



PERSONNEL SERVICES
EMPLOYEE BENEFITS

RETIREES

HEALTH BENEFITS

- ANTHEM BLUE CROSS HDPPO
- KAISER HMO

• THE HARTFORD GROUP MEDICARE RETIREE PLAN

- KAISER SENIOR ADVANTAGE - HIGH
- KAISER SENIOR ADVANTAGE - LOW

SUPPLEMENTAL BENEFITS

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

PLAN YEAR 2012 OPEN ENROLLMENT

MEDICAL • PRESCRIPTIONS • VISION • DENTAL • MENTAL HEALTH



PLAN YEAR 2012 OPEN ENROLLMENT



WELCOME TO OPEN ENROLLMENT

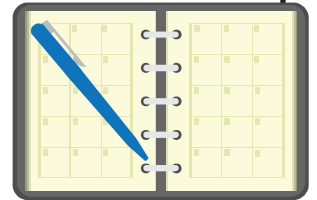
RETIREES

DATE: October 18, 2011
TO: All Fresno County Retirees
FROM: Beth Bandy, Deputy Director of Personnel Services 
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.

IMPORTANT DATES TO REMEMBER

- ✓ **October 24, 2011** – First day to make changes
- ✓ **October 26, 2011** – 2012 Health & Wellness Fair
- ✓ **October 27, 2011** – Retired Employees of Fresno County (REFCO) Luncheon
- ✓ **November 10, 2011** by 5:00 PM – Last day to make changes
(Forms must be received at Employee Benefits Office)
- ✓ **January 1, 2012** – Changes take effect



PLANS FOR 2012

THE COUNTY OFFERS:

Health Plans – Under 65 Retirees

- Anthem Blue Cross – \$1,500 HDPPPO¹
- Kaiser – HMO²

Health Plans – Retirees 65 and Over (Medicare Eligible)

- Hartford's Group Medicare Retiree Plan
- Kaiser – Senior Advantage - High Option²
- Kaiser – Senior Advantage - Low Option²

Dental Plans

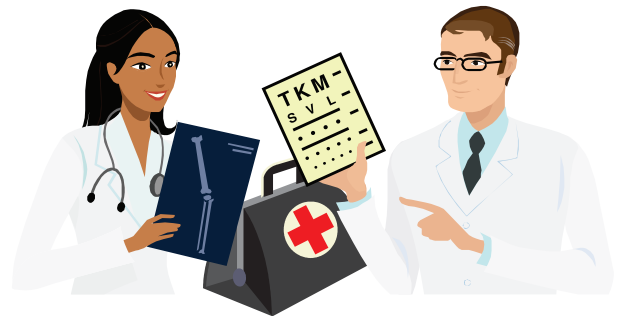
- Delta Dental DPPO
- MetLife Dental DHMO

Vision and Mental Health Coverage for non-Kaiser Retirees

- Medical Eye Services (MES) Vision
- Avante Mental Health (Hartford only)

¹ Under 65 Retirees in the Anthem Blue Cross \$1500 HDPPPO plan will access Prescription and Mental Health through the Anthem plan.

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



Open Enrollment Office:

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

OPEN ENROLLMENT 2012 STARTS OCTOBER 24TH

WHAT'S DIFFERENT THIS YEAR?

Special Note to Court Retirees: As of 2012, no new Court retiree(s) will be able to participate in any County sponsored health plan. All existing Court retiree(s) may continue to participate in their current health plan (i.e. they will be “grand-fathered” into the plan). However, if any Court retiree leaves the retiree plans beginning in 2012, they will not be able to re-enroll in any County of Fresno health insurance plans.

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?

If you elect not to change health/dental plans and/or add or drop dependents from your coverage, no paper work is required.

I WANT TO CHANGE HEALTH/DENTAL PLANS?

Complete, sign and submit forms no later than 5:00 PM on November 10th. Call (559) 600-1810 for details or attend an Information Fair/Open Enrollment Meeting (see enclosed calendar).

I WANT TO ADD OR DELETE DEPENDENTS?

Complete, sign and submit forms along with applicable birth/marriage certificates no later than 5:00 PM on November 10th. Call (559) 600-1810 for details or attend an Information Fair/Open Enrollment Meeting (see enclosed calendar).

Submit your enrollment forms to:

Employee Benefits
2220 Tulare St., 14th Floor
Fresno, California 93721

Forms must be received before:
November 10, 2011 at 5:00 PM

TIPS ON “OPEN ENROLLING” FOR 2012

- **Analyze your personal health care needs.** Consider factors such as chronic conditions, preventive care, health/wellness services, and deductibles or co-payments.
- **Read the Benefits Comparison Chart** to see which plan appears to best meet your needs. Look at the premiums last, instead of first.
- **Attend one of the Information Fair/Open Enrollment Meetings** (see enclosed calendar). Open Enrollment meetings are great opportunities to get your questions answered and to talk to others about their coverage and experiences.
- **Review your current health and dental ID cards** to know which health and dental options you and your dependents are currently enrolled.
- **If you are enrolled or enrolling in the Anthem Blue Cross HDPPO** consider opening a health savings account. (See FAQ # 17)
- **Don't wait** until the last minute to submit your paperwork.

OPEN ENROLLMENT 2012 CLOSING NOVEMBER 10TH

CALENDAR OF EVENTS

RETIREES

► **OCTOBER / NOVEMBER 2011**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
24 OPEN ENROLLMENT BEGINS	25	26 Health and Wellness Fair COUNTY PLAZA BALLROOM 7:30 AM – 2:30 PM	27 RETIREES ONLY REFCO Luncheon 10:00 AM – 2:00 PM	28
31	1	2	3	4
7	8	9	10 OPEN ENROLLMENT CLOSES 5:00 PM	11

FREQUENTLY ASKED QUESTIONS

RETIREES

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

Answer: Please review this document thoroughly. If you elect not to change health/dental plans and/or add or drop dependents from your coverage, no paper work is required.

2) If I am a new enrollee, when will I get my new cards?

Answer: New cards will be mailed out by the end of December.

3) If I am enrolling in the Hartford's Group Medicare Retiree Plan, what company handles my prescription coverage?

Answer: If you are on Medicare and enrolling in the Hartford's Group Medicare Retiree Plan, your prescriptions are through Express Scripts (ESI).

4) If I am enrolling in the Hartford's Group Medicare Retiree Plan, can I see any doctor?

Answer: You can see any doctor who accepts Medicare. There is no "network". Medicare will be considered "primary", and will be billed first. After Medicare has paid their portion, the doctor will then bill the Hartford's Group Medicare Retiree Plan. You will not have a co-pay or other deductible, except for Rx.

5) If I'm under the Hartford's Group Medicare Retiree Plan, which cards do I give my doctor?

Answer: You will provide **both** your Medicare card **and** your Hartford card. Your doctor will bill Medicare first, and then bill Hartford. You do not need to complete any claim forms.

6) What do I need to do if I decide to change dental plans?

Answer: If you wish to change options for any reason you must complete an enrollment form during Open Enrollment. If you do not submit a form, you will not be able to change from your selected option until the next Open Enrollment.

7) What if I want to cancel my County health coverage?

Answer: If you wish to cancel your coverage, you must submit a request in writing to Employee Benefits during Open Enrollment or at least 30 days in advance of the requested term date. If you later wish to re-enroll, you can do so at the next Open Enrollment period, or if you experience a qualifying event.

8) When do any enrollment or plan changes take effect?

Answer: Coverage options/changes become effective January 1, 2012.

9) When will I see the updated monthly premiums for health coverage deducted from my retirement check?

Answer: You will see the deductions for the January 2012 premium on your December 30, 2011 retirement check.

10) Can I make changes after the Open Enrollment period ends?

Answer: No. If you do not submit forms to 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. However, if you obtain Medicare eligibility during the year and have coverage with the County, you must notify the County and enroll in a Medicare option plan. If you experience a qualifying event (e.g. loss of coverage, marriage), you may add and delete dependents within 30 days of the qualifying event.

CONTINUED ON NEXT PAGE

11) What is Medicare?

Answer: Medicare is a federal health insurance program for:

- Individuals who are 65 years of age or older.
- Individuals under 65 with a qualifying disability.
- Individuals with End-Stage Renal Disease (*permanent kidney failure requiring dialysis or a kidney transplant*).
- Those residing in the United States or a U.S. Territory.

There are four parts to Medicare:

- Part A Hospital Insurance – There is no premium if you paid into the Medicare system for 40 quarters. It pays for inpatient care in hospitals. This includes critical access hospitals and skilled nursing facilities (*not custodial or long term care*). It also helps cover hospice care and home health care. You must meet certain conditions to get these benefits.
- Part B Medical Insurance – There is a premium. It helps cover medical services like doctors' services, outpatient care, and other medical services that Part A doesn't cover. Part B is optional. Part B helps pay for covered medical services and items when medically necessary. Part B also covers some preventive services.
- Part C Medicare Advantage Plans – This combines your Part A (*Hospital*) and Part B (*Medical*) Insurance. Private insurance companies approved by Medicare provide this coverage. Generally, you must see doctors in this plan. Your costs may be lower than in the original Medicare Plan, and get extra benefits.
- Part D Prescription Drug Coverage – There is a premium. Plans cover different drugs. Medically necessary drugs must be covered.

12) Who pays for Medicare and what is the cost?

Answer: You pay the Medicare Part B premium (*and all or part of Part A if you do not have 40 quarters*). Premiums change yearly. In some cases, this amount may be higher if you did not choose Part B or Part D when you first became eligible for Medicare.

13) How do I get Part B?

Answer: You are automatically eligible for Part B if you are eligible for premium-free Part A. Just before you turn 65 years old, you will receive your Medicare card in the mail. You will have to decide whether or not to take Part B. You should keep in mind that the cost of Part B may go up 10% each 12 month period that you could have had Part B but did not take it, except in special cases. You may have to pay this penalty as long as you have Part B. If you choose to get Part B, the monthly premium is taken out of your Social Security Benefit.

14) What is Medicare Prescription Drug Coverage (Medicare Part D)?

Answer: Medicare prescription drug coverage is insurance provided by private companies that has been approved by Medicare. The three plans currently being offered to Medicare Eligible Members, Hartford's Group Medicare Retiree Plan with the Express Scripts Prescription Drug Program and Kaiser's Senior Advantage (*High and Low*) Plans, include Medicare Part D Prescription Drug Coverage. If you enroll in one of these plans, do not sign up for another Part D program as this will cancel your Fresno County coverage.

CONTINUED ON NEXT PAGE

- 15) Can I enroll in a Medicare Prescription Drug Plan and one of the Medicare plans being offered by the County?**

Answer: No, since the County Medicare Plans include a Medicare Prescription Drug Plan as part of their benefits. You cannot be enrolled in two Medicare Prescription Drug Plans at the same time. If you enroll in a Medicare Prescription Drug Plan after signing up for a County of Fresno Plan, you will cause your County Plan to be terminated. We strongly encourage you to attend one of the Open Enrollment meetings to get a better understanding of how this works (*see enclosed calendar*).

- 16) What if I become Medicare eligible during the year? What do I do?**

Answer: You must notify the County of Fresno of your Medicare eligibility and enroll into a new plan.

- 17) The Blue Cross HDPPO Plan states it is HSA Qualified. What is an HSA?**

Answer: HSA stands for Health Savings Account. HSA's allow you to make tax deductible deposits into an HSA qualified account and withdraw the funds to pay for qualified medical expenses tax free. If you enroll in the Anthem Blue Cross HDPPO 1500 Plan and have no other medical coverage, you may be eligible to open an HSA account. We strongly encourage you to attend one of the Open Enrollment meetings to get a better understanding of how this works.

- 18) 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 bank or attend one of the Open Enrollment meetings for more information.

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

Answer: No. You can enroll your child without having 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.

MEDICAL PLANS COUNTY OF FRESNO HEALTH CARE BENEFITS COMPARISON - RETIREES

This information summarizes certain key features of the health/dental plans. It is provided for your convenience in comparing plans only. In all cases, **official documents legally govern the plans' operations and benefits**. Retirees must meet 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 referral and/or bona fide emergency or medical necessity are met. All benefits with a notation, "limit _____ days" indicate the maximum covered per calendar or contract year. Please contact Employee Benefits at (559) 600-1810 for eligibility and premium payment information. Those enrolling into a Medicare Plan must be eligible for Medicare Parts A + B to qualify for coordination of Benefits with the health plan.

RATES PLAN YEAR 1/1/12 to 12/31/12

MONTHLY PREMIUMS

	PLAN 1		PLAN 2	
	ANTHEM BLUE CROSS HDPPPO Anthem Blue Cross RX Anthem Blue Cross Mental Health MES Vision		KAISER HMO Kaiser RX Kaiser Mental Health Kaiser Vision	
	Delta	or MetLife	Delta	or MetLife
	Dental DPPO	Dental DHMO	Dental DPPO	Dental DHMO
NON-MEDICARE RETIREES (UNDER AGE 65)	Medical			
	Prescription			
	Vision			
	Mental Health			
	Dental Plans			
Retiree Only		\$625.16		\$1,506.55
Retiree + Child(ren)		\$983.10		\$2,322.48
Retiree + Spouse		\$1,103.94		\$2,761.50
Retiree + Spouse and Child(ren)		\$1,459.96		\$3,547.11
Medicare & Non Medicare		\$1,138.22	*	*

	PLAN 3		PLAN 4		PLAN 5	
	HARTFORD / BENISTAR Express Scripts RX Avante Mental Health MES Vision		KAISER SENIOR ADVANTAGE - HIGH Kaiser RX Kaiser Mental Health Kaiser Vision		KAISER SENIOR ADVANTAGE - LOW Kaiser RX Kaiser Mental Health Kaiser Vision	
	Delta	or MetLife	Delta	or MetLife	Delta	or MetLife
	Dental DPPO	Dental DHMO	Dental DPPO	Dental DHMO	Dental DPPO	Dental DHMO
MEDICARE RETIREES (AGE 65 AND OVER)	Medical					
	Prescription					
	Vision					
	Mental Health					
	Dental Plans					
Retiree Only		\$516.23		\$339.42		\$308.19
Retiree + Spouse		\$1,012.79		\$662.08		\$599.62

* Not all Retiree Rate categories are included in this comparison sheet. Please contact Fresno County Employee Benefits at (559) 600-1810 if your situation is not identified.



See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits

BENEFITS PLAN YEAR 1/1/12 to 12/31/12

Calendar-year Deductible: Individual \$1,500/Family \$3,000

PROVIDERS	In Network	Out of Network
PHYSICIAN SELECTION <i>(Service areas are defined in each plan's benefit summary)</i>	20%	40%
	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.	
PHYSICIAN SERVICES Office Visits/Hospital Care/Home Visits	20% after deductible.	40% 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.	40% after deductible.
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 <i>(When medically necessary)</i> Ambulance	20% 20%	20% 20%
EMERGENCY ROOM Accident or Illness	20% after deductible.	20% after deductible.
INPATIENT SERVICES Semiprivate Room, ICU Bariatric Surgery	20% after deductible. 20%	40% after deductible. Not covered.
OUTPATIENT SERVICES Surgery/X-RAY/Lab Tests	20% after deductible.	40% after deductible.

PROVIDERS	In Network	Out of Network
SKILLED NURSING FACILITY Freestanding SNF/Hospital SNF Unit	Limited to 100 days per calendar year. 20% after deductible.	40% after deductible.
OTHER BENEFITS Home Health Care/Hospice Care/Inpatient Respite Care	Limited to 100 days per calendar year. 20% after deductible.	40% after deductible.
DURABLE MEDICAL EQUIPMENT Prosthetic Medical Devices	20% after deductible. Not limited to maximum.	40% after deductible.
CHIROPRACTIC, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY REHABILITATIVE SERVICES Outpatient Services	Limited to 24 visits per calendar year. 20% after deductible.	40% after deductible.
ALLERGY TESTING AND TREATMENT	20% after deductible.	40% after deductible.
HEARING TEST/HEARING AID	20% after deductible. * 1 aid per ear every 36 months.	40% after deductible.
INITIAL EVALUATION SPEECH AND HEARING DISORDERS	20% after deductible.	40% after deductible.
HEALTH EDUCATION Self-management training and education (if billed by your provider, you will also be responsible for the office visit co-payment).	20% after deductible.	40% after deductible.
DIABETES CARE Equipment, devices and supplies.	20% after deductible.	40% after deductible.
ACUPUNCTURE Limited to 12 visits per calendar year. Out of Network \$30 maximum per visit.	20% after deductible.	40% 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.



See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits



BENEFITS PLAN YEAR 1/1/12 to 12/31/12

PROVIDERS	In Network	Out of Network
ANNUAL OUT OF POCKET MAXIMUM		
Individual	\$3,000	\$10,000
Family	\$5,000	\$15,000
PRESCRIPTION DRUGS Administered in Hospital or Dr. Office/Outpatient Prescriptions/Dental RX	Benefits provided by Anthem B.C. 20% after deductible. 40% after deductible. (Subject to deductible.)	
VISION BENEFITS	Benefits provided by Medical Eye Services.	
Co-payments	\$5.00 per covered person annually.	
Examinations	Every 12 Months. <i>In Network:</i> Complete eye exam 100%. <i>Out of Network:</i> Maximum payable of \$40.	
Eyeglasses Lenses	Every 12 Months. <i>In Network:</i> Covers standard lenses at 100%. Progressive lenses and polycarbonate lens coverage up to \$89.50. Additional allowances applied to some lens upgrades. <i>Out of Network:</i> Payable based on reimbursement benefit schedule.	
Eyeglass Frames	Every 24 Months. <i>In Network:</i> Allowance \$150 + 20% discount of the amount over \$150 on higher priced frames at participating discount provider locations. <i>Out of Network:</i> Maximum reimbursement of \$75.	
Contact Lenses - Elective Contact Lenses	Every 12 Months in lieu of eyeglasses. <i>In Network:</i> \$130 maximum. <i>Out of Network:</i> \$130 maximum.	
Medically Necessary Lenses	Every 12 Months. <i>In Network:</i> Paid in full. <i>Out of Network:</i> \$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.	
MENTAL HEALTH SERVICES	Benefits provided by Anthem B.C.	
Inpatient	20% after deductible.	40% after deductible.
Outpatient	20% after deductible.	40% after deductible. Prior authorization required after twelfth visit.

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 1/1/12 to 12/31/12

See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits

PHYSICIAN SELECTION <i>(Service areas are defined in each plan's benefit summary)</i>	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.	SKILLED NURSING FACILITY Freestanding SNF/ Hospital SNF Unit	No charge. "Limit 100 days" per benefit period.
PHYSICIAN SERVICES Office Visits Hospital Care Home Visits	\$15 per provider visit. No charge for inpatient care. No charge.	OTHER BENEFITS Routine Home Care/ Inpatient Respite Care Home Health Care/Home Hospice Care	No charge if prescribed by a Plan physician. 3 visits per day. 100 visits per year.
PREVENTIVE SERVICES Routine Physicals - Pediatric and Adult Laboratory/ Immunizations Annual Breast and Pelvic	No charge. No charge. No charge.	DURABLE MEDICAL EQUIPMENT Prosthetic Medical Devices	20% co-insurance. External prosthetic and orthotic devices.
HOSPITAL SERVICES	Services available at Kaiser Permanente facilities.	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY REHABILITATIVE SERVICES Outpatient Services	\$15 per visit. Occupational and speech therapy.
EMERGENCY SERVICES <i>(When medically necessary)</i>	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.	ALLERGY TESTING AND TREATMENT HEARING TEST HEARING AID	\$15 per visit. \$3 per injection. No charge. \$1,000 per aid every 36 months.
AMBULANCE	\$50 per trip.	INITIAL EVALUATION SPEECH AND HEARING DISORDERS	\$15 per visit.
EMERGENCY ROOM Accident or Illness	\$100 per visit, waived if admitted.	HEALTH EDUCATION/ DIABETES CARE	Most classes relating to specific medical conditions are \$15 per visit. Classes relating to general health are provided at a reasonable rate.
INPATIENT SERVICES Semiprivate Room, ICU/ Bariatric Surgery <i>(Preauthorization Required)</i>	No charge at participating hospitals. Referral by a Plan physician required for all non-emergency hospital services.	CHIROPRACTIC CARE ACUPUNCTURE	\$10 co-pay, "limit 30 visits" per calendar year. Services must be rendered by an American Specialty Health Plan Provider. Not covered.
OUTPATIENT SERVICES Surgery X-RAY/Lab Tests	\$15 per procedure. No charge.	ANNUAL CO-PAYMENT LIMIT CLAIM FORMS	\$1,500 for one member. \$3,000 for the Subscriber and all his or her dependents. May be required for out-of-area emergency service.

Retiree - 2012



See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits



BENEFITS PLAN YEAR 1/1/12 to 12/31/12

COORDINATION OF BENEFITS	Required.
PRESCRIPTION DRUGS	
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	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.
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.



THE HARTFORD
GROUP MEDICARE RETIREE PLAN

Disclaimer: The benefits described are for illustrative purposes only and are not binding.

See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits

BENEFITS PLAN YEAR 1/1/12 to 12/31/12

\$0 Deductible

PHYSICIAN SELECTION (Service areas are defined in each plan's benefit summary)	The Hartford Product does not contract with providers. A member may receive health care services from any licensed provider as long as that provider participates in Original Medicare and is willing to accept the terms and conditions of the Hartford Medicare Supplement plan.	OUTPATIENT SERVICES Surgery X-RAY/Lab Tests	\$0 co-pay for each Outpatient Hospital Facility or Ambulatory Surgical Center visit for surgery. \$0 co-pay for each Medicare-covered x-ray visit. \$0 co-pay for Medicare-covered clinical/diagnostic lab test.
PHYSICIAN SERVICES Office Visit Specialist Urgent Care	\$0 co-pay. \$0 co-pay. \$0 co-pay for each Medicare-covered visit.	SKILLED NURSING FACILITY Freestanding SNF/ Hospital SNF Unit	For Medicare-covered SNF stays: \$0 co-pay per admission.
PREVENTIVE SERVICES Routine Physicals - Adult Laboratory Immunizations Annual Breast and Pelvic	\$0 co-pay. \$0 co-pay. \$0 co-pay (Influenza, Pneumonia and Hepatitis B). Pelvic & Pap — \$0 co-pay. Mammogram — \$0 co-pay.	OTHER BENEFITS Home Health Care Home Hospice Care	\$0 co-pay for Medicare covered home health visits. \$0 co-pay.
HOSPITAL SERVICES	For Medicare-covered hospital stays: \$0 co-pay per admission.	DURABLE MEDICAL EQUIPMENT Prosthetic Medical Devices	0% co-insurance on all Medicare-covered DME and related supplies. 0% co-insurance on all Medicare covered Prosthetic and related supplies.
EMERGENCY SERVICES (When medically necessary)	This coverage is worldwide and is limited to what is allowed under the Medicare fee schedule for the services performed/received in the United States. Coverage is also available for Emergency or urgent care services while traveling outside the United States during a temporary absence of less than 6 months. Please see EOC for full listing of coverage.	PHYSICAL AND OCCUPATIONAL THERAPY, CARDIAC AND PULMONARY REHABILITATION AND SPEECH/LANGUAGE THERAPY	\$0 co-pay per visit for Medicare-covered outpatient rehabilitation services.
Ambulance	\$0 co-pay for Medicare-covered ambulance services.	ALLERGY TESTING AND TREATMENT	\$0 co-pay.
EMERGENCY ROOM Accident or Illness	\$0 co-pay for each Medicare-covered emergency room visit. Emergency co-pay is waived if the member is admitted to the hospital within 72 hours for the same condition.	HEARING TEST HEARING AID	Not covered. Not covered.
INPATIENT SERVICES Semiprivate Room, ICU	For Medicare-covered hospital stays: \$0 co-pay per admission.	INITIAL EVALUATION SPEECH & HEARING DISORDERS	\$0 co-pay.
		CHIROPRACTIC CARE ACUPUNCTURE	\$0 co-pay for each Medicare-covered visit. Not covered.
		ANNUAL CO-PAYMENT LIMIT	Not applicable.
		CLAIM FORMS	Not applicable.
		COORDINATION OF BENEFITS	Medicare is primary payer. The Hartford is secondary.

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.



THE HARTFORD

GROUP MEDICARE RETIREE PLAN

See Rate Chart for Current Pricing

See Supplemental Charts for Additional Benefits



BENEFITS PLAN YEAR 1/1/12 to 12/31/12

VISION BENEFITS	Benefits provided by the MES .
Co-payments Examinations	\$5 per visit.
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. Benefits provided by Medical Eye Services .
Lens Customization/ Additional Benefits	Tinting, scratch coating, photo chromic lenses etc. Members responsible for non-basic lens options. 25% discount on second pair if purchased within one year.
PRESCRIPTION DRUGS	Benefits provided by Express Scripts .
Preferred Generic Retail	\$0 co-pay.
Generic Retail	\$10 co-pay.
Preferred Brand and Specialty Retail	\$20 co-pay.
Non-preferred Brand Retail	\$30 co-pay.
MENTAL HEALTH SERVICES	Benefits provided by the Hartford and Avante .
Inpatient	For Medicare-covered Hospital Stays: \$0 co-pay per admission. \$0 co-pay for each Medicare-covered individual or group therapy visit.
Outpatient	Additional services provided by Avante .

Disclaimer: The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

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.



SENIOR ADVANTAGE - HIGH

BENEFITS PLAN YEAR 1/1/12 to 12/31/12

See Rate Chart for Current Pricing

See Supplemental Charts for Additional Benefits

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

Subscriber must have Medicare Parts A and B + D and live within the Kaiser Service Area. Physician's services are provided at Kaiser Permanente Medical Offices by teams of physicians affiliated with the Plan. You may choose a personal physician from the staff for you and your family members.

PHYSICIAN SERVICES

Office Visits	\$15 per visit.
Hospital Care	No charge.
Home Visits	No charge when authorized by Plan physician.

PREVENTIVE SERVICES

Routine Physicals - Pediatric and Adult	\$0 per visit.
Laboratory	No charge.
Immunizations/ Annual Breast and Pelvic	\$0 per visit.

HOSPITAL SERVICES

Hospital services are provided at Kaiser Foundation Hospitals or at other hospitals contracting with the Plan.

EMERGENCY SERVICES
(When medically necessary)

Emergency services are provided at \$50 per visit; waived if admitted. Must be medically necessary and authorized by Plan physician. Worldwide coverage for unforeseen illness or injury.

Ambulance

Provided at \$100 co-pay when medically necessary or authorized by Plan Physician.

EMERGENCY ROOM
Accident or Illness

\$50 per visit, waived if admitted.

INPATIENT SERVICES
Semiprivate Room, ICU

No charge.

OUTPATIENT SERVICES

Surgery	\$50 per procedure.
X-RAY/Lab Tests	No charge.

SKILLED NURSING FACILITY
Freestanding SNF/ Hospital SNF Unit

No charge. Up to 100 days per benefit period. Each benefit period begins on the first day of acute stay or SNF stay and ends on the 61st day after discharge. A new benefit period then begins. Covered in Medicare-certified facility only by referral from Plan Physician.

OTHER BENEFITS

Routine Home Care and Inpatient Respite Care/Home Health Care/Home Hospice Care	Part time, intermittent care provided at no charge.
---	---

DURABLE MEDICAL EQUIPMENT

Prosthetic Medical Devices	20% co-insurance.
----------------------------	-------------------

PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY

	\$15 per visit. Inpatient provided at no charge.
--	--

REHABILITATIVE SERVICES

Outpatient Services	\$15 per visit.
---------------------	-----------------

ALLERGY TESTING AND TREATMENT

	\$15 per visit. \$3 per injection.
--	------------------------------------

HEARING TEST

\$0 per visit.

HEARING AID

\$1,000 allowance per device, one device per ear, two devices every 36 months.

HEALTH EDUCATION/ DIABETES CARE

A variety of health education classes are available.

CHIROPRACTIC CARE

\$10 co-pay, limit "30 visits" per calendar year. Services must be rendered by an American Specialty Health Plan provider.

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

Not applicable.

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.

Retiree - 2012



KAISER PERMANENTE

SENIOR ADVANTAGE - HIGH

See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits



BENEFITS PLAN YEAR 1/1/12 to 12/31/12

PRESCRIPTION DRUGS

Administered in Hospital
or Dr. Office No charge.

Outpatient Prescriptions Generic: \$5 for up to 100-day supply.
Brand: \$20 for up to 100-day supply.

VISION BENEFITS

Co-payments \$0 per visit.
Examinations

Eyeglasses Lenses/
Eyeglass frames/Contact
Lenses (*Medically
Necessary/Elective*) \$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 (*tinting, scratch coating, photo-chromic
lenses, etc.*). 25% discount on second pair if
purchased within one year.

**MENTAL HEALTH
SERVICES**

Inpatient Referral by a Plan physician required for all
non-emergency hospital admissions.

Outpatient \$15 per visit; unlimited visits. No limit for
parity diagnosis (*severe mental illness*).



SENIOR ADVANTAGE - LOW

BENEFITS PLAN YEAR 1/1/12 to 12/31/12

See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits

PHYSICIAN SELECTION <i>(Service areas are defined in each plan's benefit summary)</i>	Subscriber must have Medicare Parts A and B + D and live within the Kaiser Service Area. Physician's services are provided at Kaiser Permanente Medical Offices by teams of physicians affiliated with the Plan. You may choose a personal physician from the staff for you and your family members.	OTHER BENEFITS Routine Home Care and Inpatient Respite Care/Home Health Care/Home Hospice Care	Part time, intermittent care provided at no charge.
PHYSICIAN SERVICES Office Visits Hospital Care Home Visits	\$15 per visit. No charge. No charge when authorized by Plan physician.	DURABLE MEDICAL EQUIPMENT Prosthetic Medical Devices	20% co-insurance. 20% co-insurance.
PREVENTIVE SERVICES Routine Physicals - Pediatric and Adult Laboratory Immunizations/ Annual Breast and Pelvic	\$0 per visit. No charge. \$0 per visit.	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY REHABILITATIVE SERVICES Outpatient Services	\$15 per visit. Inpatient provided at no charge. \$15 per visit.
HOSPITAL SERVICES	Hospital services are provided at Kaiser Foundation Hospitals or at other hospitals contracting with the Plan.	ALLERGY TESTING AND TREATMENT HEARING TEST HEARING AID	\$15 per visit. \$3 per injection. \$0 per visit. \$1,000 allowance per device, one device per ear, two devices every 36 months.
EMERGENCY SERVICES <i>(When medically necessary)</i> Ambulance	Emergency services are provided at \$50 per visit; waived if admitted. Must be medically necessary and authorized by Plan physician. Worldwide coverage for unforeseen illness or injury. \$100 co-pay when medically necessary or authorized by Plan Physician.	HEALTH EDUCATION/ DIABETES CARE CHIROPRACTIC CARE	A variety of health education classes are available. \$10 co-pay, limit "30 visits" per calendar year. Services must be rendered by an American Specialty Health Plan provider.
EMERGENCY ROOM Accident or Illness	\$50 per visit, waived if admitted.	ANNUAL CO-PAYMENT LIMIT	\$1,500 for one member. \$3,000 for the Subscriber and all his or her dependents.
INPATIENT SERVICES Semiprivate Room, ICU	No charge.	CLAIM FORMS	May be required for out-of-area emergency service.
OUTPATIENT SERVICES Surgery X-RAY/Lab Tests	\$50 per procedure. No charge.	COORDINATION OF BENEFITS	Not applicable.
SKILLED NURSING FACILITY Freestanding SNF/ Hospital SNF Unit	No charge. Up to 100 days per benefit period. Each benefit period begins on the first day of acute stay or SNF stay and ends on the 61st day after discharge. A new benefit period then begins. Covered in Medicare-certified facility only by referral from Plan Physician.		

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.



SENIOR ADVANTAGE - LOW

See Rate Chart for Current Pricing
See Supplemental Charts for Additional Benefits



BENEFITS PLAN YEAR 1/1/12 to 12/31/12

PRESCRIPTION DRUGS

Administered in Hospital or Dr. Office	No charge.
Outpatient	Generic: \$10 for up to 30-day supply. Brand: \$25 for up to 30-day supply.
Prescriptions	Generic: \$20 for up to 100-day mail order supply. Brand: \$50 for up to 100-day mail order supply.

VISION BENEFITS

Co-payments	\$0 per visit.
Examinations	
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.

MENTAL HEALTH SERVICES

Inpatient	Referral by a Plan physician required for all non-emergency hospital admissions.
Outpatient	\$15 per visit; unlimited visits. No limit for parity diagnosis.

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	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. No charge.
	Non-preferred Provider Dentist	
	0% (Deductible Waived)	
	0% *(Deductible Waived) *Extra visit for pregnancy.	
	10%	
	10%	

BENEFITS



MetLife DHMO Plan

	DELTA DENTAL DPPO 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%	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%	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.

➔ **ADDITIONAL RESOURCES FOR RETIREES**

www.co.fresno.ca.us/openenrollment

MEDICAL

Anthem Blue Cross HDPPPO (\$1,500) / Phone: (866) 207-9878
Kaiser HMO Pre-65 / Phone: (800) 464-4000
The Hartford / Benistar / Phone: (800) 236-4782
Kaiser Senior Advantage (High and Low) / Phone: (800) 443-0815
24/7 Nurseline for HDPPPO / Phone: (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

MENTAL HEALTH – AVANTE

Phone: (559) 261-9060



**PERSONNEL SERVICES
EMPLOYEE BENEFITS**

OPEN ENROLLMENT OFFICE

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

Designed & Printed by:
Graphic Communication Services
Phone: (559) 600-3177