

# *Retiring Employee Benefits Planning Guide*

Plan Year 2025

This guide will help retiring employees understand their retiree health benefit options offered by Kern County and provide information about enrollment.

For questions about your options offered through Kern County or to enroll, please contact/visit our office:  
Kern County Health & Wellness  
1115 Truxtun Ave, 1<sup>st</sup> floor, Bakersfield CA 93301  
(661) 868-3182.

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This packet contains a summary of information, for detail information please visit our website at [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com) or contact our office at (661) 868-3182.

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Dear Future Retiree:

*Congratulations on your upcoming retirement!*

Our office administers the Retiree health benefit programs offered by Kern County to qualified retired employees and their qualified dependents. We are here to help you learn about your options and to enroll in Kern County Retiree health benefits.

Your Active Employee health benefits DO NOT automatically continue upon your retirement. You MUST request enrollment into Retiree health benefits. Retirement from active duty is a qualifying/permitting event to enroll into Kern County Retiree health benefits. Qualifying employees have up to a 30-day grace period following the date of retirement to request enrollment into a medical, dental, and/or vision coverage offered by Kern County. You must have a **minimum of five (5) years of qualified Service Credit in the Kern County Employees' Retirement Association (KCERA) to participate** in Kern County Retiree health benefits and must **receive a monthly pension** check from KCERA.

We recommend that you complete and turn in your enrollment forms approximately one (1) month prior to your date of retirement. All forms must be turned in with original signatures (not in electronic format or copies of original signatures). You must enroll in Retiree health benefits coverage before the 30-day grace period expires or you will lose eligibility to enroll until the next Open Enrollment and you may lose County contributions that may have been applicable.

Please use this retiree health benefits planning guide as a resource for important information about the Retiree health benefits offered through Kern County. You may also be eligible to participate in other programs offered to Kern County retirees which are not offered directly through the Kern County. Additional contact information for these programs is included in the Other Resources page of this guide.

For questions about your options offered through Kern County or to enroll, please contact our office at (661) 868-3182. You can also visit our office located at 1115 Truxtun Ave, 1<sup>st</sup> floor, Bakersfield CA 93301.

Thank you for your service and dedication to Kern County!

*Kern County Health  Wellness*

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# Retiring Employee Health Benefits Checklist

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Our office highly recommends that you do the following **at least one month prior to your retirement date**. The grace period to enroll expires 30 days after retirement.

**Review your Retiree health benefits options.** Medical, Dental, and Vision are separate benefits and are not offered as a bundle. This means you can choose the type of coverage you would like to enroll in and will need to enroll into each type of coverage separately. You can review your options by visiting our website, [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com) and click on Retirees. There is additional information about the various options offered by Kern County in this packet including contact information and comparison chart of the benefits and rates for the health plans. You can also call or visit in-person:

## **Kern County Health & Wellness**

1115 Truxtun Ave, 1<sup>st</sup> Floor, Bakersfield CA 93301

(661) 868-3182

Business Hours: Monday through Friday, 8:00 a.m. – 5:00 p.m.

- ☐ **Medical Plans:** Kern County offers several medical plan options for Retirees **under the age of 65 and Medicare Eligible/Retirees ages 65 and older**. Your options may be limited by your address as some plans are only available in specific services areas. If you move out of your Plan's Service area, you could be required to switch to a plan with coverage in your area or your coverage could be cancelled. Some forms are available online at [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com).

**If you or a qualified dependent is over the age of 65** and enrolling into a Kern County Retiree medical plan, you must have or will need to obtain **both Medicare Part A and B**. Medicare may require your employer to complete a form during their enrollment process. This form will need to be complete by Kern County Health & Wellness. Failure or delay in applying for Medicare Part A and B timely to enroll into a Kern County sponsored Retiree over 65 plan will not extend the 30-day enrollment grace period for enrollment.

- ☐ **Dental Plan:** Kern County offers a Dental DHMO plan option to Retirees and their eligible dependents through Liberty Dental. You also have the option to continue your current employee dental coverage for 18 months through COBRA by responding to the COBRA notice that is mailed to your home after your retirement date.
- ☐ **Vision Plan:** Kern County offers Retiree Vision coverage through Vision Services Plan (VSP) for Retirees and eligible dependents.

Kern County Health & Wellness has information about the plans, and enrollment for most plans is completed at Kern County Health & Wellness. See the summary charts located on page 23 and 24 of this packet for summary information. For detail or technical coverage information, you will need to call the plans directly at the phone numbers listed.

If you enroll by meeting with a plan representative, you should make certain that the person enrolling you is aware that you are a KERN COUNTY RETIREE and ask that they submit a copy of your enrollment form to Kern County Health & Wellness.

Contacts and phone numbers for each of the plans are as follows:

| PLANS                                                         | CONTACT                       | PHONE          |
|---------------------------------------------------------------|-------------------------------|----------------|
| <b>All plans<br/>General Information and enrollment forms</b> | Kern County Health & Wellness | (661) 868-3182 |

| For Detail Coverage information                     |                                                       |                |
|-----------------------------------------------------|-------------------------------------------------------|----------------|
| Anthem Blue Cross<br>(Senior Secure, Silver & Gold) | Anthem Blue Cross Customer Service (Information only) | (800) 288-2539 |
| Blue Shield Over 65 Plus                            | Customer Service                                      | (800) 776-4466 |
| Health Net (Seniority Plus)                         | Health Net Customer Service                           | (800) 275-4737 |
| Health Net (POS/COB)                                | Health Net Customer Service                           | (800) 676-6976 |
| Kaiser Permanente                                   | Kaiser Customer Service                               | (800) 464-4000 |
| Kern Legacy Max Choice                              | Customer Service                                      | (855) 537-6767 |
| Kern Legacy Classic Choice (formerly POS)           | Customer Service                                      | (855) 537-6767 |
| Kern Legacy Network Plus                            | Customer Service                                      | (855) 308-5547 |
| Kern Legacy Share Select                            | Customer Service                                      | (855) 308-5547 |

You can estimate the cost of your Retiree health benefits by using the Estimate Worksheet in this guide.

For enrollment information, please contact Kern County Health & Wellness at (661) 868-3182. Some enrollment forms may be found online at [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com). Please return all completed enrollments forms to Kern County Health & Wellness. Late enrollment forms will not be accepted.

## Other Available Resources

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The following are programs available to Kern County retirees but are NOT sponsored nor offered through Kern County.

### RETIRED EMPLOYEES OF KERN COUNTY

The Retired Employees of Kern County (REOKC) is a local association authorized under IRS section §501(C)(4) whose membership is limited to former employees of the County of Kern, and whose income is devoted exclusively to charitable, educational, or recreational purposes. REOKC offers certain supplemental insurance programs to their members through Pacific Group Agencies, Inc (PGA). For information about the benefits provided by PGA, call 1-800-511-9065 or visit [www.pgagencies.com/reokc/](http://www.pgagencies.com/reokc/). Retirees may join REOCK by contacting them at PO Box 2592, Bakersfield CA 93303 or emailing [info@reokc.org](mailto:info@reokc.org).

### MEDICARE

Medicare is administered by CMS (Centers for Medicare and Medicaid services). The County cannot counsel members about Medicare. Please contact Medicare at **1-800-MediCare (1-800-633-4227)** if you have questions related to Medicare.

### POST-EMPLOYMENT HEALTH PLAN

Post-Employment Health Plan (PEHP) – Only applies to bargaining units 7, D, F, M, N, O, R, W, Z

The PEPH provides a tax-free account funded through a fixed percentage of a retiring employee's accrued sick leave balance value at the time of retirement. The account can be used to provide reimbursement for IRS qualified post-employment health care insurance premiums. Enrollment is automatic. The mandatory contribution will be deducted from the Employee's final check from the County upon retirement. This benefit is administered by Nationwide Retirement Services Funds. If you are in an eligible bargaining unit and have questions about your PEHP account, contact **Nationwide's Senior Retirement Specialist, Loren Farfan** at **(818) 642-8191** or at **1 (877) 677-3678, option 2**.

### COUNTY PAID LIFE INSURANCE

Kern County provides an employer paid life insurance to employees in certain categories as follows:

|                                                                |            |
|----------------------------------------------------------------|------------|
| Management Employees:                                          | \$ 400,000 |
| Confidential Employees:                                        | \$ 100,000 |
| Employee Represented by KCDOA, KCP, KCPOA, SEIU, and SEIU-CJU: | \$ 20,000  |

For questions regarding portability or continuing the life insurance policy, contact **The Guardian Life Insurance Company of America** at **1 (800) 627-4200** and provide Group Number 530140 within 30 days of your retirement date to qualify.

**Important!** Questions about these programs should be directed to the administrators listed on this page. Please note that neither Kern County Health & Wellness nor Kern County Employees' Retirement Association (KCERA) can assist you with these resources.

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## *Retiree Stipend Program*

The County provides a monthly stipend to County retirees to help defray the premium cost of medical insurance under a County plan.

### **ELIGIBILITY**

In order to be eligible to receive the stipend, you must be a Kern County (not special district) retiree and:  
 ① choose continuous retiree medical coverage with the County, OR ② have purchased medical coverage through the County for the last three (3) consecutive years without benefit of the stipend. If you discontinue coverage through the County at any time, you will not be immediately eligible to receive the stipend should you re-enroll during an open enrollment period. The three-year waiting period may be waived if the retiree provides proof of continuous *group* coverage through another group program.

### **CURRENT BENEFIT**

The monthly amount of the stipend is based on how many persons are covered. If the retiree alone is covered (single), the County Stipend amount is \$39.75. If the retiree plus one dependent is covered (two-party), the County Stipend amount is \$53.69. If the retiree plus two or more dependents are covered (family), the County Stipend amount is \$61.50.

| Retiree Stipend   |                |
|-------------------|----------------|
| Coverage Selected | Stipend Amount |
| Single            | \$ 39.75       |
| Two-party         | \$ 53.69       |
| Family            | \$ 61.50       |

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## *Retiree Health Premium Supplement Program*

**BARGAINING UNITS: 0, 1-6, J & S, M, D & X, P**

### **OVERVIEW/APPLICABILITY**

The Retiree Health Premium Supplement Program (RHPSP) applies to represented employees under bargaining units: 0, 1, 2, 3, 4, 5, 6, J & S, P, M, D and X, who did not opt out of RHPSP and who were hired prior to March 21, 2016 (or hired prior to April 25, 2017 for bargaining unit P only).

### **ELIGIBILITY RULES - GENERAL**

To be eligible to receive the RHPSP ("Supplement"), you must:

- Choose retiree medical coverage with the County upon retirement, in most instances.
- Have worked for the County (not a special district) for a minimum of 20 continuous<sup>1</sup> "years of service"<sup>2</sup>.
- Take active retirement from service (since separating from service and deferring your retirement to a later date will make you ineligible for the program).
- Be at least 50 years of age, but no greater than 64 years of age at retirement, and
- Have contributed to the program by payroll deduction during the qualified years of employment.

#### **NOTES:**

- If you began work for the County at age 45 or older, you will never be eligible for the Supplement because you will not accumulate 20 qualified years of service before reaching age 65.
- If you terminate employment, retire before age 50, retire after age 64, or otherwise do not qualify for Supplement benefits, you will not be reimbursed for any amount you may have paid into this program through payroll deduction.
- The Supplement benefit ends on the 1<sup>st</sup> of the month during which a retiree turns age 65.

### **RULES - RETIREMENT FOR WORK-RELATED DISABILITY**

If you are granted a service-connected disability retirement by the Kern County Employees' Retirement Association, you will qualify for the full benefit under this program if you:

- Have five or more years of qualified County service.
- Have applied for the disability retirement prior to separating from County service.
- Have contributed to the program by payroll deduction during the qualified years of employment, and
- Enroll in retiree medical coverage with the County upon retirement.

#### **NOTES:**

1. Continuous service means consecutive years worked for the County during which the employee was earning retirement credit. Years worked prior to a break in service will NOT be counted for this program unless the break in service either:
  - Is less than one year in length
  - Occurred after July 1, 1994In other words, a break in service over one year in length prior to July 1, 1994 will cause all time worked prior to the break to be ineligible time.
2. "Years of service" is calculated in accordance with the policies of the Kern County Employees' Retirement Association, except that the only years counted for this program are years of actual County benefited service (i.e., certain types of retirement service credit, such as prior public service, military time, Golden Handshake credit, County extra-help time, are NOT counted). Service begins at the date of entry into the retirement system, so "years of service" for this program will not exceed years of service for retirement credit.

## PREMIUM AMOUNT

Listed below are the monthly premium contributions for medical plans available to retirees under age 65.

These rates are in effect beginning January 1, 2025, but it is assumed that these premiums will increase annually.

| PLAN YEAR 2025                    | SINGLE      | TWO-PARTY   | FAMILY      |
|-----------------------------------|-------------|-------------|-------------|
| Kern Legacy <b>SHARE SELECT</b>   | \$ 884.00   | \$ 1,725.00 | \$ 2,670.00 |
| Kern Legacy <b>NETWORK PLUS</b>   | \$ 1,285.00 | \$ 2,511.00 | \$ 3,887.00 |
| Kern Legacy <b>MAX CHOICE</b>     | \$ 1,502.00 | \$ 2,772.00 | \$ 4,042.00 |
| Kern Legacy <b>CLASSIC CHOICE</b> | \$ 2,822.00 | \$ 5,238.00 | \$ 7,650.00 |
| Kaiser Permanente HMO             | \$ 1,317.92 | \$ 2,635.63 | \$ 3,729.93 |
| Health Net HMO                    | \$ 1,502.61 | \$ 3,005.08 | \$ 3,629.09 |

## BENEFIT AMOUNT

The Supplement benefit amount is calculated at the time of retirement and does not change after that, even though premiums may increase. If the monthly Supplement benefit plus the monthly Stipend benefit is greater than 100% of the monthly medical premium, in no event will the “excess” be refunded to the member.

For illustrative purposes, the following chart shows the current amount of the Supplement based on the number of years of service at retirement:

| FOR EMPLOYEES RETIRING<br>JANUARY 1, 2025 THRU DECEMBER 31, 2025 |                   |
|------------------------------------------------------------------|-------------------|
| FULL YEARS OF SERVICE                                            | SUPPLEMENT AMOUNT |
| 20                                                               | \$ 441.04         |
| 21                                                               | \$ 529.24         |
| 22                                                               | \$ 617.45         |
| 23                                                               | \$ 705.66         |
| 24                                                               | \$ 793.86         |
| 25+                                                              | \$ 882.07         |

Once the monthly Supplement benefit is calculated at the time of retirement, the benefit is fixed for that retiree. That amount will be available to the retiree monthly until age 65 or until medical plan coverage with the County ends. (Note: You can continue to receive the Stipend after age 65).

## *Retiree Health Premium Supplement Program*

**BARGAINING UNITS: 8, L, N, R, W & Z**

### **OVERVIEW/APPLICABILITY**

The RHPSP applies to represented employees under bargaining units: 8, L, N, R, W, and Z, who did not opt out of RHPSP and who were hired prior to November 9, 2021.

### **ELIGIBILITY RULES - GENERAL**

To be eligible to receive the RHPSP ("Supplement"), you must:

- Choose retiree medical coverage with the County upon retirement, in most instances.
- Have worked for the County (not a special district) for at least 20 continuous<sup>1</sup> "years of service"<sup>2</sup>.
- Take active retirement from service (since separating from service and deferring your retirement to a later date will make you ineligible for the program).
- Be at least 50 years of age, but no greater than 64 years of age at retirement, and
- Have contributed to the program by payroll deduction during the qualified years of employment.

### **NOTES:**

- If you began work for the County at or after age 45, you will never be eligible for the Supplement because you will not accumulate 20 qualified years of service before reaching age 65.
- If you terminate employment, retire before age 50, retire after age 64, or otherwise do not qualify for Supplement benefits, you will not be reimbursed for any amount you may have paid into this program through payroll deduction.
- The Supplement benefit ends on the 1<sup>st</sup> of the month during which a retiree turns age 65.

### **RULES - RETIREMENT FOR WORK-RELATED DISABILITY:**

If you are granted a service-connected disability retirement by the Kern County Employees' Retirement Association, you will qualify for the full benefit under this program if you:

- Have five years of qualified County service.
- Have applied for the disability retirement prior to separating from County service.
- Have contributed to the program by payroll deduction during the qualified years of employment, and
- Enroll in retiree medical coverage with the County upon retirement

### **NOTES:**

3. Continuous service means consecutive years worked for the County during which the employee was earning retirement credit. Years worked prior to a break in service will NOT be counted for this program unless the break in service either:
  - Is less than one year in length
  - Occurred after July 1, 1994In other words, a break in service over one year in length prior to July 1, 1994 will cause all time worked prior to the break to be ineligible time.
4. "Years of service" is calculated in accordance with the policies of the Kern County Employees' Retirement Association, except that the only years counted for this program are years of actual County benefited service (i.e., certain types of retirement service credit, such as prior public service, military time, Golden Handshake credit, County extra-help time, are NOT counted). Service begins at the date of entry into the retirement system, so "years of service" for this program will not exceed years of service for retirement credit.

### PREMIUM AMOUNT

Listed below are the monthly premium contributions for medical plans available to retirees under age 65. These rates are in effect beginning January 1, 2025, but it is assumed that these premiums will increase annually.

| PLAN YEAR 2024                    | SINGLE      | TWO-PARTY   | FAMILY      |
|-----------------------------------|-------------|-------------|-------------|
| Kern Legacy <b>SHARE SELECT</b>   | \$ 884.00   | \$ 1,725.00 | \$ 2,670.00 |
| Kern Legacy <b>NETWORK PLUS</b>   | \$ 1,285.00 | \$ 2,511.00 | \$ 3,887.00 |
| Kern Legacy <b>MAX CHOICE</b>     | \$ 1,502.00 | \$ 2,772.00 | \$ 4,042.00 |
| Kern Legacy <b>CLASSIC CHOICE</b> | \$ 2,822.00 | \$ 5,238.00 | \$ 7,650.00 |
| Kaiser Permanente HMO             | \$ 1,317.92 | \$ 2,635.63 | \$ 3,729.93 |
| Health Net HMO                    | \$ 1,502.61 | \$ 3,005.08 | \$ 3,629.09 |

### BENEFIT AMOUNT

The Supplement benefit amount is calculated at the time of retirement and does not change after that, even though premiums may increase. If the monthly Supplement benefit plus the monthly Stipend benefit is greater than 100% of the monthly medical premium, in no event will the “excess” be refunded to the member.

For illustrative purposes, the following chart shows the current amount of the Supplement based on the number of years of service at retirement:

| FOR EMPLOYEES RETIRING<br>JANUARY 1, 2025 THRU DECEMBER 31, 2025 |                   |
|------------------------------------------------------------------|-------------------|
| FULL YEARS OF SERVICE                                            | SUPPLEMENT AMOUNT |
| 20                                                               | \$ 526.10         |
| 21                                                               | \$ 631.31         |
| 22                                                               | \$ 736.53         |
| 23                                                               | \$ 841.75         |
| 24                                                               | \$ 946.97         |
| 25+                                                              | \$ 1,052.19       |

Once the monthly Supplement benefit is calculated at the time of retirement, the benefit is fixed for that retiree. That amount will be available to the retiree monthly until age 65 or until medical plan coverage with the County ends. (Note: You can continue to receive the Stipend after age 65).

## *Retiree Health Premium Supplement Program*

**BARGAINING UNITS: 7, F, O, Q, T, V & Y**

### **OVERVIEW/APPLICABILITY**

The RHPSP applies to represented employees under bargaining units: 7, F, O, Q, T, V and Y, who did not opt out of RHPSP and who were hired prior to August 10, 2021, for bargaining units: Q and Y and, prior to November 9, 2021 for bargaining until T and V.

### **ELIGIBILITY RULES - GENERAL**

To be eligible to receive the RHPSP ("Supplement"), you must:

- Choose retiree medical coverage with the County upon retirement, in most instances.
- Have worked for the County (not a special district) for at least 20 continuous<sup>1</sup> "years of service"<sup>2</sup>.
- Take active retirement from service (since separating from service and deferring your retirement to a later date will make you ineligible for the program).
- Be at least 50 years of age, but no greater than 64 years of age at retirement, and
- Have contributed to the program by payroll deduction during the qualified years of employment.

### **NOTES:**

- If you began work for the County at or after age 45, you will never be eligible for the Supplement because you will not accumulate 20 qualified years of service before reaching age 65.
- If you terminate employment, retire before age 50, retire after age 64, or otherwise do not qualify for Supplement benefits, you will not be reimbursed for any amount you may have paid into this program through payroll deduction.
- The Supplement benefit ends on the 1<sup>st</sup> of the month during which a retiree turns age 65.

### **RULES - RETIREMENT FOR WORK-RELATED DISABILITY:**

If you are granted a service-connected disability retirement by the Kern County Employees' Retirement Association, you will qualify for the full benefit under this program if you:

- Have five years of qualified County service.
- Have applied for the disability retirement prior to separating from County service.
- Have contributed to the program by payroll deduction during the qualified years of employment, and
- Enroll in retiree medical coverage with the County upon retirement

### **NOTES:**

5. Continuous service means consecutive years worked for the County during which the employee was earning retirement credit. Years worked prior to a break in service will NOT be counted for this program unless the break in service either:
  - Is less than one year in length
  - Occurred after July 1, 1994In other words, a break in service over one year in length prior to July 1, 1994 will cause all time worked prior to the break to be ineligible time.
6. "Years of service" is calculated in accordance with the policies of the Kern County Employees' Retirement Association, except that the only years counted for this program are years of actual County benefited service (i.e., certain types of retirement service credit, such as prior public service, military time, Golden Handshake credit, County extra-help time, are NOT counted). Service begins at the date of entry into the retirement system, so "years of service" for this program will not exceed years of service for retirement credit.

## PREMIUM AMOUNT

Listed below are the monthly premium contributions for medical plans available to retirees under age 65. These rates are in effect beginning January 1, 2025, but it is assumed that these premiums will increase annually.

| PLAN YEAR 2024                    | SINGLE      | TWO-PARTY   | FAMILY      |
|-----------------------------------|-------------|-------------|-------------|
| Kern Legacy <b>SHARE SELECT</b>   | \$ 884.00   | \$ 1,725.00 | \$ 2,670.00 |
| Kern Legacy <b>NETWORK PLUS</b>   | \$ 1,285.00 | \$ 2,511.00 | \$ 3,887.00 |
| Kern Legacy <b>MAX CHOICE</b>     | \$ 1,502.00 | \$ 2,772.00 | \$ 4,042.00 |
| Kern Legacy <b>CLASSIC CHOICE</b> | \$ 2,822.00 | \$ 5,238.00 | \$ 7,650.00 |
| Kaiser Permanente HMO             | \$ 1,317.92 | \$ 2,635.63 | \$ 3,729.93 |
| Health Net HMO                    | \$ 1,502.61 | \$ 3,005.08 | \$ 3,629.09 |

## BENEFIT AMOUNT

The Supplement benefit amount is calculated at the time of retirement and does not change after that, even though premiums may increase. The base amount of the Supplement is equal to the current medical premium for single coverage for active employees on the Kern Legacy Classic Choice. The base amount is multiplied by a percentage between 50 and 100, depending on years of service. (See actual current amounts below.) If the monthly Supplement benefit plus the monthly Stipend benefit is greater than 100% of the monthly medical premium, in no event will the “excess” be refunded to the member.

For illustrative purposes, the following chart shows the current amount of the Supplement based on the number of years of service at retirement:

| FOR EMPLOYEES RETIRING<br>JANUARY 1, 2025 THRU DECEMBER 31, 2025 |                   |
|------------------------------------------------------------------|-------------------|
| FULL YEARS OF SERVICE                                            | SUPPLEMENT AMOUNT |
| 20                                                               | \$ 559.53         |
| 21                                                               | \$ 671.43         |
| 22                                                               | \$ 783.34         |
| 23                                                               | \$ 895.24         |
| 24                                                               | \$ 1,007.15       |
| 25+                                                              | \$ 1,119.05       |

Once the monthly Supplement benefit is calculated at the time of retirement, the benefit is fixed for that retiree. That amount will be available to the retiree monthly until age 65 or until medical plan coverage with the County ends. (Note: You can continue to receive the Stipend after age 65).

## Important Things to Know

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Below are a few important things that are important to know about.

### WHEN DO MY ACTIVE BENEFITS END

Your active employee health benefits will terminate at the end of the pay period in which you retiree. This means your last day of coverage under your active employee health benefits will be at 11:59 p.m. on Friday (last day of the pay period in which you retiree). Upon confirmation of your retirement by KCERA, Kern County Health & Wellness will open your elected Retiree health benefits coverage effective the day after your active benefits end so there will be no gap in coverage.

**NOTE:** There will be a short delay in the processing time between these updates (approximately 10-14 business days) during which the systems will not reflect your open coverage.

### RETIREE PREMIUM DEDUCTIONS

When you participate in Kern County Retiree health benefits, the premium is deducted monthly from your KCERA pension check. The premium is deducted from your pension check that is issued before the month your premium covers. For instance, the deduction (labeled "KCHEALTH") on your August 31<sup>st</sup> pension check is for your September insurance premium.

**First Premium Deduction:** The deduction for your Retiree health benefits premiums will not begin until you receive your first full pension check from KCERA. This means that the first deduction will include more than one month. For example, your Retirement date is 6/29/2024 and the last day of coverage under your active employee health benefits is 6/28/2024. Your Retiree health benefits coverage will begin 6/29/2024 but your first full pension check is not received until 7/31/2024. Your health benefits premium deduction will include a prorated amount for June coverage, your full premium for July coverage, and your full premium for August coverage (as you are always paying in advance for the coming month of coverage).

- ▶ If your first full pension check is not large enough to deduct retro premiums owed, you will be required to pay your premiums directly to Kern County Health & Wellness by the same pay date of your pension check. If that date lands on a weekend or holiday, your payment must be paid on the last business day before you receive your pension check. Late payments will not be accepted and will result in the cancellation of coverage.

**Regular Premium Deductions:** Deductions after the first full pension check will be for your regular "monthly premium amount".

**NOTE:** If your pension check is not large enough to deduct your monthly insurance premium, you will be required to pay premiums directly to Health Benefits on a quarterly basis. Failure to pay these quarter premium payments timely will result in the termination of benefits. If benefits are cancelled for non-payment, you will not be eligible to enroll until the Open Enrollment period. You will also forfeit the supplement and stipend benefits you are receiving toward your medical coverage. You will only become eligible to receive your stipend again after three (3) years of continuous coverage on a Kern County Retiree medical plan.

## DEADLINES

As a retired County employee, you are generally entitled to purchase health plan coverage if you receive a pension check from Kern County Employees' Retirement Association and have at least 5 years of Kern County service.

You should review the information in this packet immediately because you should select a plan and complete County retiree enrollment forms approximately one month before you retire. There is a grace period which expires 30 days after your retirement date. If you do not enroll by the end of the grace period, you will lose eligibility until the next open enrollment.

## ADULT DEPENDENT CHILD

HealthCare reforms is not applicable to the Retiree health benefits, therefore; the "old" eligibility rules still apply to dependents of retirees. To be eligible to enroll under your Retiree health benefits, children 19, 20, 21, or 22 must have already been continuously covered on a County plan and must be certified as a full-time student or as a permanently disabled. Permanently disabled children must meet the required qualifications to remain enrolled in the County's health plans as describe in the Health Benefits Eligibility Policy.

**Note:** If, before reaching the age of 19, a child was never enrolled in the health plan either during the employees initial opportunity to enroll, or enrolled during an eligible open enrollment period, they are considered a dependent not eligible for health benefits coverage. An employee's initial hire date is the employee's initial opportunity to enroll in the health plan, as described elsewhere in this policy.

## RETIREE OR DEPENDENT ELIGIBLE FOR MEDICARE

Retirees or dependent(s) eligible for Medicare, your Medicare coverage will be primary coverage unless indicated by Medicare. Medicare eligible retirees or dependents should make sure their Medicare Part A and Part B are in effect by the time they transition from County Active employee coverage to County Retiree coverage. Medicare eligible retirees or dependents ages 65 or older are only allowed to select an "over 65" plan. Retirees or dependents with Medicare eligibility due to disability (under age 65) also have some "under 65" choices, however Kern County self-insured plans will ONLY pay benefits after Medicare has paid as primary.

**If you will be selecting an over 65 retiree medical plan at the time of retirement** due to Medicare eligibility, Medicare plans can only begin on the 1<sup>st</sup> day of a month. To avoid a gap in coverage from the date your active benefits end to the 1<sup>st</sup> of the month that follows your retirement, you will be required to enroll in an under 65 Retiree medical plan to cover the partial month until your over 65 Retiree medical plan begins. This means you will have to complete separate enrollment forms for each medical plan.

## SERVICE AREA REQUIREMENTS

Kern County health plans have certain services areas. If you do not reside in a plan's service area as required by the Plan, you will not be able to enroll in that plan. The reason for this rule is that the plan cannot provide coverage to you outside of the designated services areas. For example, if you are selecting a medical plan for retirees under the age of 65 and live in California but outside of Kern County, you cannot enroll into the

Kern Legacy Share Select or Kern Legacy Network Plus plans. These two plans require you to reside within Kern County. If you move outside of Kern County while a member of one of these plans, you will be required to change medical plans, or your coverage will be cancelled.

## RETIREE POLICIES AND NOTICES

Retiree Policies and Notices address issues that apply to retirees including eligibility for retired employees enrolled in any Kern County Group health plan. The following documents can be viewed online at [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com) or you can request a copy by calling **Kern County Health & Wellness at (661) 868-3182**.

- Retiree Health Benefits Policy
- Retiree Health Benefits Eligibility Policy
- Health Benefits Plan HIPPA Privacy Policy
- Women's Health and Cancer Rights Act
- Medicare Notices

## OPEN ENROLLMENT

Open enrollment is a period of time designated by Kern County during which dependents may be added to or deleted from a retiree's health benefits without a permitting event or changes may be made in the plans selected. Open enrollment is not a guaranteed annual event but is held from time to time. Open enrollment is not the employee's initial opportunity to enroll in the health plan.

Outside of open enrollment, changes are only allowed during a Permitting Event. However, you may request cancellation of retiree coverage at any time by completing and submitting a Disenrollment Form to Kern County Health & Wellness.

## COBRA

"COBRA" is short for the Consolidated Omnibus Budget Reconciliation Act of 1986. It is a federal law that provides that certain employees, retirees, spouses, former spouses and dependent children have the right to temporary continuation of health coverage at the group rate if coverage is lost due to a specified reason, like retirement.

You will automatically be mailed a COBRA notice a short time after you retire. It will list the medical, dental and vision plan you were enrolled in as an active employee, and it will offer you the right to purchase that coverage through COBRA. The letter will be sent to you from the Kern County Health & Wellness. The County does not pay any part of coverage purchased through COBRA.

**If you have any additional questions or you would like to meet with a Health Plan Specialist of Kern County Health & Wellness, please contact (661) 868-3182.**

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# Retiree Benefits Estimating Cost Work Sheet

## ESTIMATING RETIREE HEALTH BENEFITS COSTS

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Premium for medical plan selected \$ \_\_\_\_\_  
A

If split enrollment <sup>1</sup>, premium  
for 2<sup>nd</sup> plan selected \$ \_\_\_\_\_  
B

Total Monthly Premium \$ \_\_\_\_\_  
A + B

Less County contribution(s):

Subtract Stipend <sup>2</sup> (if eligible) (-) \$ \_\_\_\_\_

Subtract Supplement <sup>3</sup> (if eligible) (-) \$ \_\_\_\_\_

**YOUR MONTHLY MEDICAL PREMIUM** \$ \_\_\_\_\_

1. Split enrollment is only allowed if one or more members **is** Medicare eligible **and** one or more members **is not** Medicare eligible.

2. Stipend:

- \$39.75 for Retiree only coverage
- \$53.69 for Retiree + 1 coverage
- \$61.50 for Retiree + family coverage

3. Refer to the Retiree Health Premium Supplement information. Please check with Kern County Health & Wellness before relying on your determination of this benefit.

**Retiree dental and vision premiums:** The County does not contribute toward retiree dental or vision premiums. If you enroll in retiree dental or vision, you should add the premium to "Your Monthly Medical Plan Premium" amount calculated above to determine your total monthly cost.

**NOTE:** This worksheet is provided for you to estimate retiree health costs. Do not rely on this estimate. The Health & Wellness Team can review your estimate but cannot guarantee your Supplement amount until your years of service are certified by KCERA (Retirement Association) when you retire.

## Estimating Retiree Health Benefits Costs Examples

(Based on 2025 Premiums)

Retiree John Smith has more than 25 years of qualified service when he retires from active County service and is in a Bargaining Unit of: 1-6, J, M, D or X , so he will receive the maximum 2025 Supplement benefit, which is \$882.07.

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### **Example 1:**

Retiree selects the KL Classic Choice plan for himself only:

|                                                                   |     |                    |
|-------------------------------------------------------------------|-----|--------------------|
| Premium for plan selected (single):                               |     | \$ 2,822.00        |
| If split enrollment, premium<br>for 2 <sup>nd</sup> plan selected |     | <u>\$ 0.00</u>     |
| TOTAL MONTHLY PREMIUM:                                            |     | <u>\$ 2,822.00</u> |
| Less County contribution(s):                                      |     |                    |
| Subtract Stipend (single)                                         | (-) | \$ 39.75           |
| Subtract Supplement (if eligible)                                 | (-) | <u>\$ 882.07</u>   |

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**RETIREE MONTHLY MEDICAL PAYMENT ➤➤** **\$ 1,900.18** ①

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### **Example 2:**

Same information except Retiree Smith includes a dependent on his coverage:

KL Classic Choice plan covering 2 members:

|                                   |     |                  |
|-----------------------------------|-----|------------------|
| the total premium change to       |     | \$ 5,238.00      |
| Subtract Stipend (single)         | (-) | \$ 53.69         |
| Subtract Supplement (if eligible) | (-) | <u>\$ 882.07</u> |

Retiree Smith would pay monthly for 2-party KL Classic Choice coverage: **\$ 4,302.24**

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### **Example 3:**

Retiree Smith elects the KL Max Choice plan instead of the KL Classic Choice plan.

**If he covers just himself, the plan is \$580.18.** If he covers a spouse, the calculation of cost is:

KL Max Choice plan with 2-party coverage:

|                                   |     |                  |
|-----------------------------------|-----|------------------|
| the total premium would change to |     | \$ 2,470.00      |
| Subtract Stipend (single)         | (-) | \$ 53.69         |
| Subtract Supplement (if eligible) | (-) | <u>\$ 882.07</u> |

Retiree Smith would pay monthly for 2-party KL Max Choice coverage: **\$ 1,836.24**

At any time, if the premium cost is more than Retiree Smith's supplement (\$882.07) and the stipend (\$39.75 single or \$53.69 two party), Retiree Smith will pay the difference. The supplement will cease when Retiree Smith turns 65.

If Retiree Smith enrolls in the retiree dental and/ or vision plan, he will also pay the full cost of the dental and vision plan.

# RETIREE HEALTH PLANS FOR PARTICIPANTS UNDER AGE 65

(THESE PLANS ARE NOT MEDICARE PRODUCTS, MEDICARE IS PRIMARY IF ENROLLEE IS ELIGIBLE)

| PLAN YEAR<br>2025                                                 | KERN LEGACY<br>SHARE SELECT                                                                                                                                                                                                                                                                                   | KERN LEGACY<br>NETWORK PLUS                                                                                                                                                                                         |                                     | KERN LEGACY<br>MAX CHOICE                                                                                                                                                                                                                                                     | KERN LEGACY<br>CLASSIC CHOICE                                                                                                                                                                                                                                             | KAISER<br>PERMANENTE                                                          | HEALTH NET                                                                                                                                                         |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly Premium:</b><br>■ Single<br>■■ Two-party<br>■■■ Family | \$ 884.00<br>\$ 1,725.00<br>\$ 2,670.00                                                                                                                                                                                                                                                                       | \$ 1,285.00<br>\$ 2,511.00<br>\$ 3,887.00                                                                                                                                                                           |                                     | \$ 1,502.00<br>\$ 2,772.00<br>\$ 4,042.00                                                                                                                                                                                                                                     | \$ 2,822.00<br>\$ 5,238.00<br>\$ 7,650.00                                                                                                                                                                                                                                 | \$ 1,317.92<br>\$ 2,635.63<br>\$ 3,729.93                                     | \$ 1,502.61<br>\$ 3,005.08<br>\$ 3,629.09                                                                                                                          |
| <b>Call for Info:</b>                                             | (855) 308-5547                                                                                                                                                                                                                                                                                                | (855) 308-5547                                                                                                                                                                                                      |                                     | (855) 537-6767                                                                                                                                                                                                                                                                | (855) 537-6767                                                                                                                                                                                                                                                            | (800) 464-4000                                                                | (800) 522-0088                                                                                                                                                     |
| <b>Group No.:</b>                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                     | 280696 (M007/M008)                                                                                                                                                                                                                                                            | 280696 (M003/M004)                                                                                                                                                                                                                                                        | 114416                                                                        | 50874T                                                                                                                                                             |
| <b>Annual Deductible:</b>                                         | \$ 2,000 Member<br>\$ 4,000 Family                                                                                                                                                                                                                                                                            | <b>EPO TIER</b>                                                                                                                                                                                                     | <b>PLUS TIER</b>                    | \$250 Member<br>\$500 Family                                                                                                                                                                                                                                                  | <b>IN-NETWORK</b>                                                                                                                                                                                                                                                         | <b>OUT-OF-NETWORK</b>                                                         | \$ 0                                                                                                                                                               |
|                                                                   |                                                                                                                                                                                                                                                                                                               | \$ 0                                                                                                                                                                                                                | \$ 250 Member<br>\$ 500 Family      |                                                                                                                                                                                                                                                                               | \$0                                                                                                                                                                                                                                                                       | \$200 Member<br>\$400 Family                                                  |                                                                                                                                                                    |
| <b>Office Visits:</b>                                             | AFTER DEDUCTIBLE<br>PCP: \$ 10<br>Specialist: \$ 20                                                                                                                                                                                                                                                           | PCP: \$ 10<br>Specialist: \$ 20                                                                                                                                                                                     | AFTER DEDUCTIBLE<br>20% Coinsurance | AFTER DEDUCTIBLE<br>PCP: \$ 10 copay<br>Specialist: 20% coinsurance                                                                                                                                                                                                           | PCP: \$ 15<br>Specialist: \$ 25                                                                                                                                                                                                                                           | AFTER DEDUCTIBLE<br>70% of R&C                                                | \$ 15 Office visit<br>\$ 5 Office visit                                                                                                                            |
| <b>Inpatient Hospitalization:</b>                                 | AFTER DEDUCTIBLE<br>\$ 100 copay/day up to \$500 per admission                                                                                                                                                                                                                                                | \$ 0 copay at Kern Medical/Adventist Health within Kern County<br>\$ 100 copay/day, up to \$500 per admission<br>20% coinsurance Mercy SW for deliveries after deductible                                           |                                     | AFTER DEDUCTIBLE<br>\$ 100 copay/day Kern Medical (up to \$2500 per admit) / 20% coinsurance at other hospitals                                                                                                                                                               | \$ 0 copay Kern Medical<br>\$ 150 copay/day (up to \$750)                                                                                                                                                                                                                 | AFTER DEDUCTIBLE<br>70% of R&C                                                | \$ 0                                                                                                                                                               |
| <b>Emergency Room:</b>                                            | AFTER DEDUCTIBLE<br>\$ 150 copay (waived if admitted)                                                                                                                                                                                                                                                         | \$ 150 copay (waived if admitted)                                                                                                                                                                                   |                                     | AFTER DEDUCTIBLE<br>\$ 150 copay (waived if admitted)                                                                                                                                                                                                                         | \$ 75 copay (waived if admitted)                                                                                                                                                                                                                                          |                                                                               | \$ 50 copay<br>\$ 35 copay (waived if admitted)                                                                                                                    |
| <b>Prescriptions:</b>                                             | \$ 10 copay Preventative Generic (deductible waived)<br><br><b>AFTER DEDUCTIBLE:</b><br>CVS Pharmacies or WellDyne Mail Order (Up to 90 day)<br>\$ 0 Generic; \$ 25 Preferred; \$ 50 Non-Preferred<br><br>Specialty Medications \$ 50 / \$ 90 / \$ 120<br>Retail Pharmacy (Up to 30 day) \$ 5 / \$ 50 / \$ 90 | CVS Pharmacies or WellDyne Mail Order (Up to 90 day supply)<br>\$ 0 Generic; \$ 20 Preferred; \$ 40 Non-Preferred<br><br>Retail pharmacy (Up to 30 day supply)<br>\$5 Generic; \$ 45 Preferred; \$ 65 Non-Preferred |                                     | <b>AFTER \$100 PRESCRIPTION DEDUCTIBLE.</b><br>CVS Pharmacies or WellDyne Mail Order (Up to 90 day supply)<br>\$ 0 Generic; \$ 25 Preferred; \$ 50 Non-Preferred<br>Retail Pharmacy (Up to 30 day supply) \$ 5 / \$ 50 / \$ 90<br>Specialty Medications \$50 / \$ 90 / \$ 120 | CVS Pharmacies or WellDyne Mail Order (Up to 90 day supply)<br>\$ 0 Generic; \$ 25 Preferred; \$ 40+ Non-Preferred<br>Specialty Medications \$5 / \$25 / \$40+<br>Retail pharmacy (Up to 30 day supply)<br>\$ 5 Generic; \$ 25 Preferred Brand \$ 40+ Non-Preferred Brand | \$ 10 Generic *<br>\$ 20 Brand *<br>* Up to 100 day supply at Kaiser Pharmacy | Retail pharmacy (Up to 30 day supply)<br>\$ 5 Generic<br>\$ 10 Brand<br>\$ 35 Non-Formulary Brand<br><br>Mail Order (Up to 90 day supply)<br>\$ 10 / \$ 20 / \$ 70 |

This is a summary of the most frequently asked-about benefits. For additional information visit our website at [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com). Your out-of-pocket cost could be less if you are eligible for the County Stipend contribution of \$39.75 (single); \$53.69 (two-party); or \$61.50 (family), or the Retiree Health Premium Supplement.

## RETIREE DENTAL & VISION COVERAGE (ALL RETIREES ELIGIBLE)

### LIBERTY DENTAL - CA40R PLUS

#### Monthly Premium

|                 |          |
|-----------------|----------|
| ■ Retiree only: | \$ 20.00 |
| ■■ Two-party:   | \$ 34.00 |
| ■■■ Family:     | \$ 49.00 |

#### DHMO Dental Plan

Annual Deductible: None | Annual Maximum: None  
 Copays: Refer to Schedule of benefits  
 Call for info: 1-888-273-3179  
[www.libertydentalplan.com/countyofkern](http://www.libertydentalplan.com/countyofkern)

### VISION SERVICE PLAN (VSP)

#### Monthly Premium

|                 |          |
|-----------------|----------|
| ■ Retiree only: | \$ 11.28 |
| ■■ Two-party:   | \$ 22.57 |
| ■■■ Family:     | \$ 28.46 |

#### Vision Plan – Group No. 00101371-0011

Vision exam every 12 months: \$ 20 copay  
 Lenses/Frame every 24 months: \$ 20 copay  
 Call for info: 1-800-877-7195 | [www.vsp.com](http://www.vsp.com)

# RETIREE HEALTH PLANS FOR PARTICIPANTS OVER 65 OR MEDICARE ELIGIBLE

Participants under age 65 with Medicare Part A and B are also eligible.

**Enrollment requires Medicare eligibility (both A & B are required)**

| PLAN YEAR<br><b>2025</b>                | KAISER<br>SR. ADVANTAGE<br>(HMO)                    | ANTHEM BLUE CROSS<br>SENIOR SECURE<br>(HMO)       | BLUE SHIELD<br>65 PLUS<br>(HMO)                                                                                | HEALTH NET<br>SENIORITY PLUS<br>(HMO)                                                                                                              | HEALTH NET<br>COB POINT OF SERVICE<br>(POS)                                                                       | ANTHEM<br>BLUE CROSS<br>GOLD                              | ANTHEM<br>BLUE CROSS<br>SILVER                            |
|-----------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| Monthly Premium**<br>(Single coverage)* | <b>\$ 231.48</b>                                    | <b>\$ 696.97</b>                                  | <b>\$ 224.47</b>                                                                                               | <b>\$ 320.00</b>                                                                                                                                   | <b>\$ 993.02</b>                                                                                                  | <b>\$ 1,056.55</b>                                        | <b>\$ 232.94</b>                                          |
| Call for Info                           | (800) 464-4000                                      | (800) 225-2273                                    | (800) 776-4466                                                                                                 | (800) 275-4737                                                                                                                                     | (800) 676-6976                                                                                                    | (800) 288-2539                                            | (800)288-2539                                             |
| Medical Group No.                       | 114416                                              | CAEGR017                                          | W0054321                                                                                                       | 50874S                                                                                                                                             | 44293A                                                                                                            | 26520W/CA012GRX                                           | 26520G                                                    |
| Local Network                           | Kaiser Permanente                                   | Bakersfield Family Medical Group (BFMC)           | BFMC, QualCare IPA & Delano Medical Group                                                                      | BFMC, Dignity Health & Independence                                                                                                                | BFMC, Dignity Health & Independence                                                                               | Anthem Blue Cross                                         | Anthem Blue Cross                                         |
| Medicare Assignment Required            | Yes - Medical<br>Yes - Prescription                 | Yes - Medical<br>Yes - Prescription               | Yes - Medical<br>Yes - Prescription                                                                            | Yes - Medical<br>Yes - Prescription                                                                                                                | No - Medical<br>Yes - Prescription                                                                                | No - Medical<br>Yes - Prescription                        | No - Medical                                              |
| Office visits                           | \$10                                                | \$5                                               | \$0 Primary Care Physician<br>\$10 Specialists<br>\$0 Teledoc                                                  | \$10                                                                                                                                               | \$10 HMO<br>\$20 PPO<br>30% Out of Network (OON)                                                                  | Covers up to 20% of Allowable Charges (Medicare pays 80%) | Covers up to 20% of Allowable Charges (Medicare pays 80%) |
| ER visits                               | \$50<br>waived if admitted                          | \$20                                              | \$50<br>waived if admitted                                                                                     | \$50<br>waived if admitted                                                                                                                         | \$35 HMO<br>\$50 PPO<br>30% Out of Network                                                                        | Covers up to 20% Allowable Charges (Medicare pays 80%)    | Covers up to 20% Allowable Charges (Medicare pays 80%)    |
| Hospital Admission                      | No Charge                                           | No Charge                                         | \$150 per admission                                                                                            | \$200 per admission                                                                                                                                | \$0 HMO   10% PPO<br>30% Out of Network                                                                           | Covers Medicare Part A deductible                         | Covers Medicare Part A deductible                         |
| RX Retail                               | \$10 Generic<br>\$20 Name Brand<br>(up to 100-days) | \$5 Generic<br>\$10 Name Brand                    | \$10 Generic; \$20 Brand;<br>\$20 Non-Preferred Brand;<br>25% Injectables & Specialty Drugs (30 day)           | \$5 Preferred Generic;<br>\$10 Generic; \$20 Name Brand;<br>\$40 Non-Formulary;<br>\$0-25% copay Self Injectables;<br>25% Specialty Drugs (30 day) | \$10 Generic; \$15 Name Brand;<br>\$35 Non-Formulary;<br>25% co-pay Self Injectables and Specialty Drugs (30 day) | \$8 Generic<br>\$12 Name Brand                            | NO PRESCRIPTION BENEFIT                                   |
| RX Mail Order                           | \$10 Generic<br>\$20 Name Brand<br>(up to 100-days) | \$5 Generic<br>\$10 Name Brand<br>(90 day supply) | \$20 Generic; \$40 Brand;<br>\$40 Non-Preferred Brand;<br>25% Injectables (100 day) & Specialty Drugs (30 day) | \$0 Generic; \$40 Name Brand;<br>\$80 Non-Formulary;<br>\$0-25% copay Self Injectables;<br>25% Specialty Drugs (90 day)                            | \$20 Generic; \$30 Name Brand;<br>\$70 Non-Formulary;<br>25% co-pay Self Injectables and Specialty Drugs (90 day) | \$0 Generic<br>\$6 Name Brand<br>(90-day supply)          |                                                           |
| Deductibles                             | None                                                | Paid by plan                                      | None                                                                                                           | Paid by plan                                                                                                                                       | HMO & PPO: None<br>OON: \$200 Ind. / \$ 600 Family                                                                | Member pays Medicare Part B Deductible                    | Member pays Medicare Part B Deductible                    |
| Lifetime Max                            | Unlimited                                           | Unlimited                                         | Unlimited                                                                                                      | Unlimited                                                                                                                                          | Unlimited                                                                                                         | \$1 Million                                               | \$1 Million                                               |
| Vision                                  | \$150 allowance every 24 mos                        | Lenses: \$0 per year<br>Frame: \$100 / 2 years    | Std lenses: No charge<br>Frames: \$100 / 2 yrs                                                                 | Lenses: 12 mos<br>Frame: \$100 / 24 mos                                                                                                            | HMO - Eye exam \$10<br>Lenses/Frames - No benefit                                                                 | No Benefit                                                | No Benefit                                                |
| Self-Refer                              | Optometry, OB/GYN, Behavioral Health                | No Benefit                                        | OB/GYN                                                                                                         | OB/GYN: 1 visit / yr                                                                                                                               | HMO/PPO: OB/GYN<br>OON: Preventative covered with 30%                                                             | Yes - No limit                                            | Yes - No limit                                            |
| Dental                                  | No Benefit                                          | Some Diagnostic & Preventative                    | No Benefit                                                                                                     | Limited dental services or supplies                                                                                                                | Limited dental services or supplies                                                                               | No Benefit                                                | No Benefit                                                |

**Your actual cost could be less if you are eligible for the County Stipend contribution of \$39.75 (single); \$53.69 (two); or \$61.50 (family).** \* Premiums are per person enrolled.

\*\* Rates are all subject to final approval by CMS and the California Dept. of Managed Care. This is a summary of the most frequently asked-about benefits.

REVISED SEPT. 2024