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Director of Human Resources

COUNTY OF SAN BERNARDINO

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October 4, 2012

John Doe
123 Any Street
Anytown, WY 23602

RE: 2013 Retiree Open Enrollment

Dear John Doe:

In anticipation of the 2013 Retiree Open Enrollment period that runs from November 1 through November 30, 2012, you are being notified of changes to retiree benefit offerings available through the County of San Bernardino. The County conducted a Request for Proposals (RFP) for medical and dental carriers earlier this year. As a result, the following carrier changes will be effective January 1, 2013:

- Medical Carrier Change – Blue Shield of California is replacing Health Net of California
- Kaiser Permanente will continue to be offered
- Dental Carrier Change – Cigna Dental is replacing Delta Dental

During the Open Enrollment period, you have the option to:

- Enroll in a plan
- Change plans
- Terminate coverage
- Add or remove dependents

Based upon the carrier changes and to ensure you are making appropriate choices for you and your family, a series of Open Enrollment meetings will be held throughout the month of November 2012. Please take a moment to review the enclosed meeting schedule.

Important Information for Health Net Medicare Enrollees: If you are currently enrolled in a Health Net Medicare plan, we **must** receive forms from you if you wish to remain enrolled in a County-sponsored Medicare plan. If we do not receive enrollment forms from you by November 30, 2012, your enrollment in County-sponsored medical coverage will end at midnight on December 31, 2012. You will be receiving more information from the Employee Benefits and Services Division (EBSB) that will explain this requirement in greater detail.

Important Information for Current Health Net HMO and DeltaCare HMO enrollees: EBSB will need to receive an enrollment form from you indicating your choice of medical and/or dental plan, dependents to be covered, and for each person enrolled, a primary care provider or a medical group. If you do not select a primary care provider/medical group, the carrier will select one for you based on your home address. To obtain Blue Shield provider information, you may visit their website at www.blueshieldca.com or call 800-642-6155 for non-Medicare plans or 800-776-4466 for Medicare plans. Information for Cigna Dental providers can be found at www.Cigna.com or by calling 800-238-5834.

The mission of the government of the County of San Bernardino is to satisfy its customers by providing service that promotes the health, safety, well-being, and quality of life of its residents according to the County Charter, general laws, and the will of the people it serves.

Important Information for Health Net Non-Medicare and Delta Dental Enrollees: If you are currently enrolled in a Health Net Non-Medicare plan and/or a Delta Dental plan and we do not receive an enrollment/cancellation form from you during Open Enrollment, you will automatically be enrolled in an equivalent plan with Blue Shield and/or Cigna Dental effective January 1, 2013. *Please note: the two year enrollment requirement will remain in effect for dental plan coverage. Any enrollment time fulfilled under Delta Dental will transfer to Cigna Dental plans. For example, if you enrolled in Delta Dental during last year's open enrollment, you will be required to enroll in a Cigna Dental plan of your choice for an additional year in order to fulfill the two year dental plan commitment.*

The 2013 Retiree Benefits Guide is currently available online at www.sbcounty.gov/hr/Benefits_Retire.aspx. The online guide contains Open Enrollment information, plan comparison charts, rates, and enrollment forms. If you are currently enrolled in a County-sponsored medical and/or dental plan, watch for information from the carriers which will be mailed to your home. If you have questions about the plans or transition of care after you have reviewed your materials, you may reach the carriers at the following numbers:

- Blue Shield for non-Medicare plans at 800-642-6155
- Blue Shield for Medicare Advantage and Prescription Drug (MAPD) plans at 800-776-4466
- Kaiser Permanente for Non-Medicare plans at 800-464-4000
- Kaiser Permanente for MAPD plans at 877-882-2687
- Cigna Dental at 800-238-5834

If you are currently enrolled in a County sponsored medical and/or dental plan, Open Enrollment materials will be mailed to your home in mid-October. If you are not currently enrolled in a County sponsored plan but would like to receive the Open Enrollment materials, please contact EBSD at 909-387-5787, toll free at 888-743-1474, or via email at ebbsd@hr.sbcounty.gov and ask that Retiree Open Enrollment materials be mailed to you. You also have the option to view Open Enrollment materials online at www.sbcounty.gov/hr/Benefits_Retire.aspx.

The EBSD staff is available to assist you during Open Enrollment and throughout the plan year.

Sincerely,



Jeanne Groen, Benefits Chief
Employee Benefits and Services Division

Enclosure: 2013 Retiree Rate Table
2013 Notice of Creditable Coverage
2013 Open Enrollment Meeting Schedule
2013 Carrier Enrollment Matrix

2013 Retiree Medical and Dental Premium Rates

The rates listed below are the most frequently used rates. Rates are based upon retiree/dependent age and Medicare eligibility. If your specific status is not listed or if you are not sure what your rate will be, please call the Employee Benefits and Services Division (EBSB) at 909-387-5787. We will be happy to assist you!

How to calculate your total monthly medical premium if you have dependents:

If you have one or more dependents on your coverage, please make sure to add the "Retiree only" rate to the "1 Dependent" or "2 Dependents" rate, as applicable.

For example:

You are a retiree over 65, with Medicare A and B. You live in a Medicare service area, and you have one dependent, under 65, without Medicare. If you select Blue Shield as your carrier, your total monthly premium will be:

Retiree: Blue Shield 65 Plus - Retiree only, over 65, with Medicare A and B (High Option) . . \$220.28

Dependent: Blue Shield Signature - 1 Dependent, under 65, no Medicare (High Option) . . . 997.48

Total Monthly Premium \$1,217.76

Monthly Medical Plan Rates

Effective January 1, 2013 Plan and Coverage Level	2013 Rate	
	High	Low
Blue Shield Signature (HMO)		
Retiree only, under 65, no Medicare	\$872.31	\$717.30
1 Dependent, under 65, no Medicare	\$997.48	\$819.32
2 Dependents, under 65, no Medicare	\$1,691.69	\$1,389.54
Retiree only, over 65, no Medicare	\$872.31	n/a
1 Dependent, over 65, no Medicare	\$997.48	n/a
2 Dependents, over 65, no Medicare	\$1,994.96	n/a
Blue Shield 65 Plus (HMO) Medicare Advantage		
Retiree only, over 65, with Medicare A and B	\$220.28	\$88.50
1 Dependent, over 65, with Medicare A and B	\$215.92	\$84.14
2 Dependents, over 65, with Medicare A and B	\$431.84	\$168.28
Blue Shield PPO Medicare COB – California and Out of State		
Retiree only, over 65, with Medicare A and B	\$611.39	n/a
1 Dependent, over 65, with Medicare A and B	\$607.03	n/a
2 Dependents, over 65, with Medicare A and B	\$1,214.06	n/a

Monthly Medical Plan Rates (continued)

Effective January 1, 2013 Plan and Coverage Level	2013 Rate	
	High	Low
Blue Shield PPO – California		
Retiree only, under 65, no Medicare	\$1,386.12	\$1,085.52
1 Dependent, under 65, no Medicare	\$1,418.66	\$1,110.02
2 Dependents, under 65, no Medicare	\$2,953.34	\$2,296.63
Blue Shield PPO – Out of State		
Retiree only, under 65, no Medicare	\$1,386.12	\$1,085.52
1 Dependent, under 65, no Medicare	\$1,418.66	\$1,110.02
2 Dependents, under 65, no Medicare	\$2,953.34	\$2,296.63
Kaiser Permanente (HMO)		
Retiree only, no Medicare	\$806.88	\$614.10
1 Dependent, no Medicare	\$802.52	\$609.74
2 Dependents, no Medicare	\$1,468.62	\$1,115.82
Retiree only, over 65, no Medicare	\$1,161.08	\$1,092.68
1 Dependent, over 65, no Medicare	\$1,156.72	\$1,088.32
2 Dependents, over 65, no Medicare	\$2,313.44	\$2,176.64
Kaiser Permanente Medicare Advantage		
Retiree only, over 65, with Medicare A and B	\$246.94	\$150.22
1 Dependent, over 65, with Medicare A and B	\$242.58	\$145.86

Monthly Dental Plan Rates

	Cigna Dental DPPO	Cigna Dental DHMO
Retiree only	\$36.79	\$17.32
Retiree + 1	\$67.77	\$26.99
Retiree + 2 or more	\$116.54	\$38.63



County of San Bernardino

Creditable Coverage Disclosure Notice 2013

Important Notice from the County of San Bernardino About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County of San Bernardino and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The County of San Bernardino has determined that the prescription drug coverage offered by the County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current County of San Bernardino retiree coverage will be affected. When you first become eligible for Medicare, you will have the option to independently enroll in a Medicare Part D prescription drug plan. However, by enrolling in a Part D plan you will lose your current prescription drug coverage under the County Health Plans. If you enroll in a County of San Bernardino retiree Medicare Advantage plan then you have the Part D plan provided by that HMO. You cannot be enrolled in more than one Part D plan at a time, so if you attempt to sign up with another Part D provider, you risk being disenrolled from your HMO medical and drug coverage. Call your HMO if you have any questions.

If you do decide to join a Medicare drug plan and drop your current County of San Bernardino retiree coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the County of San Bernardino and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage:

Contact the Employee Benefits and Services Division for further information at (909) 387-5787.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the County of San Bernardino changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 4, 2012

Sender: County of San Bernardino

Office: Human Resources, Employee Benefits and Services Division

Address: 157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440

Telephone: (909) 387-5787 or toll free 1-888-743-1474

CMS Updated April 1, 2011

OPEN ENROLLMENT MEETING SCHEDULE

Please note there will be separate meetings for Medicare eligible retirees (meetings denoted by “M”) and non-Medicare eligible retirees (meetings denoted by “NM”). Take advantage of this opportunity to discover your options. Insurance plan representatives will be at each meeting to answer your questions.

October & November 2012 Open Enrollment Meetings

Monday	Tuesday	Wednesday	Thursday	Friday
29	30 9:00-10:15 am NM 10:30-11:45 am M Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd., Rialto	31	1 Start of Open Enrollment	2 9:00-10:15 am NM 10:30-11:45 am M Government Center Board Chambers 385 N. Arrowhead Ave., San Bernardino
5 1:30-2:45 pm NM 3:00-4:15 pm M TAD 2nd Floor Conf. Room A 881 W. Redlands Blvd., Redlands	6	7 9:00-10:15 am NM 10:30-11:45 am M Victorville CFS Conference Room 1 15480 Ramona Ave., Victorville	8 5:30-6:45 pm NM 7:00-8:15 pm M Government Center Joshua Room 385 N. Arrowhead Ave., San Bernardino	9
12	13 9:00-10:15 am NM 10:30-11:45 am M DAAS Haven Room 9445 Fairway View Place Suite 110, Rancho Cucamonga	14 9:00-10:15 am NM 10:30-11:45 am M Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd., Rialto	15 9:00-10:15 am NM 10:30-11:45 am M City of Hesperia Library Community Room 9650 Seventh Ave., Hesperia	16
19	20	21	22	23
26 1:30-2:45 pm NM 3:00-4:15 pm M Government Center Board Chambers 385 N. Arrowhead Ave., San Bernardino	27	28	29	30 End of Open Enrollment Deadline to submit all forms

January 1, 2013 is the effective date of new premium rates and any changes you make to your plan elections or coverage levels. If you need help verifying eligibility or with any part of the enrollment process, please call EBSD at 909-387-5787.

2013 Carrier Enrollment Matrix

Please read on for details of changes to your benefits that will occur on or before January 1, 2013. The following chart provides information to assist you in determining what you need to do for enrollment for coverage in 2013:

If you or your dependents are...	And you want to...	Then you should...
Not enrolled on any retiree plan	Enroll in a County-sponsored retiree plan	Choose a plan that best meets your needs, complete the applicable enrollment form(s) on pages 71-96, and submit to EBSD
Enrolled in a Kaiser non-Medicare plan	Remain in a Kaiser non-Medicare plan	You do not need to take any action If you are adding or dropping coverage for dependents, you will need to submit a Medical Plan Enrollment/Change form (pg 71-74)
Enrolled in a Kaiser Medicare Advantage Plan	Remain in a Kaiser Medicare Advantage plan	You do not need to take any action If you are adding or dropping coverage for dependents, you will need to submit a Medical Plan Enrollment/Change form (pg 71-74)) and the Kaiser Senior Advantage form (pg 91-96)
Enrolled in a Kaiser non-Medicare plan	And you would like to switch to a Blue Shield plan (either Medicare or non-Medicare)	You must complete the Medical Plan Enrollment/Change form (pg 71-74) and Blue Shield 65 Plus (HMO) Enrollment form (pg 81-84) and submit to EBSD
Enrolled in a Kaiser Medicare Advantage Plan	And you would like to switch to a Blue Shield plan (either Medicare or non-Medicare)	You must complete the Medical Plan Enrollment/Change form (pg 71-74) and Blue Shield 65 Plus (HMO) Enrollment form (if applicable, pg 81-84) and submit to EBSD
Enrolled in a Health Net non-Medicare plan		You may enroll in either a Kaiser or Blue Shield plan in order to continue coverage for 2013. Complete the Medical Plan Enrollment/Change form (pg 71-74) and submit to EBSD
Enrolled in a Health Net Medicare plan		You must enroll in either a Kaiser or Blue Shield plan in order to continue coverage for 2013. Complete the Medical Plan Enrollment/Change form (pg 71-74) and Blue Shield 65 Plus (HMO) Enrollment form (pg 81-84) or Kaiser Senior Advantage form (pg 91-96) and submit to EBSD
Enrolled in a Delta Dental plan		You may enroll in one of the Cigna Dental Plans in order to continue coverage for 2013. Complete the Dental Plan Enrollment/Change form (pg 75) and submit to EBSD

Please note that all open enrollment forms MUST be submitted to EBSD no later than November 30, 2012. As noted, Medicare plans require a signed enrollment form by CMS in order to enroll for coverage. For your convenience, forms can be found at the back of the 2013 Retiree Open Enrollment Guide. You can also access the forms online at http://www.sbcounty.gov/hr/Benefits_Retire.aspx.