



PERSONNEL SERVICES
EMPLOYEE BENEFITS

ACTIVE EMPLOYEES

HEALTH BENEFITS

- ANTHEM BLUE CROSS HMO
- ANTHEM BLUE CROSS PPO
- ANTHEM BLUE CROSS HDPPPO
- KAISER HMO

SUPPLEMENTAL BENEFITS

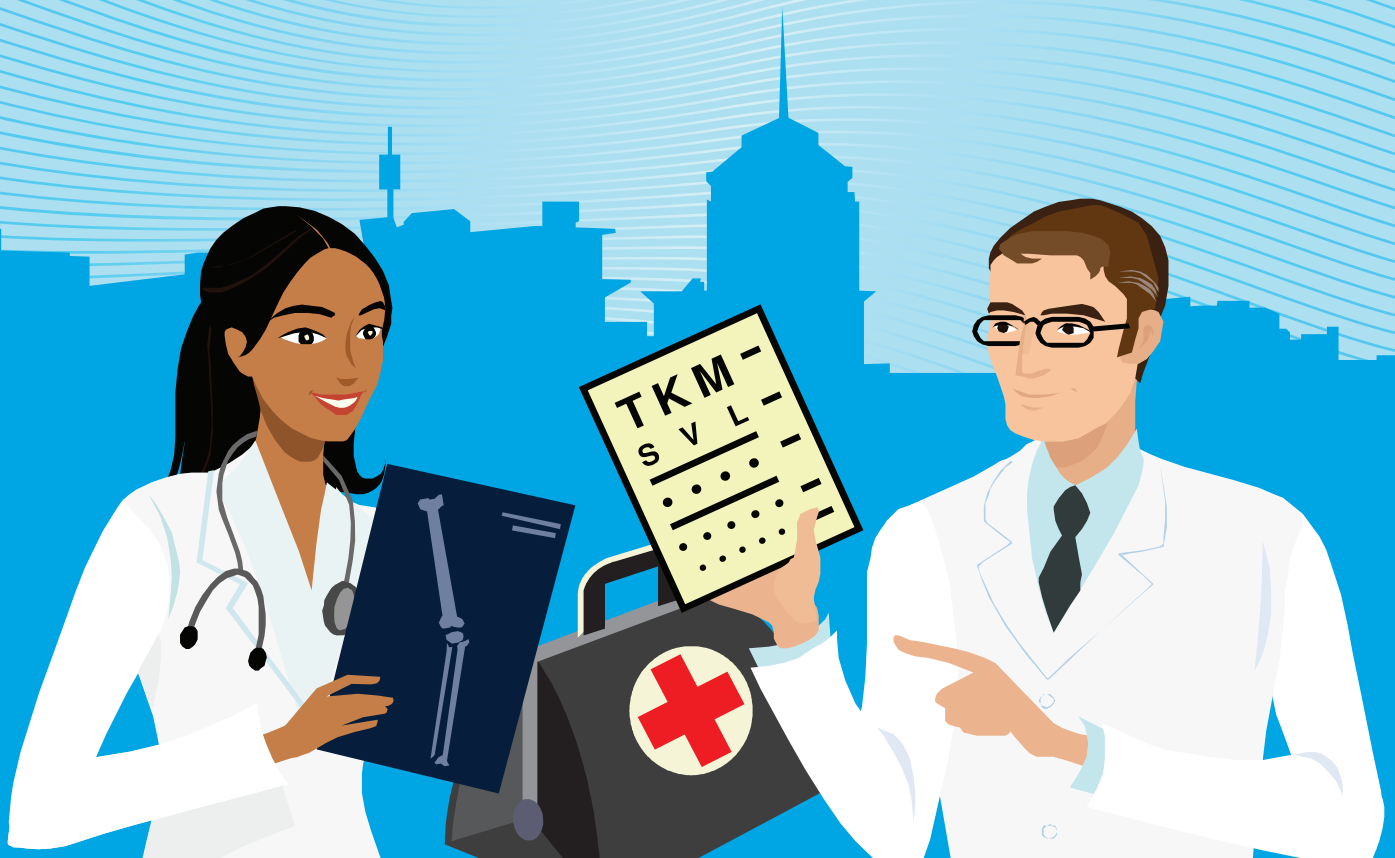
- PRESCRIPTION COVERAGE
- VISION COVERAGE
- DENTAL PLANS
- MENTAL HEALTH

FLEX SPENDING ACCOUNTS

- MEDICAL EXPENSES
- DEPENDENT CARE EXPENSES
- PARKING EXPENSES
- TRANSIT EXPENSES

PLAN YEAR 2012 + OPEN ENROLLMENT

MEDICAL • PRESCRIPTIONS • VISION • DENTAL • MENTAL HEALTH • FLEXIBLE BENEFITS



PLAN YEAR 2012 + OPEN ENROLLMENT



WELCOME TO OPEN ENROLLMENT

ACTIVE EMPLOYEES

DATE: October 18, 2011
TO: All Fresno County Employees
FROM: Beth Bandy, Deputy Director of Personnel Services *Beth Bandy*
SUBJECT: **HEALTH PLAN OPEN ENROLLMENT ANNOUNCEMENT**

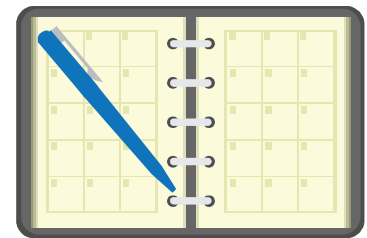
Open Enrollment for Plan Year 2012 is scheduled to begin **Monday, October 24, 2011** and will continue through **Thursday, November 10, 2011**. Open Enrollment is the one time during the year that you may change from one health plan to another and add or delete eligible dependents to your coverage without a qualifying event.

Open Enrollment is easy! You may still make Open Enrollment changes online. This is available through Peoplesoft Self Service. Please take a moment and watch the tutorial videos before using online Open Enrollment.

For more information visit the Open Enrollment website at <http://www.co.fresno.ca.us/openenrollment>.

IMPORTANT DATES TO REMEMBER

- ✓ **October 24, 2011** – First day to make changes
- ✓ **October 26, 2011** – 2012 Health & Wellness Fair
- ✓ **November 10, 2011** by 5:00 PM – Last day to make changes
(Forms must be received at Employee Benefits Office)
- ✓ **December 12, 2011** – Changes take effect



PLANS FOR 2012

THE COUNTY IS OFFERING:

Health Plans

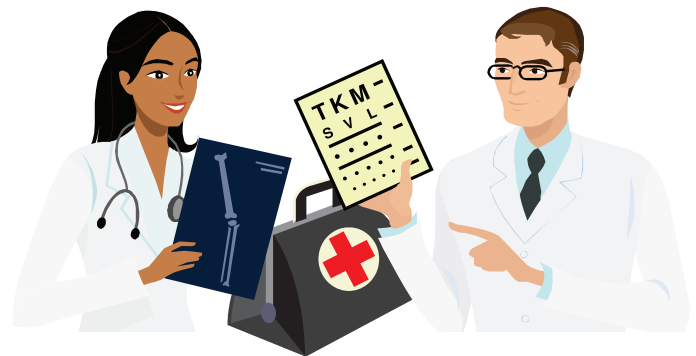
- Anthem Blue Cross – HMO
- Anthem Blue Cross – PPO
- Anthem Blue Cross – HDPPO¹
- Kaiser – HMO²

Dental Plans

- Delta Dental DPPO
- MetLife DHMO

Vision, Mental Health and Prescription Coverage for Anthem Blue Cross HMO and PPO

- Medical Eye Services (MES)
- Avante Mental Health
- Catalyst Rx (Formerly WHI)



Open Enrollment Office:

2220 Tulare Street, 14th Floor, Fresno County Plaza
Phone: (559) 600-1810

¹ Anthem Blue Cross HDPPO coverage includes prescription & mental health under one plan. Vision coverage is through MES.

² Kaiser coverage includes prescription, mental health and vision under one plan.

OPEN ENROLLMENT 2012 STARTS OCTOBER 24TH

WHAT'S DIFFERENT THIS YEAR?

- **On June 13, 2011, Catalyst Health Solutions, Inc. (CHSI) acquired Walgreens Health Initiatives, Inc. (WHI).** Due to this acquisition, the WHI brand will be phased out over time and replaced with the Catalyst Rx brand. Beginning in September 2011, you can expect communications to be delivered under the Catalyst Rx name and logo (*they will no longer reference WHI*). Please note: Member ID Cards will not be sent with the Catalyst Rx logo until sometime in 2012. Plan participants can still use the same pharmacies and should continue to use their existing WHI ID cards to fill prescriptions. The phone numbers and other information on the cards will remain valid.
- Online Enrollment is once again available. Visit our website for further info: <http://www.co.fresno.ca.us/openenrollment>.

WHAT DO I NEED TO DO IF...

WHAT IF I HAVE QUESTIONS?

There are a variety of ways to get your question answered. Check out the enclosed "Frequently Asked Questions" sheet, contact the Open Enrollment Office at (559) 600-1810, visit the Open Enrollment web site at <http://www.co.fresno.ca.us/openenrollment>, or attend the Health & Wellness Fair.

I DON'T HAVE ANY CHANGES?

Please review all Open Enrollment material thoroughly and be sure you are familiar with this year's information. Please note that dependent care and medical flexible spending accounts must be elected during each Open Enrollment period.

I WANT TO CHANGE HEALTH/DENTAL PLANS?

Complete, sign and submit forms or make changes online no later than 5:00 PM on November 10th.

I WANT TO ADD OR DELETE DEPENDENTS?

Complete, sign and submit forms no later than 5:00 PM on November 10th. Call (559) 600-1810 for details, or attend the Health & Wellness Fair.

TIPS ON "OPEN ENROLLING" FOR 2012

- **Attend the Health & Wellness Fair.** The Health and Wellness Fair is a great opportunity to get your questions answered and to talk to others about their coverage and experiences. It will be held on October 26, 2011 in the County Plaza Building Ballroom.
- **Enroll Online!** Open Enrollment changes may once again be completed online for both Health/Dental and Flex. You can add and drop dependents and change your plans. Please visit our website at: <http://www.co.fresno.ca.us/openenrollment> to view the tutorial video.
- **Review your current health and dental ID cards** to know which health and dental options you and your dependents are currently enrolled. Always review your insurance cards to ensure accuracy.
- **Seriously consider a FLEX Spending Account which allows you to use pre-tax dollars** to pay for deductibles, co-pays and other medical expenses (not covered by your plan). You can literally save hundreds of dollars a year on expenses you are going to pay anyway.
- **If you are enrolled or enrolling in the Anthem Blue Cross HDPPO** you may want to consider opening a health savings account for tax savings. (See FAQ #5)
- **Read the enclosed Benefits Comparison Charts** to see which plan appears to best meet your needs.
- **Don't wait** until the last minute to submit your paperwork or make changes online.
- **Use the Open Enrollment website!** Did you know that all materials in our office are available online? Visit our website at <http://www.co.fresno.ca.us/openenrollment>.

The Open Enrollment Office is located at 2220 Tulare Street, 14th Floor, in the Fresno County Plaza.
Phone: (559) 600-1810

OPEN ENROLLMENT 2012 CLOSING NOVEMBER 10TH



THE COUNTY OF FRESNO IS NOW OFFERING A WELLNESS PROGRAM!

The County of Fresno values your health and continues to identify programs and tools to assist you.

We are pleased to announce our partnership with Delta TeamCare to provide a new confidential and comprehensive health and wellness program for all County employees enrolled in an Anthem Blue Cross plan. Delta TeamCare provides a comprehensive, 3rd-party health and wellness solution in the workplace. This health and wellness program includes:

- Comprehensive Onsite Health Evaluation & Health Risk Assessment
- Online Health Education and Tracking Tools
- Individualized Outreach Programs
- I-on-I Telephonic or Online Health Coaching Programs
- Onsite Educational Seminars and Classes

To begin the program, the County of Fresno is offering free on-site health evaluations for County employees enrolled in an Anthem Blue Cross plan in 2012. The employee health evaluation starts with you fasting for 12 hours before your scheduled time. On the day of the health evaluation, an onsite Delta TeamCare phlebotomist will draw your blood and invite you to complete a brief questionnaire that asks you general questions about your health. Your health evaluation results will provide you with information about your current health status as well as possible health risks. This evaluation is confidential and HIPAA compliant – you will be the only one that knows the results of your evaluation.

About 72 hours after your evaluation, your results will be available to you online. You will also receive a packet in the mail at your home address in about two weeks which will explain your health evaluation results in detail. A Delta TeamCare health educator is available to answer your health questions or coach you on ways to lead a healthier lifestyle. You can call a health educator at 1-866-724-0032.

After your health evaluation is complete, you may receive a call from a Delta TeamCare nurse or health educator. The Delta TeamCare staff is dedicated to providing you knowledge and resources to improve your health. The calls made by the nurses and health educators are confidential. The purpose of these calls is to offer additional resources or answer any questions you may have.

***Be sure to look for additional information
about the program in the near future!***

PLAN YEAR 2012 **OPEN ENROLLMENT**



CHANGES YOU NEED TO KNOW ABOUT

ACTIVE EMPLOYEES

OPEN ENROLLMENT OFFICE



COUNTY PLAZA BUILDING

2220 Tulare Street, 14th Floor
Fresno, California 93721
Phone: (559) 600-1810

GET
YOUR
FLU SHOT

HEALTH & WELLNESS FAIR

Anthem Blue Cross Subscribers: \$5
Kaiser Subscribers: FREE



There will be a **Health & Wellness Fair**
on **Wednesday, October 26, 2011** from 7:30 AM – 2:30 PM
(County Plaza Building Ballroom)

This is your opportunity to obtain information from several different vendors all at one location. Plus, you will have a chance to experience free health and wellness checks on-site. Remember to get your Flu Shot! Catalyst Rx will be providing Flu Shots to Anthem Blue Cross subscribers for the low cost of \$5. Kaiser subscribers can get the Flu Shot for free. Don't miss this event!



CHECK
YOUR
BLOOD
PRESSURE!

FREE!
MASSAGE!



BODY
FAT
ANALYSIS!



ZUMBA
DANCE
FITNESS!

ZUMBA
fitness



HEALTHY
FOODS!

VISIT THE OPEN ENROLLMENT WEBSITE

www.co.fresno.ca.us/openenrollment

1) **What do I need to do if I decide not to change health or dental plans or make any dependent changes?**

Answer: Please review all 2012 Open Enrollment materials thoroughly. If after reviewing this document thoroughly and you still decide not to make a change, there is nothing you need to do. Also please review your beneficiary selection to make sure it is current.

2) **What do I need to do if I decide to change health and/or dental plans?**

Answer: If you wish to change options for any reason, you must complete an enrollment form or enroll online during Open Enrollment. You will not be able to change from your selected option until the next Open Enrollment period. If you have further questions, please contact the Open Enrollment Office at (559) 600-1810.

3) **If I am making Open Enrollment changes online, do I need to still turn-in supporting documents?**

Answer: Yes. Any supporting documents such as legal registered birth certificate or legal registered marriage certificate/license are still required. If supporting documents are not submitted by the end of Open Enrollment, the change will not be processed. Employee Benefits recommends dropping off supporting documents to the Open Enrollment office as documents may get lost in the mail. Due to the high volume of received documents, Employee Benefits cannot verify if forms are received in the mail.

4) **How is the Anthem Blue Cross High Deductible PPO (HDPPO) different from the Anthem Blue Cross PPO plan?**

Answer: Subscribers of the High Deductible plan must meet a \$3,000 deductible for one individual, and a \$6,000 deductible for family coverage. A deductible is the amount that must be paid, by the subscriber, before the plan will pay any claims. The HDPPO plan is also Health Savings Account (HSA) qualified.

5) **The Anthem Blue Cross HDPPO Plan is Health Savings Account (HSA) qualified. What is an HSA?**

Answer: A Health Savings Account (HSA) allows you to make tax deductible deposits and withdraw the funds to pay for qualified medical expenses tax free. If you enroll in the Anthem Blue Cross HDPPO Plan and have no other first dollar medical coverage (e.g. low or no deductible medical coverage), you may be eligible to open an HSA account. We strongly encourage you to attend the Health and Wellness Fair to get a better understanding of how this works.

6) **Can I go to any bank or financial institution to open an HSA account?**

Answer: No, only a bank or financial institution that has taken the appropriate steps can provide HSA qualified accounts. Check with your local financial institution or attend the Health and Wellness Fair for more information.

7) **Can I enroll in the Flexible Spending Account and have a Health Savings Account (HSA)?**

Answer: If you open a Health Savings Account (HSA) to pay for out-of-pocket medical expenses you cannot also have a Flexible Spending Account (FSA) for medical expenses. However, you can have an FSA for limited purposes only (dental and vision expenses).

8) How do I enroll into the Anthem Blue Cross High Deductible PPO (HDPPO) plan?

Answer: Complete an Open Enrollment form and the Anthem Blue Cross HDPPO supplemental form. The forms must be received in the Open Enrollment Office by Thursday, November 10, 2011 at 5:00 PM.

9) What information do I need to properly enroll eligible dependents?

Answer: Depending on the category of dependent, you will need to provide the following for each eligible dependent:

- Name
- Relationship to employee
- Date of birth
- Gender
- Social Security number
- Legal registered marriage certificate/license
- Declaration of Domestic Partnership filed with the California Secretary of State
- Legal registered birth certificate
- Legal adoption paperwork (must include presiding judge's signature and court seal)
- Designation of a primary care physician and/or dentist, if enrolled in the Anthem Blue Cross HMO or MetLife Dental DHMO. *(If there is no designation, an HMO provider will be assigned by the plan.)*

10) My child is over 18, do they need to be a full-time student to be covered under my plan?

Answer: No, they do not need to be a student. With the passage of the Health Care Reform Act, your child can remain on your plan until they turn 26 years old. However, you must enroll them before November 10, 2011 or you may not be able to reenroll them until the next Open Enrollment period or if a qualifying event occurs.

11) When do the health plan changes take effect?

Answer: Any changes made during Open Enrollment are effective on Monday, December 12, 2011.

12) When will I see the biweekly deductions for health coverage and the flexible spending account come out of my payroll check?

Answer: If applicable, you will see the deductions on your first pay check in January (*January 6, 2012*).

13) Can I change to another health or dental plan after the Open Enrollment period ends?

Answer: No. If forms are not received in the Open Enrollment Office by Thursday, November 10, 2011 at 5:00 PM, you will not be able to make changes until the next Open Enrollment period.

14) Can I add or delete dependents after the Open Enrollment period ends?

Answer: No, unless you experience a qualifying event (*e.g. marriage, birth or adoption of a child, spouse's loss of other health insurance*). Documentation of qualifying event must be provided to the Benefits office within 30 days of the qualifying event.

15) Since Catalyst Rx purchased Walgreens Health Initiative (WHI), are there any changes?

Answer: Due to the acquisition, Catalyst Rx is now the pharmacy benefit manager. You can still go to your regular pharmacy and pickup your mail order prescriptions through the retail Walgreens pharmacies. However, you may notice some changes with the Catalyst Rx formulary. If you have any questions regarding the coverage of a particular drug, please call Catalyst Rx at (800) 207-2568.

16) If I am enrolled in the Anthem Blue Cross High Deductible Plan, who is my prescription plan through?

Answer: Your coverage is through Anthem Blue Cross; however Anthem contracts with Express Scripts for prescription services. Prescriptions are subject to the HDPPO deductible.

ARE YOUR DEPENDENTS ELIGIBLE?

(Please read this if you have dependents enrolled in the County's Health Program)

During the Open Enrollment period, please take the time to review your currently enrolled dependents and follow the eligibility guidelines below when adding dependents for Plan Year 2012.

IMPORTANT

If you currently have any dependent(s) covered on the County's Health Program that do not fall within the eligibility guidelines below, **you will need to submit an enrollment change form deleting them from coverage** during Open Enrollment 2012 (October 24 – November 10, 2011).

Forms may be submitted to the Open Enrollment Office at Stop Mail 188, 2220 Tulare Street, 14th Floor – Fresno County Plaza or at the Health and Wellness Fair.

The following information is provided as a guideline to help you determine which dependents are eligible to be enrolled on your health plan under the Fresno County Group Health Insurance Plan.

Eligible Dependents:

- Legal Spouse
- Registered Domestic Partner
- Children* up to age 26

*Includes an employee's children, legally adopted children and stepchildren (unless otherwise court ordered).

Ineligible Dependents/Miscellaneous Requirements:

- Other County employees eligible to enroll in the County's Group Health Plan are not eligible dependents
- "Common-law" relationships do not qualify

If you have questions about the eligibility of currently enrolled dependents or those you are considering enrolling during Open Enrollment 2012, we strongly encourage you to contact the Open Enrollment Office at (559) 600-1810 or stop by our office at 2220 Tulare Street, 14th Floor – Fresno County Plaza.



WHAT DO I NEED TO TURN IN?

(All forms are available at the Health and Wellness Fair, the Open Enrollment Office, and on the County's website)

Adding Dependents

- Employee Group Health & Life Insurance Enrollment/Change Form (see sample below)
- Dependent Supporting Documentation
 - ☐ Legal registered marriage certificate/license
 - ☐ Declaration of domestic partnership filed with the California Secretary of State
 - ☐ Legal registered birth certificate

Deleting Dependents

- Employee Group Health & Life Insurance Enrollment/Change Form (see sample below)

Changing Health or Dental Plans

- Employee Group Health & Life Insurance Enrollment/Change Form (see sample below)
 - ☐ If enrolling in the Anthem Blue Cross HMO, please complete information on the form selecting a Primary Care Physician for you and your dependents from the list of providers.
 - ☐ If enrolling in the MetLife DHMO, please complete information on the form selecting a Dentist for you and your dependents from the list of providers.

Changing Health or Dental Plans (Anthem Blue Cross HDPPO)

- Employee Group Health & Life Insurance Enrollment/Change Form (see sample below)
- Anthem Blue Cross HDPPO Disclosure and Understanding Form (if applicable)

OPEN ENROLLMENT FORM

Sample Employee Group Health Insurance Enrollment/Change Form

FRONT
BACK

Check All That Apply

☐ Medical Plan Change

☐ Dental Plan Change (Change of plan type, such as DHMO to DDPPO)

☐ Add a Dependent or Spouse

☐ Delete a Dependent or Spouse

☐ Beneficiary Change

County Use Only

EFF: 12-12-2011

Received By _____

Dep Entry By _____

PS Entry By _____

OPEN ENROLLMENT

EMPLOYEE GROUP HEALTH AND LIFE INSURANCE ENROLLMENT/CHANGE FORM

YOUR INFORMATION

Social Security # _____ Last Name _____ First Name, Middle Initial _____ Date of Birth _____ Employee ID _____

Street Address _____ City _____ State _____ Zip _____ Daytime Telephone _____ Gender ☐ M ☐ F

DEPENDENTS If you have more dependents, complete additional Health Insurance Dependent Section on the other side.

Social Security #	Last Name	First Name	Relationship	Date of Birth	Gender	Provider #	Medicare	Medicaid
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete

MEDICAL PLAN ELECTION

Check One: ☐ ANTHEM BLUE CROSS HMO* ☐ ANTHEM BLUE CROSS HMO* ☐ ANTHEM BLUE CROSS HDPPO* ☐ KAISER HMO

Provider # _____ Existing Patient: ☐ Yes ☐ No

Catalyst Rx, Avante Behavioral Health and Medical Eye Services (MES) Vision

DENTAL PLAN ELECTION

Check One: ☐ DELTA DENTAL DDPPO ☐ METLIFE DENTAL DHMO

Provider # _____

I hereby enroll in (or authorize changes to) Fresno County's Group Health Insurance Program and authorize the necessary deductions from my wages and/or authorize changes to my life insurance beneficiary that payback designates. I also agree to the Anthem Blue Cross contribution language on the back of this form.

Your Signature: _____ Date: _____

☐ **DO NOT PRE-TAX MY PREMIUMS.** I have been given the opportunity to have my medical/dental insurance contributions deducted before tax, but I elect not to participate. I understand that by checking this box, my premium contributions for medical/dental insurance will be deducted on an after-tax basis.

KAISER PARTICIPANTS MUST READ AND SIGN: I understand that Kaiser for Small Claims Court cases, claims added to a Medicare appeals procedure and, if my Group must comply with ERISA, certain benefit-related disputes are excluded from the scope of the Small Claims Court. I understand that Kaiser for Small Claims Court cases, claims added to a Medicare appeals procedure and, if my Group must comply with ERISA, certain benefit-related disputes are excluded from the scope of the Small Claims Court. I understand that Kaiser for Small Claims Court cases, claims added to a Medicare appeals procedure and, if my Group must comply with ERISA, certain benefit-related disputes are excluded from the scope of the Small Claims Court.

Your Signature: _____ Date: _____

Complete other side →

ADDITIONAL HEALTH INSURANCE DEPENDENT(S)

Social Security #	Last Name	First Name	Relationship	Date of Birth	Gender	Provider #	Medicare	Medicaid
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete

LIFE INSURANCE

Life Insurance Beneficiary(ies) and Designee to Receive Final Payout:

1. Full Name: _____ Relationship: _____

Address: _____ Telephone: _____

2. Full Name: _____ Relationship: _____

Address: _____ Telephone: _____

3. Full Name: _____ Relationship: _____

Address: _____ Telephone: _____

4. Full Name: _____ Relationship: _____

Address: _____ Telephone: _____

ANTHEM BLUE CROSS PARTICIPANTS MUST READ AND SIGN ON REVERSE PAGE. The following provision does not apply to class actions. IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE. IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT, it is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under the contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

For County Use Only

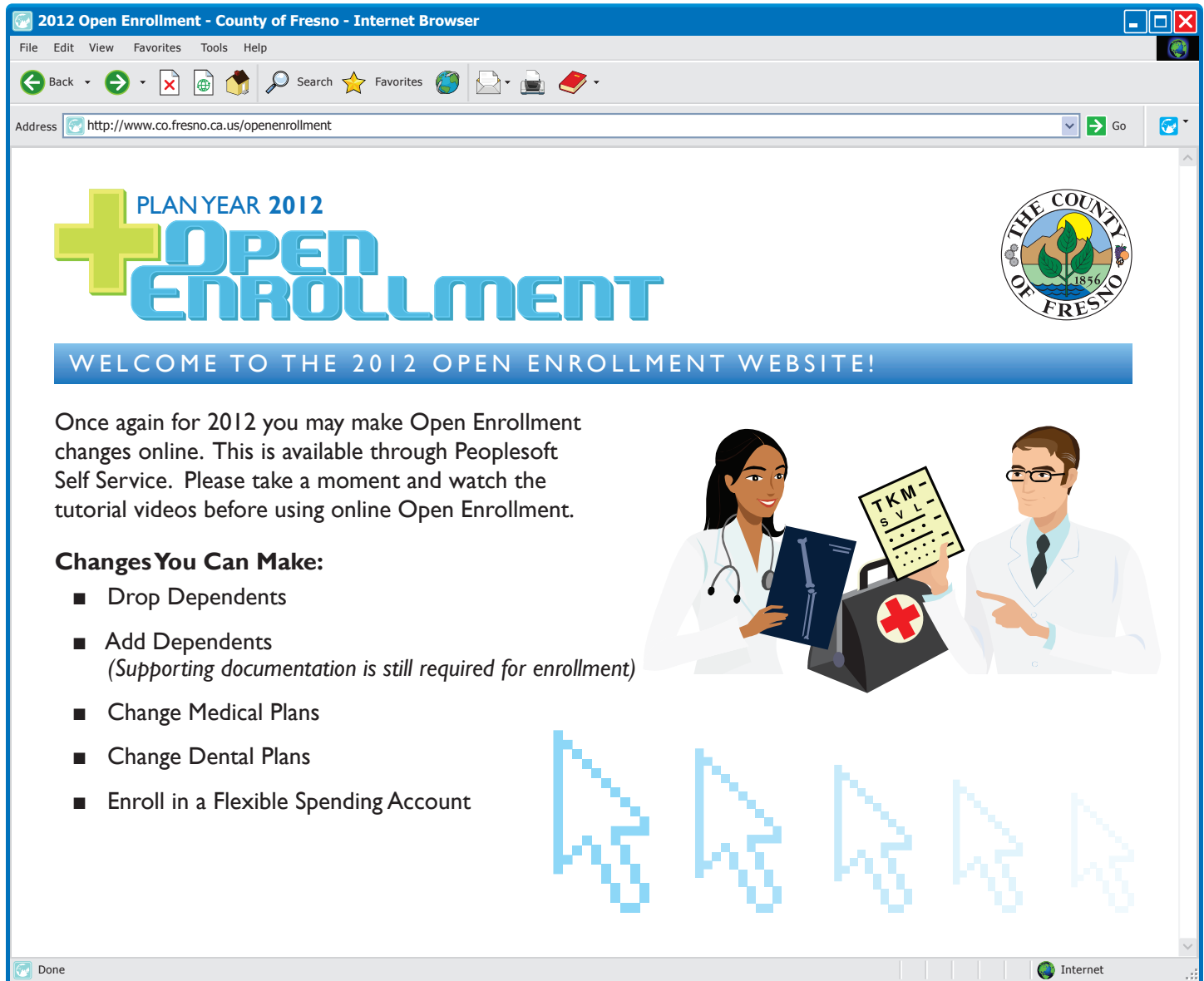
Refund/Collect \$ _____

Incorrect _____ Correct _____

Pay Period(s): _____ # PPI(s) _____

Comments: _____

FCS-004-1 (01/11) FCS



2012 Open Enrollment - County of Fresno - Internet Browser

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://www.co.fresno.ca.us/openenrollment> Go

PLAN YEAR 2012 + OPEN ENROLLMENT

THE COUNTY OF FRESNO

WELCOME TO THE 2012 OPEN ENROLLMENT WEBSITE!

Once again for 2012 you may make Open Enrollment changes online. This is available through Peoplesoft Self Service. Please take a moment and watch the tutorial videos before using online Open Enrollment.

Changes You Can Make:

- Drop Dependents
- Add Dependents
(Supporting documentation is still required for enrollment)
- Change Medical Plans
- Change Dental Plans
- Enroll in a Flexible Spending Account

Done Internet

➔ <http://www.co.fresno.ca.us/openenrollment>

All 2012 Open Enrollment materials are available twenty-four hours a day, seven days a week online at the Open Enrollment Website!

MEDICAL PLANS COUNTY OF FRESNO HEALTH CARE BENEFITS COMPARISON - ACTIVE EMPLOYEES

As of the date of publication of this comparison chart, negotiations were not complete for the County contribution toward bi-weekly health plan premiums. Therefore, 2011 contribution rates of up to \$208.06 per pay period and an additional \$95.00 per pay period for employee plus children or spouse OR \$100 for employee plus family are included on the chart for comparison purposes only. Upon completion of negotiations and Board approval, the 2012 County contribution rates will be made available. Employees who select a health plan with a premium less than the County contribution will not receive the excess contribution. Please note the employee costs listed on this chart do not apply to part-time employees. The following information summarizes certain key features of the health plans. It is provided for your convenience in comparing plans only. In all cases, official documents legally govern each plan's operations and benefits. Employees must meet all the eligibility requirements of the selected plan regarding service area limitations. All benefits are covered as stated only so long as plan requirements for prior authorization, primary care physician referrals and/or bona fide emergency or medical necessity are met. All benefits with a notation, "limit _days," indicate the maximum covered per calendar year.

RATES PLAN YEAR 12/12/11 to 12/9/12

BI-WEEKLY PREMIUMS

	PLAN 1				PLAN 2			
	ANTHEM BLUE CROSS HMO Catalyst RX MES Vision Avante Mental Health				ANTHEM BLUE CROSS PPO Catalyst RX MES Vision Avante Mental Health			
	Delta Dental	DPPO	or	MetLife DHMO	Delta Dental	DPPO	or	MetLife DHMO
Medical Prescription Vision Mental Health Dental Plans	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
	\$280.29	\$72.23	\$265.91	\$57.85	\$387.32	\$179.26	\$372.94	\$164.88
	\$432.83	\$129.77	\$418.07	\$115.01	\$721.39	\$418.33	\$706.63	\$403.57
	\$489.41	\$186.35	\$469.10	\$166.04	\$796.53	\$493.47	\$776.22	\$473.16
Employee Only	\$642.75	\$334.69	\$620.35	\$312.29	\$1,095.94	\$787.88	\$1,073.54	\$765.48
Employee + Child(ren)								
Employee + Spouse								
Employee + Family								

	PLAN 3				PLAN 4			
	ANTHEM BLUE CROSS HDPPO Anthem Blue Cross RX MES Vision Anthem Blue Cross Mental Health				KAISER Kaiser RX Kaiser Vision Kaiser Mental Health			
	Delta Dental	DPPO	or	MetLife DHMO	Delta Dental	DPPO	or	MetLife DHMO
Medical Prescription Vision Mental Health Dental Plans	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
	\$224.68	\$16.62	\$210.30	\$2.24	\$406.49	\$198.43	\$392.11	\$184.05
	\$411.67	\$108.61	\$396.91	\$93.85	\$619.77	\$316.71	\$605.01	\$301.95
	\$458.99	\$155.93	\$438.68	\$135.62	\$737.19	\$434.13	\$716.88	\$413.82
Employee Only	\$623.40	\$315.34	\$601.00	\$292.94	\$944.22	\$636.16	\$921.82	\$613.76
Employee + Child(ren)								
Employee + Spouse								
Employee + Family								



BI-WEEKLY PREMIUMS

	Delta Dental DPPO		MetLife Dental DHMO	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$280.29	\$72.23	\$265.91	\$57.85
Employee + Child(ren)	\$432.83	\$129.77	\$418.07	\$115.01
Employee + Spouse	\$489.41	\$186.35	\$469.10	\$166.04
Employee + Family	\$642.75	\$334.69	\$620.35	\$312.29

BENEFITS PLAN YEAR 12/12/11 to 12/9/12

PHYSICIAN SELECTION <i>(Service areas are defined in each plan's benefit summary)</i>		OTHER BENEFITS Home Health Care \$15 per visit. Home Hospice Care \$0 co-pay.	
PHYSICIAN SERVICES Office Visits \$15 per visit. Hospital Care \$0 co-pay. Home Visits \$15 per visit <i>(as medically necessary)</i> .		DURABLE MEDICAL EQUIPMENT \$0 co-pay. Includes hearing aid every 3 years. PROSTHETIC MEDICAL DEVICES \$0 co-pay.	
PREVENTIVE SERVICES \$0 co-pay. Routine Physicals - Pediatric and Adult/ Laboratory/ Immunizations/Well Baby Care <i>(Newborn to 2)</i> / Annual Breast and Pelvic		MATERNITY Hospital/ Physician In-Hospital/ Newborn Nursery Care/ Prenatal Care \$0 co-pay.	
HOSPITAL SERVICES Area Hospitals including Community Medical Center of Fresno, Clovis Community Hospital, Children's Hospital Central California. * Not all hospitals are listed. Please visit the Anthem Blue Cross website for a complete listing at www.anthem.com/ca .		FAMILY PLANNING \$15 co-pay per visit – no charge for family planning counseling. STERILIZATIONS \$15 co-pay. ABORTION Elective \$100 co-pay.	
EMERGENCY SERVICES <i>(When medically necessary)</i> Worldwide coverage: Services which are immediately required to treat a sudden, serious and unexpected illness or injury, including services to alleviate severe pain associated with a sudden, serious and unexpected illness or injury.		INFERTILITY SERVICES Diagnosis for Infertility \$15 co-pay. PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY/REHABILITATIVE SERVICES Outpatient Services \$15 co-pay. – Limited to a 60 day period of care after illness or injury; Additional visits may be approved if medically necessary.	
Ambulance \$0 co-pay.		ALLERGY TESTING/TREATMENT \$0 co-pay. Serum included in office visit.	
EMERGENCY ROOM Accident or Illness \$100 per visit, waived if admitted.		HEARING TEST \$0 co-pay. HEARING AID Refer to Durable Medical Equipment.	
INPATIENT SERVICES Inpatient Services, Semiprivate Room, ICU \$0 co-pay.		INITIAL EVALUATION \$15 co-pay. SPEECH AND HEARING DISORDERS \$15 co-pay.	
OUTPATIENT SERVICES \$0 co-pay. Surgery/X-RAY/Lab Tests		HEALTH EDUCATION \$0 co-pay. CHIROPRACTIC CARE \$10 per visit, "limit 40 visits" per year. ACUPUNCTURE \$15 co-pay.	
SKILLED NURSING FACILITY Freestanding SNF/Hospital SNF Unit \$0 co-pay.		ANNUAL CO-PAYMENT LIMIT \$1,000 per person or \$2,000 per family per calendar year.	


BENEFITS PLAN YEAR 12/12/11 to 12/9/12

MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY	Benefits provided by Avante Behavioral Health .
Inpatient	Unlimited Inpatient days per year, plan pays 100% of contracted rate.
Outpatient	\$15 co-pay per visit. Unlimited Inpatient days per year, plan pays 100% of contracted rate.
PRESCRIPTION DRUGS	
Administered in Hospital or Dr. Office	No charge.
Outpatient Prescriptions	Prescription drugs provided by Catalyst Rx at the following co-pay levels: \$10 co-pay (<i>Generic</i>); \$20 co-pay (<i>Preferred</i>); \$35 co-pay (<i>Non-preferred</i>) 30-day supply when member utilizes a Participating Pharmacy. Mail order 90-day supply for 2 co-pays.
Dental RX	If prescribed by plan physician (<i>not dentist</i>), same benefit level as "Outpatient Prescriptions".
RX Contraceptives	Same as Outpatient RX Contraceptive diaphragms are limited to one per year and are subject to the brand name co-pay.



VISION BENEFITS	Benefits provided by Medical Eye Services .
Co-payments	\$5.00 per covered person annually.
Examinations	Every 12 Months. In Network: Complete eye exam 100%. Out of Network: Maximum payable of \$40.
Eyeglass Lenses	Every 12 Months. In Network: Covers standard lenses at 100%. Progressive lenses and polycarbonate lens coverage up to \$89.50. Additional allowances applied to some lens upgrades. Out of Network: Payable based on reimbursement benefit schedule.
Eyeglass Frames	Every 24 Months. In Network: Allowance \$150 + 20% discount of the amount over \$150 on higher priced frames at participating discount provider locations. Out of Network: Maximum reimbursement of \$75.
Elective Contact Lenses	Every 12 Months in lieu of eyeglasses. In Network: \$130 maximum. Out of Network: \$130 maximum.
Medically Necessary Contact Lenses	Every 12 Months. In Network: Paid in full. Out of Network: \$250 maximum. Must be pre-authorized by MES Vision.
Laser Eye Surgery	15% discount through TLC Vision network: www.tlcvision.com .
Lens Customization/Additional Benefits	Members responsible for optional upgrades such as lens tints and coatings. Some discounts may apply.

This chart is only a summary of benefits. Please see the Evidence of Coverage, the Disclosure Form and the Group Health Services Contract for the exact terms and conditions of coverage.



BENEFITS PLAN YEAR 12/12/11 to 12/9/12

Plan Year Deductible: \$250 Individual

BI-WEEKLY PREMIUMS

	Delta Dental DPPO		or	MetLife Dental DHMO	
	TOTAL PREMIUM	EMPLOYEE COST		TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$387.32	\$179.26		\$372.94	\$164.88
Employee + Child(ren)	\$721.39	\$418.33		\$706.63	\$403.57
Employee + Spouse	\$796.53	\$493.47		\$776.22	\$473.16
Employee + Family	\$1,095.94	\$787.88		\$1,073.54	\$765.48

PHYSICIAN SELECTION (Service areas are defined in each plan's benefit summary)

Members can access care from either Preferred Providers or Non-preferred Providers. If a member uses a Non-preferred Provider they are responsible for the full billed amount. ABC only pays 50% up to the allowed amount.

PHYSICIAN SERVICES Office Visits

\$20 per visit (deductible waived). Non-PPO 50% after deductible.

Hospital Care

\$0 co-pay/Non-PPO \$500/admission (waived for emergency admission).

Home Visits

\$20 per visit (deductible waived for routine physical exam). Non-PPO 50% after deductible.

PREVENTIVE SERVICES Routine Physicals - Pediatric and Adult

\$0 co-pay/Non-PPO 50% up to a maximum of \$20 per visit.

Laboratory

\$0 co-pay/Non-PPO 50% after deductible.

Immunizations

\$0 co-pay/Non-PPO 50% up to a maximum of \$12 per immunization.

Annual Breast and Pelvic

\$0 co-pay/Non-PPO 50% deductible waived.

HOSPITAL SERVICES

Area Hospitals including Saint Agnes, Community Medical Center of Fresno, Clovis Community Hospital, Children's Hospital Central California.
* Not all hospitals are listed. Please visit the Anthem Blue Cross website for a complete listing at www.anthem.com/ca.

EMERGENCY SERVICES (When medically necessary)

Worldwide coverage: Emergency service for sudden, serious, and unexpected acute illness, injury, or condition which the member reasonably believes could permanently endanger health if medical treatment is not received immediately.

Ambulance

\$0 co-pay.

EMERGENCY ROOM Accident or Illness

\$0 co-pay. \$100 deductible (waived for emergency admission).

INPATIENT SERVICES Semiprivate Room, ICU

\$0 co-pay/Non-PPO 50% after deductible. \$500 deductible per admission for Non-PPO only (waived for emergency admission).

Bariatric Surgery (Preauthorization Required)

\$0 co-pay.

OUTPATIENT SERVICES

Surgery/X-RAY/Lab Tests

\$0 co-pay/Non-PPO 50% after deductible.

SKILLED NURSING FACILITY

Limited to 100 days per calendar year.

Freestanding SNF/ Hospital SNF Unit

\$0 co-pay/Non-PPO 50% after deductible.

OTHER BENEFITS

Routine Home Care and Home Health Care

\$0 co-pay/Non-PPO 50% after deductible. — Limited to 100 visits per calendar year.

Inpatient Respite Care/ Home Hospice Care

\$0 co-pay.

DURABLE MEDICAL EQUIPMENT

\$0 co-pay/Non-PPO 50% after deductible.

Prosthetic Medical Devices

\$0 co-pay/Non-PPO 50% after deductible.

MATERNITY

Hospital/ Physician In-Hospital/ Newborn Nursery Care

\$0 co-pay/Non-preferred Provider 50% after deductible.

Prenatal Care

\$20 per visit/Non-preferred Provider 50% after deductible.

FAMILY PLANNING/ STERILIZATIONS/ ABORTION

Therapeutic/Elective

\$0 co-pay/Non-preferred Provider 50% after deductible.

INFERTILITY SERVICES

Diagnosis for Infertility

\$0 co-pay/Non-preferred Provider 50% after deductible.

Treatment of Infertility

Not covered.

CHIROPRACTIC, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY/ REHABILITATIVE SERVICES

Outpatient Services

\$0 co-pay/Non-PPO 50% after deductible. — Limited to \$25 per visit for Non-PPO. Chiropractic care, physical, occupational and rehabilitative therapies are limited to a combined maximum of 24 visits per calendar year. Additional visits may be approved, if medically necessary.

ALLERGY TESTING AND TREATMENT

\$0 co-pay/Non-PPO 50% after deductible.



Plan Year Deductible: \$250 Individual/
\$500 Family (Preferred/Non-preferred)

BENEFITS PLAN YEAR 12/12/11 to 12/9/12

HEARING TEST	Routine hearing tests are not covered (<i>medically necessary hearing tests are covered</i>).
HEARING AID	\$0 co-pay/Non-PPO 50% after deductible. For all providers, one aid per ear every 36 months. Combined with durable medical equipment.
INITIAL EVALUATION SPEECH & HEARING DISORDERS	\$0 co-pay/Non-PPO 50% after deductible.
HEALTH EDUCATION/DIABETES CARE	\$20 per visit (<i>deductible waived</i>)/Non-PPO 50% after deductible.
ACUPUNCTURE	\$0 co-pay/Non-PPO 50% after deductible. \$30 per visit for Non-PPO. — Limited to 12 visits per calendar year.
ANNUAL OUT OF POCKET MAXIMUM	\$3,000 per individual/\$5,000 per family (<i>PPO</i>). \$10,000 per individual/\$15,000 per family (<i>Non-PPO</i>).
MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY	Benefits provided by Avante Behavioral Health .
Inpatient	Unlimited Inpatient days per year. Covered at 100% of the contracted rate.
Outpatient	Unlimited visits per year. Co-pay at \$20 per visit.
PRESCRIPTION DRUGS	
Administered in Hospital or Dr. Office	\$0 co-pay.
Outpatient Prescriptions	Benefits provided by Catalyst Rx at the following co-pay levels: \$10 co-pay (<i>Generic</i>); \$20 co-pay (<i>Preferred</i>); \$35 co-pay (<i>Non-preferred</i>) 30-day supply when member utilizes a Participating Pharmacy. Mail order 90-day supply for 2 co-pays. \$20 Generic, \$40 preferred brand, \$70 non-preferred brand.
Dental RX	Same as Outpatient.



VISION BENEFITS	Benefits provided by Medical Eye Services .
Co-payments	\$5.00 per covered person annually.
Examinations	Every 12 Months. In Network: Complete eye exam 100%. Out of Network: Maximum payable of \$40.
Eyeglass Lenses	Every 12 Months. In Network: Covers standard lenses at 100%. Progressive lenses and polycarbonate lens coverage up to \$89.50. Additional allowances applied to some lens upgrades. Out of Network: Payable based on reimbursement benefit schedule.
Eyeglass Frames	Every 24 Months. In Network: Allowance \$150 + 20% discount of the amount over \$150 on higher priced frames at participating discount provider locations. Out of Network: Maximum reimbursement of \$75.
Elective Contact Lenses	Every 12 Months in lieu of eyeglasses. In Network: \$130 maximum. Out of Network: \$130 maximum.
Medically Necessary Contact Lenses	Every 12 Months. In Network: Paid in full. Out of Network: \$250 maximum. Must be pre-authorized by MES Vision.
Laser Eye Surgery	15% discount through TLC Vision network: www.tlcvision.com .
Lens Customization/Additional Benefits	Members responsible for optional upgrades such as lens tints and coatings. Some discounts may apply.

This chart is only a summary of benefits. Please see the Evidence of Coverage, the Disclosure Form and the Group Health Services Contract for the exact terms and conditions of coverage.

Active - 2012



BI-WEEKLY PREMIUMS

	Delta Dental DPPO		MetLife Dental DHMO	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$224.68	\$16.62	\$210.30	\$2.24
Employee + Child(ren)	\$411.67	\$108.61	\$396.91	\$93.85
Employee + Spouse	\$458.99	\$155.93	\$438.68	\$135.62
Employee + Family	\$623.40	\$315.34	\$601.00	\$292.94

BENEFITS PLAN YEAR 12/12/11 to 12/9/12

Calendar Year Deductible: \$3,000 Individual/\$6,000 Family (In Network Provider)

PROVIDERS	In Network	Out of Network
PHYSICIAN SELECTION (Service areas are defined in each plan's benefit summary)	Covered out-of-state services (Benefits provided through the BlueCard® Program) Benefits provided through the BlueCard® Program, for out-of-state emergency and non-emergency care, are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider. \$0 co-pay after deductible. 50%	
PHYSICIAN SERVICES Office Visits/Hospital Care/Home Visits	\$0 co-pay.	50% after deductible.
PREVENTIVE SERVICES Routine Physicals - Pediatric and Adult/Laboratory/Immunizations/Annual Breast and Pelvic	Preventive care (not subject to the calendar year deductible). \$0 co-pay. 50%	
HOSPITAL SERVICES	Area Hospitals including Saint Agnes, Community Medical Center of Fresno, Clovis Community Hospital, Children's Hospital Central California. * Not all hospitals are listed. Please visit the Anthem Blue Cross website for a complete listing at www.anthem.com/ca .	
EMERGENCY SERVICES (When medically necessary) Ambulance	Emergency health coverage. \$0 co-pay after deductible. \$0 co-pay after deductible.	
EMERGENCY ROOM Accident or Illness	\$0 co-pay after deductible.	
INPATIENT SERVICES Semiprivate Room, ICU Bariatric Surgery	\$0 co-pay after deductible. \$0 co-pay.	50% after deductible. Not covered.
OUTPATIENT SERVICES Surgery/X-RAY/Lab Tests	\$0 co-pay after deductible.	50% after deductible.
SKILLED NURSING FACILITY	\$0 co-pay.	50% after deductible. Benefits are limited to 100 days per calendar year for all providers.

PROVIDERS	In Network	Out of Network
OTHER BENEFITS Routine Home Care and Home Health Care Inpatient Respite Care/Home Hospice Care	\$0 co-pay. Services limited to 100 visits per calendar year for all providers. \$0 co-pay.	50% after deductible. 50%
DURABLE MEDICAL EQUIPMENT Prosthetic Medical Devices	\$0 co-pay after deductible.	50% after deductible.
MATERNITY Hospital/Physician In-Hospital/Newborn Nursery Care/Prenatal Care	\$0 co-pay after deductible.	50% after deductible.
FAMILY PLANNING/STERILIZATIONS/ABORTION Therapeutic/Elective	\$0 co-pay.	50%
INFERTILITY SERVICES Diagnosis for Infertility Treatment of Infertility	\$0 co-pay/Non-preferred Provider Not covered.	50% after deductible.
PHYSICAL, OCCUPATIONAL AND REHABILITATIVE SERVICES Outpatient Services SPEECH THERAPY	\$0 co-pay. Up to \$25 per visit. Limited to 24 visits per calendar year for all providers. Additional visits can be approved, if medically necessary. \$0 co-pay.	50% after deductible. 50% after deductible.
ALLERGY TESTING AND TREATMENT	\$0 co-pay.	50% after deductible.
HEARING TEST HEARING AID	\$0 co-pay. One aid per ear every 36 months	50% after deductible.
HEALTH EDUCATION	Self-management training and education (if billed by your provider, you will also be responsible for the office visit co-pay). No charge after deductible. 50% after deductible.	
DIABETES CARE	Equipment, devices and supplies \$0 co-pay after deductible. 50% after deductible.	

This chart is only a summary of benefits. Please see the Evidence of Coverage, the Disclosure Form and the Group Health Services Contract for the exact terms and conditions of coverage.



Plan Year Out of Pocket Maximum
 In-Network Provider: \$3,000 Individual/\$6,000 Family
 Out of Network Provider: \$5,000 Individual/\$10,000 Family

BENEFITS PLAN YEAR 12/12/11 to 12/9/12



PROVIDERS	In Network	Out of Network
CHIROPRACTIC CARE	Chiropractic services provided by a chiropractor (up to 24 visits per calendar year, combined with physical therapy, occupational therapy and rehabilitative services). No co-pay after deductible. 50% after deductible.	
ACUPUNCTURE	\$0 co-pay.	50%
	Limited to \$30 per visit and 12 visits per calendar year for all providers.	
ANNUAL OUT OF POCKET MAXIMUM	Individual Coverage \$3,000 Family Coverage \$6,000	Individual Coverage \$5,000 Family Coverage \$10,000
MENTAL HEALTH SERVICES Inpatient/Outpatient	Benefits provided by Anthem Blue Cross . \$0 co-pay after deductible. 50% after deductible.	
PRESCRIPTION DRUGS	Benefits provided by Anthem Blue Cross (Express Scripts) . (Subject to deductible) Retail pharmacy mail service (claim form needed).	
Administered in Hospital or Dr. Office/Outpatient Prescriptions/Dental RX	\$0 co-pay.	50%

VISION BENEFITS	Benefits provided by Medical Eye Services .
Co-payments	\$5.00 per covered person annually.
Examinations	Every 12 Months. In Network: Complete eye exam 100%. Out of Network: Maximum payable of \$40.
Eyeglass Lenses	Every 12 Months. In Network: Covers standard lenses at 100%. Progressive lenses and polycarbonate lens coverage up to \$89.50. Additional allowances applied to some lens upgrades. Out of Network: Payable based on reimbursement benefit schedule.
Eyeglass Frames	Every 24 Months. In Network: Allowance \$150 + 20% discount of the amount over \$150 on higher priced frames at participating discount provider locations. Out of Network: Maximum reimbursement of \$75.
Elective Contact Lenses	Every 12 Months in lieu of eyeglasses. In Network: \$130 maximum. Out of Network: \$130 maximum.
Medically Necessary Contact Lenses	Every 12 Months. In Network: Paid in full. Out of Network: \$250 maximum. Must be pre-authorized by MES Vision.
Laser Eye Surgery	15% discount through TLC Vision network: www.tlcvision.com .
Lens Customization/Additional Benefits	Members responsible for optional upgrades such as lens tints and coatings. Some discounts may apply.

This chart is only a summary of benefits. Please see the Evidence of Coverage, the Disclosure Form and the Group Health Services Contract for the exact terms and conditions of coverage.



KAISER PERMANENTE \$15

BENEFITS PLAN YEAR 12/12/11 to 12/9/12

BI-WEEKLY PREMIUMS

	Delta Dental DPPO		MetLife Dental DHMO	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$406.49	\$198.43	\$392.11	\$184.05
Employee + Child(ren)	\$619.77	\$316.71	\$605.01	\$301.95
Employee + Spouse	\$737.19	\$434.13	\$716.88	\$413.82
Employee + Family	\$944.22	\$636.16	\$921.82	\$613.76

PHYSICIAN SELECTION (Service areas are defined in each plan's benefit summary)	Primary care and specialty physician services must be obtained at Kaiser Permanente medical offices by teams of physicians affiliated with the Plan. You are encouraged to choose a personal physician from the staff for you and your family members. Referral to community specialists may be provided when Specialty care services are unavailable at Kaiser Permanente facilities.
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PHYSICIAN SERVICES	
Office Visits	\$15 per provider visit.
Hospital Care	No charge for Inpatient care.
Home Visits	No charge.

PREVENTIVE SERVICES	
Routine Physicals	No charge.
Pediatric and Adult/ Laboratory/Immunizations	No charge.
Well Baby Care (Newborn to 2)	No charge.
Annual Breast and Pelvic	No charge.

HOSPITAL SERVICES	Services available at Kaiser Permanente facilities.
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EMERGENCY SERVICES (When medically necessary)	Worldwide coverage: Emergency service received within the service area from providers not contracting with health plan are limited to emergencies which might result in death, serious disability or significant jeopardy to the member's condition. Emergency services are provided outside the service area for members becoming ill or injured while outside the service area.
Ambulance	Ambulance: \$50 per trip.

EMERGENCY ROOM	
Accident or Illness	\$100 per visit, waived if admitted.

INPATIENT SERVICES	No charge at participating hospitals. Referral by a Plan physician required for all non-emergency hospital services.
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OUTPATIENT SERVICES	
Surgery	\$15 per procedure.
X-RAY/Lab Tests	No charge.

SKILLED NURSING FACILITY	
Freestanding SNF/ Hospital SNF Unit	No charge. "Limit 100 days" per benefit period.

OTHER BENEFITS	
Routine Home Care and Inpatient Respite Care/ Home Health Care/Home Hospice Care	No charge if prescribed by a Plan physician. Paid in full up to 180 days per lifetime.

DURABLE MEDICAL EQUIPMENT	20% co-insurance.
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PROSTHETIC MEDICAL DEVICES	20% co-insurance.
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MATERNITY	
Hospital/ Physician In-Hospital/ Newborn Nursery Care	No charge.
Prenatal Care	No charge.

FAMILY PLANNING/ STERILIZATIONS	\$15 per visit.
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ABORTION	
Therapeutic/Elective	\$15 per visit.

INFERTILITY SERVICES	
Diagnosis for Infertility	Office visits: \$15 per visit.
Treatment of Infertility	Outpatient surgery: \$15 per procedure. Outpatient lab tests and special procedures: No charge. Hospital inpatient care: No charge.

PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY	\$15 per visit. Occupational and speech therapy.
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REHABILITATIVE SERVICES	
Outpatient Services	

ALLERGY TESTING	\$15 per visit.
TREATMENT	\$3 per injection.

HEARING TEST	No charge.
HEARING AID	Hearing aid(s) benefit of \$1,000 allowance per device, one device per ear, two devices every 36 months.

SPEECH & HEARING DISORDERS/INITIAL EVALUATION	\$15 per visit.
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BENEFITS PLAN YEAR 12/12/11 to 12/9/12



HEALTH EDUCATION	Most classes relating to specific medical conditions are \$15 per visit. Classes relating to general health are provided at a reasonable rate.
CHIROPRACTIC CARE	\$10 co-pay, "limit 30 visits" per calendar year. Services must be rendered by an American Specialty Health Plan Provider.
ACUPUNCTURE	Not covered.
ANNUAL CO-PAYMENT LIMIT	\$1,500 for one member. \$3,000 for the Subscriber and all his or her dependents.
CLAIM FORMS	May be required for out-of-area emergency service.
COORDINATION OF BENEFITS	None.
MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY	Benefits provided by Kaiser Permanente .
Inpatient	Referral by a Plan physician required for all non-emergency admissions.
Outpatient	\$15 for an individual visit and \$7 for a group visit. \$5 for chemical dependency group visit.
PRESCRIPTION DRUGS	Benefits provided by Kaiser Permanente .
Administered in Hospital or Dr. Office	No charge.
Outpatient Prescriptions	\$10 co-pay (<i>Generic</i>); \$20 co-pay (<i>Brand</i>), per 30-day supply. Mail orders: 100-day supply for two co-pays.
Dental RX/RX Contraceptives	Same as Outpatient.
VISION BENEFITS	
Co-payments	\$15 per visit.
Examinations	No charge.
Eyeglasses Lenses/ Eyeglass Frames/Contact Lenses (<i>Medically Necessary/Elective</i>)	\$175 allowance toward the purchase of covered lenses, frames and/or cosmetic contact lenses, every 24 months.
Lens Customization/ Additional Benefits	Members responsible for non-basic lens options (<i>tinting, scratch coating, photo-chromic lenses, etc.</i>). 25% discount on second pair if purchased within one year.

BENEFITS

DELTA DENTAL DPPO Plan

MetLife DHMO Plan

SUMMARY	Plan will pay a portion of the bill after deductible is met. The Plan's portion for covered basic and preventive services is 100% of the covered dental expense. All covered major services and some basic services are paid at 50% of the covered dental expense. Dental implants and composite fillings may be covered.	Members receive benefits from one of the participating dentists in the network. The plan covers most preventive diagnostic, restorative and other basic procedures at NO CHARGE. Major procedures may require fixed co-pays.
DENTIST SELECTION	All covered persons may select a dentist without restriction. If a participating dentist is selected, the member may have a reduction in out-of-pocket costs.	Members must select a dentist from the list of Plan approved dentists.
DEDUCTIBLE	Basic and Major Services: \$50 per person, \$150 per family per calendar year. No deductible for Preventive/Diagnostic services from a PPO dentist, and Orthodontic services.	No deductible.
MAXIMUM BENEFITS Predetermination of Benefits	\$2,500 per person per year. (Maximum Waived for Diagnostic, Orthodontia & Preventive Services)	No annual maximum.
EMERGENCY SERVICES	Covered the same as routine services.	Palliative treatment of pain only.
CLAIM FORMS	Participating dentists will submit claim forms for you.	No claim forms are necessary except for out-of-the-area emergencies.
COORDINATION OF BENEFITS	The plan will coordinate with other coverages if the person is qualified in more than one plan.	The plan will coordinate with other coverages if the person is qualified in more than one plan for specialty claims only.
SERVICE AREA	No service limitations in California.	No service limitations in California.
BENEFIT PROVISIONS BASIC/PREVENTIVE SERVICES Diagnostic Services Examinations, X-rays, Check-ups Preventive Services/Cleanings & Fluoride Treatment	Preferred Provider Dentist Non-preferred Provider Dentist	
	0% (Deductible Waived)	No charge (except for resin/composite fillings on posterior teeth; the co-pays for these procedures range from \$85-\$140). The no charge is for amalgam for all teeth and resin/composite for anterior teeth.
	0% *(Deductible Waived) *Extra visit for pregnancy.	No charge.

BENEFITS

DELTA DENTAL DPPO Plan

MetLife DHMO Plan

	Preferred Provider Dentist		Non-preferred Provider Dentist	
Restorative Services/Fillings, Pulp Capping	10%	10%		Members receive benefits from one of the participating dentists in the network. The plan covers most preventive diagnostic, restorative and other basic procedures at NO CHARGE.
OTHER SERVICES - Endodontics (minor)/Treatment of Gums (minor)/Teeth Bleaching (DHMO Only)	50%	50%	50%	No charge, except for teeth bleaching.
MAJOR SERVICES - Oral Surgery Impactions/Root Canals/ Apicoectomy/Periodontal Surgery/Crowns/Bridges/ Dentures/Other Prosthetics/ Simple Extractions/Implants (DPPO Only)	50%	50%	50%	Most services do not require a co-pay. Co-pay may be required for an upgrade from a base metal to a precious metal.
OTHER BENEFITS - Orthodontia* (Teeth Straightening - Adults and Children)	Adult member (age 20 and over) \$1,880 co-pay per case. Child member (through age 19) \$1,660 co-pay per case. One case per lifetime. Maximum of 24 months of active orthodontic treatment.			Adult member (age 20 and over) \$1,400 co-pay per case. Child member (through age 19) \$1,300 co-pay per case.
EXCLUSIONS /LIMITATIONS	More than two cleanings per calendar year; Lost/stolen appliances; Cosmetic dentistry; Charges in excess of customary for Nonparticipating dentists; Hospital expenses; Prescription drugs; Replacement of prosthetics within 5 years of placement; Unnecessary/Experimental procedures; Treatment to alter vertical dimension; TMJ treatment; Other exclusions/limitations as provided in policy.			Lost/stolen appliances; Cosmetic dentistry (except those noted within the schedule of benefits); Hospital expenses; Replacement of repairable dentures; Orthognatic surgery; Implants; Experimental/unnecessary procedures; Treatment to alter vertical dimension; TMJ treatment; Other exclusions/limitations as provided in policy.

**IMPORTANT NOTICE FROM THE COUNTY OF FRESNO
ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

**This Notice applies to County Employees enrolled in the Anthem Blue Cross HMO
or PPO Plan with prescription coverage through Catalyst Rx**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County of Fresno 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. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 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. The County of Fresno has determined that the prescription drug coverage offered by Catalyst Rx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th to December 7th**. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current County of Fresno coverage will be affected. If you do decide to join a Medicare drug plan and drop your current County of Fresno coverage, be aware that you and your dependents will be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with County of Fresno and don't 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 creditable

prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare 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 October 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 the County of Fresno changes. You also may request a copy of this notice at any time.

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 (800) MEDICARE (800-633-4227). TTY users should call (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 (800) 772-1213 (TTY 800-325-0778).

KEEP THIS NOTICE

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, therefore, whether or not you are required to pay a higher premium (*a penalty*)

Date:	October 18, 2011
Name of Entity/Sender:	County of Fresno
Contact-Position/Office:	Paul Nerland Employee Benefits Manager Personnel Services Employee Benefits
Address:	2220 Tulare Street, Suite 1400 Fresno, California 93721
Phone Number:	(559) 600-1810

➔ **ADDITIONAL RESOURCES FOR ACTIVE EMPLOYEES**

www.co.fresno.ca.us/openenrollment

MEDICAL

Anthem Blue Cross HMO Group Number: 275341H001 / Phone: (800) 888-8288

Anthem Blue Cross PPO Group Number: 275341M450 / Phone: (800) 888-8288

Anthem Blue Cross HDPPPO Group Number: 275341M650 / Phone: (866) 207-9878

Kaiser HMO / Phone: (800) 464-4000

24/7 Nurseline for PPO, HMO / (800) 977-0027

24/7 Nurseline for HDPPPO / (866) 800-8780

DENTAL

Delta Dental DPPO Group Number: 5879 / Phone: (800) 765-6003

MetLife Dental DHMO / Phone: (800) 880-1800

VISION – MEDICAL EYE SERVICES

Group Number: 23004 / Phone: (800) 877-6372

PRESCRIPTIONS – CATALYST RX

Phone: (800) 207-2568

MENTAL HEALTH – AVANTE

Phone: (559) 261-9060

FLEX SPENDING ACCOUNTS – ALL VALLEY ADMINISTRATORS

Phone: (559) 447-1600



**PERSONNEL SERVICES
EMPLOYEE BENEFITS**

OPEN ENROLLMENT OFFICE

2220 Tulare Street, 14th Floor

Fresno, California 93721

Phone: (559) 600-1810

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