



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

Department Name: CEO/Human Resources  
Department No.: 064  
For Agenda Of: 12/11/2007  
Placement: Administrative  
Estimate Time: n/a  
Continued Item: NO  
If Yes, date from:  
Vote Required: Majority

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TO: Board of Supervisors

FROM: Department Director(s) Susan Paul, 568-2817

Contact Info: Scott Turnbull, 568-2821

SUBJECT: **Renewal of the Pacificare Secure Horizons HMO Health Plans For County of Santa Barbara Retirees for Calendar Year 2008**

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**County Counsel Concurrence:**

As to form:  Yes  No  N/A

**Auditor-Controller Concurrence:**

As to form:  Yes  No  N/A

**Other Concurrence:** N/A

As to form:  Yes  No  N/A

**Recommended Action(s):**

Approve the renewal of the Pacificare Secure Horizons HMO Health Plans for County of Santa Barbara retirees, effective January 1, 2008, for a one-year term and authorize CEO/HR to execute any necessary documents.

**Summary:**

This recommended action will continue the two current Pacificare (subsidiary of United Healthcare) Secure Horizons HMO health plans for County of Santa Barbara retirees at the current benefit levels (High and Low Options) as shown on the attached exhibits for the 2008 calendar year.

**Background:**

Santa Barbara County Employees' Retirement System (SBCERS) currently offers two Secure Horizons Medicare Risk HMOs to retirees residing in California. Their plan year is January 1 through December 31 which coincides with the Medicare plan year and which is off cycle from that of the County's other health plans. These Medicare Risk HMOs differ from other HMOs in that retirees are required to be enrolled in Medicare Parts A & B and must forego the use of their Medicare card outside the Secure Horizons network. With the other HMOs offered by Blue Shield, retirees may either obtain services through their HMO network or use their Medicare card outside of the HMO network. For this reason, the cost of a Medicare Risk HMO

**Renewal of the Pacificare Secure Horizons HMO Health Plans For County of Santa Barbara Retirees for Calendar Year 2008**

12/11/2007

Page 2 of 3

is less expensive. In addition to premiums paid by SBCERS and retirees, Secure Horizons also receives Medicare reimbursement for each enrollee.

There is no change in the benefits being offered for 2008 and the *monthly* premium increases are as shown below:

<u>Plan Code</u>	<u>2007 Premium Per Enrollee</u>	<u>2008 Premium Per Enrollee</u>	<u>% Increase</u>
Plan OGU (High Option)	\$264.32	\$289.59	9.6%
Plan OGX (Low Option)	\$175.67	\$184.59	5.1%

There are currently 137 retirees in the high option plan and 19 retirees in the low option plan.

**Performance Measure:** N/A

**Fiscal and Facilities Impacts:**

Budgeted:  Yes  No

**Fiscal Analysis:**

There are no direct County costs associated with this program. All premiums are paid by the Santa Barbara County Employees Retirement System and retiree contributions.

**Staffing Impact(s):**

Legal Positions:  
0

FTEs:  
0

**Special Instructions:**

None

**Attachments:**

Secure Horizons HMO High and Low Option Cover Letter Rate and Benefits Exhibit

**Authored by:**

Scott Turnbull, Employee Benefits Manager

**cc:** Oscar Peters, SBCERS

**Secure Horizons Group Medicare Advantage With Part D  
County of Santa Barbara High  
Final Rates for 1/1/2008 - 12/31/2008**

**Monthly Premium Rates:**

Site: California  
MA-HMO

Option 1

Medical Plan	OGU
Drug Plan	9BE
Rate	\$289.59

Membership used for pricing: 135

This Quote assumes a \$0.00 commission.

**County of Santa Barbara High**  
**Year 2008 Group MA - Secure Horizons**  
**MA (Network Based)**  
**MA-PD Benefits - Option 1**

**State** California  
**Network Type** MA-HMO  
**CMS Plan Filing** H0543-805  
**Group Number(s)** 144274

Medical Benefit	OGU	
	In-Network	Out-of-Network
Annual Deductible	\$0	N/A
<b>Physician Services</b>		
- Primary Care OV Copay	\$5	N/A
- Specialist OV Copay	\$5	N/A
<b>Medicare Required (Part B) Drugs</b>	\$0 Copay	N/A
Inpatient Hospital Copay	\$0/admt	N/A
Inpatient SNF	\$0/day, days 1-100	N/A
<b>Outpatient Copays</b>		
- Lab Services	\$0	N/A
- Standard film X-rays	\$0	N/A
- Surgery & Observation	\$0 Copay	N/A
- All Other Procedures	\$0 Copay	N/A
Outpatient OT/PT/ST	\$5 Copay	N/A
Outpatient Rehabilitation Facility	\$5 Copay	N/A
Inpatient MH/SA	\$0/admt	N/A
Partial Hospitalization	\$50 per day	N/A
OP Mental Health: Group Visits	\$5 Copay	N/A
OP Mental Health: Individual Visits	\$5 Copay	N/A
Home Health Services	\$0	N/A
DME	0% Coins.	N/A
Transplants	\$0	N/A
Renal Dialysis	\$5 Copay	N/A
Podiatry: 6 routine visits per year	Not Covered	N/A
Routine Eye Exam (Annual)	See Vision Benefits below in Ancillary Benefits Section	N/A
Medicare Required Dental	\$5 Copay	N/A
Medicare Required Chiro	\$5 Copay	N/A
Medicare Required Hearing	\$5 Copay	N/A
Emergency Room	\$50 Copay	N/A
Urgent Care Centers	\$5 Copay	N/A
Ambulance	\$0 Copay	N/A
Annual Global OOP Maximum (1)	N/A	N/A

Part D Rx Benefit	9BE	N/A
Retail		
Generic Copay	\$7	N/A
Preferred Brand Copay	\$14	N/A
Non-Preferred Brand Copay	\$14	N/A
Preferred Specialty Drug Copay	\$14	N/A
Coverage in Coverage Gap?	Yes	N/A
Mail Order		
Generic Copay	\$14	N/A
Preferred Brand Copay	\$28	N/A
Non-Preferred Brand Copay	\$28	N/A
Preferred Specialty Drug Copay	\$28	N/A
Formulary	Secure Horizons Standard Formulary (with Bonus Drugs)	N/A

Ancillary Benefits		
Nurseline	NLB - Nursing Hotline	N/A
Caregiver	CGV - Standard Caregiver	N/A
Transportation	Not Covered	N/A
Chiropractor	C7A - \$5/12 visits	N/A
Fitness Benefit	FTL - Silver Sneakers	N/A
Vision Plan	VGG - \$5 exam copay; \$125 frame allowance/24 mos.	N/A
Vision Plan (Hardware)	Not Covered	N/A
Hearing Plan	HTC - \$500, every 24 months	N/A
Hearing Plan (Hardware)	Not Covered	N/A
Dental	Not Covered	N/A
Deluxe Rider	Not Covered	N/A

(1) Annual Global OOP Maximums will apply to most medical benefits except office visit copays, and Part B drugs and DME obtained at a pharmacy.

County of Santa Barbara High  
Year 2008 Group MA - Secure Horizons  
MA (Network Based)  
MA-PD Benefits - Option 1

RBS Insert	In Network	Out-Of Network
Legacy Plan Type (SH PHS, SH SRS, SH OXH, SH RV, AARP)		SH PHS
Plan Type (HMO, PPO, POS, RPPO, PFFS, Sr Supp)		HMO
Group Number		144274
State		California
H#/PBP#		H0543-805
Effective Date		1/1/2008
Expiration Date		12/31/2008
Benefit Code(s)		OGU,9BE,NL8,CGV,C7A,FT L,VGQ,HTC
Annual Deductible	\$0	N/A
Part B Excess Charge	N/A	N/A
Premium (If Paid by the Member directly to the plan)		
Monthly Health Plan Premium (Medical)	N/A	N/A
Monthly Health Plan Premium (Part D)	N/A	N/A
Total Health Plan Premium	N/A	N/A
<b>Physician Services</b>		
Primary Care Physician	\$5	N/A
Specialist	\$5	N/A
<b>Emergency Department Services</b>		
Within the United States	\$50	N/A
Waived if Admitted to Hospital	Yes	N/A
Outside of the US	\$50	N/A
Waived if Admitted to Hospital	Yes	N/A
<b>Urgently Needed Services</b>		
Within the United States	N/A	N/A
Waived if Admitted to Hospital	N/A	N/A
Outside of the US	N/A	N/A
In area/in network provider other than PCP	\$5	N/A
In area non-network provider or out of area Provider	\$25	N/A
Waived if Admitted to Hospital	Yes	N/A
Ambulance Services	\$0	N/A
Waived if Admitted to Hospital	No	N/A
Inpatient Hospital Care	\$0	N/A
Day Range 1	N/A	N/A
Per Day/ Admission	Admission	N/A
Inpatient Hospital Care	N/A	N/A
Day Range 2	N/A	N/A
Per Day/ Admission	N/A	N/A
Inpatient Hospital Care	N/A	N/A
Per Day/ Admission	N/A	N/A
Day Range 3	N/A	N/A
Inpatient Substance abuse and Rehabilitation Services	\$0	N/A
Per Day/ Admission	Admission	N/A
Inpatient Surgeon's Services	N/A	N/A
Transplant	\$0	N/A
Inpatient Mental HealthCare	\$0	N/A
Day Range 1	N/A	N/A
Per Day/ Admission	Admission	N/A
Inpatient Mental HealthCare	N/A	N/A
Day Range 2	N/A	N/A
Per Day/ Admission	N/A	N/A
Inpatient Mental HealthCare	N/A	N/A
Day Range 3	N/A	N/A
Per Day/ Admission	N/A	N/A
Lifetime Maximum (in days)	190	N/A
Skilled Nursing Facility	\$0	N/A
Day Range 1	1-100	N/A
Skilled Nursing facility Maximum Days per/ Benefit period	100	N/A
Skilled Nursing Facility	N/A	N/A
Day Range 2	N/A	N/A
<b>Home Healthcare Agency</b>		
Home Care Visits	\$0	N/A
Physician House Calls	N/A	N/A
<b>Chiropractic Services</b>		
Medicare Covered	\$5	N/A
Routine (Non-Medicare Covered)	N/A	N/A
Number of Visits	N/A	N/A
Chiropractic (Neuromuscular Skeletal Disorder)	N/A	N/A
<b>Foot Care</b>		
Medicare Covered	\$5	N/A
Routine	Not Covered	N/A
Routine number of visits	N/A	N/A
Outpatient Mental Healthcare Individual	\$5	N/A
Outpatient Mental Healthcare Group	\$5	N/A
Partial Hospitalization Psychiatric Program	\$50	N/A
Outpatient Substance Abuse Individual	\$5	N/A
Outpatient Substance Abuse Group	\$5	N/A
Outpatient Surgery and Services in a certified Ambulatory Surgical Center	\$0	N/A
Outpatient Hospital Services	\$0	N/A
Medicare covered Outpatient Rehabilitation Services	\$5	N/A
Comprehensive Outpatient Rehabilitation (CORF)	\$5	N/A
Occupational Therapy	\$5	N/A
Physical Therapy, and Speech and Language Pathology Services	\$5	N/A
Durable Medical Equipment (DME) Prosthetics, Orthotics (corrective Appliances), Infusion Equipment	0%	N/A
<b>Diabetes Monitoring</b>		
Supplies	0%	N/A
Self management training	\$0	N/A
Medical Nutrition Therapy	\$0	N/A
Imaging Procedures X-rays and Portable X-rays used in the home		

Medicare Covered Standard X-rays	\$0	N/A
Complex Radiology Services & Imaging Procedures	\$0	N/A
Laboratory Services	\$0	N/A
Outpatient Laboratory services	\$0	N/A
Radiation Therapy	\$0	N/A
Cardiac & Pulmonary Rehabilitation	\$5	N/A
Medical Supplies	0%	N/A
Blood and Its Administration	\$0	N/A
Kidney Dialysis	\$5	N/A
Cardiovascular Disease Screening	\$0	N/A
Bone Mass Measurements	\$0	N/A
Colorectal Screening Exams	\$0	N/A
Annual Screening Mammograms	\$0	N/A
Pap Smears and Pelvic Exams	\$0	N/A
Annual Prostate Cancer Screening Exam	\$0	N/A
<b>Immunizations</b>		
Flu, Pneumococcal, Pneumonia and Hepatitis B Vaccines	\$0	N/A
Antigens	\$0	N/A
<b>Out Patient Prescription Drugs</b>		
MA Only, MA-PD or MA-RDS	MA-PD	N/A
<b>Retail</b>		
Tier 1 Preferred Generic	\$7	N/A
Tier 2 Preferred Brand	\$14	N/A
Tier 3 non-preferred	\$14	N/A
Tier 4 specialty	\$14	N/A
Generic	N/A	N/A
Brand	N/A	N/A
Non-Formulary	N/A	N/A
	Secure Horizons Standard Formulary (with Bonus Drugs)	
Formulary Name		N/A
Deductible	\$0	N/A
Gap Coverage	Full Coverage	N/A
Catastrophic	\$4,050	N/A
<b>Mail service</b>		
Tier 1 Preferred Generic	\$14	N/A
Tier 2 Preferred Brand	\$28	N/A
Tier 3 non-preferred	\$28	N/A
Tier 4 specialty	\$28	N/A
Generic	N/A	N/A
Brand	N/A	N/A
Non-Formulary	N/A	N/A
	Secure Horizons Standard Formulary (with Bonus Drugs)	
Formulary Name		N/A
Deductible	\$0	N/A
Gap Coverage	Full Coverage	N/A
Catastrophic	\$4,050	N/A
Medicare Part B Covered Immunosuppressive Drugs	\$0	N/A
Medicare Part B Covered Drugs	\$0	N/A
Outpatient Injectable Medication Self Administered	\$0	N/A
Outpatient Injectable Medications Administered in a Physician's Office	\$0	N/A
Outpatient Injectable Medications Home Health	\$0	N/A
Hemophilia Clotting Factors	0%	N/A
<b>Transportation Services (to Medical related Appointments)</b>	N/A	N/A
<b>Dental</b>		
Medicare Covered Services	\$5	N/A
Preventive/Non-Medicare covered	N/A	N/A
<b>Hearing Services</b>		
Medicare covered diagnostic hearing exams	\$5	N/A
Routine hearing examinations for hearing aids	\$0	N/A
Routine hearing exams (non-Medicare covered)	\$0	N/A
Hearing Aids	\$500	N/A
Hearing Exam (Physician Audiologist)	\$0	N/A
Include Digital Hearing aids	Yes	N/A
Interval (Number and Year/ Month/ Quarter Etc)	24 mos.	N/A
<b>Vision Care</b>		
<b>Medicare Covered Vision Services</b>		
Medicare Covered eye exam	\$5	N/A
Medicare covered eyewear	\$0	N/A
<b>Non Medicare covered eye exam and eyewear or contact lenses</b>		
Eye exam (Refraction)	\$5	N/A
Eyewear or contact lenses	\$125	N/A
Examination for Eyeglasses (Refraction)	\$5	N/A
Eyewear	N/A	N/A
Contacts	N/A	N/A
Eyewear Period (in years)	24 mos.	N/A
Annual Routine Physical Examination	\$5	N/A
Out of pocket Maximum (annual)	N/A	N/A
OOP Applies to OON Services	N/A	N/A
Referral Required (Yes/ No)	Yes	N/A
Optum Nurse Line	Yes	N/A
	Silver Sneakers	
Fitness Benefit	Standard	N/A
Care Givers	Caregiver	N/A
Deluxe Rider	N/A	N/A

(1) Annual Global OOP Maximums will apply to most medical benefits except office visit copays, and Part B drugs and DME obtained at a pharmacy.

**County of Santa Barbara High**

**1/1/2008**

**Quote Stipulations**

**This quote assumes that the employer pays a contribution toward premium costs.**

**An Employer signature is required on a statement of contribution structure prior to open enrollment.**

**We will need a signed statement from County of Santa Barbara High prior to 1/1/2008 which will include:**

- > Confirmation of employer contribution structure (per above) and
- > Confirmation that the employer will administer any Low Income Subsidy (LIS) premium payments received from UnitedHealthCare for County of Santa Barbara High retirees in accordance with CMS regulations (any LIS premium payments UnitedHealthCare receives from CMS for County of Santa Barbara High retirees will be passed through to County of Santa Barbara High from UnitedHealthCare).

**The UHC plan must be offered to all eligibles in our service areas, including any that currently have opted out of medical coverage. If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.**

If enrollment in any UnitedHealthCare product were to change by more than 10% than what was assumed in the quote, we reserve the right to adjust the rates.

**If competing plans are offered to the retirees alongside our plan, the following predications apply:**

- > All competing carriers must be offering a comprehensive Rx Benefit with no coverage gap (no "donut hole").
- > Out-of-pocket (premium) cost for each retiree must be equal to or lower for our plan than for any other plan.
- > Our rates and/or plan design are subject to change pending our final review of all competing carrier offerings.

Please note the following with regard to the drug coverage on these MA-PD products:

- > We reserve the right to change our Part D formulary for calendar year 2008. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2008.
- > There is a specific, Part D drug formulary that applies to all of our MA-PD plan offerings.
- > All plan designs include the standard catastrophic coverage per CMS regulations. Specifically, once a member reaches \$4,050 in True Out-of-Pocket prescription medication costs (TrOOP) in a given calendar year (2008 in this case), the member will pay the greater of a \$2.25 copay or 5% coinsurance for generic drugs, and the greater of a \$5.60 copay or 5% coinsurance for brand name drugs, regardless of whether these drugs are received at a retail pharmacy or through our mail order program.
- > All 2008 MA-PD quotes assume employers will be responsible for administering Low Income Subsidy (LIS) payments to their eligible retirees.

For renewals - MA-PD Bonus Drugs: Certain Bonus drugs (i.e. Generic Benzodiazepines, generic Barbiturates, erectile dysfunction drugs and certain vitamins) were included in Horizons market renewals. In 2008, these drugs will continue to be covered but only for Legacy Secure Horizons markets. They will not be covered in other markets unless : In addition, the grandfathering of tiers which was permitted in 2007 to allow a transition from the 2006 Platinum Plus formulary to the Ovations PDP formulary, will also not b

Unless there are significant changes in regulation, a reduction in CMS reimbursement level, or a change in the methodology used to calculate CMS payments in the interim, Secure Horizons will hold the rate(s) and plan design(s) through 12/31/2008.

**Secure Horizons Group Medicare Advantage With Part D  
County of Santa Barbara Low  
Final Rates for 1/1/2008 - 12/31/2008**

**Monthly Premium Rates:**

Site: **California**  
**MA-HMO**

Option 1

Medical Plan	OGX
Drug Plan	9CM
Rate	\$184.59

Membership used for pricing: 21

This Quote assumes a \$0.00 commission.



**County of Santa Barbara Low**  
**Year 2008 Group MA - Secure Horizons**  
**MA (Network Based)**  
**MA-PD Benefits - Option 1**

**State**  
**Network Type**  
**CMS Plan Filing**  
**Group Number(s)**

**California**  
**MA-HMO**  
**H0543-805**  
**523345**

Medical Benefit	OGX	
	In-Network	Out-of-Network
Annual Deductible	\$0	N/A
<b>Physician Services</b>		
- Primary Care OV Copay	\$15	N/A
- Specialist OV Copay	\$25	N/A
Medicare Required (Part B) Drugs	\$0 Copay	N/A
Inpatient Hospital Copay	\$500/admit	N/A
Inpatient SNF	\$0/day, days 1-20; \$50/day, days 21-100	N/A
<b>Outpatient Copays</b>		
- Lab Services	\$0	N/A
- Standard film X-rays	\$0	N/A
- Surgery & Observation	\$250 Copay	N/A
- All Other Procedures	\$0 Copay	N/A
Outpatient OT/PT/ST	\$25 Copay	N/A
Outpatient Rehabilitation Facility	\$25 Copay	N/A
Inpatient MH/SA	\$500/admit	N/A
Partial Hospitalization	\$50 per day	N/A
OP Mental Health: Group Visits	\$25 Copay	N/A
OP Mental Health: Individual Visits	\$25 Copay	N/A
Home Health Services	\$0	N/A
DME	0% Coins.	N/A
Transplants	IP only	N/A
Renal Dialysis	\$25 Copay	N/A
Podiatry: 6 routine visits per year	Not Covered	N/A
Routine Eye Exam (Annual)	See Vision Benefits below in Ancillary Benefits Section	N/A
Medicare Required Dental	\$25 Copay	N/A
Medicare Required Chiro	\$25 Copay	N/A
Medicare Required Hearing	\$25 Copay	N/A
Emergency Room	\$50 Copay	N/A
Urgent Care Centers	\$15 Copay	N/A
Ambulance	\$50 Copay	N/A
Annual Global OOP Maximum (1)	N/A	N/A

Part D Rx Benefit	9CM	N/A
<b>Retail</b>		
Generic Copay	\$15	N/A
Preferred Brand Copay	\$25	N/A
Non-Preferred Brand Copay	\$40	N/A
Preferred Specialty Drug Copay	\$40	N/A
Coverage in Coverage Gap?	Yes	N/A
<b>Mail Order</b>		
Generic Copay	\$30	N/A
Preferred Brand Copay	\$50	N/A
Non-Preferred Brand Copay	\$80	N/A
Preferred Specialty Drug Copay	\$80	N/A
Formulary	Secure Horizons Standard Formulary (with Bonus Drugs)	N/A

Ancillary Benefits		
Nurseline	NLB - Nursing Hotline	N/A
Caregiver	CGV - Standard Caregiver	N/A
Transportation	Not Covered	N/A
Chiropractor	C7A - \$5/12 visits	N/A
Fitness Benefit	FTL - Silver Sneakers	N/A
Vision Plan	V8U - \$25 exam copay; 1 exam/year; Materials not covered	N/A
Vision Plan (Hardware)	Not Covered	N/A
Hearing Plan	HTC - \$500, every 24 months	N/A
Hearing Plan (Hardware)	Not Covered	N/A
Dental	Not Covered	N/A
Deluxe Rider	Not Covered	N/A

(1) Annual Global OOP Maximums will apply to most medical benefits except office visit copays, and Part B drugs and DME obtained at a pharmacy.

**County of Santa Barbara Low**  
**Year 2008 Group MA - Secure Horizons**  
**MA (Network Based)**  
**MA-PD Benefits - Option 1**

RBS Insert	In Network	Out-Of Network
Legacy Plan Type (SH PHS, SH SRS, SH OXH, SH RV, AARP)		SH PHS
Plan Type (HMO, PPO, POS, RPO, PFFS, Sr Supp)		HMO
Group Number		523345
State		California
H/W/PBP#		H0543-805
Effective Date		1/1/2008
Expiration Date		12/31/2008
Benefit Code(s)		OGX,9CM,NL8,CGV,C7A,FT L,V&U,HTC
Annual Deductible	\$0	N/A
Part B Excess Charge	N/A	N/A
Premium (If Paid by the Member directly to the plan)		
Monthly Health Plan Premium (Medical)	N/A	N/A
Monthly Health Plan Premium (Part D)	N/A	N/A
Total Health Plan Premium	N/A	N/A
Physician Services		
Primary Care Physician	\$15	N/A
Specialist	\$25	N/A
Emergency Department Services		
Within the United States	\$50	N/A
Waived if Admitted to Hospital	Yes	N/A
Outside of the US	\$50	N/A
Waived if Admitted to Hospital	Yes	N/A
Urgently Needed Services		
Within the United States	N/A	N/A
Waived if Admitted to Hospital	N/A	N/A
Outside of the US	N/A	N/A
In area/in network provider other than PCP	\$15	N/A
In area non-network provider or out of area Provider	\$25	N/A
Waived if Admitted to Hospital	Yes	N/A
Ambulance Services	\$50	N/A
Waived if Admitted to Hospital	No	N/A
Inpatient Hospital Care	\$500	N/A
Day Range 1	N/A	N/A
Per Day/ Admission	Admission	N/A
Inpatient Hospital Care	N/A	N/A
Day Range 2	N/A	N/A
Per Day/ Admission	N/A	N/A
Inpatient Hospital Care	N/A	N/A
Per Day/ Admission	N/A	N/A
Day Range 3	N/A	N/A
Inpatient Substance abuse and Rehabilitation Services	\$500	N/A
Per Day/ Admission	Admission	N/A
Inpatient Surgeon's Services	N/A	N/A
Transplant	IP only	N/A
Inpatient Mental HealthCare	\$500	N/A
Day Range 1	N/A	N/A
Per Day/ Admission	Admission	N/A
Inpatient Mental HealthCare	N/A	N/A
Day Range 2	N/A	N/A
Per Day/ Admission	N/A	N/A
Inpatient Mental HealthCare	N/A	N/A
Day Range 3	N/A	N/A
Per Day/ Admission	N/A	N/A
Lifetime Maximum (in days)	190	N/A
Skilled Nursing Facility	\$0	N/A
Day Range 1	1-20	N/A
Skilled Nursing facility Maximum Days per/ Benefit period	100	N/A
Skilled Nursing Facility	\$50	N/A
Day Range 2	21-100	N/A
Home Healthcare Agency		
Home Care Visits	\$0	N/A
Physician House Calls	N/A	N/A
Chiropractic Services		
Medicare Covered	\$25	N/A
Routine (Non-Medicare Covered)	N/A	N/A
Number of Visits	N/A	N/A
Chiropractic (Neuromuscular Skeletal Disorder)	N/A	N/A
Foot Care		
Medicare Covered	\$25	N/A
Routine	Not Covered	N/A
Routine number of visits	N/A	N/A
Outpatient Mental Healthcare Individual	\$25	N/A
Outpatient Mental Healthcare Group	\$25	N/A
Partial Hospitalization Psychiatric Program	\$50	N/A
Outpatient Substance Abuse Individual	\$25	N/A
Outpatient Substance Abuse Group	\$25	N/A
Outpatient Surgery and Services in a certified Ambulatory Surgical Center	\$250	N/A
Outpatient Hospital Services	\$250	N/A
Medicare covered Outpatient Rehabilitation Services	\$25	N/A
Comprehensive Outpatient Rehabilitation (CORF)	\$25	N/A
Occupational Therapy	\$25	N/A
Physical Therapy, and Speech and Language Pathology Services	\$25	N/A
Durable Medical Equipment (DME) Prosthetics, Orthotics (corrective Appliances), Infusion Equipment	0%	N/A
Diabetes Monitoring		
Supplies	0%	N/A
Self management training	\$0	N/A
Medical Nutrition Therapy	\$0	N/A
Imaging Procedures X-rays and Portable X-rays used in the home		

Medicare Covered Standard X-rays	\$0	N/A
Complex Radiology Services & Imaging Procedures	\$0	N/A
Laboratory Services	\$0	N/A
Outpatient Laboratory services	\$0	N/A
Radiation Therapy	20%	N/A
Cardiac & Pulmonary Rehabilitation	\$25	N/A
Medical Supplies	0%	N/A
Blood and its Administration	\$0	N/A
Kidney Dialysis	\$25	N/A
Cardiovascular Disease Screening	\$0	N/A
Bone Mass Measurements	\$0	N/A
Colorectal Screening Exams	\$0	N/A
Annual Screening Mammograms	\$0	N/A
Pap Smears and Pelvic Exams	\$0	N/A
Annual Prostate Cancer Screening Exam	\$0	N/A
<b>Immunizations</b>		
Flu, Pneumococcal, Pneumonia and Hepatitis B Vaccines	\$0	N/A
Antigens	\$0	N/A
<b>Out Patient Prescription Drugs</b>		
MA Only, MA-PD or MA-RDS	MA-PD	N/A
<b>Retail</b>		
Tier 1 Preferred Generic	\$15	N/A
Tier 2 Preferred Brand	\$25	N/A
Tier 3 non-preferred	\$40	N/A
Tier 4 specialty	\$40	N/A
Generic	N/A	N/A
Brand	N/A	N/A
Non-Formulary	N/A	N/A
	Secure Horizons Standard Formulary (with Bonus Drugs)	
Formulary Name		N/A
Deductible	\$0	N/A
Gap Coverage	Full Coverage	N/A
Catastrophic	\$4,050	N/A
<b>Mail service</b>		
Tier 1 Preferred Generic	\$30	N/A
Tier 2 Preferred Brand	\$50	N/A
Tier 3 non-preferred	\$80	N/A
Tier 4 specialty	\$80	N/A
Generic	N/A	N/A
Brand	N/A	N/A
Non-Formulary	N/A	N/A
	Secure Horizons Standard Formulary (with Bonus Drugs)	
Formulary Name		N/A
Deductible	\$0	N/A
Gap Coverage	Full Coverage	N/A
Catastrophic	\$4,050	N/A
Medicare Part B Covered Immunosuppressive Drugs	\$0	N/A
Medicare Part B Covered Drugs	\$0	N/A
Outpatient Injectable Medication Self Administered	\$0	N/A
Outpatient Injectable Medications Administered in a Physician's Office	\$0	N/A
Outpatient Injectable Medications Home Health	\$0	N/A
Hemophilia Clotting Factors	0%	N/A
<b>Transportation Services (to Medical related Appointments)</b>	N/A	N/A
<b>Dental</b>		
Medicare Covered Services	\$25	N/A
Preventive/Non-Medicare covered	N/A	N/A
<b>Hearing Services</b>		
Medicare covered diagnostic hearing exams	\$25	N/A
Routine hearing examinations for hearing aids	\$0	N/A
Routine hearing exams (non-Medicare covered)	\$0	N/A
Hearing Aids	\$500	N/A
Hearing Exam (Physician Audiologist)	\$0	N/A
Include Digital Hearing aids	Yes	N/A
Interval (Number and Year/ Month/ Quarter Etc)	24 mos.	N/A
<b>Vision Care</b>		
<b>Medicare Covered Vision Services</b>		
Medicare Covered eye exam	\$25	N/A
Medicare covered eyewear	\$0	N/A
<b>Non Medicare covered eye exam and eyewear or contact lenses</b>		
Eye exam (Refraction)	\$25	N/A
Eyewear or contact lenses	N/A	N/A
Examination for Eyeglasses (Refraction)	\$25	N/A
Eyewear	N/A	N/A
Contacts	N/A	N/A
Eyewear Period (In years)	N/A	N/A
Annual Routine Physical Examination	\$15	N/A
Out of pocket Maximum (annual)	N/A	N/A
OOP Applies to OON Services	N/A	N/A
Referral Required (Yes/ No)	Yes	N/A
Optum Nurse Line	Yes	N/A
<b>Fitness Benefit</b>	Silver Sneakers Standard Caregiver	N/A
Care Givers		N/A
Deluxe Rider	N/A	N/A

(1) Annual Global OOP Maximums will apply to most medical benefits except office visit copays, and Part B drugs and DME obtained at a pharmacy.

County of Santa Barbara Low

1/1/2008

Quote Stipulations

**This quote assumes that the employer pays a contribution toward premium costs.**

**An Employer signature is required on a statement of contribution structure prior to open enrollment.**

**We will need a signed statement from County of Santa Barbara Low prior to 1/1/2008 which will include:**

- > Confirmation of employer contribution structure (per above) and
- > Confirmation that the employer will administer any Low Income Subsidy (LIS) premium payments received from United HealthCare for County of Santa Barbara Low retirees in accordance with CMS regulations (any LIS premium payments UnitedHealthCare receives from CMS for County of Santa Barbara Low retirees will be passed through to County of Santa Barbara Low from UnitedHealthCare).

**The UHC plan must be offered to all eligibles in our service areas, including any that currently have opted out of medical coverage.**

**If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.**

If enrollment in any UnitedHealthCare product were to change by more than 10% than what was assumed in the quote, we reserve the right to adjust the rates.

**If competing plans are offered to the retirees alongside our plan, the following predications apply:**

- > All competing carriers must be offering a comprehensive Rx Benefit with no coverage gap (no "donut hole").
- > Out-of-pocket (premium) cost for each retiree must be equal to or lower for our plan than for any other plan.
- > Our rates and/or plan design are subject to change pending our final review of all competing carrier offerings.

Please note the following with regard to the drug coverage on these MA-PD products:

- > We reserve the right to change our Part D formulary for calendar year 2008. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2008.
- > There is a specific, Part D drug formulary that applies to all of our MA-PD plan offerings.
- > All plan designs include the standard catastrophic coverage per CMS regulations. Specifically, once a member reaches \$4,050 in True Out-of-Pocket prescription medication costs (TrOOP) in a given calendar year (2008 in this case), the member will pay the greater of a \$2.25 copay or 5% coinsurance for generic drugs, and the greater of a \$5.60 copay or 5% coinsurance for brand name drugs, regardless of whether these drugs are received at a retail pharmacy or through our mail order program.
- > All 2008 MA-PD quotes assume employers will be responsible for administrating Low Income Subsidy (LIS) payments to their eligible retirees.

For renewals - MA-PD Bonus Drugs: Certain Bonus drugs (i.e. Generic Benzodiazepines, generic Barbiturates, erectile dysfunction drugs and certain vitamins) were included in the Horizons market renewals. In 2008, these drugs will continue to be covered but only for Legacy Secure Horizons markets. They will not be covered in other markets unless : In addition, the grandfathering of tiers which was permitted in 2007 to allow a transition from the 2006 Platinum Plus formulary to the Ovations PDP formulary, will also not b

Unless there are significant changes in regulation, a reduction in CMS reimbursement level, or a change in the methodology used to calculate CMS payments in the interim, Secure Horizons will hold the rate(s) and plan design(s) through 12/31/2008.