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Saint Louis
COUNTY

2016–2017
Retiree Benefits Guide

Welcome to Your Benefits

I am excited to introduce St. Louis County Government's retiree benefits for 2016/2017. We understand the importance of offering affordable healthcare options for our retirees especially as medical and pharmacy costs continue to increase about 8% annually. Because of the heavy claims utilization in the Gold and Silver Plans, it is necessary to make benefit changes to these plans. As a result of these changes, premiums in the Gold and Silver Plans have decreased slightly. The HSA and Bronze Plans will remain the same but premiums will increase by 2.4%, which is significantly less than last year. The County will continue to work with health care providers to keep retiree insurance as affordable as possible.

While there are no provider changes this year, you will notice that Coventry has rebranded to Aetna, their parent company. Retirees and their covered dependents will receive new ID cards as a result of this change. Express Scripts will continue to serve as the County's pharmacy benefit manager. To review other changes for the 2016/2017 plan year, please see page 6 of this guide.

If you would like to make any changes to your benefits for 2016/2017, now is the time during Open Enrollment. **If you would like to keep the same benefits as last year, you do not need to re-enroll.** Additionally, if you are researching options outside the County group, consider visiting www.healthcare.gov to review the options available as part of the Affordable Care Act. **Please keep in mind that a retiree can cancel coverage through the County at any time, but once coverage is cancelled, a retiree cannot return to the County's plans.**

Please take time to review your benefit coverage options and figure out which are the best fit for you and your family.

Sincerely,



Pamela J. Reitz, CPFO

Director of Administration

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Health Care Reform

What It Means for St. Louis County in 2016/2017

Since 2014, nearly all Americans have been required to have health insurance (either individually or through an employer) or pay a tax penalty. The 2016 tax penalty amount is \$695 per adult (\$347 per dependent child under age 18) or 2.5% of your household annual income, whichever is greater. This penalty amount will change in 2017. If you and your family elect medical coverage through St. Louis County, your enrollment fulfills the individual mandate and you are not subject to a tax penalty.

You can also satisfy the individual mandate by getting health insurance through:

- Your spouse or domestic partner's employer
- A public health insurance exchange (the "Marketplace") available in your state, or
- Other coverage options that may be available to you, including government programs, such as Medicaid or Medicare.

The Affordable Care Act requires companies that offer group health plans to make available a Summary of Benefits and Coverage (SBC) and uniform glossary. The SBC summarizes important information about each of the medical plans in a standard format to help you compare them. The uniform glossary includes terms commonly used in health care insurance coverage.

The 2016/2017 SBC and uniform glossary is available online on the Information for Retirees page of the County website, <http://www.stlouisco.com/YourGovernment/CountyDepartments/Personnel/InformationforRetirees>. You can also request a paper copy, free of charge, by contacting the County Benefits Office at **314.615.8110** or via email at CountyBenefits@stlouisco.com.

In early 2017, those retirees who are pre-Medicare eligible and have maintained their County health insurance will receive a statement verifying you and your dependents' health insurance coverage through St. Louis County. This is a new annual notification required by the Affordable Care Act that you will receive for the second time at the end of January.



St. Louis County offers minimum essential coverage to certain pre-Medicare retirees

You have access to minimum essential coverage through the St. Louis County Government health plan. However, you may choose NOT to enroll in the County's plan, and instead purchase health coverage in the government's Health Insurance Exchange. Depending upon your income, some of you might be eligible to receive a premium tax credit (also known as a subsidy) from the government to help you purchase the Health Insurance Exchange coverage. Please contact the governmental Exchange in order to explore options and compare costs.

Your Choices. Your Future. Starting Now.

Open Enrollment is beginning now—your once-a-year opportunity to choose coverage for most of your County benefits for the coming plan year. Online enrollment is available in Employee Self-Service at <https://self-service.stlouisco.com/mss>. To help you make informed benefit choices and enjoy a measurably healthier future, St. Louis County and our partner vendors provide tools and information that help you better understand your options. See the end of this booklet for website and contact information.

Who Needs to Enroll?

Retirees wishing to Change Benefits during Open Enrollment. You can also enroll your spouse and eligible dependents for some benefits (see “Eligible Dependents”).

This is the time to make changes to your existing benefit coverages. If you currently are enrolled in medical, dental or vision coverage and do not change your elections, your coverage will continue at the current coverage levels.

Retirees in any of the Medicare Advantage Plans do not have to re-enroll.

Those plans are not changing now but are subject to changes as of 1/1/17.

If you do not have internet access, please contact Retirement Office at 314.615.5180 for an alternative to Employee Self-Service enrollment.

Eligible Dependents

Eligible dependents include spouses, domestic partners and children. Dependent children may remain covered under St. Louis County’s medical, dental and vision plans through the end of the calendar year in which they turn 26, regardless of student, marital or residence status. Children who are full-time students may remain as dependents through the end of the month in which they turn 27, or the end of the month in which they graduate, whichever is sooner.

St. Louis County is now required by the Affordable Care Act to maintain Social Security numbers for all covered dependents. When enrolling this year, please be sure to include Social Security numbers for any new dependents or for those who you have not previously provided this information. All of the County’s benefit providers continually work to protect the security of this confidential information.

Making Midyear Changes

Generally, you can only change your benefit elections during the Open Enrollment period, unless you experience a Qualifying Life Event (QLE) such as marriage, divorce or separation, death of your spouse or covered child, or change in residence or work status that affects benefits eligibility for you or your spouse.

You must notify the Benefits Office and make election changes within 31 days of any QLE.

Otherwise, you’ll have to wait until either the next

Open Enrollment or until you have another QLE to make benefit changes. Changes to coverage must be consistent with the change in status. You may be required to show proof of the change, such as documentation from the spouse’s employer in the case of a change in work status.

QLE changes don’t allow you to change plans during the year.

Retirees enrolled in one of the County’s Medicare Advantage Plans also have a special enrollment period in November. More information will be distributed in October.

Retirees who become Medicare eligible during the year may be able to make changes to their benefits at that time. Contact the Benefits Office prior to the start of your Medicare for more information.

Important Information about the Medical Plan

The Summary Plan Description, which contains detailed information about the medical plan, is available on the Information for Retirees Page on the County Website, <http://www.stlouisco.com/YourGovernment/CountyDepartments/Personnel/InformationforRetirees>. The Summary of Coverage and Benefits (SBC) documents for each plan are also found in this section.

Be Informed. Choose Well.

Your 2016/2017 Benefit Options.

Starting Now—What's New for 2016/2017

Open Enrollment begins on August 24, 2016 and will conclude on September 9, 2016. Coverage is effective October 1, 2016–September 30, 2017.

Plan changes and updates noted in this section are effective October 1, 2016.

- Coventry remains as the County's medical provider but is now rebranded as Aetna, their parent company. Retirees and covered dependents will receive new ID cards.
- Due to Plan Design Changes, Premiums will decrease in Silver and Gold Plans. HSA and Bronze Plan premiums increase by less than 2%.
- Plan Design Changes to Deductibles, Out of Pocket Maximum, Coinsurance, and some CoPays for all plans except HSA and Bronze Plan.
- CIGNA DHMO and Delta Dental PPO were selected once again as the County's dental provider. As a result of the RFP process, CIGNA's premiums and copay schedule will remain the same. Delta's premiums will decrease slightly with no changes in benefits.
- Voluntary Benefits Enrollment—Retirees will be able to enroll in Hyatt Legal during Open Enrollment. Retirees interested in coverage for their pets can contact VPI and Pet Assure directly (phone and website information on the back cover of this guide).

You have **six Aetna medical options** from which to choose:

- HSA PPO ASO Plan
- Bronze PPO ASO Plan
- Silver PPO ASO Plan
- Silver Select PPO ASO Plan
- Gold PPO ASO Plan*
- Gold Select PPO ASO Plan*

* Enrollment in Gold Plans is open only to those currently enrolled.

Medicare eligible retirees also have four Medicare Advantage Plans from which to choose:

- Advantra
- Gold Advantage Option 1
- Gold Advantage Low Option Shelf Plan UHC
- Group Medicare Advantage PPO

For retirees who already have County dental or vision coverage, you also can choose between one voluntary vision option and two voluntary dental plans:

- Anthem Blue Cross Blue Shield Blue View Vision
- Cigna DHMO
- Delta Dental PPO

You have a choice of other voluntary options including:

- Hyatt Legal
- Discounts on Auto and Homeowners Insurance
- Pet Insurance

**Open Enrollment starts
August 24, 2016
and ends on
September 9, 2016**



Save Money with the HSA Plan

We realize that when it comes to health care coverage, one size doesn't fit all. That's why we offer freedom of choice in the form of several medical plan options and extensive provider networks.

About Your Choice

To help you build your health and wealth over the long term, our goal is to strike a balance between the right level of health benefits with the right level of choice. The HSA Plan is more than just a medical plan. It's a new way to think about health care and saving for the future. Now is the time to take another look at all of the offered health plans.

When you choose any of the Aetna Health Care PPO plans, you have access to a national network of health care providers, including BJC Healthcare providers, whenever and wherever you need services. **However, the Aetna Health Care Silver PPO ASO Select and Gold Select PPO ASO Plans don't include any hospitals or physicians affiliated with BJC Health Care System.** You should ask your current provider or check Aetna Health Care's website at www.aetn navigator.com to verify provider participation.

Although you have access to any health care provider you choose, using participating providers within the network can reduce your out-of-pocket costs. In addition, all plan options cover 100% of the cost of your in-network preventive care with no copayment and no deductible.

A Closer Look at the HSA Plan

Here's how the HSA Plan works. It pays:

- 100% of the cost of in-network preventive care including certain preventive prescription drugs, with no deductible.

For all other eligible expenses, you must meet the deductible (\$2,000 for retiree-only coverage/\$4,000 if you cover one or more dependents). Remember that a deductible is the amount that you have to pay before the plan will start paying its share. After you meet your deductible, the plan pays the following percentages when you are sick or injured:

- 80% of the cost of in-network care and 60% of the cost of out-of-network care.

When your out-of-pocket costs for services in the network (including the deductible) reach \$3,325 for the plan year (\$6,650 for those with dependent coverage)*, the plan pays 100% of any remaining costs for the year. This is called your out-of-pocket maximum.

* The \$3,325 individual/\$6,650 dependent out-of-pocket limit applies to in-network care. Higher limits apply if you get care outside the network.

Health Savings Account—Triple Tax Advantage

By enrolling in the HSA Plan, you become eligible for a health savings account that you can use to pay eligible health care expenses. A health savings account offers attractive features that help you manage your health care costs over the long term, rather than just year to year:

- **If you are not enrolled in Medicare, you have the option of establishing a Health Savings Account and making contributions that can be deducted on your tax returns.** In 2016, the maximum is \$3,350 for individual and \$6,750 for dependent coverage. The individual maximum will change to \$3,400 in 2017 but there will be no change to family maximum in 2017. Retirees who are 55 or older can contribute an additional \$1,000 per year to their HSA.
- **The plan offers unique triple-tax advantages.** The money in your account is tax-free, grows tax-free with interest, and remains tax-free when used to pay for eligible expenses.
- **The money is yours to use—or keep.** At the end of the year, any unused money in your account rolls over to the following year. There is no need to "use it or lose it." And, when you retire or leave the County for any reason, you take the balance with you.

Note: You may not have coverage in another health plan, except for an HSA-compatible plan, if you enroll in the HSA Plan.

**Are you making the most of your health care dollars?
An HSA can help put your health care spending choices back into your hands.**

Silver PPO ASO and Silver Select PPO ASO Plans

These plans provide a high level of coverage for medical services, including both in-network and out-of-network benefits. Using network providers is advised to keep your costs as low as possible.

- Continuing this year, copays apply to the out-of-pocket maximum.
- Routine preventive care is covered at 100%.
- Office visit copays are \$20 for primary care physician and \$50 for specialist.
- In-Network deductibles are \$700 individual, \$1,400, + one dependent, and \$2,100 family.
- Emergency room copay is \$250, while urgent care fees are \$75.
- All services are covered in-network at 75% after deductibles are met.
- Prescription drug copayments are \$10 generic preferred, \$30 brand-name preferred, \$60 non-preferred and 25% coinsurance for specialty drugs* (\$150 maximum).

Are you making the most of your health care dollars?

An HSA can help put your health care spending choices back into your hands. A Health Savings Account is an option for retirees who are not enrolled in Medicare and select the HSA Plan or the Bronze Plan.

Gold PPO ASO and Gold Select PPO ASO Plans

Enrollment in these plans is limited to current participants only. **If a current Gold Plan participant elects a different plan for October 1, 2016, they are not able to re-enroll in the Gold Plan in the future.** Gold Plan participants may not change their Gold Plan option, other than to add or drop dependents in the Plan in which they are enrolled. Under these plans, you are paying the highest premium each month. These plans also provide a higher level of benefits for medical services and offer the option of using both in-network and out-of-network providers.

- Continuing this year, copays apply to the out-of-pocket maximum.
- Routine preventive care is covered at 100%.
- In-network deductibles are \$550 individual and \$1,100 family.
- Office visit copayments are \$20 for primary care physician and \$50 for specialist.
- Emergency room copay is \$250, while urgent care fees are \$75.
- All services are covered in-network at 85% after deductibles are met.
- Prescription drug copayments are \$10 generic preferred, \$30 brand-name preferred, \$60 non-preferred and 25% coinsurance for specialty drugs* (\$150 maximum).
- Those enrolled with dependents living out of the metropolitan St. Louis area must go online and find a doctor that is in the National provider network, in your dependent area.

Refer to the next page to compare benefits side-by-side for each plan.

* Specialty drugs are used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia. They typically require special handling, administration or monitoring.

Compare the HSA Plan, Silver/Gold Plans

The HSA Plan and Silver/Gold Plans work in different ways. Take time to understand how they differ and choose the option that's right for you.

How the Plans Are Alike

Both the HSA Plan and the Silver/Gold Plans:

- Cover the same health care services.
- Utilize Aetna network of providers.
- Offer you freedom to use any provider you choose—with lower costs if you choose a network provider.
- Require you to meet a deductible before the plan starts paying certain benefits.
- Cap the amount you pay for care through the annual out-of-pocket maximum.

Why Choose a Medical Plan With a Higher Deductible?

Because you may actually save money! If you are currently enrolled (or thinking about enrolling) in the Silver or Gold Plans, consider what your savings could be by enrolling in the HSA Plan and starting a health savings account. You might be surprised at how much you can save in monthly premiums and how much you can save for your future health care.

Your Plan Options—How the Plans Differ

- Silver/Gold Plans have lower deductible than HSA Plan.
- HSA Plan has lower monthly contribution costs than Silver/Gold Plan options.

The HSA Medical Plan—Several Key Features

- No deductible is required for preventive services, including some preventive prescription drugs.
- Participants are eligible to establish a tax-advantaged savings feature (a health savings account) that lets you set aside money to cover health care expenses, including the deductible, now and/or in the future.
- Dollars are tax-free going in, your dollars earn interest tax-free and withdrawals for qualified expenses are tax-free.
- All money deposited in your HSA is yours.
- You are ineligible for a Health Savings Account if you are enrolled in another health insurance plan or Medicare.
- At the end of the year, any unused money in your account rolls over to the following year. There is no "use it or lose it" rule.



Your Plans—How the HSA Plan Works

- Preventive care, including certain preventive prescription drugs, is covered at 100% (certain guidelines apply). Annual physicals and preventive screenings, like mammograms, are covered at 100% in-network.
- For all other covered services (including non-preventive prescription drugs), you must first meet the deductible before the plan begins to pay benefits. The HSA Plan is a “high deductible” plan, so you will have a health savings account alongside the medical plan.
- Once you meet the deductible, you pay a percentage, called coinsurance, of the cost for medical services and the plan pays the remaining share of covered expenses. If you receive care in-network, network providers will accept the plan’s payment and your coinsurance responsibility as payment in full.
- You can use the money in your HSA to pay for any of your out-of-pocket costs, including the deductible and coinsurance amounts, as well as the balance of any bill that an out-of-network provider may send you.
- If you hit the out-of-pocket maximum during the plan year, the medical plan will pay 100% of all covered expenses for the rest of that year. This provides you with the protection you need in case of catastrophic medical expenses.
- The HSA Plan has a true family deductible. For those with dependent coverage, expenses for all family members combine to meet the deductible, except for preventive services covered by the plan. After the family deductible is met, the plan will begin paying 80% for individual member claims.

How Does the Health Savings Account Feature Work?

When enrolling in the HSA Plan, you are eligible to establish a health savings account. **There is no “use-it-or lose-it” provision for this account.** Your contributions accumulate over time and roll over from one year to the next.

Since the HSA is your account, you keep the money if you choose a new health plan. It’s really a multi-year approach to help you save on your health care.

Your HSA Account can be used for a variety of qualified health care expenses such as out-of-pocket costs for dental and vision services for you and your tax dependents.

Medical options are available only to those retirees with current medical coverage.



Which Plan? Two Examples.

Let's consider two hypothetical St. Louis County retirees, who are both non-Medicare retirees.

Meet John

John is single and always uses in-network services. Let's compare the Gold PPO ASO Plan and the HSA Plan options, assuming John elects retiree-only coverage, and selects the HSA Plan for the first time in October 2016.

	Gold PPO ASO Plan	HSA Plan
John's annual premium contributions	\$19,935.60	\$7,731.48
1 annual preventative office visit (at \$100)	\$0	\$0
1 office visit (at \$100)	\$20 copay*	\$100
1 outpatient surgery (at \$900)	\$602.50 \$550 toward deductible then 15% of remaining \$350	\$900
John's Total Costs	\$20,558.10	\$8,731.28

Copay does not count toward deductible.

John would save nearly \$12,000 with the HSA plan. If he enrolled in the Gold Select PPO ASO Plan, he would have saved over \$9,500 dollars under the HSA Plan.

Additionally, if John would put dollars of his own in the health savings account, he could do this tax-free and save approximately 30%. (This is an estimate of tax savings only and will vary for each employee.)

Meet Rose

Rose is married and covers her spouse on the County plan. Let's compare the Silver PPO ASO Plan and HSA Plan options, assuming Linda elects retiree + one dependent coverage, uses in-network services and selects the HSA Plan for the first time in October 2016.

	Silver PPO ASO Plan	HSA Plan
Rose' annual premium contributions	\$20,279.04	\$15,153.96
4 annual preventative office visit (at \$100)	\$0	\$0
7 primary care physician office visits (at \$100 each)	\$140 in copays*	\$700
7 specialist office visits (at \$200 each)	\$350 in copays*	\$1,400
Prescription drugs (2 retail preferred brand name at \$100 each; 6 mail-order generic at \$50 each; 3 preventive type drugs)	\$120 in copays*	\$500
Rose" Total Costs	\$20,889.04	\$17,753.96

* Copay does not count toward deductible.

Rose would save over \$3,000 under the HSA Plan.



Medical Plans Comparison

	HSA/Bronze PPO ASO Plan [†]		Silver PPO ASO Plan/ Silver Select PPO ASO Plan		Gold PPO ASO Plan/ Gold Select PPO ASO Plan [‡]	
	In-Network*	Out-of-Network*	In-Network*	Out-of-Network*	In-Network*	Out-of-Network*
Annual Deductible Plan Year 10/01/2016 - 09/30/2017						
Individual	\$2,000	\$2,000	\$700	\$1,400	\$550	\$1,100
+ One Dependent	\$4,000	\$4,000	\$1,400	\$2,800	\$1,100	\$2,200
Family	\$4,000	\$4,000	\$2,100	\$4,200	\$1,100	\$2,200
Out-of-Pocket Maximum (includes deductible) Plan Year 10/01/2016 - 09/30/2017						
Individual	\$3,325	\$6,000	\$3,050	\$4,575	\$2,100	\$6,000
+ One Dependent	\$6,650	\$12,000	\$6,100	\$9,150	\$4,200	\$12,000
Family	\$6,650	\$12,000	\$9,150	\$13,725	\$4,200	\$12,000
Physician's Office Visits^Ω						
Primary Care	20%	40%	\$20	50%	\$20	30%
Specialist Care	20%	40%	\$50	50%	\$50	30%
Well Child Care						
Office Visits	100% covered	40%	100% covered	50%	100% covered	30%
Immunizations (up to age 5)		100% covered		100% covered		
Adult Preventive Care						
Routine Physicals, Pap Testing, Prostate Exams, Mammograms, Annual Diabetic Eye Exam	100% covered	40%	100% covered	50%	100% covered	30%
Hospital Care^Σ						
Inpatient Treatment	20%	40%	25%	50%	15%	30%
Outpatient Care	20%	40%	25%	50%	15%	30%
Emergency Room	20%	20%	\$250	\$250	\$250	\$250
Urgent Care	20%	20%	\$75	\$75	\$75	\$75
Prescription Drugs (30-day Supply)						
Generic Drug	20%**	40%	\$10 copay	50% with copay min. of \$45	\$10 copay	30% with copay min. of \$45
Preferred Brand	20%**	40%	\$30 copay		\$30 copay	
Non-preferred Brand	20%**	40%	\$60 copay		\$60 copay	
Specialty Drugs	20%**	N/A	25% (max \$150)	25% (max \$150)	25% (max \$150)	25% (max \$150)
Mail-Order Drugs (90-day Supply)						
Inpatient Treatment	10%	N/A	\$10 copay	N/A	\$10 copay	N/A
Outpatient Care	10%		\$75 copay		\$75 copay	
Emergency Room	10%		\$180 copay		\$180 copay	
Urgent Care	10%		25% (max \$150)		25% (max \$150)	

* You pay.

† Note: Bronze Plan is an option with same benefits as the HSA Plan, but without the health savings account feature. Bronze out of pocket maximum is \$5,000/individual and \$10,000/family.

‡ Enrollment in Gold Plans is open only to those currently enrolled.

Ω Coinsurance will apply after deductible is met (HSA only).

Σ Coinsurance will apply after deductible is met (all plans).

** Preventive drugs are covered at 100% in the HSA Plan. A list is available on the County Internet, Information for Retirees section, or at the enrollment events. For a complete list of covered services, please refer to your "Summary Plan Description."

¥ Only 30-day supply allowed for mail order on specialty drugs.

Medicare Advantage Plans Comparison

St. Louis County is pleased to offer the following Medicare Advantage Plans. Plan designs and costs are subject to change beginning January 1, 2017. Retirees who currently have County medical coverage may select from the Anthem Medical Plans or the Medicare Advantage Plans to remain part of the County group.

PLAN FEATURES	ADVANTRA GROUP PLAN	GOLD ADVANTAGE OPTION 1
Monthly Premium	\$130	\$0
Annual Out-of-Pocket Maximum	\$3,400/Individual**	\$3,400**
Office Visits		
Primary care physician	\$20 per visit	\$15 per visit
Specialist care	\$35 per visit	\$45 per visit
Routine vision	\$35 per visit	\$0 per visit
Hospital Care and other Specialized Services		
Inpatient treatment	\$400 per day (days 1 - 5) \$2,000 max per admission	\$500 per day (days 1 - 4) \$2,000 maximum for 4 days
Skilled nursing facility	\$40 per day (days 1 - 20) \$75 per day (days 21 - 40) \$0 per day (days 41 - 100)	\$40 per day (days 1 - 20) \$160 per day (days 21 - 100)
Outpatient surgery	\$350 copay per visit	\$150 - \$250 copay per visit
Diagnostic lab	\$0 copay per visit	\$0 copay per visit
Diagnostic x-rays and tests	\$0 copay per visit for flat images 20% coinsurance for all others	\$100 copay for diagnostic procedures \$25 copay for x-rays \$300 copay for diagnostic radiology
Other outpatient procedures (e.g. chemotherapy, radiation therapy, dialysis)	20% co-insurance	20% co-insurance
Durable medical equipment	20% co-insurance	20% co-insurance
Transportation	24 one way trips	24 one way trips
Prescription Drugs (30-day supply - Retail) Three Tier Benefit, No Deductible		
Preferred generic	\$4 copay	\$7 copay
Preferred brand	\$34 copay	\$47 copay
Non-preferred (brand or generic)	\$70 copay	50% of cost
Specialty	33% coinsurance	33% coinsurance
Coverage gap (donut hole)	No coverage thru the coverage gap	No coverage thru the coverage gap
Mail-Order Drugs (90-day supply - Mail order or select participating pharmacies) Three Tier Benefit, No Deductible		
Preferred generic	\$12 copay	\$21 copay
Preferred brand	\$102 copay	\$141 copay
Non-preferred (brand or generic)	\$210 copay	50% of cost
Specialty	Not available thru mail order	Not available thru mail order
Coverage gap (donut hole)	No coverage thru the coverage gap	No coverage thru the coverage gap

** Maximum out-of-pocket includes: Inpatient-acute, inpatient and outpatient mental health, comprehensive outpatient rehab (CORF), outpatient hospital services, ambulatory surgical centers, skilled nursing facility, cardiac rehab services, lab services, occupational, physical and speech therapy, radiation therapy, radiology services, durable medical equipment, prosthetics, medical supplies, ambulance, emergency room and urgent care, and Part B drugs. Note: Plan designs stated here are 2016 benefits. Plan designs and costs are subject to change beginning January 1, 2017.

Medicare Advantage Plans Comparison cont

PLAN FEATURES	GOLD ADVANTAGE LOW OPTION SHELF PLAN	UHC GROUP MEDICARE ADVANTAGE PPO <i>In-network*</i>
Monthly Premium	\$212	\$0
Annual Out-of-Pocket Maximum	\$1,200/Individual**	\$4,500
Office Visits		
Primary care physician	\$10 per visit	\$10 per visit
Specialist care	\$20 per visit	\$40 per visit
Routine vision	\$20 per visit	\$40 per visit
Hospital Care and other Specialized Services		
Inpatient treatment	\$150 per day (days 1 - 3) \$450 max per admission	\$200 per day (days 1 - 8) \$0 copay 9+ days
Skilled nursing facility	\$0 per day (days 1 - 5) \$40 per day (days 6 - 20) \$0 per day (days 21 - 100)	\$0 per day (days 1 - 20) \$100 per day (days 21 - 100)
Outpatient surgery	\$250 copay per visit	\$200 copay
Diagnostic lab	\$0 copay per visit	5% coinsurance
Diagnostic x-rays and tests	\$0 copay per visit for flat images 20% coinsurance for all others	5% coinsurance
Other outpatient procedures (e.g. chemotherapy, radiation therapy, dialysis)	20% co-insurance	5% co-insurance
Durable medical equipment	20% co-insurance	5% co-insurance
Transportation	24 one way trips	Not available
Prescription Drugs (30-day supply - Retail) Three Tier Benefit, No Deductible		
Preferred generic	\$0 copay	\$10
Preferred brand	\$25 copay	\$45
Non-preferred (brand or generic)	\$55 copay	\$100
Specialty	25% coinsurance	\$100
Coverage gap (donut hole)	Yes, for preferred generic drugs and non preferred generic drugs	Yes, for preferred generic drugs
Mail-Order Drugs (90-day supply - Mail order or select participating pharmacies) Three Tier Benefit, No Deductible		
Preferred generic	\$0 copay	\$20 copay
Preferred brand	\$50 copay	\$90 copay
Non-preferred (brand or generic)	\$110 copay	\$200 copay
Specialty	Not available thru mail order	\$200 copay
Coverage gap (donut hole)	Yes, for preferred generic drugs	Yes, for preferred generic drugs

* United Healthcare Medicare Complete also has out-of-network benefits. This includes physician office visit co-pays of \$35 for a primary care physician and \$60 for a specialist. Other services are covered with 40% member coinsurance. The in-network and out-of-network combined out-of-pocket maximum is \$10,000. There is no out-of-network prescription drug coverage. Please contact United HealthCare for complete information on out-of-network benefits. The benefits for retirees residing in Lincoln County will vary slightly from the chart provided.

** Maximum out-of-pocket includes: Inpatient-acute, inpatient and outpatient mental health, comprehensive outpatient rehab (CORF), outpatient hospital services, ambulatory surgical centers, skilled nursing facility, cardiac rehab services, lab services, occupational, physical and speech therapy, radiation therapy, radiology services, durable medical equipment, prosthetics, medical supplies, ambulance, emergency room and urgent care, and Part B drugs.
Note: Plan designs stated here are 2016 benefits. Plan designs and costs are subject to change beginning January 1, 2017.

Dental Plans to Keep You Healthy

Your dental health is as important to your overall health as it is to your smile. And keeping your teeth fit now may keep you from having major expenses later. That's why we offer two voluntary dental plans through Cigna and Delta Dental.

Comprehensive Coverage

Both dental plans help pay for the cost of routine checkups—and just about any other type of dental work you might need: crowns, root canals and even dependent orthodontia. Here's a brief description of both dental options:

Cigna K1-V9 Dental Maintenance Plan (DHMO)

This Dental Maintenance Organization (DHMO) plan lets you choose a Cigna DHMO network general dentist at enrollment who will refer you for most specialty care if needed. Your Patient Charge Schedule (PCS) lists what you pay for covered procedures.

- No deductibles, annual maximums or claim forms to complete.
- Orthodontia is covered for both children and adults.
- No referral needed to visit a Cigna DHMO network orthodontist.
- Oral cancer screening is covered for a \$50 copay.
- Out-of-network coverage isn't available

Delta Dental Preferred Provider Plan (DPPO)

With this dental PPO, you get to choose between network and non-network providers. Like with a medical PPO, your out-of-pocket costs are reduced when you choose in-network providers. Services performed by out-of-network providers are subject to Reasonable and Customary charges.

- Preventive benefits are covered at 100% with no deductibles.
- All other services include a \$50 deductible per person, then either 20% or 50% coinsurance.
- Calendar year maximum of \$1,500 per covered individual. Lifetime maximum is \$2,000 for orthodontia.

Dental options are available only to those retirees with current County dental coverage.

Cigna DHMO Plan	Delta Dental DPPO Plan
In-Network*	In-Network & Out-of-Network*

Individual Calendar Year Deductible – Employee Only	None	\$50
Individual Calendar Year Deductible – Family	None	\$150
Annual Maximum	None	\$1,500

Preventative and Diagnostic Care

Office Visits	0%, \$5 copay	0%, no deductible
X-Rays, Intra-Oral Complete Series of Radiographic Images (limit 1 every 3 years)	0%, \$5 copay (limit 1 every 3 years)*	

Basic Care

Full mouth X-Rays, Extractions, Fillings, Root Canals, Oral Surgery, Gum Disease Treatment	PCS lists your fixed copays for covered services	20% after deductible
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Major Care

Crowns	PCS lists your fixed copays for covered services	50% after deductible
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Orthodontia

Full-banded child (24 months)	\$2,040 copay (up to age 19)	50%, no deductible for child/student (dependent child up to age 19)
Full-banded adult (24 months)	\$2,385 copay*	Not covered
Lifetime Maximum	None	\$2,000

* Copayment amount may change, and other copayments may apply, depending on the services received.

Refer to your "Certificate of Coverage" for a complete list of benefits and features.

See Clearly With Vision Coverage

Administered by Anthem Blue View Vision

The advantages of vision insurance are clear—your Anthem Blue View Vision Plan provides quality vision care coverage at an affordable cost. There are no changes in cost or plan design for vision coverage.



Vision Coverage Provided Through Anthem Blue View Vision

The Anthem Blue View Vision Plan covers annual eye exams, eyeglasses, contact lenses and more for you and your eligible dependents. Plus, retirees are eligible to receive in-network and some out-of-network benefits as shown.

The benefit has been enhanced to cover transition and polycarbonate lenses for children up to age 19.

Same Leading Network Providers

The Anthem Blue View Vision Network includes many independent providers as well as these leading optical services retailers:

- LensCrafters
- Sears Optical (most locations)
- Target Optical
- Pearle Vision (most locations)
- Clarkson EyeCare

	Anthem Blue View Vision Plan	
	In-Network*	Out-of-Network*
Eye Exam (every 12 months)		
Basic Exam	\$0 copay	\$42
Standard Contact Lens Fit and Follow-Up	Member cost up to \$55	N/A
Premium Contact Lens Fit and Follow-Up	10% off retail	N/A

Frames (every 12 months, based on date of service)

Any available frame at provider location	0%, \$130 allowance; 20% off balance over \$130	\$45
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Standard Plastic Lenses (every 12 months, based on date of service)

Single Vision	\$0 copay	\$40
Bifocal	\$0 copay	\$60
Trifocal	\$0 copay	\$80
Lenticular	20% discount	Not covered

Lens Options

Standard Progressive	\$65	N/A
Premium Progressive	Up to \$110 allowance	N/A
UV Treatment	\$12	N/A
Tint (Solid or Gradient)	\$12	
Standard Plastic Scratch Coating	\$12	
Standard Polycarbonate	\$35	
Standard Anti-Reflective Coating	\$40	
Polarized	20% off retail	
Other Add-Ons	20% off retail	

Contact Lenses

Conventional	\$0 copay; \$105 allowance (then 15% off any remaining balance)	\$105
Disposables	\$0 copay; \$105 allowance (no additional discount)	\$105
Medically Necessary	\$0 copay; paid-in-full	\$210

Lasik or PRK From U.S. Laser Network

Lasik or PRK	Discounted, contact Special Offers at anthem.com/specialoffers and select vision care.	N/A
Additional Discounts When In-Network	40% off complete pair of eyeglasses or prescription sunglasses once benefit is used. 20% off items not covered by the plan, such as cleaning supplies, readers, non-prescription sunglasses, replacement contact lenses through www.anthem.com	N/A

Refer to your Vision Benefit Plan Design Description for a complete list of benefits and features.

Vision options are available only to those retirees with current County coverage.

Supplemental Benefits

These portable plans are designed to supplement the County's core benefits to provide increased personal protection for retirees.

MetLaw® Group Legal Plan

Whether you have planned legal expenses or just want to be prepared for the unexpected, St. Louis County's group legal plan through Hyatt Legal Plans is available to meet your needs. MetLaw covers representation for many personal legal services for you and your legal dependents. You may receive office consultations and/or telephone advice for virtually any personal legal matter and full representation in all covered matters. And because this is a group plan, you receive discounted coverage rates. Just \$19.00 per month provides coverage for you, a spouse/domestic partner and your unmarried dependent children.

The plan provides an easy-to-access website that helps you locate an attorney and access free downloadable legal documents, as well as a law guide, financial planning insurance and other work/life resources. For more detailed information, please visit or contact Hyatt at www.legalplans.com, **Access Code: Met Law, or 800-821-6400.**

Enrollment is available in Employee Self-Service during Open Enrollment only.

Group Automobile and Homeowners Insurance

Travelers provides group discounts on auto, homeowners, and other types of insurance coverage. Retirees are eligible to take advantage of these discounts at anytime throughout the year by contacting a local representative.

Pet Insurance

When a beloved pet becomes ill or has an accident and needs the expertise of a veterinarian, the last thing you want to think about is the cost. St. Louis County helps remove the worry by offering you a selection of flexible and affordable insurance programs to help provide your pet with the best coverage possible.

Pet Assure, the world's largest veterinary discount program, helps you save on all in-house medical services. The veterinarian gives you a discount at the time of your visit. All your pets are eligible, even elderly pets and pets with pre-existing conditions. For more information and to view area providers, visit www.petassure.com/land/stlouis.html.

Nationwide Veterinary Pet Insurance (VPI) is the nation's oldest, largest and number one veterinarian recommended pet health insurance provider. Save hundreds of dollars on premiums over the life of your pet with the 5% group discount. Rates are based on breed, age, deductible selected and state. To learn more, go to www.petsvpi.com.

Retirees sign up directly with Pet Assure and VPI if interested. Payroll deduction is not available. Enrollment in VPI is available year-round on their website, www.petsvpi.com or by calling **877.PETS.VPI (877.738.7874)**.

Premium Contribution Rates

This information shows the current monthly premiums for each benefit plan. Please review each option carefully and choose the coverage that best fits your budget and lifestyle.

Medical Premiums

COVERAGE OPTIONS	BRONZE PPO ASO PLAN	HSA PPO ASO PLAN	SILVER SELECT PPO ASO PLAN	SILVER PPO ASO PLAN	GOLD SELECT PPO ASO PLAN	GOLD PPO ASO PLAN
■ 1 Only, Medicare Eligible	\$455.16	\$479.72	\$573.36	\$686.29	\$1,100.15	\$1,335.27
■ 2 Only, Medicare Eligible	\$802.71	\$845.16	\$1,145.53	\$1,357.07	\$2,199.05	\$2,605.41
■ 1 Medicare Eligible + 1 Non-Medicare Dependent	\$1,025.59	\$1,079.83	\$1,355.46	\$1,605.75	\$2,607.77	\$3,089.75
■ 1 Medicare Eligible + 2 or more Non-Medicare Dependents	\$1,274.30	\$1,341.72	\$1,604.54	\$1,900.63	\$3,079.58	\$3,648.24
■ 2 Medicare Eligible + 1 or more Non-Medicare Dependent	\$997.80	\$1,051.61	\$1,376.80	\$1,630.77	\$2,635.96	\$3,122.70
Non-Medicare Eligible						
■ Non-Medicare Retiree Only	\$611.92	\$644.29	\$728.41	\$862.41	\$1,402.32	\$1,661.30
■ Retiree + 1 Dependent	\$1,199.39	\$1,262.83	\$1,426.95	\$1,689.92	\$2,747.74	\$3,256.74
■ Retiree & Family	\$1,713.32	\$1,803.96	\$2,038.68	\$2,414.20	\$3,925.94	\$4,650.88
MEDICARE ADVANTAGE OPTIONS	ADVANTRA HMO	GOLD ADVANTAGE OPTION 1 HMO	GOLD ADVANTAGE LOW OPTION SHELF PLAN	UHC GROUP MEDICARE ADVANTAGE PPO		
■ 1 Only Medicare Eligible	\$130	\$0	\$212	\$0		
■ 2 Only Medicare Eligible	\$260	\$0	\$424	\$0		

Dental Premiums

Coverage Options	Cigna DHMO	Delta Dental PPO
Individual	\$19.80	\$38.12
+ One Dependent	\$37.20	\$76.22
Family	\$48.30	\$114.34



Vision Premiums

Coverage Options	Anthem Blue View Vision
Individual	\$5.18
+ One Dependent	\$10.38
Family	\$14.52



Creditable Coverage Notice

Important Notice from St. Louis County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St. Louis County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. St. Louis County Government has determined that the prescription drug coverage offered by St. Louis County Government is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current St. Louis County Government coverage will be affected. Please contact St. Louis County for more information about what happens to your coverage if you join a Medicare prescription drug plan. If you do decide to join a Medicare drug plan and drop your St. Louis County Government prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with St. Louis County Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through St. Louis County Government changes. You also may request a copy of this notice at any time.

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 drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of 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**.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

Date: August 2016

Name of Entity/Sender: St. Louis County Government

Contact: Benefits Office

Address: 41 South Central Avenue, Clayton, MO 63105

Phone Number: 314.615.8110

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and therefore, whether or not you are required to pay a higher premium (a penalty).

One Call Does It All!

Important Contacts

Please contact the individual company/provider listed here to learn more about a specific benefit plan. We also invite you to speak with the Benefits Office staff when you have questions.

Benefit	Administrator	Phone	Website/Email
Medical Insurance	Aetna Health Care	800.633.0636	www.aetnavigators.com
Advantra Gold Advantage	Aetna Health Care	855-275-5888 (prospective members: 866-557-8753)	www.chcmisourimedicare.com www.UHCretiree.com
Dental Insurance	CIGNA Delta Dental	800.244.6224 800.335.8266	www.mycigna.com www.deltadentalmo.com
Vision Insurance	Anthem Blue View Vision	866.723.0515	www.anthem.com
Legal Plan	Hyatt Legal	800.821.6400	www.legalplans.com
Pet Insurance	Pet Assure Nationwide VPI	888.789.7387 877.738.7874	www.petassure.com www.petsVPI.com
Group Auto and Home Owners Insurance	Travelers	636.733.0030	www.whoisyourbroker.com
St. Louis County Benefits	Benefits Office	314.615.8110	countybenefits@stlouisco.com

This guide describes the benefit plans and policies available to you as a retiree of St. Louis County. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It doesn't contain all of the details that are included in your "Summary Plan Description" found in your other retiree benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. *Note: The benefits highlighted and described in this guide may be changed at any time and don't represent a contractual obligation—either implied or expressed—on the part of St. Louis County.*



Notes





Notes:



Saint Louis **COUNTY**

St. Louis County Government, Benefits Office
41 South Central Avenue
Clayton, MO 63105
314.615.8110

This benefit summary prepared by

 Arthur J. Gallagher & Co.