

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

If Yes, date from:

Vote Required: Majority

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

County Counsel Concurrence:	<u>Auditor-Controller Concurrence:</u>
As to form: Yes No N/A	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:

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

Plan OGX (Low Option)	\$175.07	\$184.59	5.1%	
There are currently 137 retires	es in the high op	otion plan and 19 re	etirees in the low option pl	an.
Performance Measure: N/A				
Fiscal and Facilities Impacts:				
Budgeted: Yes No				
Fiscal Analysis:				
There are no direct County co Santa Barbara County Employ			•	y the
Staffing Impact(s):				
<u>Legal Positions:</u> ()	<u>FTEs:</u> 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:	<u>California</u> 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	
Physician Services			
- Primary Care OV Copay	\$5	N/A	
- Specialist OV Copay	\$5	N/A	
Medicare Required (Part'B') Drugs	\$0 Copay	N/A	
Inpatient Hospital Copay	\$0/admlt	N/A	
Inpatient SNF	\$0/day, days 1-100	N/A	
Outpatient Copays			
- 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	
npatient MH/SA	\$0/admlt	N/A	
Partial Hospitalization	\$50 per day	N/A	
OP Mental Health: Group Visits	\$5 Copay	N/A	
OP Mental Health: Individual Visite	\$5 Copay	N/A	
Home Health Services	şo	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	
	See Vision Benefits below in Ancillary		
Routine Eye Exam (Annual)	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	
mergency Room	\$50 Copay	N/A	
Jrgent 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
	Secure Horizons	
	Standard Formulary	
Formulary	(with Bonus Drugs)	N/A

Ancillary Benefits		
	NL8 - Nursing	
Nurseline	Hotiline	N/A
	CGV - Standard	
Caregiver	Caregiver	N/A
Transportation	Not Covered	N/A
Chiropractor	C7A - \$5/12 visits	N/A
	FTL - Silver	
Fitness Benefit	Sneakers	N/A
	VGQ - \$5 exam	
	copay; \$125 frame	
Vision Plan	allowance/24 mos.	N/A
Vision Plan (Hardware)	Not Covered	N/A
	HTC - \$500, every 24	
Hearing Plan	months	N/A
Hearing Plan (Hardware)	Not Covered	N/A
Dental	Not Covered	N/A
Deluxe Rider	Not Covered	N/A

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

RBS Insert Legacy Plan Type (SH PHS, SH SRS, SH OXH, SH RV,	In Network	Out-Of Network
AARP)	SHI	
Plan Type (HMO, PPO, POS, RPPO, PFFS, Sr Supp)	HN	
Group Number State	144 Calif	
H#/PBP#	H054	3-805
Effective Date		2008
Expiration Date	12/31.	/2008
Benefit Code(s)	OGU,9BE,NL8	A,HTC
Annual Deductible Part B Excess Charge	\$0	N/A N/A
Premium (If Paid by the Member directly to the plan)	N/A	IWA
Monthly Health Plan Premium (Medical)	N/A	N/A
Monthly Health Plan Premium (Part D)	N/A	N/A
Total Health Plan Premium Physician Services	N/A	N/A
Primary Care Physician	\$5	N/A
Specialist	\$5	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
Walved if Admitted to Hospital	N/A	N/A
Outside of the US	N/A	N/A
In area/in network provider other then PCP	\$5 \$25	N/A
in area non-network provider or out of area Provider Waived if Admitted to Hospital	\$25 Yes	N/A N/A
Ambulance Services	\$0	N/A
Waived if Admitted to Hospital	No	N/A
Inpatient Hospital Care Day Range 1	\$0 N/A	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 Inpatient Hospital Care	N/A N/A	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 Inpatient Surgeon's Services	Admission N/A	N/A N/A
Transplant	\$0	N/A
inpatient Mental HealthCare	\$0	N/A
Day Range 1 Per Day/ Admission	N/A Admission	N/A N/A
Inpatient Mental HealthCare	N/A	N/A
Day Range 2	N/A	N/A
Per Day/ Admission	N/A N/A	N/A N/A
Inpatient Mental HealthCare Day Range 3	N/A	N/A
Per Day/ Admission	N/A	N/A
Lifetime Maximum (In days)	190	N/A
Skilled Nursing Facility Day Range 1	\$0 1-100	N/A 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
Home Healthcare Agency Home Care Visits	\$0	N/A
Physician House Calls	N/A	N/A
Chiropractic Services		
Medicare Covered Routine (Non-Medicare Covered)	\$5 N/A	N/A N/A
Number of Visits	N/A N/A	N/A
Chiropractic (Neuromuscular Skeletal Disorder)	N/A	N/A
Foot Care		
Medicare Covered Routine	\$5 Not Covered	N/A 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 Psychlatric Program Outpatient Substance Abuse Individual	\$50 \$5	N/A 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 Medicare covered Outpatient Rehabilitation Services	\$0 \$5	N/A N/A
	\$5	N/A
Comprehensive Outpatient Rehabilitation (CORF)	\$5_	N/A
Occupational Therapy		NI/A
Comprehensive Outpatient Rehabilitation (CORF) Occupational Therapy Physical Therapy, and Speech and Language Pathology Services Durable Medical Equipment (IME) Prosthetics Outputs	\$5	N/A
Occupational Therapy Physical Therapy, and Speech and Language Pathology Services Durable Medical Equipment (DME) Prosthetics, Orthotics (corrective Appliances), Infusion Equipment	\$5 0%	N/A
Occupational Therapy Physical Therapy, and Speech and Language Pathology Services Durable Medical Equipment (DME) Prosthetics, Orthotics (corrective Appliances), Infusion Equipment Diabetes Monitoring Supplies		N/A N/A
Occupational Therapy Physical Therapy, and Speech and Language Pathology Services Durable Medical Equipment (DME) Prosthetics, Orthotics (corrective Appliances), Infusion Equipment Diabetes Monitoring	0%	N/A

Medicare Covered Standard X-rays Complex Radiology Services & Imaging Procedures Laboratory Services	7	1772
Laboratory Services	\$0	N/A
EUDOTAION COLVICOS	\$0	N/A
Outpatient Laboratory services	\$0	N/A
Outpatient Laboratory services Radiation Therapy	\$0 \$0	N/A N/A
Cardiac & Pulmonary Rehabilitation	\$5	N/A 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
Immunizations		L
Flu, Pnemoccal, Pneumonia and Hepatitis B Vaccines	\$0	N/A
Antigens	\$0	N/A
Out Patient Prescription Drugs		
MA Only, MA-PD or MA-RDS	MA-PD	N/A
Retail Tier 1 Preferred Generic		
Tier 2 Preferred Generic	\$7	N/A
Tier 3 non-preferred	\$14	N/A
Tier 4 specialty	\$14 \$14	N/A N/A
Generic	N/A	N/A
Brand	N/A	
Non-Formulary	N/A	N/A N/A
Noteronnulary		N/A
	Secure Horizons	l
	Standard	I
		l
	Formulary	1
Formulary Name	(with Bonus	l N/A
Deductible	Drugs)	N/A
Gap Coverage	\$0	N/A N/A
Catastrophic	Full Coverage	
Mail service	\$4,050	N/A
Tier 1 Preferred Generic		N/A
Tier 2 Preferred Brand	\$14	
Tier 3 non-preferred	\$28	N/A
Tier 4 specialty	\$28	N/A
Generic	\$28 N/A	N/A
		N/A
Brand Non-Formulary	N/A	N/A
, ton 1 omigrary	N/A Secure	N/A
	Secure	
	Horizons	
	Standard	
	Formulary	l
Formulani Nama	(with Bonus	
Formulary Name	Drugs)	N/A
Deductible Gan Cayenga	\$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	ا ہے ا	A1/A
	\$0	N/A N/A
Physician's Office Outpatient Injectable Medications Home Health	\$0	
Outpatient Injectable Medications Home Health		
	0%	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors	0%	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments)		
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental	0% N/A	N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services	0% N/A \$5	N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered	0% N/A	N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services	0% N/A \$5 N/A	N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams	0% N/A \$5 N/A \$5	N/A N/A N/A N/A
Outpatient injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids	0% N/A \$5 N/A \$5 \$0	N/A N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered)	0% N/A \$5 N/A \$5 \$0 \$0	N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Aids	0% N/A \$5 N/A \$5 \$0 \$0 \$50	N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Boutine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Zam (Physician Audiologist)	0% N/A \$5 N/A \$5 \$0 \$0 \$500 \$0	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for bearing aids Routine hearing exams (non-Medicare covered) Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids	0% N/A \$5 N/A \$5 \$0 \$0 \$50 \$50 \$7 \$7 \$7 \$7 \$8 \$7 \$8 \$8 \$8 \$9 \$9 \$9 \$9 \$9 \$9 \$9	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids	0% N/A \$5 N/A \$5 \$0 \$0 \$500 \$0	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Oligital Hearing aids Include (Number and Year/ Month/ Quarter Etc) Vision Care	0% N/A \$5 N/A \$5 \$0 \$0 \$50 \$50 \$7 \$7 \$7 \$7 \$8 \$7 \$8 \$8 \$8 \$9 \$9 \$9 \$9 \$9 \$9 \$9	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examin (non-Medicare covered) Hearing Aids Hearing Exam (Physician Audiologist) Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services	0% N/A \$5 N/A \$5 \$0 \$0 \$500 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Deam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services	0% N/A \$5 N/A \$5 \$0 \$0 \$0 \$50 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing exams (non-Medicare covered) Hearing Aids Hearing Exams (non-Medicare covered) Hearing Aids Hearing Exam (Physician Audiclogist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam	0% N/A \$5 N/A \$5 \$0 \$0 \$500 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Aids Hortude Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eyewear Non Medicare covered eye oxam and eyewear or contact	0% N/A \$5 N/A \$5 \$0 \$0 \$0 \$50 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Organic (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses	0% N/A \$5 N/A \$5 \$0 \$0 \$0 \$50 \$50 Yes 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing exams (non-Medicare covered) Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam Non Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction)	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$5 \$0 \$500 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Caxam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Cuarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$50 \$50 \$24 mos. \$5 \$0 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55 \$50 \$55	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing exams (non-Medicare covered) Hearing factoria (Non-Medicare covered) Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Eye exam (Refraction)	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$50 \$0 \$7 yea 24 mos. \$5 \$0 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year) Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered vye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$50 Yes 24 mos. \$5 \$0 \$5 N/A	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear or contact lenses	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$50 \$50 \$24 mos. \$5 \$125 \$5 N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Eyewear Period (in years)	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$50 \$0 \$24 mos. \$5 \$125 \$5 N/A N/A 24 mos.	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Aids Hearing Caxam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eyewear (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination	0% N/A \$5 N/A \$5 \$0 \$0 \$5 \$0 Yes 24 mos. \$5 \$125 \$5 N/A N/A N/A N/A 24 mos.	N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Include Organic (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Exemination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Out of pocket Maximum (annual)	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$500 \$0 Yea 24 mos. \$5 \$125 \$5 N/A N/A 24 mos. \$5 N/A	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Out of pocket Maximum (annual) ODOP Applies to OON Services	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$50 \$0 \$500 \$24 mos. \$5 \$125 \$5 N/A N/A N/A N/A	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Inictude Digital Hearing aids Inictude Digital Hearing aids Inictude Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye Eyewear (Peiraction) Eyewear Period (In years) Annual Routine Physical Examination Out of pocket Maximum (annual) OOP Applies to OON Services Referral Required (Yes/ No)	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$500 \$0 Yea 24 mos. \$5 \$125 \$5 N/A N/A 24 mos. \$5 N/A	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Out of pocket Maximum (annual) ODOP Applies to OON Services	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$50 \$0 \$500 \$24 mos. \$5 \$125 \$5 N/A N/A N/A N/A	N/A
Outpatient Injectable Medications Home Health Hemophilia Clothing Factors Transportation Services (to Medical related Appointmenta) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Casam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Out of pocket Maximum (annual) Opp Applies to OoN Services Referral Required (Yes/No) Oplum Nurse Line	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$0 \$500 \$0 Yes 24 mos. \$5 \$125 \$5 N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A
Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Inictude Digital Hearing aids Inictude Digital Hearing aids Inictude Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye Eyewear (Peiraction) Eyewear Period (In years) Annual Routine Physical Examination Out of pocket Maximum (annual) OOP Applies to OON Services Referral Required (Yes/ No)	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$500 \$0 Yes 24 mos. \$5 \$125 \$5 N/A N/A 24 mos. \$5 N/A N/A Ves Yes	N/A
Outpatient Injectable Medications Home Health Hemophilia Clothing Factors Transportation Services (to Medical related Appointmenta) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Casam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Out of pocket Maximum (annual) Opp Applies to OoN Services Referral Required (Yes/No) Oplum Nurse Line	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$50 \$0 \$50 \$0 \$24 mos. \$5 \$125 \$5 N/A N/A N/A 24 mos. \$5 N/A N/A Yes Yes Slilver	N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medications Home Health Hemophilia Clothing Factors Transportation Services (to Medical related Appointmenta) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Hearing Casam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Out of pocket Maximum (annual) Opp Applies to OoN Services Referral Required (Yes/No) Oplum Nurse Line	0% N/A \$5 N/A \$5 N/A \$5 \$0 \$0 \$500 \$0 Yes 24 mos. \$5 \$125 \$5 N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A 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 Quote Stipulations

1/1/2008

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
 United HealthCare 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 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 include 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
 California

 Network Type
 MA-HMO

 CMS Plan Filing
 H0543-805

 Group Number(s)
 523345

Medical Benefit	OGX		
	In-Network	Out-of-Network	
Annual Deductible	\$0	N/A	
Physician Services			
- Primary Care OV Copay	\$15	N/A	
- Specialist OV Copay	\$25	N/A	
	<u> </u>	TVA.	
Medicare Required (Part'B') Drugs	\$6 Copay	N/A	
Inpatient Hospital Copay	S500/admit	N/A	
Inpatient SNF	\$0/day, days 1-20; \$50/day, days 21-100	N/A	
Outpatient Copays			
- Lab Services	S0	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	
	See Vision Benefits below in Ancillary		
Routine Eye Exam (Annual)	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	
mergency Room	\$50 Copay	N/A	
Jrgent 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
Retail		
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
Mail Order		
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
	Secure Horizons Standard Formulary	
Formulary	(with Bonus Drugs)	N/A

Ancillary Benefits		
Nurseline	NLB - Nursing Hotline	NA
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

RBS insert	In Network	Out-O Netwo
Legacy Plan Type (SH PHS, SH SRS, SH OXH, SH RV, AARP)	011	DUO.
Plan Type (HMO, PPO, POS, RPPO, PFFS, Sr Supp)	SH PHS HMO	
Group Number	523	345
State H#/PBP#	Calif	
Effective Date	1/1/2	
Expiration Date	12/31.	
Benefit Code(e)	OGX,9CM,NL8,CGV,C7A	
Annual Deductible	\$0	N/A
Part B Excess Charge	N/A	ÑÁ
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	1	
Within the United States	\$50	N/A
Walved If Admitted to Hospital Outside of the US	Yes \$50	N/A N/A
Waived if Admitted to Hospital	Yes	N/A
Urgently Needed Services	1	
Within the United States Waived If Admitted to Hospital	N/A	N/A
Waived if Admitted to Hospital Outside of the US	N/A N/A	N/A N/A
n area/in network provider other then PCP	\$15	N/A
n area non-network provider or out of area Provider	\$25	N/A
Naived if Admitted to Hospital Ambulance Services	Yes \$50	N/A
Valved if Admitted to Hospital	No SSU	N/A N/A
npatient Hospital Care	\$500	N/A
Day Range 1	N/A	N/A
Per Day/ Admission npatient Hospital Care	Admission N/A	N/A N/A
Day Range 2	T NA	N/A
Per Day/ Admission	N/A	N/A
npatient Hospital Care	N/A	N/A
Per Day/ Admission Day Range 3	N/A N/A	N/A N/A
npatient Substance abuse and Rehabilitation Services	\$500	N/A
Per Day/ Admission	Admission	N/A
npatient Surgeon's Services Fransplant	N/A	N/A
npatient Mental HealthCare	IP only \$500	N/A N/A
Day Range 1	N/A	NA
Per Day/ Admission	Admission	N/A
npatient Mental HealthCare Day Range 2	N/A N/A	N/A N/A
Per Day/ Admission	N/A	N/A
npatient Mental HealthCare	NA	N/A
Day Range 3	N/A	N/A
Per Day/ Admission Ufetime Maximum (In days)	N/A 190	N/A N/A
Skilled Nursing Facility	\$0	N/A
Day Range 1	1-20	N/A
Skilled Nursing facility Maximum Days per/ Benefit period Skilled Nursing Facility	100	N/A
Day Range 2	\$50 21-100	N/A N/A
lome Healthcare Agency		100
iome Care Visits	\$0	N/A
Physician House Calls Thiropractic Services	N/A	N/A
Medicare Covered	\$25	ÑΑ
Routine (Non-Medicare Covered)	N/A	N/A
lumber of Visits	N/A	N/A
hiropractic (Neuromuscular Skeletal Disorder)	N/A	N/A
dedicare Covered	\$25	N/A
loutine	Not Covered	N/A
outine number of visits	N/A	N/A
Outpatient Mental Healthcare Individual Outpatient Mental Healthcare Group	\$25 \$25	N/A N/A
artial Hospitalization Psychiatric Program	\$50	N/A N/A
Outpatient Substance Abuse Individual	\$25	N/A
outpatient Substance Abuse Group	\$25	N/A
outpatient Surgery and Services in a certified Ambulatory urgical Center	\$250	N/A
Outpatient Hospital Services	\$250 \$250	N/A N/A
ledicare covered Outpatient Rehabilitation Services	\$25	N/A
comprehensive Outpatient Rehabilitation (CORF)	\$25	N/A
ccupational Therapy hysical Therapy, and Speech and Language Pathology	\$25	N/A
ervices	\$25	N/A
urable Medical Equipment (DME) Prosthetics, Orthotics	 	
corrective Appliances), Infusion Equipment	0%	N/A
labetes Monitoring upplies	00/	NI/A
elf management training	\$0	N/A N/A
fedical Nutrition Therapy	\$0	N/A

Medicare Covered Standard X-rays Complex Radiology Services & Imaging Procedures Laboratory Services Outpatient Laboratory services		
Laboratory Services	\$0	N/A
Laboratory Services	\$0	N/A
Outpatient Laboratory services	\$0	N/A
	\$0	N/A
Radiation Therapy	20%	
Cardina & Bulmanan Data-Milatian		N/A
Cardlac & 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	NA
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	SO	N/A
Immunizations		
Flu, Pnemoccal, Pneumonia and Hepatitis B Vaccines	\$0	N/A
Antigens		N/A
	\$0	IVA
Out Patient Prescription Drugs		L
MA Only, MA-PD or MA-RDS	MA-PD	N/A
Retail	•	·
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	I
	Standard	1
	Formulary	I
i	(with Bonus	I
Formulary Name	Drugs)	N/A
Deductible	\$0	N/A
Gap Coverage	Full Coverage	
Catastrophic	\$4,050	N/A
	\$4,050	IVA
Mail service		
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	
Formulary Name	Drugs)	N/A
Deductible	\$0	N/A
Gap Coverage	Full Coverage	N/A
Catastrophic		N/A
Madian Bart B. Community	\$4,050	
Medicare Part B Covered Immunosuppressive Drugs	\$0	N/A
	\$0	NA
Medicare Part B Covered Drugs	\$0	
Outpatient Injectable Medication Self Administered		N/A
Outpatient Injectable Medication Self Administered		N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a		
Outpatient injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office	\$0	N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health	\$0 \$0	N/A N/A
Outpatient injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office	\$0	N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health	\$0 \$0	N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors	\$0 \$0 0%	N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments)	\$0 \$0	N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental	\$0 \$0 0% N/A	N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services	\$0 \$0 0% N/A \$25	N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Treventive/Non-Medicare covered	\$0 \$0 0% N/A	N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services	\$0 \$0 0% N/A \$25 N/A	N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams	\$0 \$0 0% N/A \$25 N/A	N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services	\$0 \$0 0% N/A \$25 N/A	N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Treventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Roductor overed diagnostic hearing exams Roductor overed diagnostic hearing gaids	\$0 \$0 0% N/A \$25 N/A	N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (nor-Medicare covered)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0	N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventiva/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Alds	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500	N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids	\$0 \$0 0% N/A \$25 N/A \$50 \$0 \$50 \$0	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Serving exams (non-Medicare covered) Hearing Serving exams (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids	\$0 \$0 0% N/A \$25 N/A \$50 \$0 \$500 \$500 Yes	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids	\$0 \$0 0% N/A \$25 N/A \$50 \$0 \$50 \$0	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Serving exams (non-Medicare covered) Hearing Serving exams (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids	\$0 \$0 0% N/A \$25 N/A \$50 \$0 \$500 \$500 Yes	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing sids Routine hearing examinations for hearing sids Routine hearing examinations for hearing sids Hearing Exam (Physician Audiologist) Include Digital Hearing sids Include Digital Hearing sids Include Organical (Number and Year/ Month/ Quarier Etc) Vision Care	\$0 \$0 0% N/A \$25 N/A \$50 \$0 \$500 \$500 Yes	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Alds Hearing Alds Hearing Exam (Physician Audiologis) Include Digital Hearing aids Include Digital Hearing aids Include Oligital Hearing aids Include Oligital Hearing aids Include Oligital Hearing aids Include Oligital Covered Wision Services	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exems Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered yee exam Medicare Covered eyewear	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$0 Yes 24 mos.	N/A
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eyexam Medicare covered eyexam Medicare covered eyexam Medicare covered or contact	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examis (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact ensea	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examis (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact ensea	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$50 \$500 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors I ransportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Aids Hearing Aids Hearing Aids Hearing Aids Hearing Aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered eye exam Medicare Covered eye exam Medicare covered eye exam and eyewear or contact enses	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilis Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing exams Redutine hearing examinations for hearing examinations Include Digital Hearing aids Include Digital Hearing aids Interval (Number and Year/ Month' Quarter Etc) Vision Care Medicare Covered Vision Services Medicare covered eye exam and eyewear or contact enses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$500 Yes 24 mos. \$25 \$0 N/A	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Treventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Alds Medicare Covered Vision Services Medicare Covered Vis	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$0 \$24 mos. \$25 \$0	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examis (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$50 \$500 \$0 Yes 24 mos. \$25 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examis (non-Medicare covered) Hearing Exam (Physician Audiologist) Include Digital Hearing aids Include Digital Hearing aids Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$50 \$500 \$0 Yes 24 mos. \$25 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors I ransportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing exams (non-Medicare covered) Hearing Services Medicare Covered diagnostic hearing exams Routine hearing exams (non-Medicare covered) Hearing Aids Hearing Aids Hearing Aids Hearing Aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare Covered eye exam Medicare covered eye exam and eyewear or contact enses Examination for Eyeglasses (Refraction) Eyewear Ontacties Eyewear Period (in years)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$0 \$500 \$0 Yes 24 mos. \$25 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam Medicare covered eye exam and eyewear or contact lenses Eye exam (Refraction) Eyewear or contact lenses Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$0 \$24 mos. \$25 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing exams Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year/ Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye Covered to the covered eye Medicare covered Medica	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$50 \$50 Yes 24 mos. \$25 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered ey exam Medicare Foreit (in years) Von Medicare Priod (in years) Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Dut of pocket Maximum (annual) Dut of pocket Maximum (annual)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$0 \$24 mos. \$25 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered ey exam Medicare Foreit (in years) Von Medicare Priod (in years) Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Dut of pocket Maximum (annual) Dut of pocket Maximum (annual)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$0 \$500 \$0 \$24 mos. \$25 \$0 \$0 \$15 \$0 \$15 \$0 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physiciant's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye Medicare covered Medicare covered Medicare covered Medicare covered Medicare covered Medicare covered Medicare cove	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered ey exam Medicare Foreit (in years) Von Medicare Priod (in years) Examination for Eyeglasses (Refraction) Eyewear Period (in years) Annual Routine Physical Examination Dut of pocket Maximum (annual) Dut of pocket Maximum (annual)	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$500 \$500 Yes 24 mos. \$25 \$0 \$0 \$25 \$0 \$0 \$0 \$500 \$0 \$0 \$0 \$0 \$24 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Treventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year) Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye Medicare covered Medicare covered Medicare covered Medicare covered Me	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$50 \$0 \$0 \$0 \$24 mos. \$25 \$0 \$0 \$25 \$0 \$0 \$0 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physiciant's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Preventive/Non-Medicare covered Hearing Servicea Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Medicare Covered Vision Services Medicare Covered Vision Services Medicare Covered eye exam Medicare covered eye Medicare covered Medicare covered Medicare covered Medicare covered Medicare covered Medicare covered Medicare cove	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$500 \$500 \$500 Yes 24 mos. \$25 \$0 \$0 \$25 \$0 \$0 \$0 \$500 \$0 \$0 \$0 \$0 \$24 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Treventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year) Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye Medicare covered Medicare covered Medicare covered Medicare covered Me	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$500 \$0 Yes 24 mos. \$25 \$0 Yes 24 mos.	NVA
Outpatient Injectable Medication Self Administered Outpatient Injectable Medications Administered in a Physician's Office Outpatient Injectable Medications Home Health Hemophilia Clotting Factors Transportation Services (to Medical related Appointments) Dental Medicare Covered Services Treventive/Non-Medicare covered Hearing Services Medicare covered diagnostic hearing exams Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Routine hearing examinations for hearing aids Hearing Aids Hearing Aids Hearing Aids Hearing Exam (Physician Audiologist) Include Digital Hearing aids Interval (Number and Year) Month/ Quarter Etc) Vision Care Medicare Covered Vision Services Medicare Covered Vision Services Medicare covered eye exam Medicare covered eye Medicare covered Medicare covered Medicare covered Medicare covered Me	\$0 \$0 0% N/A \$25 N/A \$25 \$0 \$0 \$50 \$0 \$0 \$0 \$24 mos. \$25 \$0 \$0 \$25 \$0 \$0 \$0 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1	NVA

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

County of Santa Barbara Low Quote Stipulations

1/1/2008

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 include 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.