

County of Mendocino Retiree Health Plan



Medical and Pharmacy Benefit Summary For Non-Medicare Retirees Plan Year: January 1 – December 31

Note: This is a brief description of the medical and prescription benefits only.
The plans are subject to the actual terms, conditions and provisions outlined in the
Summary Plan Description (update will be available summer 2010); contact the benefits office for a copy.

Medical Coverage

Preferred Provider Organization (PPO)

A PPO plan allows you to receive medical care and services from any physician or facility you choose. As a PPO plan participant, you do not need to select a primary care physician, nor do you need referrals for a specialist. There are two types of providers:

- **In-network Providers:** Providers, including physicians and hospitals, which have agreed to become part of the organization and provide care to members at a lower negotiated rate. If you use in-network providers, benefit coverage will be greater and your out-of-pocket expenses will be lower. There are two types of in-network providers based in where you live:
 - If you reside **in Lake or Mendocino County**, in-network providers are those that are part of the California Foundation for Medical Care (“Foundation”). *Note: Pre-authorization requirements vary for these providers; see Utilization Management Program (UMP) for details.*
 - If you reside **outside of Lake or Mendocino County**, in-network providers are those that are part of the Anthem BlueCross Network.
- **Out-of-network Providers:** Any provider not affiliated with network is out-of-network. If you obtain care from an out-of-network provider, your benefit coverage will be lower and your out-of-pocket expenses will be higher.

Specific details of the plan are outlined in *the Summary of Medical Benefits*.

Because physicians and hospitals frequently change their affiliations with networks and organizations, printed directories become quickly outdated. To ensure that the provider you are going to receive treatment from is currently in network, contact the medical plan’s claims administrator **before** each visit or hospital stay.

Pre-Authorization

Mandatory Pre-Authorization: Lake/Mendocino County and Out-of-State Providers

If you are receiving care from Foundation Providers or Providers that are not located in the state of California, the following pre-authorization requirements are mandatory. It is the **Employee's or Covered Person's** responsibility to make certain that the compliance procedures of this program are completed. To minimize the risk of reduced benefits, an Employee should contact the review organization to make certain that the facility or attending Physician has initiated the necessary processes. **You** are responsible for pre-authorization in the following situations.

Care or Services	Timeframe
Inpatient Hospital Stays <ul style="list-style-type: none"> ▪ Scheduled or Non-emergency Admissions ▪ Non-scheduled, Emergency Admission <p>Inpatient care includes Maternity (when stay needs to be extended; see <i>Maternity Benefits</i> under <i>Eligible Medical Expenses</i>) and Inpatient Mental Health and Chemical Dependency</p>	<p>5 business days prior to admission</p> <p>Within 48 hours of an admission</p>
To Continue a Stay Beyond the Period Certified	Before the original timeframe expires

Mandatory Pre-Authorization: Lake/Mendocino County and Out-of-State Providers, *Continued*

Care or Services	Timeframe
<p>Other Care, Treatment or Admission</p> <ul style="list-style-type: none"> ▪ Ambulance transport (non-emergency) ▪ All elective inpatient hospitalization ▪ All Computerized tomography scan (CT scan) (non emergency) ▪ Durable medical equipment if cost exceeds \$2,000.00. ▪ IV Therapy (outpatient in hospital setting) ▪ All Magnetic Resonance Imaging (MRI) (non-emergency) ▪ Non-participating consultations (Prior authorization will serve as approval for lab and diagnostic testing immediately associated with requested consultation.) ▪ Occupational therapy after first 12 visits ▪ Physical therapy after first 12 visits ▪ Sclero Therapy ▪ Second Surgical Opinions ▪ Surgical procedures performed in a hospital outpatient department or freestanding surgery center. ▪ Transplants 	<p>Prior to care, treatment or admission</p>

Mandatory Pre-Authorization: Non-County, Within-the-State Providers

If you are receiving care from Anthem BlueCross providers that are located within the state of California but are not Foundation providers, the following pre-authorization requirements are mandatory. It is the **Employee's or Covered Person's** responsibility to make certain that the compliance procedures of this program are completed. To minimize the risk of reduced benefits, an Employee should contact the review organization to make certain that the facility or attending Physician has initiated the necessary processes. **You** are responsible for pre-authorization in the following situations.

Care or Services	Timeframe
<p>Inpatient Hospital Stays</p> <ul style="list-style-type: none"> ▪ Scheduled or Non-emergency Admissions ▪ Non-scheduled, Emergency Admission <p>Inpatient care includes Maternity (when stay needs to be extended; see <i>Maternity Benefits</i> under <i>Eligible Medical Expenses</i>) and Inpatient Mental Health and Chemical Dependency</p>	<p>5 business days prior to admission</p> <p>Within 48 hours of an admission</p>
<p>To Continue a Stay Beyond the Period Certified</p>	<p>Before the original timeframe expires</p>
<p>Other Care, Treatment or Admission</p> <ul style="list-style-type: none"> ▪ All elective inpatient hospitalization ▪ Durable medical equipment if cost exceeds \$2,000.00 ▪ IV Therapy (outpatient in home setting only) ▪ Home Health Care ▪ Skilled Nursing Facilities ▪ Hospice ▪ Transplants 	<p>Prior to care, treatment or admission</p>

Schedule of Medical Benefits

The chart below summarizes the types of hospital, surgical and medical services and supplies that are covered under the plan. In most cases, benefits are subject to either:

- **Coinsurance (*percentage*):** The amount ***you pay*** after services or care has been received ***and*** the plan has paid its share.
- **Copayment (*dollar amount*):** This is the amount ***you pay*** the provider at the time care or services are received.

Benefit	In Network	Out of Network
Maximum Lifetime Benefit Includes Prescription Benefits	\$2,000,000	\$2,000,000
Plan Year Deductible (Plan year January - December)		
▪ Individual	\$500	\$500
▪ Family	\$1,500	\$1,500
Individual Out-of-Pocket Maximum (Plan year January - December)		
▪ Individual	\$4,000	\$4,000
▪ Family	\$8,000	\$8,000
	Coinsurance/Copayment	Coinsurance/Copayment
Allergy Testing and Treatment	20%	40%
Chiropractic Care	20%	40%
Diagnostic: Lab and X-ray	20%	40%
Durable Medical Equipment	20%	40%
Emergency Room Copays do not count toward the out-of-pocket maximum; the copay is waived if admitted.	\$50	\$50
Home Health Care	20%	40%
Hospice Care	20%	40%
Hospital Care	20%	40%
Mental Health and Substance Abuse Treatment	20%	40%
Physician Office Visit	20%	40%
Pre-Admission Testing	0% Ded. Waived	0% Ded. Waived
Second Surgical Opinion	0% Ded. Waived	0% Ded. Waived
Therapy: Physical & Occupational	20%	40%
TMJ	20%	40%
Urgent Care Center	20%	40%
Wellness Benefits	0% Ded. Waived	40%

Out-Patient Prescription Benefits: participating (In-Network Pharmacies Only)

If you enroll in the medical plan, you are automatically covered for the following outpatient prescription benefits.

Prescription Program Copay (\$) or Coinsurance (%) = Amount you owe when you pick up your prescription	Participating Providers (No Out-of-Network Benefits)
Retail Pharmacy (up to a 30-day supply) <ul style="list-style-type: none"> ▪ Formulary Generic Drug ▪ Formulary Brand Drug ▪ Non-Formulary (Non-Preferred) Brand Drug 	\$10 or 10% (whichever is greater) \$20 or 20% (whichever is greater) \$30 or 30% (whichever is greater)
Mail Service Program (up to a 90-day supply) <ul style="list-style-type: none"> ▪ Formulary Generic Drug ▪ Formulary Brand Drug ▪ Non-Formulary (Non-Preferred) Brand Drug 	\$20 \$40 \$60

Medco maintains an up-to-date listing of all medications and drugs available; see *Important Numbers and Website Addresses* below for contact information. *Note: For long-term or maintenance medications, you will be charged an additional cost for filling this type of prescriptions at a retail pharmacy after the third month. To eliminate these extra charges, use the Mail Service Program for long-term or maintenance medications.*

Important Numbers and Web Site Addresses

For preauthorization, forms, claims, questions or provider directories, refer to the information below.

Benefit Plan	Contact Name and Toll-free Telephone Number	Web Site
Medical Plan, only to: <ul style="list-style-type: none"> ▪ Find Providers for Non-County providers in the state of California ▪ Receive Pre-Authorization 	Anthem BlueCross 1-800-274-7767	www.anthem.com
Medical Plan, for: <ul style="list-style-type: none"> ▪ Finding Providers within the County or Out-of-the-State of California ▪ Claims Administration ▪ Forms ▪ Benefit Questions 	Delta Health Systems 1-800-556-5918 Delta TeamCare (For Pre-Authorization) 1-877-464-1441	www.deltahealthsystems.com Not available
Prescription Benefit Retail Pharmacy and Mail Order	Medco 1-800-711-0917	www.medco.com
Contract Administrator	Delta Health Systems 1-800-556-5918	www.deltahealthsystems.com
Plan Sponsor	County of Mendocino Benefits Office 579 Low Gap Road Ukiah CA 95482 1-707-463-6553	www.co.mendocino.ca.us/hr/rhb/index.htm

