

REQUISITION SHEET MUST BE ATTACHED
(Applies when agenda item requires a specific payment)

4 x 1

**OKLAHOMA COUNTY
SPECIAL BUDGET BOARD OF OKLAHOMA COUNTY**

AGENDA ITEM REQUEST SHEET

For the: November 17 Agenda
(Day of Meeting) (Date and Year of Meeting)

DEPT.: County Clerk's HR/Benefits Dept. BY: Carolynn Caudill, County Clerk EXT. 1865
(Department Requesting this item) (Contact person for this Item) (Contact's extension)

NAME OF FUND: N/A

AGENDA ITEM DESCRIPTION: Discussion and possible action for approval of the Certificate of Creditable Coverage for Oklahoma County's prescription drug benefits and the actuarial certification attesting Oklahoma County's Prescription Drug Coverage is equivalent to Medicare's Part D Prescription Drug Coverage. The Certificate must be distributed to the Centers for Medicare, employees, and retirees of Oklahoma County. *this item requested by etc.*

(ALL NECESSARY DOCUMENTATION MUST BE ATTACHED FOR APPROVAL)

APPROVED BY D.A
(If Applicable)

APPROVED BY PURCHASING
(If Applicable)

Assistant District Attorney

Purchasing Agent

APPROVED BY MIS
(If Applicable)

APPROVED BY ENGINEER
(If Applicable)

MIS Director

County Engineer

Number of ORIGINAL DOCUMENTS you have attached: _____. **NOTE:** The County Clerk will keep one original and will return the remaining originals to you. If you provide only one original, the Board Secretaries will return one photocopy to you. However, if you have special circumstances that require the County Clerk to (*check one*): ____ keep more than one original; or ____ return all originals to you, please describe them for the County Clerk's consideration: _____

Special Instructions: The County Clerk's Benefits department will provide confidential packets to all elected officials for this agenda item.

4x2

REQUEST FOR DISTRICT ATTORNEY LEGAL SERVICES

1009

THIS FORM IS TO BE USED TO REQUEST ADVICE AND/OR REPRESENTATION FROM THE DISTRICT ATTORNEY'S OFFICE REGARDING THE COUNTY OF OKLAHOMA, COUNTY OFFICIALS AND EMPLOYEES AS REQUIRED BY SECTIONS 215.4, 215.5, 215.25 AND 215.26 OF TITLE 19 OF THE OKLAHOMA STATUTES.

IF ADVICE IS SOUGHT, THE REQUEST MUST BE SIGNED BY AN ELECTED COUNTY OFFICER. THIS FORM MUST BE FILLED OUT AND SUBMITTED TO THE CIVIL DIVISION OF THE OKLAHOMA COUNTY DISTRICT ATTORNEY'S OFFICE IN A TIMELY MANNER. ALL RESPONSES TO REQUESTS FOR ADVICE WILL BE IN WRITING.

IF THE REQUEST IS FOR LEGAL REPRESENTATION UNDER 19 O. S. SECTION 215.25, THE REQUEST MUST BE SUBMITTED IN WRITING EARLY ENOUGH TO PERMIT THE DISTRICT ATTORNEY'S OFFICE ADEQUATE TIME TO COMPLETE A THOROUGH "GOOD-FAITH-AND-COURSE-OF-EMPLOYMENT" INVESTIGATION AS CONTEMPLATED BY 19 O.S. SECTION 215.26.

DATE OF REQUEST: 10/19/2009

COUNTY DEPARTMENT MAKING REQUEST: County Clerk's HR/Benefits Department

STATE WITH SPECIFICITY, WHAT THE REQUEST IS AND WHY THE ASSISTANCE OF THE DISTRICT ATTORNEY'S OFFICE IS NEEDED: Please review attached Certificate of Creditable Coverage on Oklahoma County's Prescription Benefits as to form and legality. The Certificate is an annual requirement because Oklahoma County is a participant in the Retiree Drug Subsidy coverage. The Certificate will be distributed to the Centers for Medicare (CMS) and all employees and retirees of Oklahoma County advising the County's prescription drug benefits are equivalent to what Medicare offers.

ATTACH ADDITIONAL DOCUMENTS AS APPROPRIATE. (NOTE: Advice, reviews and approvals as to "form and legality" are based on the documentation and information provided to the District Attorney's Office. Please provide all relevant information when requesting an opinion or review from the District Attorney's Office).

Carolynn Caudill, County Clerk
COUNTY OFFICER
by **Patrick Clanin,**
Retirement Administrator

.....
DATE RECEIVED BY DISTRICT ATTORNEY: 10/20/09

REPLY BY DISTRICT ATTORNEY: Reviewed

10/26/09

No need for DA's office to sign - Patrick Clanin

RECEIVED

OCT 20 2009

CIVIL DIVISION
DISTRICT ATTORNEY

DAVID PRATER,
DISTRICT ATTORNEY

By:

[Signature]

4 x 3

**Important Notice from Board of County Commissioners of Oklahoma
County
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 Oklahoma County and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Carlton Harker, FSA, MAA has determined that the prescription drug coverage offered by the Oklahoma County Health and Dental Benefit Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

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

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

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

If you do decide to enroll in a Medicare prescription drug plan and drop your Oklahoma County prescription drug coverage, be aware that you and your dependents cannot get this coverage back.

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

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

CMS Form 10182
Prepared in the HR/Benefits Dept. ofCarolynn Caudill, County Clerk
Created: 10/19/2009 by P. Clanin
Doc Loc: Q: Retiree Drug Subsidy Medicare Part D/RDS for 2010

4 x 4

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

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

Contact our office for further information or call Mutual Assurance Administrator's at (405) 848-1975. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Oklahoma County changes. You also may request a copy.

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

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

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

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

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

Date: 10/19/2010

Name of Entity/Sender: Board of County Commissioners of Oklahoma County
County Clerk's HR/Benefits Department

Contact--Position/Office: Primary Contact Person Patrick Clanin, Retirement Administrator (405) 713-1535
Roberta Thomas, Benefits Specialist (405) 713-1803
Department Director, Debra Clark (405) 713-1865

Address: 320 Robert S. Kerr, Room 203, Oklahoma City, OK 73102

Main Office Phone Number for the County Clerk's Benefits Office: (405) 713-2327

4x5

Self-Funding Actuarial Services, Inc.

3025 North Point Blvd, Suite 207W
Winston Salem, NC 27106
Tel. (336) 759-2835
Fax. (336) 896-0392
e-mail: harker2@earthlink.net

Carlton Harker, FSA, MAAA, Principal
www.self-fundinghealth.com
www.swpse.com
www.actuarialworkproducts.com
www.ifabp.org

Attestation of Actuarial Equivalence for Medicare Part D Retiree Subsidy for Period Calendar Year 2010

Name of Plan: Health Care Plan of Oklahoma County

It is the opinion of the Attesting Actuary that the Rx Benefits that are to be provided to the retiree Covered Persons, otherwise eligible for Medicare Part B benefits, for the above-cited health care plan are or are not actuarially equivalent to Medicare Part D benefits, according to the Medicare Part D Regulations, as shown below:

| | |
|---|--------------------|
| X | Are equivalent |
| | Are not equivalent |

Such Rx benefits and supporting data and documentation are on file with the Attesting Actuary.

9-15-09
Date

Carlton Harker
Carlton Harker, FSA, MAAA
RDS AAA Number 5293