

**RIVERSIDE SHERIFFS' ASSOCIATION
BENEFIT TRUST
2010 OPEN ENROLLMENT**



IMPORTANT OPEN ENROLLMENT INFORMATION
Please Read Carefully



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The RSA Benefit Trust was able to secure rates with relatively minimal increases for 2010. Kaiser Permanente members will have an increase on average of 5% with no benefit changes. The Anthem Blue Cross and EPO (Blythe plan) will increase by an average of 5.98%. The Anthem Blue Cross POS (Point of Service) will increase by an average of 6.20%, and out-of-state Blue Card plan will have a rate increase on average of 8%. There are a few benefit changes on all Anthem Blue Cross plans. (Please see page 2 for an explanation). **Most rate increases, however are offset by the increases in County contributions negotiated by the RSA. Please see page 2 to determine your net cost.**

There will be **no rate increases** on Delta Dental DPO, Delta Care PMI or PacifiCare Dental and no benefit changes. There is an 8% increase on Pacific Union Dental, the first increase since they began with RSA in 2007. We also received no rate increases on the PacifiCare Full Service and Eyewear Only plans.

The Benefit Trust will be offering a new PPO Vision option. We will be discontinuing the HMO Delta Vision plan and adding Medical Eye Services Vision. MES Vision is slightly higher than PacifiCare Vision (\$1.00 or less per pay period) and has an extensive provider network and enhanced allowances. The MES Vision network also includes many popular retail outlets that offer flexibility of later weekday and weekend hours.

It is very important that you check all of your insurance plans that you have with the RSA Benefit Trust to determine if you wish to make any changes. For active members, your plans are listed on your pay stub. If you would like to make changes to your plans, **you must contact the Benefits Office** at (951) 653-8014 to request applications and/or change forms during the Open Enrollment period. (See page 3 for more information).

Be sure to stop by the RSA Health Fair at the Sheriffs' Picnic on Saturday, September 26, 2009 (see back page for details). You can make your plan changes at the picnic!!

IF YOU DO NOT NEED TO MAKE A CHANGE, YOU DO NOT NEED TO DO ANYTHING.

If you have young children, please take the opportunity during open enrollment to verify that they are covered under your dental & vision policies. You will be unable to add your dependents outside of open enrollment unless they have had a loss in coverage.

It is indeed our pleasure to continue to provide the RSA Membership with the best service and medical plans available. We will be updating you throughout the year on ways to better utilize your medical insurances to maximize your health care needs.

Sincerely,

James J. Cunningham Esq.
Benefit Trust Administrator
RSA Benefit Trust

**IMPORTANT MEDICAL BENEFIT CHANGES EFFECTIVE JANUARY 1, 2010
PLEASE REVIEW**

Anthem Blue Cross HMO Anthem Blue Cross EPO Anthem Blue Cross POS Anthem Blue Cross Blue Card Anthem B. C. Fee for Service	Full-time students age 19 and older may remain covered under the plan during a medically necessary leave of absence from school. Proof of medical leave must be submitted.
Anthem Blue Cross HMO Anthem Blue Cross EPO Anthem Blue Cross POS Anthem Blue Cross Blue Card	Adult handicapped dependent children covered under a prior plan or having six months or more of creditable coverage are now eligible as dependents. Proof of disability and prior coverage is required.
Anthem Blue Cross EPO Anthem Blue Cross Blue Card	Benefits for services covered under the "Physical Exam" provision will no longer be subject to a \$250 per year maximum. For services by participating providers, the deductible will continue to be waived, and dollar co-payments for routine exam and payment level will be based on EPO plan. <u>Routine examination services provided by non-participating providers are not a covered benefit.</u>
Anthem Blue Cross EPO Anthem Blue Cross POS	Colorectal cancer screenings will be moved under the "Adult Preventative Services" provision. This change will result in the waiver of the annual deductible for colonoscopies, sigmoidoscopies, and other colorectal cancer screenings. Payment level will be based on the "participating" and "non-participating provider" payment schedule.
Anthem Blue Cross EPO Anthem Blue Cross POS Anthem Blue Cross Blue Card Anthem B. C. Fee for Service	Outpatient surgery at an ambulatory surgical center no longer requires Utilization Review.
Anthem Blue Cross Blue Card Anthem B. C. Fee for Service	Exclusion of self-inflicted illness and injuries will be removed.
Anthem Blue Cross EPO Anthem Blue Cross POS Anthem Blue Cross Blue Card Anthem B. C. Fee for Service	Coverage for prosthetic and orthotic devices will no longer be subject to any calendar year maximum.
Anthem Blue Cross Blue Card	"Other Health Care Providers" will now be defined as certified registered nurse anesthetist, blood bank, licensed ambulance company, and hospice. Ambulatory surgical center, home health agency, facility which provides diagnostic imaging services, durable medical equipment outlet, skilled nursing facility, clinical laboratory, and home infusion therapy provider previously defined as "Other Health Care Provider" will now be defined as "Participating Provider" and "Non-participating Provider" and services by these providers will be based on the "participating" and "non-participating provider" payment schedule.

NET COST OF MEDICAL BENEFITS

Anthem HMO / EPO	New 2010 Rates	Total out of Pocket Cost
Single	\$491.00	\$1.50 Add'l Credit per pay period
Employee + Spouse	\$767.00	\$2.50 increase per pay period
Employee + Children	\$744.00	\$2.50 increase per pay period
Family	\$985.00	\$5.00 increase per pay period
Anthem POS		
Single	\$585.00	No Change per pay period
Employee + Spouse	\$1,136.00	\$14.00 increase per pay period
Employee + Children	\$1,117.00	\$13.50 increase per pay period
Family	\$1,484.00	\$24.00 increase per pay period
Kaiser Permanente		
Single	\$430.00	\$5.50 Add'l Credit per pay period
Employee + Spouse	\$745.00	\$.50 decrease per pay period
Employee + Children	\$722.00	No Change per pay period
Family	\$963.00	No Change per pay period

Riverside Sheriffs' Association Benefit Trust Open Enrollment 2010

Open Enrollment Dates

Open enrollment will be held from **October 1 – 30, 8 a.m. – 5 p.m. Monday through Friday**, with the exception of October 12 in observance of Columbus Day. Special early open enrollment day, Saturday, September 26th 2009 at RSA Annual Health Fair. Please use this time to change insurance carriers or add dental, and/or vision.

Under most circumstances, you will be unable to change carriers mid-year.

All changes made during open enrollment must be submitted with signed carrier change forms/applications, signed payroll deduction forms, marriage/birth certificates, divorce decree or legal separation documentation and social security numbers as discussed in the required Proof of Eligibility for Dependents section of this packet.

The IRS does not allow for mid-year changes except in the following instances:

- Marriage
- Divorce or Legal Separation (must be certified by the court)
- Birth or adoption of a child
- Legal Guardianship or court order
- Death of a spouse or child
- Change in spouse's employment resulting in loss or gain of coverage for spouse and/or dependents
- Dependents gaining student and/or IRS dependent status
- Covered dependent losing student and/or IRS dependent status
- Marriage of covered dependent

All changes made mid-year must be submitted to the RSA Benefits Office with signed carrier change forms, signed payroll deduction forms, marriage/birth certificates, and proof of qualifying event and social security members. Changes must be submitted to the Benefits Office within 30 days of the qualifying event.

Pre-Taxed Medical Benefits

As an employee of the County of Riverside you are part of the IRS Section 125 plan, which enables your medical, dental, and vision deductions to be taken before tax deductions.

When Coverage Begins

If you are enrolling for coverage or making changes to your current benefits elections during the annual enrollment period, your new coverage will be effective Jan. 1, 2010, and will continue through Dec. 31, 2010. Your deductions for coverage are taken beginning with the first paycheck in Dec. 2009 for the new coverage's for January 2010.

Required Proof of Eligibility for Dependents

Spouse

Copy of marriage certificate and spouse's social security number must be submitted with change forms and/or applications.

Children

Natural, step, adopted child(ren), legal dependent child of a domestic partner, or children for whom you and your spouse have been appointed legal guardians by a court of law shall be eligible for dependent medical coverage up to the age of 19. Grandchildren who are the dependent(s) of a covered dependent currently enrolled under the plan are eligible up to age 19.

Over Age Dependents

Dependent students are eligible up to age 26 on the dental and vision plans if they are full-time students carrying a minimum of 12 units. Student schedules showing units must be submitted every semester to the RSA Benefits Office.

Dependent students are eligible up to age 26 in Kaiser Permanente if they are a full-time student and IRS dependent for at least 50% of economic support. Student verification forms must be submitted to the Benefits Office before the child's birthday.

Dependents are eligible up to 26 on Anthem Blue Cross plans if they are either a full-time student (what the school deems as full-time) and/or an IRS

dependent for at least 50% of economic support. Dependent verification forms must be submitted to the Benefits Office before the child's birthday.

Disabled Children

If a dependent is incapable of self-sustaining employment by reason of physical handicap or mental retardation, you must attach a letter from the child's physician explaining the diagnosis, extent of disability and prognosis along with the carrier change form and/or application. You must also include Medicare information and a copy of the Medicare identification card if applicable.

Domestic Partnership

A Domestic Partner of an eligible employee shall satisfy the Trust's general eligibility so long as both the members of the partnership meet the following criteria:

- Provide a copy of a valid Declaration of Domestic Partnership filed with the Secretary of State pursuant to Section 297 of the Family Code.
- Submit a signed Affidavit of Partnership for Insurance Carriers (supplied by the Benefit Trust)
- Are at least 18 years of age
- Share a common residence
- Are unmarried and not a member of another domestic partnership
- Are not related by blood that would prevent you from being married in the state of California
- For opposite-sex domestic partnerships, one or both persons must be over the age of 62 and meet the criteria under Title II of the Social Security Act.

Life Insurance

Employer/RSA Sponsored Coverage: RSA Law Enforcement Unit members have the following coverage:

- \$55,000 California Law Enforcement Association Life, (no cost to member)
- \$5,000 Blue Cross Life, paid by the RSA
- \$5,000 Blue Cross Accidental Death & Dismemberment, paid for by RSA
- More than \$500,000 death benefit provided by the federal and state government if killed in the line of duty

Supplemental Life Insurance Available

The premium for supplemental plans is deducted from your paycheck with your RSA dues. These plans can be elected throughout the plan year.

If you would like to review your current life insurance policy, update beneficiaries, or would like to compare policies, you may contact the representatives below:

Group Life through Anthem Blue Cross

- Age-rated, premium increase every 5 years
- Can get up to \$50,000 employee coverage and \$25,000 spousal coverage
- Do not have to prove insurability
- Accidental death and dismemberment available
- Call the RSA Benefits Office for more details

First Colony Term Life Insurance

- Rate guaranteed for a specified term
- Call Chad or Denis at Brown Insurance Services for a quote (714) 460-7744

Cancer, Accident, Intensive Care Unit Insurance

- AFLAC – Dorothy Schramm at (949) 770-8248
- Loyal American – Denis at Brown Insurance Services at (714) 460-7744

Homeowners, Auto, and Miscellaneous Insurance

- Chad Cihlar at (714) 460-7744
- Liberty Mutual at (866) 672-3543, ext 210

2010 HMO COMPARISON

Bi-Weekly Flexible Benefit \$356.00

	KAISER	BLUE CROSS CALIFORNIACARE	BLUE CROSS EPO PLAN (Blythe Only)
BI-WEEKLY RATES	1/1/10	1/1/10	1/1/10
EMPLOYEE ONLY	\$215.00	\$245.50	\$245.50
EMPLOYEE + SPOUSE	\$372.50	\$383.50	\$383.50
EMPLOYEE + CHILD(REN)	\$361.00	\$372.00	\$372.00
EMPLOYEE +FAMILY	\$481.50	\$492.50	\$492.50
DEDUCTIBLE	None	None	None
PHYSICIAN SERVICES			
Office Visits	\$10 per visit	\$10 per visit	\$10 per visit
Allergy testing	\$10 per procedure	\$10 per visit	\$10 per visit
Allergy injection visits	No charge	\$10 per visit	\$10 per visit
Well baby & child care birth through age six	\$10 per visit	\$10 per visit	\$10 per visit
Immunizations	\$10 per visit	\$10 per visit	\$10 per visit
Physical Exam persons age seven and older	\$10 per visit	\$10 per visit	\$10 per visit
Adult Preventive Services (FDA approved screenings for cervical cancer, mammography testing, breast cancer & prostate cancer)	No charge	No charge	\$10 per visit
Vision & Hearing Screening	\$10 per visit	\$10 per visit	\$10 per visit
Diagnostic lab & x-ray in physician office	No charge	No charge	No charge
Specialist Consultation	\$10 per visit	\$10 per visit	\$10 per visit
INPATIENT HOSPITAL SERVICES			
Preauthorized semi-private room	No charge	No charge	No charge
Intensive/coronary care unit	No charge	No charge	No charge
Operating room and anesthesia	No charge	No charge	No charge
X-ray, laboratory testing diagnostic studies	No charge	No charge	No charge
MATERNITY CARE SERVICES			
Pre/Post-natal maternity visits	\$10 per visit	\$10 per visit	\$10 per visit
Delivery/Newborn care	No charge	No charge	No charge
FAMILY PLANNING SERVICES			
Vasectomy	\$10 per visit	\$100	\$100
Tubal ligation	\$10 per visit	\$150	\$150
Elective termination of pregnancy	\$10 per visit	\$150	\$150
Infertility testing	50% charge	50% of costs	Not covered
MENTAL HEALTH *			
Outpatient	\$10 per visit; \$5.00/group	\$10 per visit; Utilization review required after 12 visits	\$10 per visit; Utilization review required after 12 visits
Inpatient	No charge Pre-authorization Required	No charge Pre-authorization Required	No Charge Pre-authorization Required
SUBSTANCE ABUSE; ALCOHOL AND CHEMICAL DEPENDENCY			
Outpatient	\$10/individual \$5.00/group	\$10 per visit; Utilization review required after 12 visits	\$10 per visit; Utilization review required after 12 visits
Inpatient; as medically necessary	No charge	No charge Pre-authorization Required	No Charge Pre-authorization Required
EMERGENCY ROOM	\$35; waived if admitted	\$50; waived if admitted	\$50; waived if admitted
AMBULANCE	No charge, as medically necessary	No charge, as medically necessary	No charge, as medically necessary
DURABLE MEDICAL EQUIPMENT	No charge in accordance with formulary	\$5000 calendar year max No charge	\$10,000 calendar year max No charge
HOME HEALTH CARE BENEFIT	No Charge	100 visits per cal year	
PROSTHETIC DEVICES	No charge	No charge	\$0 copay, \$1000 cal year
ANNUAL OUT OF POCKET MAXIMUM Individual/Family	\$1500/\$3000	\$1000/\$2000/\$3000	Not applicable
PRESCRIPTION DRUGS			
Generic/Brand Name/Non-formulary	\$5 / \$10 100 day supply	\$5 / \$10 / \$40 30 day supply	\$5 /\$10 / \$40 30 day supply
Mail Order Pharmacy	\$5 / \$10 100 day supply	\$10 / \$20 / \$80 90 day supply	\$10 / \$20 / \$80 90 day supply
CHIROPRACTIC	N/A See benefit listed below	\$10 / (combined with physical therapy) Limited to a 60-day period of care after an illness or injury	No charge, 24 visits per cal year combined physical & occupational therapy
CHIROPRACTIC RIDER	\$5 / 20 visits per calendar year Must use ASH providers	\$5 / 20 visits per calendar year Must use ASH providers	None

The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

BLUE CROSS-AND KAISER-MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Mental Health Parity and Addiction Act of 2008 requires group health plans that offer mental health or substance abuse benefits to provide those benefits on par with medical and surgical benefits. The Act prohibits plans from imposing financial requirements (e.g. co-pays) or treatment limits (e.g. outpatient visit limit) on mental health or substance abuse benefits that are more restrictive than the predominant financial requirements or treatment limits that apply to substantially all medical and surgical benefits, and it bars separate cost sharing and treatment limits for mental health and substance benefits. The Act also makes permanent the prohibition on lower annual and lifetime dollar limits on covered Mental Health benefits from the 1996 Mental Health Parity Act and expands this prohibition to include covered substance abuse benefits.

2010 POINT-OF-SERVICE Bi-Weekly Flexible Benefit \$356.00

BI-WEEKLY RATES	1/1/10		
EMPLOYEE ONLY	\$292.50		
EMPLOYEE + SPOUSE	\$568.00		
EMPLOYEE + CHILD(REN)	\$558.50		
EMPLOYEE + FAMILY	\$742.00		
NETWORK	HMO	PPO	Out-of-Network
DEDUCTIBLE	None	\$250/\$750 aggregate max	\$250/\$750 aggregate max
PHYSICIAN SERVICES			
Office Visits	\$10 per visit	\$20 per visit	40%
Allergy testing & injections	\$10 per visit	\$20 per visit	40%
Well baby & child care	\$10 per visit	Not covered	Not covered
Immunizations	No copay	Not covered	Not covered
Vision & Hearing Screening	\$10 copay	Not covered	Not covered
Diagnostic lab & x-ray	No copay	20%	40%
Specialist Consultation	\$10 per visit	\$20 per visit	40%
INPATIENT HOSPITAL SERVICES			
Preauthorized semi-private room	No charge	20%	40%
Intensive/coronary care unit	No charge	20%	40%
Operating room and anesthesia	No charge	20%	40%
X-ray, laboratory testing-diagnostic studies	No charge	20%	40%
MATERNITY CARE SERVICES			
Pre/Post-natal maternity visits	\$10 per visit	\$20 per visit	40%
Delivery/Newborn care	No Charge	20%	40%
FAMILY PLANNING SERVICES			
Vasectomy	\$75	50%	50%
Tubal ligation	\$150	50%	50%
Elective termination of pregnancy	\$150	20%	40%
Infertility testing	50%	Not covered	Not covered
MENTAL HEALTH *			
Outpatient	\$10 per visit; Utilization review required after 12 visits	\$20 per visit; Utilization review required after 12 visits	40%; Utilization review required after 12 visits
Inpatient	No charge Preauthorization required	20% Preauthorization required	40% Preauthorization required
SUBSTANCE ABUSE; ALCOHOL AND CHEMICAL DEPENDENCY			
Outpatient	\$10 per visit; Utilization review required after 12 visits	\$20 per visit; Utilization review required after 12 visits	40%; Utilization review required after 12 visits
Inpatient; as medically necessary	No charge Preauthorization required	No charge Preauthorization required	No charge Preauthorization required
EMERGENCY ROOM	\$25; waived if admitted	\$25; waived if admitted	\$25; waived if admitted
AMBULANCE	No charge	20%	20%
DURABLE MEDICAL EQUIPMENT	No charge	20%; \$5,000 max benefit/yr	40%; \$5,000 max benefit/yr
ORTHOTIC & PROSTHETIC DEVICES	No charge	20%; \$1,000 max benefit/yr	40%; \$1,000 max benefit/yr
ANNUAL OUT OF POCKET MAXIMUM	\$1500 Individual \$3000 Family	\$3000 Individual PPO & Opt-Out Providers Combined	
LIFETIME MAXIMUM	N/A	\$5,000,000 PPO & Opt-Out Combined	
PRESCRIPTION DRUGS			
Generic/Brand Name/ Non-formulary	\$5 / \$10 / \$40 30 day supply	\$5 / \$10 / \$40 30 day supply	\$5 / \$10 / \$40 30 day supply
Mail Order Pharmacy	\$10 / \$20 / \$80 90 day supply	\$10 / \$20 / \$80 90 day supply	\$10 / \$20 / \$80 90 day supply
CHIROPRACTIC	\$10/visit, 60 cons days per illness or injury (combined with physical therapy)	20%; combined with physical therapy, 60 cons days per illness or injury (combined with physical therapy)	40%; combined with physical therapy, 60 cons days per illness or injury (combined with physical therapy)
CHIROPRACTIC RIDER	\$5 per visit / 20 visits per calendar year/ Must use ASH providers	\$5 per visit / 20 visits per calendar year/ Must use ASH providers	\$5 per visit / 20 visits per calendar year/ Must use ASH providers

The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

BLUE CROSS-AND KAISER-MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Mental Health Parity and Addiction Act of 2008 requires group health plans that offer mental health or substance abuse benefits to provide those benefits on par with medical and surgical benefits. The Act prohibits plans from imposing financial requirements (e.g. co-pays) or treatment limits (e.g. outpatient visit limit) on mental health or substance abuse benefits that are more restrictive than the predominant financial requirements or treatment limits that apply to substantially all medical and surgical benefits, and it bars separate cost sharing and treatment limits for mental health and substance benefits. The Act also makes permanent the prohibition on lower annual and lifetime dollar limits on covered Mental Health benefits from the 1996 Mental Health Parity Act and expands this prohibition to include covered substance abuse benefits.

2010 BLUE CARD (Out-of-State)
 Please contact the RSA Benefit Trust Office for further
 information regarding this Plan

KAISER PERMANENTE PRESCRIPTION DRUG PROGRAM

Kaiser Permanente has a prescription mail service for your convenience through their Pharmacy. Kaiser will ship a 100-day supply of your prescribed medication, after orders are shipped they should arrive within 7 to 10 business days and are shipped "Postage Paid."

ANTHEM BLUE CROSS PRESCRIPTION DRUG PROGRAM

WellPoint NextRx mail service Pharmacy through Anthem Blue Cross, will fill a 90 day supply of your prescribed medication. Orders are shipped within 14 days of receipt of your prescription. Their standard shipping is free, (expedited shipping is available for an additional charge).

PRESCRIPTION DRUG PLAN RETAIL VS. MAIL ORDER

Kaiser Permanente Monthly Amount	Prescription Drugs Retail	Anthem Blue Cross Monthly Amount
\$5.00 co-pay per prescription	<ul style="list-style-type: none"> • Generic • Brand Name • Non-Formulary 	\$5.00 co-pay per prescription
\$10.00 co-pay per prescription		\$10.00 co-pay per prescription
Not Applicable		\$40.00 co-pay per prescription
100 Day supply	Prescription Drugs Mail Order	90 Day Supply
\$5.00 co-pay per prescription	<ul style="list-style-type: none"> • Generic • Brand Name • Non-Formulary 	\$10.00 co-pay per prescription
\$10.00 co-pay per prescription		\$20.00 co-pay per prescription
Not Applicable		\$80.00 co-pay per prescription



Save Money with Generic

Save money on prescription medications by requesting generic drugs when filling a prescription. Generic drugs are comparable in strength, concentration, and dosage to their brand name counterparts.

2010 DENTAL PLANS

	PACIFICARE HMO Dental 146	DELTA CARE / PMI HMO Plan CAA22	PACIFIC UNION Imperial 1000	DELTA PREFERRED OPTION PPO Plan	
BI-WEEKLY RATES	1/1/10	1/1/10	1/1/10	1/1/10	
Employee Only	\$9.00	\$9.00	\$12.50	\$24.00	
Employee + One Dependent	\$16.00	\$16.00	\$20.50	\$41.75	
Employee + Two or More Dependents	\$24.50	\$23.00	\$30.25	\$69.00	
NETWORK	Choose Panel Dentist	Choose Panel Dentist	Choose Panel Dentist – Limited Network	In-Network	Out-of-Network
ANNUAL MAXIMUM	None	None	None	\$1,000 / Cal Yr \$2,000 Ortho Lifetime	\$1,000 / Cal Yr \$2,000 Ortho Lifetime
DEDUCTIBLE	None	None	None	None	\$50, waived for preventive services
PREVENTIVE SERVICES					
Office visit	No Charge	No Charge	No Charge	No Charge	No Charge
Oral Exams	No Charge	No Charge	No Charge	No Charge	No Charge
Complete x-rays	No Charge	No Charge	No Charge	No Charge	No Charge
Prophylaxis (cleaning) 1 per 6 month period - DHMO 2 per calendar year – DPO	No Charge	No Charge	No Charge	No Charge	No Charge
Bitewing - single film	No Charge	No Charge	No Charge	No Charge	No Charge
Topical fluoride treatments	No Charge	No Charge	No Charge	No Charge	No Charge
RESTORATIVE SERVICES					
Amalgam - 1 tooth surface	No Charge	No Charge	No Charge	20%	50%
Amalgam - 2 tooth surfaces	No Charge	No Charge	No Charge	20%	50%
Amalgam - 3 tooth surfaces	No Charge	No Charge	No Charge	20%	50%
CROWN, CAST AND PROSTHETICS*					
Crown 3/4 cast metal	\$110	\$90	No Charge	40%	50%
Resin Crown (Not for molars)	\$90	\$90	No Charge	40%	50%
Porcelain / Ceramic (Not for molars)	\$110	\$90	No Charge	40%	50%
Pontic cast noble metal	\$110	\$90	No Charge	40%	50%
Pontic porcelain fused to metal	\$110	\$90	No Charge	40%	50%
* Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast and cast cores, inlays and onlays.					
ENDODONTICS					
Root Canal – anterior	\$45	\$45	No Charge	20%	50%
Root Canal – bicuspid	\$85	\$90	No Charge	20%	50%
Root Canal – molar	\$130	\$135	No Charge	20%	50%
Pulp Capping	No Charge	No Charge	No Charge	20%	50%
DENTURES					
Repair broken complete base	\$10	\$20	No Charge	40%	50%
Complete upper or lower	\$110	\$110	No Charge	40%	50%
Partial upper or lower	\$90	\$125	No Charge	40%	50%
Adjust full upper or lower	\$0	\$10	No Charge	40%	50%
Add tooth or clasp	\$10	\$10	No Charge	40%	50%
Reline full upper or lower	\$50	\$45	No Charge	40%	50%
PERIODONTICS					
Gingivectomy per quadrant	\$40	\$125	No Charge	20%	50%
Gingivectomy per tooth	\$5	\$25	No Charge	20%	50%
ORAL SURGERY					
Simple extraction - single tooth	No Charge	\$3	No Charge	20%	50%
Removal of impacted tooth (soft tissue)	\$25	\$40	No Charge	20%	50%
Removal of impacted tooth (completely bony)	\$50	\$80	No Charge	20%	50%
ORTHODONTICS					
Start-up Fee	\$250	\$350	\$200	Not applicable	Not applicable
Adolescent	\$1,895	\$1,600	\$1700	50%, max \$2,000	50%, max \$2,000
Adult	\$1,895	\$1,800	\$1700	50%, max \$2,000	50%, max \$2,000

The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

2010 VISION PLAN

	PACIFICARE PPO Vision Basic Plan		Medical Eye Services PPO Vision Plan
	Eyewear Only** (frames & lenses only)	Full Service** (exam, frames & lenses)	Full Service (exam, frames & lenses)
BI-WEEKLY RATES			
Employee Only	\$3.00	\$4.00	\$4.25
Employee + 1 Dependent	\$5.50	\$7.50	\$7.75
Employee + 2 or more Dependents	\$8.25	\$10.00	\$11.00
DEDUCTIBLE	\$10		\$10
COMPLETE EXAM (1 time every 12 months)	Not Covered	No Charge	No Charge
LENSES (Medically Necessary)			
Single Vision	No Charge		No Charge
Flat Top Bifocal	No Charge		No Charge
Trifocal	No Charge		No Charge
FRAMES	\$90 Allowance (every 24 months)		\$125.00 Allowance (every 24 months)
CONTACT LENSES			
Medically Necessary	No Charge		No Charge
Cosmetic Purposes	\$100 Allowance		\$125.00 Allowance

*Benefits for PacifiCare Vision and MES Vision are for In-Network providers.

The above is a brief summary of benefits only and not an offer of insurance.
Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

How Do RSA Monthly Rates Compare to County of Riverside and CalPERS Rates?

	RSA California Care	County Blue Shield	CalPERS Blue Shield	RSA Kaiser	County Kaiser	CalPERS Kaiser
Emp Only	\$491.00	\$487.30	\$485.29	\$430.00	\$469.00	\$455.00
Emp + Spouse	\$767.00	\$972.58	\$970.58	\$745.00	\$936.00	\$909.98
Emp + Child(ren)	\$744.00	Not offered	Not offered	\$722.00	Not offered	Not offered
Emp + Family	\$985.00	\$1263.76	\$1261.75	\$963.00	\$1216.00	\$1182.97

YOUR CONTACTS

Benefits Office

	Fax:	(951) 653-8014 (951) 653-9204	www.rcdsa.org RSA Benefit Trust Page
James Cunningham <i>Trust Administrator</i>		(951) 653-5152 Ext. 214	jjc@rcdsa.org
Linda Gartley <i>Benefits Manager</i>		(951) 653-8014 Ext. 222	Linda@rcdsa.org
Christina Woods <i>Benefits Specialist</i>		(951) 653-8014 Ext. 216	Christina@rcdsa.org
Connie Collins <i>Benefit Administrative Assistant</i>		(951) 653-8014 Ext. 205	Connie@rcdsa.org
Chaplain Harley Broviak		(951) 232-3837	

Medical Insurance Carriers

Anthem Blue Cross	HMO	(800) 227-3771	www.bluecrossca.com
	POS	(800) 288-6921	
	EPO	(800) 288-2539	
	Fee for Service <i>(Out of State Medicare Enrollees)</i>	(800) 288-2539	
	Blue Card PPO <i>(Out of State Plan)</i>	(800) 288-2539	
	WellPoint Next RX	(800) 700-2541	
	Away from Home <i>(Urgent Care when you're traveling in the U.S.)</i>	(800) 810-BLUE (2583)	

Kaiser Permanente	(800) 390-3510	www.kp.org
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Dental Insurance Carriers

PacifiCare Dental Administrators	(800) 228-3384	www.pacificare-dental.com
Pacific Union Dental	(800) 999-3367	www.pacificuniondental.com
Delta Dental DPO	(800) 765-6003	www.deltadentalca.org
Delta Dental PMI (HMO)	(800) 422-4234	www.deltadentalca.org

Vision Insurance Carriers

PacifiCare Vision Administrators (Eyewear only & Full Service)	(800) 228-3384	www.pacificare-vision.com
MES Vision	(800) 877-6372	www.mesvision.com

Supplemental Insurances

Brown Insurance Services <i>(Retiree/AWOP Billings, life insurance quotes/comparisons, individual insurance policies)</i>	(888) 346-6966	brownbis@aol.com
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AFLAC – Dorothy Schramm <i>Cancer, Intensive Care, Cancer</i>	(949) 770-8248	
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CLEA <i>Long Term Disability policy/Life Insurance</i>	(800) 832-7333	www.clea.org
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Loyal American Individual Cancer Policies – Brown Insurance Serv. <i>Individual Cancer Policies</i>	(888) 346-6966	
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Homeowners, Auto, Miscellaneous Insurances

Chad Cihlar	(888) 346-6966	
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Liberty Mutual

Cynthia Kelley, w/Liberty Mutual	(619) 579-3501 Ext. 210	www.libertymutual.com
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County of Riverside - Benefits Information Line

(951) 955-4981	www.workforceexchange.net
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CalPERS

(888) 225-7377	www.calpers.ca.gov
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Explanations of Medical Plan Options

Kaiser

Services must be provided, prescribed, authorized, or directed by a plan physician or facility within the covered service area. A list of covered zip codes is provided in the Kaiser enrollment packet. For members who reside in Coachella Valley and Western Ventura County, you must choose a primary care plan physician within the “affiliated provider” network. For more information, please contact the benefits office. You will have co-payments for approved services. Hospitalization is covered at 100% and there is a co-payment for emergency room visits.

Blue Cross California Care

Your primary care physician will belong to either a medical group or an IPA. In order to serve you best, your medical group or IPA should be located within 30 miles of your home or work. All care, except in a medical emergency, must be provided or authorized by assigned primary care physician, medical group, or IPA. You will have co-payments for approved services. Hospitalization is covered at 100% and there is a co-payment for emergency room visits.

Medical Group - A team practice of physicians and health care providers. Most services, including special exams, X-ray and lab tests, are usually available at the medical group’s facility.

Independent Physician Association (IPA) - A medical partnership of physicians who practice in private offices. The IPA physician may refer you to other locations for special services, including special exams, X-ray and lab tests.

Blue Cross EPO (Blythe Residents Only)

Since there are no HMO providers in the Blythe Area, you may choose a provider from the Blue Cross Prudent Buyer network. Most benefits are only payable if you visit a Blue Cross PPO network health care provider. However, you may receive an exception if Blue Cross authorizes a referral when there is no Blue Cross PPO network health care provider within a 25-mile radius of your home who can perform the services you need. It is the member’s responsibility to verify that a provider is a Blue Cross PPO health care provider.

The Prudent Buyer provider might wait for the Explanation of Benefits (EOB) to determine how to bill you for their services. However, at the time of service, the provider may ask you for payment of your office visit co-payment, plus a percentage of charges that are not covered under your benefits. **When using Non-PPO and Other Health Care Providers for an authorized referral, an emergency, or urgent care, members are responsible for any difference between the allowed amount & actual charges, as well as any deductible & percentage co-payment.**

Blue Cross POS (Point-of-Service)

The Point-of-Service is a plan that allows you to visit HMO, PPO and out-of-network health care providers. You will choose a primary care physician from the Blue Cross HMO Provider Directory. You will have co-payments for visits with your HMO provider. *Please keep in mind that certain services, well baby/child care, eye examinations, vision screenings, are only covered under the HMO side of the Point-of-Service plan. You will have co-payments for visits with your HMO provider. If you use the HMO tier, all care must be provided or authorized by your primary care physician, medical group, or IPA.*

You may choose to seek services from a PPO (Prudent Buyer) provider from the Blue Cross network. For these services, you will have a co-payment for your office visits and pay an annual deductible and percentage for other services (i.e. lab work, x-rays, hospitalization). PPO providers bill Blue Cross for services. You will receive an Explanation of Benefits (EOB) from Blue Cross determining their payment and your out-of-pocket expenses. You do

not need a referral from your HMO provider to seek services from a PPO provider.

If you “Opt-Out” and choose a non-network provider, you will likely pay higher out-of-pocket expenses and need to file a claim with Blue Cross for reimbursement or processing of claims. You will receive an Explanation of Benefits (EOB) from Blue Cross determining their payment and your out-of-pocket expenses. **When using Non-PPO and Other Health Care Providers, members are responsible for any difference between the allowed amount & actual charges, as well as any deductible & percentage co-payment.** You do not need a referral from your HMO provider to seek services from a non-network provider.

Blue Card (Out-of-State) Plan

You have the option of choosing providers from the PPO (Prudent Buyer) network or Non-PPO providers. For services from a PPO provider you will have a co-payment for your office visits and pay an annual deductible and percentage for other services (i.e. lab work, x-rays, hospitalization). PPO providers bill Blue Cross for services. You will receive an Explanation of Benefits (EOB) from Blue Cross determining their payment and your out-of-pocket expenses.

If you “Opt-Out” and choose a non-network provider, you will likely pay higher out-of-pocket expenses and need to file a claim with Blue Cross for reimbursement or processing of claims. You will receive an Explanation of Benefits (EOB) from Blue Cross determining their payment and your out-of-pocket expenses. **When using Non-PPO and Other Health Care Providers, members are responsible for any difference between the allowed amount & actual charges, as well as any deductible & percentage co-payment.**

Medicare Plan Options

All RSA sponsored medical plans have Medicare plan options available to you and/or your spouse. You will not have to change providers, however a new enrollment application and copy of Medicare card is required. Medicare supplemental plan applications should be submitted to the Benefits Office at least one month before your Medicare effective date. You are required to enroll in Medicare Parts A & B if eligible. **Do not enroll in Part D coverage through Medicare.**

The HIPAA Law and How It Affects You

The Federal Health Insurance Portability and Accountability Act (HIPAA), includes a Privacy Rule that establishes safeguards that health carriers, doctors, brokers, and benefits administrators must use to protect the privacy of health information.

The Benefit Trust has put procedures in place to ease your mind. If you have a claims issue, a question as to why a certain procedure or prescription was not covered fully; the Benefit Trust must have you sign an authorization form before the health carrier will release information to us. If you have not already done so and would like to designate a personal representative, please contact the Benefits Office to have a form mailed to you. The personal representative does not need to be enrolled in your insurance coverage, but must know your social security number. As always, in emergency situations we will do whatever it takes to get you the care you need.

Your medical, dental and vision plans have phone numbers and Web sites available to retrieve eligibility, benefit and claims information by using a personal pin. To find out more, see Your Contacts on page 10 or log onto www.rcdsa.org, and click on Benefit Trust. The carrier links will bring you to the applicable Web sites.

RIVERSIDE SHERIFFS' ASSOCIATION BENEFIT TRUST NOTICE OF PRIVACY PRACTICES
Effective September 1, 2005

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. The Riverside Sheriffs' Association Benefit Trust is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For Treatment:
 - The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; or
 - Consultation between health care providers relating to a patient; or
 - Referral of a patient for health care from one health care provider to another.
 - b. For Payment:
 - To obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Plan, or
 - To obtain or provide reimbursement for the provision of health care.
 - c. For Health Care Operations:
 - Conducting quality assessment and improvement activities;
 - Reviewing the competence or qualifications of health care and provider performance;
 - Underwriting, premium rating and other related activities;
 - Conducting or arranging for medical review;
 - Business planning and development;
 - Business management and general administrative activities, including:
 - Management activities relating to compliance with the HHS privacy regulation;
 - Customer Service;
 - Resolution of internal grievances;
 - The transfer to or merger with another plan;
 - Creating de-identified health information.
 2. Riverside Sheriffs' Association Benefit Trust is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.
 3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
 4. Riverside Sheriffs' Association Benefit Trust intends to engage in one or more of the following activities:
 - a. Riverside Sheriffs' Association Benefit Trust may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
 - b. Riverside Sheriffs' Association Benefit Trust may contact the individual/Patient to raise funds for Riverside Sheriffs' Association Benefit Trust; or
 - c. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
 5. The Individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. Riverside Sheriffs' Association Benefit Trust is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
 6. Riverside Sheriffs' Association Benefit Trust is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
 7. Riverside Sheriffs' Association Benefit Trust is required to abide by the terms of the Notice currently in effect.
 8. Riverside Sheriffs' Association Benefit Trust reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
 9. Riverside Sheriffs' Association Benefit Trust will provide individuals or patients with a revised Notice by mail.
 10. If you want to exercise your rights under this Notice or if you wish to communicate with us about Privacy issues or if you wish to file a complain with us, you can write to:

Riverside Sheriffs' Association
6215 River Crest Drive, Suite A
Riverside, CA 92507
(951) 653-8014

You will not be penalized for filing a complaint with us.
 11. You have the right to file a complaint with the federal government. You may write to:

Office of the Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be penalized for filing a complaint with the federal government.
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Important Notice from Riverside Sheriffs' Association (RSA) About Your Prescription Drug Coverage and Medicare

This is an annual notice. It is to ensure that active members, retirees and their dependents have this important information. If you are already in enrolled in a Medicare D plan through RSA and do not want to make any changes - no action is needed, your coverage remains the same. If you or a dependent is becoming Medicare eligible in the near future, please remember to contact the RSA Benefits Office at (951) 653-8014 before making any decisions about your coverage.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RSA and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. RSA has determined that the prescription drug coverage offered by the Blue Cross of California and Kaiser Permanente is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.**

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individual's can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiary's leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your RSA prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with RSA and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage...

Contact our office for further information contact our insurance brokers, Brown Insurance Services at (714) 460-7744 or (888) 346-6966. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through RSA changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	September 15, 2009
Name of Entity/Sender:	Brown Insurance Services for RSA
Contact--Position/Office:	Diana Leiter - Administrator
Address:	962 Town & Country Road Orange, CA 92868
Phone Number:	(714) 460-7744 or (888) 346-6966

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymph edemas. (The swelling of tissues caused by obstruction of the lymphatic drainage. It results from fluid accumulation and may arise from surgery, radiation or the presence of a tumor in the area of lymph nodes.)

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plans of the RSA Benefit Trust. For more information on WHCRA benefits, please contact the Benefits Office at (951) 653-8014.

Riverside Sheriffs' Association Annual Health Fair and Open Enrollment Kickoff

Saturday, September 26th
from
10:00 a.m. - 5:00 p.m.
at the
Sheriff's Department Annual Picnic
at

NOBLE CREEK PARK, BEAUMONT

*Directions: From I-10 in Beaumont, exit Oak Valley Parkway, turn east, travel ½ mile to Noble Creek Park
From 60 East, exit Beaumont Avenue (SR-79), turn north on Beaumont Avenue, travel 3-4 miles to Oak
Valley Parkway. Turn left (west) on Oak valley Parkway, travel one mile to Noble Creek Park on right.*

****** LOOK FOR THE RSA FLAG ******

Representatives from Blue Cross, Kaiser,
Brown Insurance Services, and other
vendors will be in attendance.

Free Flu Shots for the first 150 RSA Members
Cholesterol check and a Massage Therapist