

SIDE LETTER

AGREEMENT BETWEEN CONTRA COSTA COUNTY AND AFSCME, LOCAL 512

This side letter is by and between the AFSME, LOCAL 512 ("Local 512") and the County of Contra Costa ("County") and is effective on or about September 19, 2012, only after it is approved by the Board of Supervisors.

Local 512 and the County agree to offer the option of lower cost health plans ("B" Plans) to employees in classifications represented by Local 512. This agreement will modify the terms of Exhibit A to add County Health Care B Plans as follows:

Exhibit A

MEDICAL/DENTAL PLANS

Co-Pays

The health plan co-pays are as follows:

CCHP A:	No Charge
CCHP B:	No Charge in Network
	\$5 Office Visit out of Network

KAISER PERMANENTE:	\$10 Office Visit
	\$10 Generic RX
	\$20 Brand RX
	\$10 Emergency Room

HEALTHNET HMO:	\$10 Office Visit
	\$10 Generic RX
	\$20 Formulary RX
	\$35 Non-Formulary RX
	\$25 Emergency Room

HEALTHNET PPO:	\$10 Preventative Care O/V
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\$5 Generic RX
\$5 Formulary RX
No-Non-formulary RX
\$50 ER Deductible

Effective September 19, 2012, the County will provide a lower cost health plan from Kaiser. The health plan copays for the lower cost Kaiser plan will be as follows:

- \$500 Deductible
- \$20 Office Visit copay (not subject to deductible)
- \$20 Urgent Care Copay (not subject to deductible)
- \$10 Lab & X-ray Copay (not subject to deductible)
- \$10 Generic RX
- \$30 Formulary Brand RX
- \$3000 per person and \$6000 per family Annual Out of Pocket Maximum

Effective September 19, 2012, the County will provide a lower cost HMO health plan. The health plan copays for the lower cost Health Net HMO plan will be as follows:

- \$20 Office Visit copay
- \$50 Urgent Care Copay
- \$1000 Inpatient Hospital Copay
- \$500 Out-Patient Surgical copay
- \$100 Emergency Room Copay
- 10% Inpatient Hospital, Out Patient Surgical and Emergency Room (after deductible)
- \$10 Generic RX
- \$20 Formulary Brand RX
- \$35 Non-Formulary Brand RX
- \$2000 per person and \$6000 per family Annual Out of Pocket Maximum

- \$500 deductible
- 80% / 20% In-Network Benefit
- 60% / 40% Out of Network Benefit
- \$10 Generic RX
- \$20 Formulary Brand RX
- \$35 Non-Formulary Brand RX

Elinor M. H. / *Feb 18 x M. H. H.*