

# Memorandum

NOV 5 2009

COUNTY OF SANTA BARBARA  
CLERK OF THE  
BOARD OF SUPERVISORS



**Date:** November 5, 2009

**To:** Michael Allen, Clerk of the Board

**From:** Susan Paul, Assistant CEO/Human Resources Director

**Subject:** **ADDENDUM - November 10, 2009 Board Agenda Item A-10 – 2010 Medical and Dental Program Renewal**

**cc:** Bob MacLeod, Chief of Employee Relations  
Andreas Pyper, Employee Benefits Manager  
Health Oversight Committee  
Labor Organizations  
SBCERS

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Please include the attached chart to Item A-10, 2010 Medical and Dental Program Renewal, on the November 10, 2009 Board Agenda.

The health plan summaries provided as Attachments A-5 through A-8 did not itemize pharmacy co-pays. The attached chart which summarizes plan components and associated costs, includes pharmacy co-pay information.

Please give Jeri Muth a call at extension 2816 if you have any questions. Thank you for your assistance.

	Blue Shield EPO	Blue Shield EPO	Blue Shield PPO		Blue Shield Plan (PPO)	
	High Option	Low Option	In-Network	Out-Of-Network	In-Network HDHP	Out-Of-Network
<b>Prescription Drugs</b> Retail: Generic/Brand/Non-formulary	\$10 / \$35/ \$50 with a \$25 annual deductible (30-day supply)	\$15 / \$35/ \$50 with a \$100 annual deductible (30-day supply)	\$10 / \$35/ \$50 with a \$25 annual deductible (30-day supply)	\$10 / \$35/ \$50 with a \$25 annual deductible (30-day supply)	20%	20%
<b>Mail Order:</b> Generic/Brand/Non-formulary	\$20 / \$70/ \$100 with a \$25 annual deductible (90-day supply)	\$30 / \$70/ \$100 with a \$100 annual deductible (90-day supply)	\$20 / \$70/ \$100 with a \$25 annual deductible (90-day supply)	\$20 / \$70/ \$100 with a \$25 annual deductible (90-day supply)	20%	Not Covered