

PLAN COSTS FOR 2010	Monthly	Semi-Monthly
County Plans – Dental*		
Local Advantage – Plus		
Single	\$41.92	\$20.96
Two-Party	\$83.44	\$41.72
Family	\$123.54	\$61.77
Local Advantage - Blythe		
Single	\$29.90	\$14.95
Two-Party	\$54.12	\$27.06
Family	\$82.92	\$41.46
United Concordia DHMO – TCA21		
Single	\$19.92	\$9.96
Two-Party	\$30.40	\$15.20
Family	\$47.80	\$23.90
United Concordia DHMO – TCA36		
Single	\$14.78	\$7.39
Two-Party	\$22.28	\$11.14
Family	\$34.68	\$17.34

United Concordia PPO		
Single	\$43.88	\$21.94
Two-Party	\$78.58	\$39.29
Family	\$114.48	\$57.24
Freedom Dental Plan		
Single	\$68.86	\$34.43
Two-Party	\$125.46	\$62.73
Family	\$184.86	\$92.43

* Rates subject to final approval by the Riverside County Board of Supervisors

Medical Eye Services Plan 1	Monthly	Semi-Monthly
Single	\$9.46	\$4.73
Two-Party	\$14.28	\$7.14
Family	\$19.32	\$9.66
Medical Eye Services Plan 2		
Single	\$7.98	\$3.99
Two-Party	\$12.72	\$6.36
Family	\$17.54	\$8.77

* Rates subject to final approval by the Riverside County Board of Supervisors

For more information, visit the Benefits Web site at <http://benefits.rc-hr.com>. This Web site is a great resource for County plan participants. You can also contact the carriers directly at the phone numbers and Web sites listed below.

GENERAL CONTACTS		PHONE NUMBERS	WEB SITES
eBenefits Online Enrollment System Entry		Call the Benefits Information Line for assistance at (951) 955-4981	www.workforceexchange.net or http://intranet.co.riverside.ca.us
Riverside County Human Resources Benefits Information Line		(951) 955-4981 TTY (951) 955-8688	www.workforceexchange.net (select the benefits tab) or http://intranet.co.riverside.ca.us
CalPERS		(888) 225-7377	www.calpers.ca.gov
Medical Contacts	Blue Shield of California	(800) 334-5847	www.mylifepath.com
	Exclusive Care	(800) 962-1133 (press option 1)	www.exclusivecare.com
	Kaiser (HMO)	(800) 464-4000	www.kp.org
	PERSCare	(888) 225-7377	www.calpers.ca.gov
	PERSChoice	(888) 225-7377	www.calpers.ca.gov
	PERS Select	(888) 225-7377	www.calpers.ca.gov
	PORAC	(800) 937-6722	www.porac.org
Dental Contacts	Concordia TCA Plans (HMO)	(800) 937-6432	www.ucci.com
	Concordia Preferred (PPO)	(800) 332-0366	www.ucci.com
	Freedom Dental	(888) 540-9488	www.workforceexchange.net
	Local Advantage Plus	(888) 540-9488	www.workforceexchange.net
Vision Contacts	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
	Medical Eye Services	(800) 877-6372	www.mesvision.com

2010

2010 Benefits Annual Enrollment



Annual Enrollment for County employees is coming up! In an effort to manage our print communication resources more wisely, we are sending you this shorter, streamlined guide.

This guide gives you all the new information you need to enroll for your 2010 benefits, such as changes to the County's plans, rates for the new year, and instructions for enrolling online.

If you would like more detailed information about each plan or the rules that govern our benefit programs, please go to <http://benefits.rc-hr.com>. The medical plan comparison charts are available online now; the full 2010 enrollment guide will be available online by September 15, 2009. Printed copies of the full enrollment guide will be available at the Benefits Fairs; you may also request one from your department Human Resources representative.

RIVERSIDE COUNTY ANNUAL ENROLLMENT: OCTOBER 5 — OCTOBER 30, 2009

This includes enrollment in all County plans: medical, dental, vision, Flexible Spending Accounts (Health Care and Dependent Care), and supplemental life insurance.

CalPERS ANNUAL ENROLLMENT: SEPTEMBER 14 — OCTOBER 9, 2009

Once again, employees who are eligible for CalPERS medical plans (DDAA, LEMU, and RSA Public Safety Unit employees) will enroll for all health care plans (medical, dental, vision, and Flexible Spending Accounts) during the CalPERS Annual Enrollment period. The election period for supplemental life insurance will remain October 5 through October 30, 2009.

Your Options During Annual Enrollment

Annual Enrollment is your opportunity to:

- Change your medical, dental, vision, or supplemental life insurance plan elections;
- Replace your Blue Shield PPO plan coverage (see page 3);
- Add or drop dependent coverage;
- Enroll or re-enroll in a Flexible Spending Account (FSA) for the 2010 plan year; OR
- Participate in the County's Medical Waiver program, under which you may decline County-sponsored medical coverage and receive reduced Flexible Benefit credits in the form of cash or other benefits. You must meet the eligibility rules described in the Memorandum of Understanding that governs your bargaining unit and provide information about your other group coverage.

The benefit elections you make during Annual Enrollment will remain in effect for the entire 2010 plan year (if you remain eligible for benefits). After Annual Enrollment ends, you can make changes to your health care and FSA coverage **ONLY** if they are on account of and consistent with a qualified change of status, as defined by the IRS. If you do not want to make changes to your benefits or enroll in an FSA, you do not need to do anything now—unless you are currently enrolled in the Blue Shield PPO plan.

Remember, if you're currently enrolled in an FSA, you have until March 15, 2010, to incur expenses and use any funds remaining in your account from 2009. If you would like to participate in an FSA for 2010, you MUST re-enroll during Annual Enrollment.

IMPORTANT NOTE FOR CALPERS MEMBERS: The medical plan you select and the dependents you list on your CalPERS HBD-12 enrollment form must match the information you enter on the County's eBenefits online enrollment system. The County will be using this information to process your payroll deduction. If there is a discrepancy between what you elect online and what you elect on your HBD-12 enrollment form, the County will use your HBD-12 enrollment form to determine your coverage election and adjust your deductions accordingly.



Alternative formats available upon request. Contact the Benefits Information Line at (951) 955-4981 as soon as possible. It may take up to two weeks to fulfill your request.

How to Enroll During Annual Enrollment

Online enrollment. Plan changes, dependent additions or deletions, plan waivers, and proof of insurance require an online enrollment using the County's eBenefits enrollment process.

- Your online ID and password are listed on the Personalized Annual Enrollment Statement that was mailed to you with this guide. You can access the online enrollment system on any computer with Web/Internet access at www.workforceexchange.net or from a County computer at <http://intranet.co.riverside.ca.us>.
- Assistance and computer access will be available at each of the Benefits Fairs (see page 3). Computers are also available during business hours at the County Administrative Center in Riverside at 4080 Lemon Street, First Floor, in the Human Resources reception area, and in Moreno Valley at the County Professional Center (CPC) in Human Resources at 14375 Nason Street, Suite 212. You can also contact your department Human Resources representative to ask about access to department computers for enrollment or visit your local library.

Dependent documentation. If you are enrolling a spouse, a domestic partner, or child(ren) for whom you have legal custody for the first time, you will need to provide supporting documentation by October 30, 2009. You will also be required to provide a Social Security number for each dependent you enroll in a County-sponsored health plan. Your online enrollment for the dependent cannot be processed without the supporting documentation.

Enrolling same-sex spouses or domestic partners.

If you want to enroll or dis-enroll a same-sex spouse/domestic partner, or a same-sex spouse/domestic partner's child, you must complete a Benefit Election Form, available at <http://benefits.rc-hr.com> or from your department Human Resources representative. These changes cannot be made online using eBenefits.

Supplemental life insurance enrollment. As a County employee, you are provided a limited life insurance benefit. If you wish to purchase additional supplemental life insurance or make changes to your existing supplemental life insurance, you will need to complete and submit the life insurance enrollment forms. Forms are available online at <http://benefits.rc-hr.com>, from your department Human Resources representative, and at the

Benefits Fairs. If you wish to purchase insurance above the guaranteed coverage amount, your application will have to be approved by the insurance company. See the full enrollment guide for details.

Waiving County Medical Coverage

If you are eligible for the County's Medical Waiver program, you may choose to decline County-sponsored medical coverage and receive reduced Flexible Benefit Credits. In order to qualify for Medical Waiver, you must do ALL of the following:

- Meet the criteria, including date of hire, described in the Memorandum of Understanding or resolution that governs your bargaining unit.
- Elect the "Medical Waiver" option when completing your online enrollment. This is an important step. DO NOT select the option labeled "Waive," or you will lose your Flexible Benefit Credits.
- Provide proof that you are covered by other group medical coverage (for example, your spouse's medical plan).
- Enroll in at least one of the other County-sponsored health care plans, such as dental, employee-paid vision, or the Health Care FSA. If you are using the Health Care FSA, remember that you must re-enroll in this coverage each year during Annual Enrollment.

If you waive medical coverage but do not meet the criteria above, you will receive no Flexible Benefit Credits. Rules and requirements for Medical Waiver eligibility are discussed in the full enrollment guide.

Join Us at a Benefits Fair

On the next page is a list of enrollment Benefits Fairs. The following services will be available to you at these fairs:

- Human Resources will have computers and staff available to help you with your online enrollment.
- Representatives from all of the County plans will be available to answer your questions.
- Flu shots will be available at most fairs, as indicated on the schedule.
- Additional information, such as full-length enrollment guides and provider directories, will be available to help you make your 2010 benefit elections.

2010 BENEFITS FAIR SCHEDULE

Facility	Date	Time	Location
Indio – Workforce Development Center* Indio, CA 92201	Wednesday 9/30/09	8:00 – 10:00 <i>CalPERS only</i>	44-199 Monroe Street Conference Center, Room 402
Flood Control District* Riverside, CA 92501	Tuesday 10/06/09	12:00 – 4:00	1995 Market Street
Department of Public Social Services (DPSS)*² Riverside, CA 92503	Wednesday 10/07/09	9:00 – 2:00 <i>(CalPERS: 12:00 - 2:00)</i>	4060 County Circle Drive Patio Area
EDA Workforce Development Center* Riverside, CA 92507	Thursday 10/08/09	10:00 – 1:00	1151 Spruce Street
Banning – Department of Public Social Services* Banning, CA 92220	Tuesday 10/13/09	10:00 – 1:00	63 S. 4th Street
Riverside County Regional Medical Center (RCRMC) Moreno Valley, CA 92555	Wednesday 10/14/09	9:00 – 3:00	26520 Cactus Avenue Room A1022 & Lunch Patio
Hemet – Workforce Development Center* Hemet, CA 92543	Thursday 10/15/09	10:00 – 2:00	1025 N. State Street
Desert Drug Court Facility* Cathedral City, CA 92234	Tuesday 10/20/09	11:00 – 2:00	68-625 Perez Road Suite 9B
Indio – Workforce Development Center* Indio, CA 92201	Wednesday 10/21/09	11:00 – 3:00	44-199 Monroe Street Conference Center, Room 402
Blythe – County Administration Center* Blythe, CA 92225	Thursday 10/22/09	10:00 – 1:00	260 North Broadway
Riverside County Administration Center (CAC)* Riverside, CA 92501	Wednesday 10/28/09	9:00 – 3:00	4080 Lemon Street Front Lobby
Coroner's Office* Perris, CA 92570	Thursday 10/29/09	10:00 – 2:00	800 S. Redlands

* Flu shots available at this fair.

¹ The Benefits Fair on 9/30/09 is only for employees with CalPERS-sponsored health plans. CalPERS representatives will be available to answer your questions at this fair.

² The Benefits Fair on 10/07/09 is for employees with County-sponsored health plans and CalPERS-sponsored health plans. CalPERS representatives will be available to answer your questions at this fair only from 12:00 – 2:00.

What's New for 2010?

The following changes will go into effect on January 1, 2010, pending approval by the Riverside County Board of Supervisors.

Elimination of the Blue Shield PPO plan. Years of high medical claims and low enrollment have made the PPO plan too expensive for the County's benefits program. The PPO has therefore been eliminated for 2010. To give employees who prefer a medical plan with an out-of-network option an alternative to the HMO and EPO plans, we will offer the Exclusive Care Select point-of-service (POS) plan, which is described on pages 4-5.

Enhanced United Concordia PPO dental plan benefits.

The County is pleased to announce the following improvements for 2010:

- The calendar year maximum benefit per person will increase to \$1,500 in-network and \$1,200 out-of-network.
- The lifetime maximum benefit for orthodontia will increase to \$1,500 in-network and \$1,200 out-of-network.
- In addition, you'll see a small reduction in your contributions for this plan.

Improved benefits for mental health and substance abuse treatment. In accordance with the new Mental Health Parity and Addiction Equity Act of 2008, which was recently passed by Congress, your mental health/substance abuse benefits will be improved under all of your medical plans. The Act requires that plan members' share of the cost for mental health and chemical dependency services not be higher than for other health care services. Also, there will no longer be separate limits on the number of outpatient visits or inpatient stays.

If you are currently enrolled in the Blue Shield PPO plan, please select a new medical plan during Annual Enrollment. If you do not make a selection, you and your enrolled dependents will automatically be enrolled in the new Exclusive Care Select POS plan.

Changes to your Blue Shield HMO plan benefits. The following changes will go into effect in 2010:

- The calendar year out-of-pocket maximum will change to \$1,500/person and \$3,000/family.
- The emergency room copayment will increase to \$100 per visit (waived if admitted).
- Durable medical equipment will be covered at 50%, to a maximum benefit of \$2,000 per calendar year.
- The inpatient substance abuse benefit will include treatment for detoxification only.
- Chiropractic care will no longer be covered. However, discounts of 25% or more are available through Blue Shield's Alternative Care Discounts program. Go to www.blueshieldca.com. Click on "Health & Wellness," then click on "Wellness Discount Programs."

Changes to your Exclusive Care EPO plan benefits. The following changes will go into effect in 2010:

- The chiropractic benefit will include 12 visits per calendar year.
- If you take maintenance medication, you will be required to get your drugs through the mail-order pharmacy service after a 30-day trial period.
- The emergency room copayment at a network facility will increase to \$100 per visit (waived if admitted).
- Durable medical equipment will be covered at 50%, to a maximum benefit of \$2,000 per calendar year.

Changes to your contributions. Your contributions toward your health care coverage will change. See pages 6-8 for 2010 benefit plan rates.

NEW! Exclusive Care Select Plan

The Exclusive Care Select plan is a point-of-service (POS) plan that gives you the flexibility to choose from three levels of medical coverage. Each time you need medical care, you get to decide which of the following tiers is best for you.

Tier 1: the Exclusive Care Select network provides comprehensive coverage through Exclusive Care, a focused network of hospitals, medical groups, and physicians.

Tier 2: the national provider network* provides excellent network coverage throughout the state, as well as coverage anywhere in the country.

Tier 3: out-of-network providers are covered by the plan as long as they are licensed providers. Keep in mind your out-of-pocket costs will be higher, as these providers do not offer discounted rates.

The plan pays more—and your out-of-pocket costs are lower—when you receive services from providers in Tier 1 or Tier 2. Because the plan uses Exclusive Care's provider network and a national network, you have access to thousands of doctors, hospitals, and facilities.

To view the Exclusive Care provider directory online, go to www.exclusivecare.com (click on the "Providers" link and select "Exclusive Care Provider Directory"). You may also contact Exclusive Care at (800) 962-1133.

EXCLUSIVE CARE CENTERS OF EXCELLENCE
The plan uses Centers of Excellence for certain procedures, such as specialty surgery and transplants, and for orthopedic, cardiac, and oncology treatment. Centers of Excellence are specific facilities and providers that have been identified by the plan as leaders in their field and can deliver services with the highest quality of care in the most cost-effective manner.

See the next page for an overview of the Exclusive Care Select plan benefits. Overviews of all County medical and dental plans are available online at www.workforceexchange.net.

** The County was still finalizing arrangements with the national provider network when this guide was printed. Information about this network will be available online at <http://benefits.rc-hr.com> on September 15, 2009.*

PLEASE USE THE FOLLOWING FOOTNOTE REFERENCES WITH THE EXCLUSIVE CARE SELECT BENEFITS CHART ON THE FOLLOWING PAGE.

- 1 You will pay any amount charged by an out-of-network provider that is in excess of the plan's fee schedules.
- 2 Benefits are not subject to deductible.
- 3 Deductibles and copayments do not count toward the out-of-pocket maximum.
- 4 The plan uses Centers of Excellence for certain procedures, such as specialty surgery and transplants, and for orthopedic, cardiac, and oncology treatment. Centers of Excellence are designated by the plan and are characterized by exemplary results in the area of specialty.

EXCLUSIVE CARE SELECT POS

This chart highlights the Exclusive Care Select plan benefits. It is not the Summary Plan Description (SPD). If any discrepancy exists between this summary and the official plan documents, the official plan documents will prevail.

	Tier 1: Exclusive Care Network	Tier 2: National Network	Tier 3: Out-of-Network
Choice of Physician	Any Exclusive Care contracted provider	Any network provider	Any licensed provider
Calendar Year Deductible	\$250/person \$750/family	\$500/person \$1,500/family	\$1,000/person \$3,000/family
Calendar Year Out-of-Pocket Maximum	\$1,500/person \$4,500/family	\$2,500/person \$7,500/family	\$5,000/person \$15,000/family
Lifetime Maximum Benefit	\$1,000,000/person		
Pre-existing Condition Limitation	Fully covered	Fully covered	Fully covered
Office Visit Benefits			
Diagnostic X-ray & Lab	90% after deductible	80% after deductible	60% after deductible ¹
Immunizations	100% after \$10 copay ²	100% after \$25 copay ²	Not covered
Maternity Care	90% after deductible	80% after deductible	60% after deductible ¹
Periodic Health Evaluations/Physicals	100% after \$10 copay ²	100% after \$25 copay ²	Not covered
Physician Office Visits	Primary care physician: 100% after \$10 copay ² Specialist: 100% after \$20 copay ²	Primary care physician: 100% after \$25 copay ² Specialist: 100% after \$50 copay ²	60% after deductible ¹
Vision Exams	100% after \$10 copay ²	100% after \$25 copay ²	Not covered
Well Baby Care	100% after \$10 copay ²	100% after \$25 copay ²	Not covered
Well Woman Care	100% after \$10 copay ²	100% after \$25 copay ²	Not covered
Prescription Drugs			
Network Retail Pharmacies (30- to 34-day supply)	Generic drugs: 100% after \$15 copay / Preferred brand-name drugs: 100% after \$25 copay Nonpreferred drugs: 100% after \$40 copay / Significant or new therapeutic class drugs: 50%		
Network Mail Order (90-day supply)	Generic drugs: 100% after \$30 copay / Preferred brand-name drugs: 100% after \$50 copay Nonpreferred drugs: 100% after \$80 copay / Mail-order is MANDATORY for maintenance medications after a 30-day trial		
Hospital and Emergency Room Service			
Ambulance (medically necessary)	90% after deductible	80% after deductible	80% after deductible ¹
Ambulatory Surgical Center	90% after deductible ⁴	80% after deductible ⁴	60% after deductible ⁴
Physician Hospital Visits	100% after \$10 copay ²	100% after \$25 copay ²	60% after deductible ¹
Inpatient Hospital	90% after deductible ⁴	80% after deductible ⁴	60% after deductible ⁴
Outpatient Hospital	90% after deductible ⁴	80% after deductible ⁴	60% after deductible ^{1,4}
Hospital Emergency Room	90% after a \$50 copay ²	80% after a \$100 copay ²	80% after a \$100 copay ²
Urgent Care	100% after \$20 copay/visit ²	100% after \$50 copay/visit ²	60% after deductible ^{1,2}
Mental Health Treatment			
Inpatient Benefit	90% after deductible ³	80% after deductible ³	60% after deductible ^{1,3}
Outpatient Benefit	100% after \$20 copay ³		60% after deductible ^{1,3}
Substance Abuse Treatment			
Inpatient Program	90% after deductible ³	80% after deductible ³	60% after deductible ^{1,3}
Inpatient Detoxification	90% after deductible ³	80% after deductible ³	60% after deductible ^{1,3}
Outpatient Office Visits	100% after \$20 copay ³		60% after deductible ^{1,3}
Other Benefits			
Allergy Testing & Treatment	90% after deductible	80% after deductible	Not covered
Chiropractic	Not covered	Not covered	Not covered
Durable Medical Equipment	90% after deductible, up to combined max of \$1,000/cal. year	80% after deductible, up to combined max of \$1,000/cal. year	60% after deductible, up to combined max of \$1,000/cal. year
Family Planning - Elective Pregnancy Termination - Infertility Services - Tubal Ligation - Vasectomy	90% after deductible Not covered 90% after deductible 90% after deductible	80% after deductible Not covered 80% after deductible 80% after deductible	Not covered
Home Health Care	90% after deductible, up to combined max of 26 days/cal. year	80% after deductible, up to combined max of 26 days/cal. year	60% after deductible, up to combined max of 26 days/cal. year
Hospice - Routine home and inpatient respite care	90% after deductible	80% after deductible	60% after deductible
Hospice - 24-hour continuous home care and general inpatient care	90% after deductible	80% after deductible	60% after deductible
Physical Therapy	90% after deductible; limited to 20 visits/cal. year	80% after deductible; limited to 20 visits/cal. year	60% after deductible; limited to 20 visits/cal. year
Skilled Nursing Facility	90% after deductible, up to combined max of 100 days/cal. year	80% after deductible, up to combined max of 100 days/cal. year	60% after deductible, up to combined max of 100 days/cal. year

Flexible Benefit Credits

To help you with the cost of benefits, the County of Riverside provides Flexible Benefit Credits. You may also qualify for a Premium Subsidy if you are in an eligible bargaining unit and you elect to enroll one or more dependents; please see the chart below for more information. The Flexible Benefit Credits you receive and your eligibility for a Premium Subsidy are determined by the applicable union Memorandum of Understanding or Management, Confidential and Unrepresented Resolution that governs your bargaining unit. See the table below for the Flexible Benefit Credits you will receive beginning pay period 25 of 2009 for January 2010 premiums:

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2010 FLEXIBLE BENEFIT CREDITS				
Bargaining Unit	Monthly Flex Credit	Semimonthly Flex Credit	Monthly Flex Credit	Semimonthly Flex Credit
	Enrolled in County Medical Plan		Not Enrolled in County Medical Plan (Medical Waiver)	
Management	\$651.28	\$325.64	\$434.00	\$217.00
Confidential	\$651.28	\$325.64	\$434.00	\$217.00
Unrepresented	\$651.28	\$325.64	\$434.00	\$217.00
Unrepresented Mgt. Atty.	\$535.40	\$267.70	\$325.40	\$162.70
LIUNA	\$657.88	\$328.94	\$425.40	\$212.70
SEIU	\$635.40	\$317.70	\$465.00	\$232.50
DDAA	\$635.40	\$317.70	\$425.40	\$212.70
LEMU*	\$787.28	\$393.64	0.00	0.00
RSA - Public Safety	\$635.00	\$317.50	\$456.72	\$228.36
Physician Residents	\$751.28	\$375.64	\$312.50	\$156.25

*Flex Credits for LEMU members will become effective January 14, 2010.

Premium Subsidy Employees in the SEIU and LIUNA bargaining units, and employees in the Confidential unit who are covered by the Management Resolution—and whose position classification has an annual salary maximum of \$53,000 or less—are eligible for a Premium Subsidy. The premium shown on your personalized enrollment statement has been reduced to reflect this additional employer-paid contribution. If you are in either of these two bargaining units, please see the table below for the Premium Subsidy contribution you will receive as a reduction to your 2010 medical plan premiums.

2010 PREMIUM SUBSIDY FOR SEIU, LIUNA, AND EMPLOYEES IN CERTAIN SALARY GRADES WHO ARE COVERED BY THE MANAGEMENT RESOLUTION			
Monthly Flex Premium Subsidy	Semi-Monthly Premium Subsidy	Monthly Flex Premium Subsidy	Semi-Monthly Premium Subsidy
Family Coverage		Two-Party Coverage	
\$100.00	\$50.00	\$25.00	\$12.50

Health Care Rates for 2010 Rates are deducted semi-monthly (twice a month), which means deductions are taken from your paycheck during 24 pay periods each year. When you receive a third check in a month, it will not include a Flexible Benefit Credit or a deduction for your health plans, unless you owe for uncollected premiums. To see your net out-of-pocket cost for health care coverage, remember to subtract your Flex Credit (see above) from the contributions shown on the following pages. These rates DO NOT reflect the Premium Subsidy for SEIU and LIUNA members. Your bargaining or representation unit determines which medical plans you may choose.

MEDICAL PLAN ELIGIBILITY		
Eligible for County Medical Plans		Eligible for CalPERS Medical Plan
Elected Officials	Confidential Employees	DDAA Represented Employees
SEIU Represented Employees	Unrepresented Employees	LEMU Represented Employees
LIUNA Represented Employees	Resident Physicians	RSA Public Safety Unit Employees
Management Employees		

PLAN COSTS FOR 2010	Monthly	Semi-Monthly
County Medical Plans*		
Exclusive Care EPO		
Single	\$354.86	\$177.43
Two-Party	\$724.26	\$362.13
Family	\$911.10	\$455.55
Blue Shield HMO		
Single	\$487.30	\$243.65
Two-Party	\$972.58	\$486.29
Family	\$1,263.76	\$631.88
Kaiser HMO		
Single	\$469.00	\$234.50
Two-Party	\$936.00	\$468.00
Family	\$1,216.00	\$608.00
Exclusive Care Select POS		
Single	\$1,020.98	\$510.49
Two-Party	\$2,041.38	\$1,020.69
Family	\$2,653.18	\$1,326.59

* Rates subject to final approval by the Riverside County Board of Supervisors

PLAN COSTS FOR 2010	Monthly	Semi-Monthly
CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego, and Imperial Counties)		
Blue Shield Access+ HMO		
Single	\$485.30	\$242.65
Two-Party	\$970.58	\$485.29
Family	\$1,261.76	\$630.88
Blue Shield HPN		
Single	\$420.60	\$210.30
Two-Party	\$841.18	\$420.59
Family	\$1,093.54	\$546.77
Kaiser		
Single	\$455.00	\$227.50
Two-Party	\$909.98	\$454.99
Family	\$1,182.98	\$591.49
PERSCare		
Single	\$806.90	\$403.45
Two-Party	\$1,613.78	\$806.89
Family	\$2,097.92	\$1,048.96
PERS Choice		
Single	\$472.84	\$236.42
Two-Party	\$945.66	\$472.83
Family	\$1,229.36	\$614.68
PERS Select		
Single	\$441.42	\$220.71
Two-Party	\$882.82	\$441.41
Family	\$1,147.68	\$573.84
PORAC		
Single	\$484.00	\$242.00
Two-Party	\$906.00	\$453.00
Family	\$1,151.00	\$575.50
Exclusive Care EPO*		
Single	\$354.86	\$177.43
Two-Party	\$724.26	\$362.13
Family	\$911.10	\$455.55

* Exclusive Care rates subject to final approval by the Riverside County Board of Supervisors

PLAN COSTS FOR 2010	Monthly	Semi-Monthly
CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)		
Blue Shield Access+ HMO		
Single	\$424.70	\$212.35
Two-Party	\$849.38	\$424.69
Family	\$1,104.20	\$552.10
Blue Shield HPN		
Single	\$368.06	\$184.03
Two-Party	\$736.12	\$368.06
Family	\$956.96	\$478.48
Kaiser		
Single	\$413.18	\$206.59
Two-Party	\$826.34	\$413.17
Family	\$1,074.24	\$537.12
PERSCare		
Single	\$772.06	\$386.03
Two-Party	\$1,544.10	\$772.05
Family	\$2,007.34	\$1,003.67
PERS Choice		
Single	\$452.42	\$226.21
Two-Party	\$904.82	\$452.41
Family	\$1,176.28	\$588.14
PERS Select		
Single	\$422.36	\$211.18
Two-Party	\$844.70	\$422.35
Family	\$1,098.12	\$549.06
PORAC		
Single	\$484.00	\$242.00
Two-Party	\$906.00	\$453.00
Family	\$1,151.00	\$575.50
Exclusive Care EPO*		
Single	\$354.86	\$177.43
Two-Party	\$724.26	\$362.13
Family	\$911.10	\$455.55

* Exclusive Care rates subject to final approval by the Riverside County Board of Supervisors

Annual Enrollment is also your opportunity to enroll for supplemental life insurance. Forms are available online at www.workforceexchange.net, at a Benefits Fair, or from your department Human Resource representative.

LINCOLN FINANCIAL GROUP SUPPLEMENTAL LIFE RATES	
Age of Employee	Monthly Rate per \$1,000 of Coverage
< 29	\$0.07
30-34	\$0.07
35-39	\$0.10
40-44	\$0.16
45-49	\$0.26
50-54	\$0.44
55-59	\$0.70
60-64	\$0.87
65-80	\$1.64
Monthly Rates for Covering Children	
Coverage Amount	Monthly Rate
\$5,000	\$1.00
\$10,000	\$2.00

STANDARD SUPPLEMENTAL LIFE RATES	
Age of Employee	Monthly Rate per \$1,000 of Coverage
< 29	\$0.040
30-34	\$0.050
35-39	\$0.060
40-44	\$0.090
45-49	\$0.140
50-54	\$0.230
55-59	\$0.430
60-64	\$0.540
65-80	\$1.270
Monthly Rates for Covering Children	
Coverage Amount	Monthly Rate
\$5,000	\$0.35
\$10,000	\$0.70