

COUNTY OF MENDOCINO RETIREE HEALTH PLAN
PROPOSED PLAN DESIGN CHANGES
 August 14, 2009

Retirement Health Plan Comparison	Current Retiree Plan		Proposed Plan Revision	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
GENERAL PLAN INFORMATION				
Annual Deductible/Individual	\$100	\$100	\$500	\$500
Annual Deductible/Family	\$200	\$200	\$1,500	\$1,500
Coinsurance	80%	60%	80%	60%
Office Visit/Exam	80%	60%	80%	60%
Outpatient Specialist Visit	80%	60%	80%	60%
Annual Out-of-Pocket Limit/Individual	\$1,100	\$3,100	\$4,000	\$4,000
Annual Out-of-Pocket Limit/Family	\$2,200	\$6,200	\$8,000	\$8,000
Deductible Included in Out-of-Pocket Limits	Yes	Yes	Yes	Yes
Lifetime Plan Maximum	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Outpatient Services				
Preventive Services				
Well-Child Care	100%	60%	100%	60%
Immunizations	100%	60%	100%	60%
Well Woman Exams	100%	60%	100%	60%
Mammograms	100%	60%	100%	60%
Adult Periodic Exams with Preventive Tests	100%	60%	100%	60%
Diagnostic X-Ray and Lab Tests	80%	60%	80%	60%
Maternity Care				
Pregnancy and Maternity Care (Pre-Natal Care)	80%	60%	80%	60%
Inpatient Hospital Services				
Inpatient Hospitalization	80%	60%	80%	60%
Pre-Authorization of Services Required	Yes \$200 Deductible for non-pre-certification	Yes \$200 deductible for non-pre-certification	Yes \$200 deductible for non-pre-certification	Yes \$200 deductible for non-pre-certification
Semi-Private Room & Board; Incl. Services/Supplies	80%	60%	80%	60%
Surgical Services				
Outpatient Facility Charge	80%	60%	80%	60%
Emergency Services				
Emergency Room Copay Waived if Admitted	\$50 copay then 80% Yes	\$50 copay then 60% Yes	\$50 copay then 80% Yes	\$50 copay then 60% Yes
Urgent Care				
Urgent Care Facility	80%	60%	80%	60%
Mental Health Benefits				
Inpatient Care (30 day calendar yr max)	80% \$175/day max	60% \$175/day max	80%	60%
Outpatient Care	80% 25 visit max	60% 25 visit max	80%	60%

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Alcohol & Substance Abuse				
Inpatient Care				
Inpatient Hospitalization	80%	60%	80% \$16,000 combined per calendar year	60% \$16,000 combined per calendar year
Inpatient Detoxification Services	80%	60%	80% \$16,000 combined per calendar year	60% \$16,000 combined per calendar year
Outpatient Care				
Outpatient Services	80%	60%	80% \$16,000 combined per calendar year	60% \$16,000 combined per calendar year
PRESCRIPTION DRUG BENEFITS				
Generic	20%	20%	\$10 min or 10% copay	\$10 min or 10% copay
Brand (Formulary/Preferred)	20%	20%	\$20 min or 20% copay	\$20 min or 20% copay
Brand (Non-Formulary/Non-preferred)			\$30 min or 30% copay	\$30 min or 30% copay
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	20%	20%	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	20%	20%	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)			\$60 copay	\$60 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
Other Services and Supplies				
Durable Medical Equipment & Prosthetic Devices	80%	60%	80%	60%
Home Health Care	80%	60%	80%	60%
Skilled Nursing or Extended Care Facility (120 day calendar yr max) semi private room rate.	80%	60%	80%	60%
Hospice Care	100% \$3,000 Lifetime Max	100% \$3,000 Lifetime Max	80%	60%
Chiropractic Services	80% \$2,000 Calendar Year Max	60% \$2,000 Calendar Year Max	80%	60%
Acupuncture	80% \$250 Calendar Year Max	60% \$250 Calendar Year Max	80%	60%
Outpatient Rehabilitative Therapy Services				
Physical	80% \$2,500 Calendar Year Max	60% \$2,500 Calendar Year Max	80%	60%
Occupational	80%	60%	80%	60%
Speech	80% \$2,500 Calendar Year Max	60% \$2,500 Calendar Year Max	80%	60%