

Open enrollment 2012

October 31–November 18, 2011



King County

Benefits, Payroll and
Retirement Operations

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Regence BlueShield to administer KingCareSM in 2012

Beginning Jan. 1, 2012, the medical benefits in the KingCareSM plan will be administered by Regence BlueShield instead of Aetna. The Deputy Sheriff Plan will continue to be administered by Aetna, based on the deputy sheriff collective bargaining agreement.

The change to Regence means savings for the county based on lower fees to administer the KingCareSM plan. You will need to check with your health care providers to see if they are part of the Regence network, which is very comparable to the Aetna network in physicians, clinics and hospitals.

The change to Regence does not mean a change in your medical benefits or out-of-pocket expenses—they will remain the same as they are now through 2012. If you stay with or choose KingCareSM for 2012, you will continue to receive your prescription drug coverage through Express Scripts. **Learn more about the change to Regence and other benefit changes, beginning on page 5.**

Open enrollment runs three weeks this year

Open enrollment will run **Oct. 31 – Nov. 18, 2011**, during which time you may make changes online at www.kingcounty.gov/mybenefits.

You may choose between KingCareSM, administered by Regence BlueShield, and SmartCare Connect, powered by Group Health. Deputy sheriffs, based on their collective bargaining agreement, may choose between the Deputy Sheriff Plan, administered by Aetna, and Smart Care Connect.

How you can prepare for open enrollment

- Read this open enrollment mailer.
- Visit www.kingcounty.gov/employees/openenrollment, the County's open enrollment website, for more information and updates.
- Contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov when you have questions or need assistance.

Remember the benefit access fee

You must go online during open enrollment to remove the benefit access fee if your covered spouse or domestic partner does not have access to medical coverage through an employer.

During open enrollment, the county resets the fee for every employee covering a spouse or domestic partner so that those employees will automatically begin paying the \$50/month fee in the new year. If you are eligible not to pay the benefit access fee, you must go online during open enrollment to select one of the \$0 exceptions—otherwise, the county will automatically begin deducting the \$50/month fee from your first paycheck in January 2012. You may later notify us that you qualify for an exception and would like to discontinue the fee, but you will **not** be reimbursed any fees you've already paid.

If you'll be continuing medical coverage for a spouse or domestic partner who has access to medical coverage, you don't need to update your benefit access fee—the benefit access fee deduction from your paycheck will automatically be continued in 2012.

Why go online during open enrollment?

If you can check any of these boxes, you must go online during open enrollment:

- Do you want to change medical plans?
- Do you want to review family coverage?
- Do you need to remove the automatic benefit access fee because your spouse or domestic partner does not have access to medical coverage through an employer?
- Do you want to cover a dependent or an adult child, age 23-25, not currently on your coverage?
- Do you want to use a flexible spending account (FSA) for health care or dependent care in 2012?
- Do you want to update your emergency contact information?

KingCareSM expenses for regular employees and transit operators

This table shows the 2012 annual deductibles, coinsurance and prescription drug coverage for KingCareSM, administered by Regence, which are the same as 2011.

| KingCare SM | Gold | Silver | Bronze |
|--|---|---|---|
| Annual deductible | \$300 per individual \$900 per family | \$600 per individual \$1,800 per family | \$800 per individual \$2,400 per family |
| Coinsurance paid by Regence | 85% network 65% out-of-network | 75% network 55% out-of-network | 75% network 55% out-of-network |
| Prescription drugs (30-day supply) | \$7 generic \$30 preferred brand \$60 non-preferred brand | \$7 generic \$30 preferred brand \$60 non-preferred brand | \$7 generic \$30 preferred brand \$60 non-preferred brand |
| Prescription drugs (90-day supply by mail) | \$14 generic \$60 preferred brand \$120 non-preferred brand | \$14 generic \$60 preferred brand \$120 non-preferred brand | \$14 generic \$60 preferred brand \$120 non-preferred brand |
| Annual out-of-pocket maximum (plus annual deductible) | <i>Network</i> \$800 per individual \$1,600 per family <i>Out-of-network</i> \$1,600 per individual \$3,200 per family | <i>Network</i> \$1,000 per individual \$2,000 per family <i>Out-of-network</i> \$1,800 per individual \$3,600 per family | <i>Network</i> \$1,200 per individual \$2,400 per family <i>Out-of-network</i> \$2,000 per individual \$4,000 per family |
| Lifetime maximum | No limit | No limit | No limit |

Steps to follow for a successful open enrollment

- ✓ Go online to www.kingcounty.gov/mybenefits.
- ✓ Sign in to PeopleSoft with your user ID and password.
- ✓ Review the information identified in the online checklist after you sign in.
- ✓ Remove the benefit access fee if your spouse or domestic partner does not have access to medical coverage through an employer.
- ✓ Print the confirmation of your changes.
- ✓ Submit your changes by clicking on the **Final Submit** button.
- ✓ Return to www.kingcounty.gov/mybenefits in December to review your changes.

SmartCare Connect expenses for regular employees and transit operators

This table shows the 2012 annual deductibles, copays and prescription drug coverage for SmartCare Connect, powered by Group Health, which are the same as 2011.

| SmartCare Connect | Gold | Silver | Bronze |
|--|---|---|---|
| Annual deductible | None | None | None |
| Coinsurance | None | None | None |
| Copay | \$20 | \$35 | \$50 |
| Prescription drugs (30-day supply) | \$10 generic \$20 preferred brand \$30 non-preferred brand | \$10 generic \$20 preferred brand \$30 non-preferred brand | \$10 generic \$20 preferred brand \$30 non-preferred brand |
| Prescription drugs (90-day supply by mail) | \$20 generic \$40 preferred brand \$60 non-preferred brand | \$20 generic \$40 preferred brand \$60 non-preferred brand | \$20 generic \$40 preferred brand \$60 non-preferred brand |
| Annual out-of-pocket maximum | <i>Network</i> \$1,000 per individual \$2,000 per family <i>Out-of-network</i> Limited coverage | <i>Network</i> \$2,000 per individual \$4,000 per family <i>Out-of-network</i> Limited coverage | <i>Network</i> \$3,000 per individual \$6,000 per family <i>Out-of-network</i> Limited coverage |
| Lifetime maximum | No limit | No limit | No limit |

Before going online during open enrollment, visit
www.kingcounty.gov/employees/openenrollment
 for updates to this mailer.

If you have questions, contact
 Benefits, Payroll and Retirement Operations at
 206-684-1556 or kc.benefits@kingcounty.gov.

Deputy sheriffs—Deputy Sheriff Plan and SmartCare Connect expenses

If you're a deputy sheriff, this table shows you the 2012 out-of-pocket expenses for the Deputy Sheriff Plan, administered by Aetna according to your collective bargaining agreement, and SmartCare Connect, powered by Group Health, which are the same as 2011.

| | Deputy Sheriff Plan Gold | Deputy Sheriff Plan Silver | SmartCare Connect Gold | SmartCare Connect Silver |
|--|---|---|--|--|
| Annual deductible | \$50 individual \$150 family | \$600 individual \$1,800 family | No annual deductible | No annual deductible |
| Coinsurance | 90% network 70% out-of-network (percentage paid by Aetna) | 80% network 60% out-of-network (percentage paid by Aetna) | No coinsurance | No coinsurance |
| Copay | No copay | No copay | \$7 copay | \$20 copay |
| Prescription drugs (30-day supply) | \$7 generic \$12 preferred brand \$25 non-preferred brand | \$7 generic \$30 preferred brand \$60 non-preferred brand | \$5 generic \$5 preferred brand (non-preferred brands not covered) | \$10 generic \$15 preferred brand (non-preferred brands not covered) |
| Prescription drugs (90-day supply by mail) | \$14 generic \$24 preferred brand \$50 non-preferred brand | \$14 generic \$60 preferred brand \$120 non-preferred brand | \$10 generic \$10 preferred brand (non-preferred brands not covered) | \$20 generic \$30 preferred brand (non-preferred brands not covered) |
| Annual out-of-pocket maximum (plus annual deductible) | <i>Network</i> \$375 individual \$1,125 family <i>Out-of-network</i> \$1,600 individual \$3,200 family | <i>Network</i> \$1,000 individual \$2,000 family <i>Out-of-network</i> \$2,800 individual \$3,600 family | \$1,000 individual \$2,000 family | \$1,500 individual \$3,000 family |
| Lifetime maximum | No limit | No limit | No limit | No limit |

What the change to Regence means for you

When Regence BlueShield becomes the new third-party administrator of the KingCareSM plan on Jan. 1, 2012, Regence will process claims and provide customer service just as Aetna does now. You will continue to use Express Scripts for your prescriptions, and your benefits and out-of-pocket expenses in 2012 will remain the same as they are now. **For other 2012 benefit changes, see page 6.**

KingCareSM is a self-insured plan, which means that King County covers the cost of your medical care after you pay coinsurance or copays. To handle the claims processing, the county hires a third-party administrator, which is who you or your doctor submits claims to.

For the past decade, the county has contracted with Aetna to serve as its third-party administrator for KingCareSM. Every five years, the county conducts the necessary procurement process to select the third-party administrator that offers the best pricing and overall services for the county.

In 2011, the county selected Regence based on the information the company provided and projected savings of \$6 million/year to manage KingCareSM.

The selection of Regence through this procurement process will not change the KingCareSM benefits you currently receive.

Your new network

With Regence, you will have access to an extensive network of health care providers and the worldwide Blue Cross and Blue Shield network of providers. But, you will need to check with your health care providers to see if they are part of the Regence network, which is very comparable to the Aetna network in physicians, clinics and hospitals. On Oct. 24, 2011, you will be able to review the list of Regence network providers at www.myhealthtoolkitrgw.com. This website is also where you will access your claims online, find health and wellness information and more, beginning Jan. 1.

While most health care providers will remain the same, there may be fewer providers for some services. For example, there are fewer alternative medicine providers, such as massage therapists and acupuncturists. Of course, you can always use your same health care providers with Regence. However, as with Aetna, under the terms of the plan, if your doctor is not a Regence network provider, you will pay more for the services you receive, you will pay the provider directly, and you may have to file your own claim with Regence for reimbursement. Reimbursement will be paid at the out-of-network rate on usual and customary charges, not billed charges. Learn more by

reading your plan booklet and Benefits at a Glance at www.kingcounty.gov/employees/benefits/YourKingCountyBenefits.

Your new ID card

If you stay with or choose KingCareSM during open enrollment, you will receive a Regence ID card in December. The card will have your Regence ID number and your name as the subscriber. Unlike the Aetna ID cards, the Regence cards will not list names of your dependents. You will receive two cards if you cover a spouse or domestic partner. You and any of your enrolled dependents may use a card with your name on it. After Jan. 1, you will be able to order additional cards at www.myhealthtoolkitrgw.com.



Where to get more information

You can always visit www.kingcounty.gov/employees/openenrollment to learn more and get updates. A Regence phone number just for county employees will become available on Dec. 1.

Contacting Aetna

Throughout 2012, you may continue to contact Aetna for services you received in 2011. Aetna will continue to provide customer service for benefits or services that were provided before Jan. 1, 2012.

Other benefit changes for 2012

This year, there are few other changes to your benefits. The following benefit changes will occur on Jan. 1, 2012:

- Group Health will cover some prescription insulin, such as glargine and aspart, at the brand level of copayment. Over-the-counter insulin will continue to be covered at the generic level.
- You will see a slight increase in the amount that Vision Service Plan (VSP) will pay for eye care when you see an out-of-network provider, but your benefit coverage is far more extensive if you see a VSP provider.
- Because of a state law passed during this year's state legislative session, you will be able to insure your child for supplemental accidental life and dismemberment (AD&D) insurance up to age 26, even if they are married.
- CIGNA, which administers the County's AD&D and long-term disability (LTD) insurance, will be offering identity theft services at no additional cost to employees covered by the basic AD&D or basic LTD insurance and to dependents covered under the supplemental AD&D insurance. **For more information, see below.**

For more information

Visit the County's open enrollment website—www.kingcounty.gov/employees/open_enrollment—frequently for updates before and during open enrollment. Or, call Benefits, Payroll and Retirement Operations at 206-684-1556 or email kc.benefits@kingcounty.gov if you have questions or need assistance with open enrollment.

Identify theft services

If you're covered by the County's accidental death and dismemberment (AD&D) or long-term disability (LTD) insurance in 2012, you will be eligible for free identify theft services through CIGNA, which administers AD&D and LTD for the county. If you cover your dependents under your supplemental AD&D insurance in 2012, they will also be eligible.

Identity theft occurs when an unauthorized person uses your personal information—your name, Social Security number, bank or credit card number, or driver's license number—for fraudulent use. CIGNA's Identify Theft Program provides services to help you resolve critical identity theft issues if they occur.

If you suspect that you might be a victim of identify theft, all you will have to do is call 1-888-226-4567, beginning Jan. 1, 2012, to talk to one of the personal case managers. You don't have to sign up for this program in advance. For more information, visit www.kingcounty.gov/employees/openenrollment.

Choose well for you and your family

King County is teaming up with the nonprofit Puget Sound Health Alliance to present **Own Your Health**, a campaign to empower consumers to become active participants in their own health and health care. Visit www.wacommunitycheckup.org/ownyourhealth for more information on how to Own Your Health.

Recognizing quality when you experience it

Are you getting quality health care? What are the markers of quality health care? Given the tremendous variations in quality of care that people get, consumer advocates in recent years have turned their attention to educating people about what quality health care is, how to get it and where to get it.

Here are some things to know as you search for quality health care.

Quality varies widely.

Health plans and providers do not always deliver services consistently or in accordance with the evidence of what works. Many procedures, tests and therapies are used too often while others are not used often enough. And few, if any, institutions or offices are free of medical errors, which can often have serious consequences for patients.

Problems are pervasive.

Studies indicate that quality is uneven throughout the industry—not only in health plans, but also in physician offices, nursing homes, hospitals and home health care agencies.

Quality of care varies across populations.

The Agency for Healthcare Research and Quality's National Healthcare Disparities Report points to significant disparities in the quality of care received by minority

and other vulnerable populations. Because health care is not delivered consistently to all populations, it is critical to know not only about the overall quality of care that a provider delivers, but also whether that quality varies by race, ethnicity or socioeconomic status.

Some markers of quality to look for.

- **Safe.** Avoiding harm to patients from the care that is intended to help them.
- **Effective.** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered.** Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.
- **Timely.** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient.** Avoiding waste, including waste of equipment, supplies, ideas and energy.
- **Equitable.** Providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location and socioeconomic status.

Resources to help you find quality health care

The **Puget Sound Health Alliance Community Check-Up Report** (www.wacommunitycheckup.org) rates local clinics and hospitals on the amount of time they follow science-based measures.

The **Leapfrog Hospital Survey** (www.leapfroggroup.org/for_hospitals) is the gold standard for comparing the performance of hospitals on the national standards of safety, quality and efficiency that are most relevant to consumers and purchasers of health care. Hospitals that participate in The Leapfrog Hospital Survey achieve hospital-wide improvements that translate into millions of lives and dollars saved. Leapfrog's purchaser members use the survey's results to inform their employees and purchasing strategies. In 2009, 1,206 hospitals across the country completed The Leapfrog Hospital Survey.

For more than 20 years, the **Dartmouth Atlas Project** (www.dartmouthatlas.org) has documented glaring variations in how medical resources are distributed and used in the United States.

Choose well for you and your family

First things first — get a primary care doctor

There is a reason the shortage of primary care physicians is a concern central to health care reform. Having a primary care doctor gives you a partner in managing your health.

Both the KingCareSM/Aetna (Regence in 2012) and SmartCare Connect/Group Health plans allow members to see a specialist without being referred by a primary care doctor. This is a freedom that matters to health care customers, but taking advantage of it may mean you don't get the benefit of care coordinated by someone who is trained to make sure the care you are getting from different sources is in your best interest and not working at cross-purposes.

Your primary care doctor is in charge of the day-to-day management of your health and is most likely a family doctor or internist. In addition to being able to manage diabetes, heart disease and many other chronic conditions, primary care doctors can be very valuable when you need a coordinated approach to your health care.

A good primary care doctor is a key to getting quality health care. You need health care specific to you, from someone who knows you and your health history. A primary care doctor is your partner in health, providing you with preventive care and medical treatments. Your primary care doctor can also help you make sense of all the health information you've read or heard about. People who have an ongoing relationship with a primary care doctor have better overall health and lower health-related expenses than those without a primary care doctor. You can go to your primary care doctor for regular checkups and for any health concerns or questions you have.

Group Health costs less, delivers higher quality health care

An analysis of the County's health care claims data shows that the Group Health plan design is less expensive for the county and its employees than the preferred provider plan, KingCareSM. The analysis, performed by the County's health care economist, showed that:

- Member characteristics of the Group Health and KingCareSM plans are nearly identical: age, gender, educational achievement, smoking status, body mass index, ethnicity, salary and general health.
- The county pays **\$4,315 a year less** for medical services per employee in Group Health than in KingCareSM.
- County employees who chose Group Health instead of KingCareSM pay **\$792 a year less** in out-of-pocket expenses.
- Group Health has more claims for preventive and diagnostic testing than KingCareSM.
- Group Health has fewer claims for emergency, hospital and operating rooms than KingCareSM.

Adherence to medical evidence is one of the reasons Group Health has the highest quality scores in the Puget Sound Health Alliance Community Checkup Report. Take, for example, the use of Celebrex versus ibuprofen. Medical literature shows both medications are equally effective, but Celebrex is prescribed 33 times more by KingCareSM providers. Celebrex costs \$2.81/dose in KingCareSM, while ibuprofen costs only \$0.07/dose in Group Health.

More than any other provider in the region, Group Health follows what research says works best. Plus, Group Health has won customer service awards from J.D. Power and Associates, a global marketing information services company recognized internationally for its assessment of programs.

Making Life Easier is there when you need it

King County offers you and your family members access to Making Life Easier, a benefit your whole family can use for confidential, no-cost help with personal, legal or financial problems and with work/life issues, such as adoption, child/adult care and other daily life issues.

When you need help, call 1-888-874-7290.

Official notices for this year's open enrollment

► Notice of grandfathered status

King County believes that its health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your medical, dental and vision plans may not include certain consumer protections of the Affordable Care Act that apply to other plans (for example, the requirement that adult children up to age 26 not be excluded from coverage if they have access to employer-sponsored coverage other than a parent's plan). However, grandfathered health plans must comply with certain other consumer protections, such as the elimination of lifetime limits on benefits.

If you have questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

► Women's Health and Cancer Rights Act Notice

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, King County's plans provide coverage for:

- All stages of reconstruction of the breast on which mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. For more information, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov.

► HIPAA Special Enrollment Rights

Special enrollment rights under the Health Insurance Portability and Accountability Act (HIPAA) allow you and your eligible dependents to change to another medical plan benefit option at the time of a qualifying event, provided you are receiving your medical coverage as an active employee or under COBRA or retiree medical.

Upon the occurrence of a qualifying event, you and all of your eligible dependents may either:

- Remain in your current medical plan, or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.

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Official notices for this year's open enrollment (continued)

The special enrollment rights also allow you to change to another medical plan benefit option when you reach the lifetime maximum for your medical benefits under your existing medical plan option.

Examples of events that qualify you for HIPAA special enrollment rights

Here are some examples of when HIPAA special enrollment rights are available to you:

- An employee or the employee's dependent loses coverage under another group health plan.
- An employee or the employee's dependent reaches a lifetime maximum benefit under another group health plan either with King County or another employer's plan.
- A participant in a health maintenance organization (HMO) plan no longer resides in the HMO service area.
- A person becomes a dependent through marriage, birth, adoption or placement for adoption, in which case the participant and dependents may change medical plans. An employee who previously "opted out" of medical coverage may now "opt in" within 30 days of adding dependent(s).
- Employer contributions toward other coverage terminate, in which case the employee and dependent(s) may opt into King County coverage (even if the individual continues the other coverage by paying the amount that used to be paid by the employer).

If you have an event that is not listed above, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov to find out if HIPAA special enrollment rights are available to you.

Special enrollment rights under the 2009 Children's Health Insurance Program

An expansion of the former State Children's Health Insurance Program, now called Children's Health Insurance Program, allows you and your eligible dependents to enroll in a group health plan when:

- You or your dependent loses Medicaid coverage or coverage under the Children's Health Insurance Program because you are no longer eligible (this provision began April 1, 2009), or
- You or your dependent qualifies for state assistance in paying your employer group medical plan premiums (pending action by the State of Washington, this provision allows states to provide premium assistance to children whose family earns more than 200% of the federal poverty level).

Plan notification

If you qualify for special enrollment rights under the Children's Health Insurance Program and want to enroll in a King County medical plan, you must notify Benefits, Payroll and Retirement Operations at 206-684-1556 within 60 days following the event. For all other special enrollment events, notification must occur within 30 days following the event. Otherwise, you must wait until the next open enrollment period to enroll in coverage.

Coverage begins on the first of the month following the event. If the event occurs on the first of the month, then coverage begins that day. For birth or adoption, coverage is made retroactive to the date of birth or adoption or when a child is placed with you for adoption.

► Notice 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 King County and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

- On January 1, 2006, new Medicare prescription drug coverage became available to everyone with Medicare.
- King County has determined that the prescription drug coverage offered by the KingCareSM plan, Group Health

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Official notices for this year's open enrollment (continued)

plan and Deputy Sheriff Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

- Read this notice carefully—it explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll.

King County has determined that your prescription drug coverage with the the KingCareSM plan, Group Health plan and Deputy Sheriff Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. On January 1, 2006, prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

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 coverage.

Each year, you have the opportunity to enroll in a Medicare prescription drug plan from November 15 through December 31.

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

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.

In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. You should also know that if you drop or lose your coverage with King County and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more 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 you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next November to enroll.

For more information about this notice or your current prescription drug coverage, contact Benefits, Payroll and Retirement Operations at 206-684-1556.

You can find more detailed information about Medicare plans that offer prescription drug coverage in the *Medicare & You 2011* handbook. You'll get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You 2011* handbook for the telephone number).
- 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 a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help:

- Visit SSA online at www.socialsecurity.gov, or
- Call SSA at 1-800-772-1213 (TTY 1-800-325-0778).



King County

Finance and Business Operations Division

Benefits, Payroll and Retirement Operations Section

Department of Executive Services

The Chinook Building, CNK-ES-0240

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Seattle, WA 98104

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FIRST-CLASS MAIL
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**Important information
about your
2012 open enrollment**

2012 open enrollment

October 31- November 18, 2011

Go online to
www.kingcounty.gov/mybenefits.

If you have questions or need help during open enrollment

Contact Benefits, Payroll and Retirement Operations

206-684-1556 (8 a.m.-5 p.m. weekdays) kc.benefits@kingcounty.gov (anytime)