



2012

Milwaukee

County

Retiree Benefits Booklet

- Medical Plans
- Basic Life Insurance Plan

DEPARTMENT of ADMINISTRATIVE SERVICES
DIVISION of EMPLOYEE BENEFITS

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
LETTER FROM MATTHEW HANCHEK, INTERIM DIRECTOR OF EMPLOYEE BENEFITS:	3
RETIREE ENROLLMENT REMINDERS	4
ELIGIBILITY UPDATE – SOCIAL SECURITY NUMBERS FOR DEPENDENTS	4
FINDING A UNITEDHEALTHCARE PROVIDER.....	5
MEDICARE PREMIUM REIMBURSEMENTS.....	5
MILWAUKEE COUNTY MEDICAL PLAN – CHOICE PLUS PLAN	6
MILWAUKEE COUNTY MEDICAL PLAN – CHOICE PLAN	7
QUESTIONS AND ANSWERS ABOUT MEDICAL BENEFITS	8
HOW TO REGISTER ON MYUHC.COM.....	9
MILWAUKEE COUNTY LIFE INSURANCE PLANS	10
IMPORTANT NOTICE FROM MILWAUKEE COUNTY	11
NOTICE TO ENROLLEES.....	13
MONTHLY HEALTH PLAN RATES*	14
CUSTOMER SERVICE INFORMATION	15

October 2011

Dear Milwaukee County Retiree:

Health and Life insurance are a large part of your retirement benefits from Milwaukee County and offer critical financial protection for you and your spouse. However, understanding your benefit choices requires an effort on your part. Retiree benefit options have become increasingly more complex, so please review this booklet carefully.

Open Enrollment will be October 31, 2011 through November 11, 2011. Like last year, if you are not changing your current elections, you do not need to take any action. If you are in the PPO comparable plan for 2011 and do nothing, you will be in the PPO comparable plan for 2012; if you are in the HMO comparable plan, you will remain in the HMO comparable plan.

The Centers for Medicare & Medicaid Services (CMS), a federal government agency, requires eligibility data sent to UnitedHealthcare to include social security numbers of all individuals covered under any Milwaukee County medical plan. Please confirm that the social security number has been provided for all covered dependents. If Milwaukee County does not have a social security number on file for your dependents, they will NOT have coverage for the 2012 plan year.

To assist you with any open enrollment questions you may have, retiree benefit informational meetings are listed below. Flu shots will be available to Milwaukee County Retirees and their covered adult dependents at no cost to the retiree. Retirees are welcome to attend any of the meetings listed below; attendance is optional.

Sincerely,



Matthew Hanchek
Interim Director of Employee Benefits

Benefits Informational Meeting Schedule:

Friday, November 4
Wilson Park Senior Center – Main Hall
2601 W. Howard Avenue
1:00 p.m. – 4:00 p.m.

Friday, November 11
Washington Park Senior Center - Main Hall
4420 W. Vliet Street
1:00 p.m. – 4:00 p.m.

Monday, November 7
Clinton Rose Senior Center
3045 N. Martin Luther King Dr.
1:00 – 4:00 p.m.

RETIREE ENROLLMENT REMINDERS

1. This year, retirees are not required to re-enroll for benefits for 2012. If you do not wish to make changes to your current elections, no action is required.
2. For additional assistance, representatives from UnitedHealthcare and Medco will be available to answer questions during the Open Enrollment meetings (A schedule of these meetings is included in the letter on the previous page). Representatives from REMCO (*Retired Employees of Milwaukee County*) will also be in attendance.
3. Traditional flu shots will be available to Milwaukee County Retirees and their covered adult dependents at Open Enrollment meetings at no cost to you.
4. For your convenience, a medical insurance change form has been included with this packet. However, keep in mind that you need to complete it only if you want to change plans or make changes to your covered dependents.
5. **Upon becoming Medicare-eligible (regardless of age) you and Medicare-eligible dependents must enroll in Medicare parts A and B, and provide proof of enrollment to the Employee Benefits Division. You are not required to enroll in Medicare part D.**

ELIGIBILITY UPDATE – SOCIAL SECURITY NUMBERS FOR DEPENDENT SPOUSES AND CHILDREN

The Centers for Medicare & Medicaid Services (CMS), a federal government agency, requires eligibility data sent to UnitedHealthcare to include social security numbers of all individuals covered under any Milwaukee County medical plan.

Please take this opportunity to update your records by adding your dependent(s) social security number. **Dependents over one year of age without a social security number will be excluded from medical coverage effective 01/01/2012.** Your next opportunity to add coverage for dependents will be during the 2013 open enrollment period unless you experience a qualifying life event.

MEDICARE PREMIUM REIMBURSEMENTS

Employees hired before 1/1/1994 who retire with at least 15 years of Milwaukee County pension service credit are **generally** eligible for County-paid health insurance and reimbursement for the cost of Medicare Part B premiums. (This provision may vary for former bargaining unit employees and non-represented employees who retired after March 31, 2011); however, if you are eligible for Part B premium reimbursement and/or you are required to pay anything other than the standard Medicare Part B premium, it is your responsibility to notify the Division of Employee Benefits. Premiums will be reimbursed directly on your pension check starting the month after the Division of Employee Benefits is notified in writing.

FINDING A UNITEDHEALTHCARE PROVIDER

1. Go to www.myuhc.com and select the “Find Physician or Facility” link located under the links and tools heading in the upper right corner.
2. Select the type of provider that you are looking for (e.g., physician, hospital, facility, or medical equipment supplier) and click on “continue”.
3. Select the search criteria that you want to use (e.g., name, location, and specialty).
4. Under the “Select a Plan” field, choose the “UnitedHealthcare Choice” option for the HMO comparable plan, or the “UnitedHealthcare Choice Plus” option for the PPO comparable plan.
5. You can narrow the search by entering the provider’s name, but this step is optional
6. Indicate the location where you would like to find providers (e.g., your address), and the distance from that location that you are willing to travel
7. You may also narrow your search by gender, languages spoken by the provider or staff
8. When you are finished entering your search criteria, click continue, and indicate if you are searching for a specific specialty on the next screen.
9. Click “Continue” to view the results

Milwaukee County Employee Medical Plans
All Milwaukee County Retirees
Benefit Summary

Benefit	Choice Plus Plan (PPO Comparable)		
Lifetime Maximum	Unlimited		
		Preferred providers:	All other providers:
Annual Deductible	Single	\$500	\$1,000
	Family	\$1,500	\$3,000
Annual Out-Of-Pocket Limit (Includes deductible and coinsurance)	Single	\$2,500	\$5,000
	Family	\$5,000	\$7,500
		Preferred providers:	All other providers:
Coinsurance		90%	70%
Inpatient Services ⁽¹⁾		90% after deductible	70% after deductible
Outpatient Services		90% after deductible	70% after deductible
Maternity Services ⁽²⁾		90% after deductible ⁽⁶⁾	70% after deductible
X-Ray and Lab Tests		90% after deductible	70% after deductible
Emergency Room ⁽³⁾	100% after \$150 copay (waived if admitted)		100% after \$150 copay (waived if admitted)
Physician Office Visits		\$30 copay	\$60 copay
Routine Physical Exams (Physician Charges)		100% ⁽⁷⁾	Not Covered
Well-Baby Care		100%	Not Covered
Immunizations		100%	100% ⁽⁴⁾
Routine Vision & Hearing Exams ⁽⁵⁾		100%	Not Covered
Chiropractic Care		\$30 copay	\$60 copay
Mental Health / Substance Abuse	See Summary Plan Description		
Physical, Occupational, Speech, & Respiratory Therapy		90% after deductible	70% after deductible
Prescription Drugs - Retail Pharmacy (Up to 30-day supply)	Generic: \$5 Copay Preferred Brand: \$30 Copayment Non-Preferred Brand: \$50 Copayment Prescriptions for maintenance medications are required to be filled through Medco Mail Order pharmacy.		
Prescription Drugs - Mail Order Pharmacy (Up to 90-day supply)	Generic: \$5 Copay Preferred Brand: \$30 Copayment Non-Preferred Brand: \$50 Copayment		
Notes: This at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations, or exclusions, please refer to your Summary Plan Description.			
(1) Inpatient coverage limited to 365 days per confinement		(2) Includes coverage for dependent daughters	
(3) Ancillary services in ER subject to deductible & coinsurance		(4) Immunizations covered up to age 6	
(5) Frames, lenses, contact lenses, contact lenses fittings, and hearing aids are not covered			
(6) physician services for maternity covered at 100%		(7) Limited to one exam / year for patients 18 and older	

Milwaukee County Employee Medical Plans

All Milwaukee County Retirees

Benefit Summary

Benefit	Choice Plan (HMO Comparable)		
Lifetime Maximum	Unlimited		
		Preferred providers:	All other providers:
Annual Deductible	Single	\$500	Not applicable
	Family	\$1,500	
Annual Out-Of-Pocket Limit (Includes deductible)	Single	\$500	Not applicable
	Family	\$1,500	
	Preferred providers:		All other providers:
Coinsurance	100%		Not covered
Inpatient Services⁽¹⁾	\$100 copay		Not covered <i>unless emergency admission via ER</i>
Outpatient Services	100% after deductible		Not Covered
Maternity Services⁽²⁾	100%		Not Covered
X-Ray and Lab Tests	100% after deductible		Not Covered
Emergency Room	100% after you pay a \$150 Copayment per visit. If you are admitted as an inpatient to a Network Hospital directly from the Emergency room, you will not have to pay this Copayment. The Benefits for an Inpatient Stay in a Network Hospital will apply instead.		100% after you pay a \$150 Copayment per visit. If you are admitted as an inpatient to a Network Hospital directly from the Emergency room, you will not have to pay this Copayment. The Benefits for an Inpatient Stay in a Network Hospital will apply instead.
Physician Office Visits	\$20 copay		Not Covered
Routine Physical Exams (Physician Charges)	100%		Not Covered
Well-Baby Care	100%		Not Covered
Immunizations	100%		Not Covered
Routine Vision & Hearing Exams⁽³⁾	100%		Not Covered
Chiropractic Care	\$20 copay		Not Covered
Mental Health / Substance Abuse	See Summary Plan Description		
Physical, Occupational, Speech, & Respiratory Therapy	Hospital: 100% after deductible has been met Office: \$20 copay (60 office visit limit)		Not Covered
Prescription Drugs - Retail Pharmacy (Up to 30-day supply)	Generic: \$5 Copay Preferred Brand: \$30 Copayment Non-Preferred Brand: \$50 Copayment Prescriptions for maintenance medications are required to be filled through Medco Mail Order pharmacy.		
Prescription Drugs - Mail Order Pharmacy (Up to 90-day supply)	Generic: \$5 Copay Preferred Brand: \$30 Copayment Non-Preferred Brand: \$50 Copayment		
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(1) Inpatient coverage limited to 365 days per confinement		(2) Includes coverage for dependent daughters	
(3) Frames, lenses, contact lenses, contact lenses fittings, and hearing aids are not covered			

QUESTIONS AND ANSWERS ABOUT MEDICAL BENEFITS

Answers to the most commonly asked questions about medical benefits are listed below to assist you in making a decision about which medical plan is best for you and your family.

Q. Have my health benefits changed?

A. *You still have the choice of a PPO Comparable plan and a HMO comparable plan design; however, there have been plan design changes for the 2012 plan year. Please refer to the plan summaries found on pages 6 and 7 of this booklet.*

Q. Has the health insurance company changed?

A. *No. UnitedHealthcare will administer your health plan for 2012. Medco will be the administrator for prescription drug coverage.*

Q. Have my provider options changed?

A. *UnitedHealthcare offers a nationwide network of providers that is particularly strong in Southeast Wisconsin. The overwhelming majority of physicians and facilities that were available for 2011 are available for 2012. While it is very likely that the providers you utilized in 2011 will be in the network for 2012, the only way to be absolutely certain is to confirm with UnitedHealthcare. Instructions are provided on page 5.*

Q. Will I receive new ID cards?

A. *If you make changes during the Open Enrollment period (change from the PPO to the HMO, add/delete dependents, etc.) you will receive new medical ID cards prior to January 1, 2012.*

Q. If I choose the Milwaukee County Choice Plan (HMO comparable), will I have to go to an in-network physician for all of my health care needs?

A. *Yes, in order to have your health care costs covered, you must use network providers.*

Q. If I change to a different medical plan, when will the new coverage start?

A. *Your new medical plan will take effect January 1, 2012. There will be no lapse in coverage as your current plan will be in effect through December 31, 2011. Your commitment to the plan you choose is for one calendar year. If you change health plans for 2012 and later decide you would like to return to your former plan or enroll in a different plan, you may do so only during next year's open enrollment*

Q. How is emergency care handled in and out of the Milwaukee area?

A. *Emergency care may be obtained anywhere without prior authorization, subject to notification of the plan within 24 hours of receiving emergency services requiring inpatient hospitalization. (Review your summary plan description for specific procedures you must follow to obtain emergency and follow-up health care coverage.)*

How to register on myuhc.com®

By registering on myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.

Registration is quick and simple:

1. Go to **myuhc.com**
2. Click the **Register Now** button
3. Enter ID card information or your Social Security number and birth date as requested
4. Enter email address or sign up for a free email account
5. Choose a user name and password – then start using myuhc.com

On myuhc.com you can:

- ▶ Check past and current statements and claim status.
- ▶ Review eligibility and look up of benefits.
- ▶ Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- ▶ Print a temporary ID card or request a replacement card.
- ▶ Compare hospitals in quality and cost at the procedure level.
- ▶ “Chat” with a nurse online in real-time.
- ▶ Take a health assessment and participate in Health Coaching Programs.
- ▶ Learn about health conditions, symptoms and the latest treatment options.
- ▶ Use the Personal Health Record to organize health data and receive condition specific information to organize your overall health.

Start managing your health care benefits online today at myuhc.com.

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MILWAUKEE COUNTY LIFE INSURANCE PLANS

Basic Life Insurance:

Milwaukee County Retirees are eligible to continue their Basic Life insurance coverage for up to 1 times their final annual salary.

Pre-age 65 Retirees Hired Before 1/1/1994

Milwaukee County provides the first \$25,000 (\$20,000 for select bargaining units) of that coverage. If basic life is elected, retirees are responsible for the remainder of the coverage, at a rate of \$0.34 per thousand dollars of covered income.

Post-age 65 Retirees Hired Before 1/1/1994

Upon reaching age 65, Milwaukee County pays the full premium cost of your life insurance coverage. However, requirements vary based on bargaining units.

Retirees hired after 1/1/1994 typically pay the full cost of life insurance coverage (currently \$0.58 per thousand dollars of covered income). However, requirements vary based on bargaining units.

Note: The following benefit reduction schedule begins at age 65 for basic life coverage.

Age	Percentage of original benefit
65 but less than 66	92%
66 but less than 67	84%
67 but less than 68	76%
68 but less than 69	68%
69 but less than 70	60%
70 and older	25%

Important Considerations

- This is “Term” insurance only. You may not borrow against it and no cash value accrues.
- Life insurance beneficiaries may be changed at anytime. Please be sure to keep your beneficiary information up to date.
- Deferred retirees do not have life insurance, and will not be eligible to enroll in life insurance at the time of retirement or during open enrollment.
- If you choose to decline basic life insurance coverage at any time, you will not be eligible to re-enroll at a later date.

Age reduction schedules, coverage amounts, and hire dates for county-paid coverage vary for retirees by bargaining unit.

IMPORTANT NOTICE FROM MILWAUKEE 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 Milwaukee County 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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. Cambridge Advisory Group, on behalf of Milwaukee County, has determined that the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. It is not necessary for you to join a Medicare prescription drug plan at this time.

Your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. 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.

If you decide to join a Medicare drug plan, your Milwaukee County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits and the Medicare prescription drug plan will coordinate benefits with your Milwaukee County prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Milwaukee County health coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Milwaukee County and do not 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 prescription drug coverage that's at least as good as Medicare's 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 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 November 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 Milwaukee 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 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).

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 whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2011
Name of Entity/Sender:	Milwaukee County
Contact--Position/Office:	Marco Gruchalski, Benefits Specialist
Address:	901 N. 9th Street, Room 210, Milwaukee, WI 53233
Phone Number:	414-278-4198

NOTICE TO ENROLLEES IN A SELF-FUNDED NONFEDERAL GOVERNMENTAL GROUP HEALTH PLAN

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Milwaukee County has elected to exempt the Milwaukee County Choice Plan and the Milwaukee County Choice Plus Plan from the following requirement:

Parity in the application of certain limits to mental health benefits.

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance abuse benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the 2012 plan year beginning January 1, 2012 and ending December 31, 2012. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

Inquiries regarding this notice can be directed to the **Milwaukee County Division of Employee Benefits, Courthouse Rm. 210, 901 N. 9th St., Milwaukee, WI 53233.**

MONTHLY HEALTH PLAN RATES*

	Milwaukee County Choice Plus Plan (PPO Comparable)	Milwaukee County Choice Plan (HMO Comparable)
Single person not on Medicare	\$1,108.25	\$935.85
Family not on Medicare	\$1,838.05	\$2,619.88
One person on Medicare	\$447.06	\$444.85
Two persons on Medicare	\$894.14	\$889.69
One person on Medicare and one person without Medicare	\$1,564.94	\$1,370.51
One person on Medicare and one person without Medicare plus dependent child(ren)	\$1,564.94	\$1,370.51
Two persons on Medicare plus dependent child(ren)	\$1,564.94	\$1,370.51

* The rates contained in the chart above reflect the medical plan rates as of the date of printing; however, these rates are subject to change as a result of County Ordinance or other actions. If the medical plan rates change for the 2012 plan year, the Division of Employee Benefits will notify in writing those retirees that are responsible for paying for their health insurance premiums. If you receive notification of the rate changes, you will also have the opportunity at that time to change plans from the Choice Plus Plan to the Choice Plan or vice versa.

CUSTOMER SERVICE INFORMATION

Milwaukee County Employee Benefits Division -- 414-278-4198

Medical Plans – administered by UnitedHealthcare

UnitedHealthcare Customer Service Center 1-800-603-3941

(Information regarding providers, benefit levels, and claims processing)

UnitedHealthcare Customer Service Hours: 7:00 a.m. to 7:00 p.m. Monday through Friday

Note: Mental Health / Substance Abuse coverage for the Milwaukee County Choice Plus Plan (PPO Comparable) and the Milwaukee County Choice Plan (HMO Comparable) is accessed directly through UnitedHealthcare. Please use the customer service number for the Medical Plan listed above.

Prescription Drug Coverage – administered by Medco

Medco Customer Service Center 1-866-544-2989

(Information regarding covered medications, benefit levels, and claims processing)

Medco Customer Service Hours: 24 hours/day, 7 days per week.

THIS BROCHURE DESCRIBES THE MEDICAL BENEFIT PROGRAMS IN GENERAL TERMS ONLY AS OF THE DATE OF THIS PRINTING. IT IS NOT INTENDED TO BE A COMPLETE DESCRIPTION OF COVERAGE AND ANY STATEMENTS IN THIS BROCHURE ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACT OF EACH PLAN AND THE RELEVANT COUNTY ORDINANCES AND BARGAINING UNIT AGREEMENTS.