem Member ID numbers.

Pharmacy: No, if you are currently enrolled in a pharmacy plan, you will not receive a new pharmacy ID card. If you are enrolling for the first time or making plan changes then you will receive a new ID card in prior to January 1, 2019. Two ID cards are issued to the subscriber with subscriber name only. No ID cards are issued with dependent names. Please contact Express Scripts at 1-800-496-4165 to order a new ID card.

FREQUENTLY ASKED QUESTIONS (FAQs)

GENERAL MEDICARE & THE MEDICARE TRANSITION PROCESS

I received a notification that my plan name is changing to Anthem PPO Medicare, do I need to take action?

No, unless you would like to make a change to your plan or covered dependents, no action is required. For most, the biggest change is that plan benefits will be enhanced to include an improved hearing aid benefit. New medical ID cards will be mailed to you with the new plan name by December 31.

How do the County Medicare plans work?

The County offers Coordination of Benefit (COB) plans that are designed to cover the costs that Medicare does not. Medicare is the primary payer and your Anthem plan is the secondary payer. Present both your Medicare card and Anthem ID card to your provider and always confirm that your provider accepts Medicare. Providers that do not accept Medicare are not covered even if they are in Anthem's network.

Do the County's Medical plans include Medicare Part D Pharmacy benefit?

Yes, the County's Medicare plans do include a Part D prescription benefit. Do not enroll in a separate Part D plan or your county medical plan will be terminated by the Center for Medicare and Medicaid Services. For more information on your Medicare prescription coverage, contact Express Scripts at 1-844-468-0428.

Myself or my dependent are turning 65 this year, how does this impact our County medical benefits?

Turning 65 is a Qualifying Event to transition to a County sponsored Medicare plan at a lower monthly premium for both the retiree and any enrolled dependents. To be eligible for a County Medicare plan, the member turning 65 must enroll in Part A & Part B through the Social Security Administration (SSA). About 60 - 90 days before the members 65th birthday, you will receive a Medicare enrollment packet from our third-party administrator, BCC. The enrollment packet will ask for you to select a new plan and provide your Medicare Part A & B effective dates and Health Insurance Claim Number (HICN) located on your Medicare card. If there are others enrolled on the plan, their plan will not change. This is only a qualifying event for a member to transition to a Medicare plan, no other changes are permitted.

You must complete and postmark the enrollment form to BCC by your 65th birthday to either transition to a Medicare plan or to opt out of County medical coverage. **Failure to complete and return this form will be considered opting out of County Medical and will result in termination of your non-Medicare medical plan.**

FREQUENTLY ASKED QUESTIONS (FAQs)

GENERAL MEDICARE & THE MEDICARE TRANSITION PROCESS CONTINUED

Will I get a new Anthem & Express Scripts ID card when I transition to Medicare?

Yes, you will receive new ID cards for both Anthem and Express Scripts once you transition to Medicare. Be sure to discard your old ID cards and use the new ones or you may be billed for services incorrectly.

How do I know if my provider accepts Medicare?

Always be sure to ask your provider if they accept Medicare in addition to being in Anthem's network. When utilizing your County benefits Medicare is the primary payer and Anthem is the secondary payer. Present both your Medicare card and Anthem ID card to your provider. Under the County Medicare plans, providers that do not accept Medicare are not covered even if they are in Anthem's network.

I need Medicare advising, is there someone I can talk to?

Yes! We always encourage our retirees to reach out to the Health Insurance Counseling Advocacy Program (HICAP) sponsored by the Central Coast Commission for Senior Citizens. HICAP does not sell anything but provides free and unbiased information and counseling about Medicare so you can make informed decisions. You can visit their website <http://centralcoastseniors.org/hicap/> or call them at 1-800-510-2020.

BILLING & CLAIMS

I have a claims question, what should I do?

Claims questions should first be addressed with your provider. Always verify that you are utilizing your newest ID card and that the provider has billed the correct group number and member ID. If your provider is having an issue verifying your eligibility they should contact Anthem directly to resolve any billing issues. When your provider bills Anthem an [Explanation of Benefits \(EOB\)](#) will be generated outlining the amount that you owe. If your provider bills you a different amount than what is on your EOB, contact your provider to resolve. If you believe there is an error on your EOB, contact Anthem. Please see the next page for information on how to read your EOB.

I'm enrolled in Medicare & my provider billed me for my deductible, do I have one?

No, retirees on Medicare do *not* have a deductible for medical. Contact your provider and confirm they have billed Medicare primary and Anthem secondary. If they have, contact Anthem.

EXPLANATION OF BENEFITS (EOB)

Explanation of Benefits (EOB) Customer service: 1-800-123-4567

Statement date: XXXXXX Member name: **Anthem** 
 Document number: XXXXXXXXXXXXXXXXXXXX Address: _____
THIS IS NOT A BILL City, State, Zip: _____

Subscriber number: XXXXXXXXX ID: XXXXXXXXX Group: ABCDE Group number: XXXXXX

Patient name: _____ 5 **Provider:** _____ Claim number: XXXXXXXXX
 Date received: _____ Payee: _____ Date paid: XXXXXXXXX

| Claim Detail | | | | What your provider can charge you | | Your responsibility | | | Total Claim Cost | | |
|--------------|-----------------|------------------------------|--------------|-----------------------------------|--------------------------|---------------------|---------------|---------------|--------------------------|-----------------------|----------------------|
| Line No. | Date of Service | 1 Service Description | Claim Status | 2 Provider Charges | 3 Allowed Charges | Co-Pay | Deductible | Co-Insurance | 4 Paid by Insurer | 6 What You Owe | 7 Remark Code |
| 1 | 3/20/14-3/20/14 | Medical care | Paid | \$31.60 | \$2.15 | \$0.00 | \$0.00 | \$0.00 | \$2.15 | \$0.00 | PDC |
| 2 | 3/20/14-3/20/14 | Medical care | Paid | \$375.00 | \$118.12 | \$35.00 | \$0.00 | \$0.00 | \$83.12 | \$35.00 | PDC |
| Total | | | | \$406.60 | \$120.27 | \$35.00 | \$0.00 | \$0.00 | \$85.27 | \$35.00 | |

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

What is an EOB?

When your provider bills Anthem an Explanation of Benefits (EOB) will be generated outlining the amount that you owe. The EOB will also tell you how much your plan has covered. An EOB is not a bill. If your provider bills you a different amount than what is on your EOB, contact your provider to resolve. If you believe there is an error on your EOB, contact Anthem.

How Do I Get My EOB?

An EOB is automatically mailed to you from Anthem. You will *not* receive an EOB if you have elected for paperless EOBs, at which point you can view them on your Anthem portal. You will also not receive an EOB if the claim was processed and completely covered by your insurance because you will not owe anything out of pocket.

- 1 **Service Description** is a description of the health care services you received, like a medical visit, lab tests, or screenings.
- 2 **Provider Charges** is the amount your provider bills for your visit.
- 3 **Allowed Charges** is the amount your provider will be reimbursed; this may not be the same as the Provider Charges.
- 4 **Paid by Insurer** is the amount your insurance plan will pay to your provider.

- 5 **Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6 **What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid everything else. You may have already paid a portion of this amount, and payments made directly to your provider may not be subtracted from this amount.
- 7 **Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

EARLY RETIREE (NON- MEDICARE) MEDICAL PLANS

| 2018 Plan: | | Anthem Select PPO | | Anthem Choice PPO | | Anthem Care PPO & Peace Officer | | Anthem EPO |
|---|--------------------------|--|---------------------------------|--|---------------------------------|--|----------------|--|
| 2019 Plan Migration: | | Anthem Select PPO | | Anthem Choice PPO | | Anthem Care PPO | | Anthem EPO |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Benefits <u>Only</u> |
| Annual Deductible | Individual/Family | \$500/\$1,000 | | \$500/\$1,000 | | \$500/\$1,000 | | None |
| Annual Out-of-Pocket Maximum | Individual/Family | \$3,000/\$6,000 | None | \$3,000/\$6,000 | None | \$3,000/\$6,000 | None | \$1,500/\$3,000 |
| Physician Office Visit (Deductible Waived) | | \$20 | 40% | \$20 | 40% | \$20 | 40% | \$15 / visit |
| Specialist Copay (Deductible Waived) | | \$20 | 40% | \$20 | 40% | \$20 | 40% | \$15 / visit |
| Preventative Care | | No Charge | 40% | No Charge | 40% | No Charge | 40% | No Charge |
| Lab and X-Ray | | | | | | | | |
| CT, MRI, PET scans | | 20% | 40% | 20% | 40% | 10% | 40% | No charge |
| Other lab and x-ray tests | | 20% | 40% | 20% | 40% | 10% | 40% | No Charge |
| Hospitalization | | | | | | | | |
| Inpatient | | 20% | 40% | 20% | 40% | \$250 + 10% | \$250 + 40% | No Charge |
| Outpatient | | | 40% | 20% | 40% | 10% | 40% | \$15 / Surgery |
| Emergency Room | | \$50+ 20% (waived if admitted) | \$50 + 20% (waived if admitted) | \$50 + 20% (waived if admitted) | \$50 + 20% (waived if admitted) | \$50 + 10% (waived if admitted) | | \$50 / Visit (waived if admitted) |
| Urgent Care Services | | \$20 | 40% | \$20 | 40% | \$20 | 40% | \$15 / visit |
| Durable Medical Equipment | | 20% | 40% | 20% | 40% | 10% | 40% | No Charge |
| Chiropractic/ Acupuncture Care | | \$15 <small>(20 visits combined with acupuncture / calendar year)</small> | 40% | \$15 <small>(20 visits combined with acupuncture / calendar year)</small> | 40% | \$15 <small>(20 visits combined with acupuncture / calendar year)</small> | 40% | \$15 / visit <small>(20 visits combined with acupuncture / calendar year)</small> |
| Provider Network | | Select PPO – This is a narrow network. | | Blue Cross PPO (Prudent Buyer) - Large Group | | Blue Cross PPO (Prudent Buyer) - Large Group | | Blue Cross PPO (Prudent Buyer) - Large Group |



EARLY RETIREE (NON- MEDICARE) PHARMACY

| | Retail Pharmacy (1 Month Supply) | Mail-Order (3 Month Supply) |
|------------------------------------|---------------------------------------|-----------------------------|
| Annual Out-of-Pocket- Limit | \$2,000 Individual/ \$4,000 Family | \$1,000 |
| Generic | \$5 Copay | \$10 Copay |
| Preferred Brand | \$20 Copay | \$40 Copay |
| Non-Preferred Brand | \$50 Copay | \$100 Copay |

MEDICARE COMBO PLANS EXPLAINED

Combo plans are special medical insurance plans available for retirees with dependents of a different Medicare status and only apply to medical insurance. Combo Plans are for when some members of your family are over age 65 & on Medicare, and some of the other members are not on Medicare yet. In those instances, the members that are on Medicare should refer to page 14 of this brochure to see their Medical & Pharmacy plan details. The non-Medicare members of that Combo Plan should refer to page 12 for their plan details, they will not be the same as the Medicare member's. Premiums for all plans are available on Page 17.

The retiree Medicare status and medical plan election drive which plan options are available for their spouse and dependents enrolled on their medical insurance to select. See below chart for the available options. When a member of your family is over Age 65, they will have the choice between two Medicare plans, the Anthem Medicare PPO and Anthem Medicare EPO. What Medicare plan is selected will impact the choice available for the non-Medicare member.

“My family will be enrolled in a Combo Plan, what are the plan options for the Medicare member vs. the non-Medicare members?”

| Medicare Enrollee's Plan | Non-Medicare Enrollee's Plan Options |
|---------------------------------|---|
| Anthem PPO Medicare | Anthem Choice |

| Medicare Enrollee's Plan | Non-Medicare Enrollee's Plan Options |
|---------------------------------|---|
| Anthem EPO Medicare | Anthem EPO |

MEDICARE TRANSITION

60 - 90 days before the members 65th birthday, you will receive a Medicare enrollment packet from our third-party administrator, BCC. The enrollment packet will ask you to select a new Medicare plan and provide your Medicare Part A & B effective dates and Health Insurance Claim Number (HICN) located on your Medicare card. Non-Medicare dependent plan enrollment will not change.

For more information on this transition please refer to our FAQs on Page 9 or Call BCC at 1-855-230-0745 Ext. 4453

MEDICARE RETIREE (65+) MEDICAL PLANS



| 2018 Plan: | Anthem Peace Officer Medicare PPO, Anthem Care, Choice and Select PPO | Anthem Medicare EPO |
|--|---|--|
| 2019 Plan Migration: | Anthem Medicare PPO | Anthem Medicare EPO |
| | In-Network & Out-of-Network | In-Network Benefits <u>Only</u> |
| Calendar Year Deductible | None | None |
| Annual Out-of-Pocket Maximum | None | \$1,500 individual / \$3,000 family |
| Physician Office Visit | No Charge | \$15 / Visit |
| Specialist Copay | No Charge | \$15 / Visit |
| Preventative Care | No Charge | No Charge |
| Lab and X-Ray | | |
| CT, MRI, PET scans | No charge | No Charge |
| Other lab and x-ray tests | No Charge | No Charge |
| Hospitalization | | |
| Inpatient | No Charge | No Charge |
| Outpatient | No Charge | No Charge |
| Emergency Room | No Charge | \$50 / Visit (Waived if admitted) |
| Urgent Care Services | No Charge | \$15 / Visit |
| Durable Medical Equipment | No Charge | No Charge |
| Chiropractic / Acupuncture Care | \$15 / visit (20 visits per calendar year combined with acupuncture) | \$15 / visit (20 visits per calendar year combined with acupuncture) |
| Provider Network | Blue Cross PPO (Prudent Buyer) - Large Group | Blue Cross PPO (Prudent Buyer) - Large Group |

MEDICARE RETIREE (65+) PHARMACY PLAN EXPRESS SCRIPTS®

| Tier | Retail Pharmacy (1 Month Supply) | Retail Pharmacy (2 Month Supply) | Retail Pharmacy (3 Month Supply) | Mail Order (3 Month Supply) |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------|
| Generic (Tier 1) | \$5 Copay | \$10 Copay | \$15 Copay | \$10 Copay |
| Preferred Brand (Tier 2) | \$20 Copay | \$40 Copay | \$60 Copay | \$40 Copay |

| | | | | |
|-----------------------------------|------------|-------------|-------------|-------------|
| Non-Preferred (Tier 3) | \$50 Copay | \$100 Copay | \$150 Copay | \$100 Copay |
|-----------------------------------|------------|-------------|-------------|-------------|

EXPRESS SCRIPTS PHARMACY



Get Started with Home Delivery: Get up to a 90 Day Supply & Pay Lower Copays!

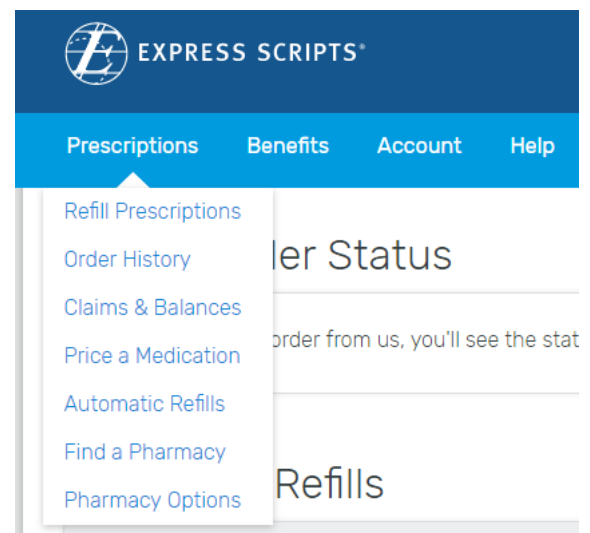
If you take prescription medicine on an ongoing basis, you can order from their convenient home delivery pharmacy. Once you start, you can refill and renew your prescriptions from the website or mobile app - and free standard shipping is included.

To review your home delivery opportunities, go to the website or mobile app and for any medicine that displays the "Transfer to Home Delivery" option, click the button, then select the item and click "add to cart". After you add your retail medicine to the cart, complete the checkout process in order to finalize the transfer to home delivery.

Create an Online Express Scripts Account or Download the App

With an online account or through the app you can access many services wherever you may be. All you need to get started is your member ID on your ID Card or your SSN.

- Set up home delivery & track your delivery
- Order refills
- Price a medication
- Find a pharmacy
- Print a copy of your ID card
- View your RX claims & balances
- View their therapeutic resource centers
- And so much more!



Did You Know?

www.express-scripts.com

- Medicare members & Non-Medicare members have separate Express Scripts accounts, even if you are covered by the same plan. If your covered family members are all on Medicare, or all are not, then your accounts will not be separate.
- Medicare members & Non-Medicare members have different customer service lines:
 - **Non-Medicare Line:** 1-877-554-3091
 - **Medicare Line:** 1-844-468-0428
- If you are currently enrolled in a pharmacy plan, you will not receive a new pharmacy ID card for 2019. If you are enrolling for the first time or making plan changes then you will receive a new ID card in prior to January 1st. Two ID cards are issued to the subscriber with subscriber name only. No ID cards are issued with dependent names.

DENTAL AND VISION

| Aetna Dental DHMO (In-Network Benefits Only) | |
|---|--|
| Calendar Year Deductible, Annual Plan Maximum, & Waiting Period | None |
| Preventive Care | Diagnostic pays 100% Preventive various copays apply |
| Basic Services, Fillings, Root Canals, Periodontics, & Major Services | Plan pays 100% Various copays apply |
| Orthodontic Services | Patient pays: Screening \$30.00 Diagnostic Records \$150.00 Treatment \$1,545.00 Retention \$275 |
| Orthodontia Lifetime Maximum | None (limited to one full course of treatment) |

Aetna Provider Alert: The office of Dr. Latta, Wells, & Poblacion has notified the County they will no longer accept Aetna Dental after 12/31/18. If you would like to remain on Aetna you must select a new Primary Care Dentist, you can view a list of local available dentists at slocounty.ca.gov/2019OE. You can also run a search of Aetna dentists by zip code at www.aetna.com or by calling Aetna at 1-877-238-6200.



| VSP Vision (In-Network Benefits Only) | |
|---|---|
| Examination Benefit | \$10 copay then plan pays 100% <i>Frequency: 1 x every 12 months</i> |
| Material | \$10 copay then plan pays 100% |
| Eye Glasses, Single Vision Lens, Bifocal Lens, or Trifocal Lens | \$25 copay then plan pays 100% <i>Frequency: 1 x every 12 months</i> |
| Frames | Up to \$175 <i>Frequency: 1 x every 24 months</i> |
| Contacts (in lieu of Glasses) | Up to \$150 <i>Frequency: 1 x every 24 months</i> |

Please refer to the Benefit Summaries for detailed information on how the plan will pay for services. The VSP Vision benefits details only apply for in-network services. To view the Benefits Summaries, please visit www.slocounty.ca.gov/2019OE

2019 MEDICAL, DENTAL & VISION PREMIUMS

Medicare Combo Rates

(When some members in a family are on Medicare & some are not)

| Plan & Coverage Type | Premium |
|--|------------|
| Anthem Medicare EPO (All Medicare) When all the family members are over 65 & on Medicare | |
| Medicare Retiree | \$383.10 |
| Medicare Retiree + 1 Medicare Dependent | \$764.10 |
| Family (All Medicare) | \$1,145.10 |
| Anthem Medicare EPO Combo Plans When a member chooses Anthem Medicare EPO, their non-Medicare dependents will be enrolled in the Non-Medicare Anthem EPO. | |
| Anthem Medicare EPO + Non-Medicare Anthem EPO | |
| 1 Medicare, 1 Not | \$1,123.10 |
| 2 Medicare, 1 Not | \$1,218.10 |
| 1 Medicare, 2 Not | \$1,577.10 |
| Anthem Medicare PPO (All Medicare) When all the family members are over 65 & on Medicare | |
| Medicare Retiree | \$418.10 |
| Medicare Retiree + 1 Medicare | \$833.10 |
| Family (All Medicare) | \$1,249.10 |
| Anthem Medicare PPO Combo Plans When a member chooses Anthem Medicare PPO, their non-Medicare dependents will be enrolled in the Non-Medicare Anthem Choice PPO. | |
| Anthem Medicare PPO + Non-Medicare Anthem | |
| 1 Medicare PPO, 1 Anthem Choice | \$1,011.11 |
| 2 Medicare PPO, 1 Anthem Choice | \$1,197.10 |
| 1 Medicare PPO, 2 Anthem Choice | \$1,375.10 |

Early Retiree (Non-Medicare) Rates

(When no one in the family is on Medicare)

| Plan & Coverage | Premium |
|--------------------------|------------|
| EIA Anthem Select | |
| Retiree Only | \$539.40 |
| Retiree + 1 | \$1,064.40 |
| Family | \$1,387.40 |
| EIA Anthem Choice | |
| Retiree Only | \$607.40 |
| Retiree + 1 | \$1,200.40 |
| Family | \$1,564.40 |
| EIA Anthem Care | |
| Retiree Only | \$632.40 |
| Retiree + 1 | \$1,252.40 |
| Family | \$1,633.40 |
| EIA Anthem EPO | |
| Retiree Only | \$748.40 |
| Retiree + 1 | \$1,488.40 |
| Family | \$1,942.40 |

Dental & Vision

| VSP Vision | |
|-------------------|---------|
| Coverage Type | Premium |
| Retiree Only | \$9.54 |
| Retiree +1 | \$14.54 |
| Family | \$23.52 |

| Aetna Dental | |
|---------------------|---------|
| Coverage Type | Premium |
| Retiree Only | \$31.88 |
| Retiree +1 | \$52.72 |
| Family | \$77.88 |

Medical premiums displayed are **before** the County's contribution of either \$136.00 or \$139.00 depending on the bargaining unit you retired from. You *must* be enrolled in a County Medical plan to receive the County contribution.

PLAN CONTACTS

If you need to reach our plan providers, below is their contact information:

| Plan Type | Provider | When to Contact | Contact Information | Group # |
|-----------------------------|-------------------|---|--|---|
| SLO Retiree Enrollment Line | BCC | To Complete Enrollment or General Open Enrollment Questions | 1-855-230-0745 Ext. 4453 | |
| BenXcel Enrollment Portal | BCC | Online Enrollment Issues or Password Resets Only | 1-800-685-6100 benxcel.net | |
| Medical | Anthem | ID Cards, plan coverage details, provider search & claims questions | 1-800-967-3015 anthem.com/ca/EIAHealth | 175075 |
| Pharmacy | Express Scripts | Formulary questions & pharmacy issues | 1-877-554-3091 Medicare: 1-844-468-0428 express-scripts.com | Issuer: 9151014609 RxBIN: 610014 RxGrp: RX4EIAH |
| Specialty Pharmacy | Accredo Specialty | Specialty Pharmacy Drugs | 1-800-803-2523 accredo.com | |
| Dental | Aetna DMO | Dental Claims & Questions | 1-877-238-6200 aetna.com | 883524-001 |
| Vision | VSP | Vision Claims & Questions | 1-800-877-7195 vsp.com | 00105558 |
| Voluntary Surgical Benefit | Carrum Health | Non-Medicare retirees with a surgery need | 1-888-855-7806 carrumhealth.com | |
| Post-Employment Health Plan | Nationwide | Claims submittal & questions | 1-877-677-3678 nationwide.com/employee-benefit-services.jsp | |
| Human Resources | | General HR Questions | 1-805-781-5959 slocounty.ca.gov/benefits | |
| Pension Trust | | Pension Deduction Questions | 805-781-5465 | |
| Medicare Questions | HICAP | General Medicare Advising | 1-805-928-5663 cahealthadvocates.org/hicap | |

IMPORTANT TERMS TO LEARN

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-

of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

DEPENDENT ELIBIGILITY DOCUMENTATION

| Dependent Type | Required Documentation | Resources to Obtain Documentation |
|---|--|---|
| Dependent Spouse (same or opposite gender) | Add: Marriage Certificate Remove: Divorce Decree | <ul style="list-style-type: none"> County office that issued original marriage Certificate www.vitalchek.com |
| Registered Domestic Partner | Add: State of California, County or City issued Declaration/Certificate of Domestic partnership Remove: Termination of Domestic Partnership | <ul style="list-style-type: none"> County/City office that issued original certificate http://www.sos.ca.gov/dpregistry/ |
| Dependent child by birth | Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage. | <ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com |
| Dependent child by adoption | Final Adoption Papers and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage | <ul style="list-style-type: none"> State agency that issued final adoption papers Adoption agency that issued placement papers Social Security Administration |
| Dependent stepchild(ren) | Marriage Certificate and Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions | <ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com |
| Dependent child Legal Guardianship | Birth Certificate (must include parents name), and copies of any court orders or other legal documents relating to custody or health coverage | <ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com |

Note: Social Security Numbers (SSN) are required to enroll all dependents. For the birth of a child, you will have 60 days to provide the SSN.

Rev. 8/28/2018

