



PERSONNEL SERVICES  
EMPLOYEE BENEFITS

## ACTIVE EMPLOYEES

### HEALTH BENEFITS

- ANTHEM BLUE CROSS HMO
- ANTHEM BLUE CROSS PPO
- ANTHEM BLUE CROSS HDPP0
- KAISER HMO

### SUPPLEMENTAL BENEFITS

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

### FLEX SPENDING ACCOUNTS

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

# PLAN YEAR 2011 OPEN ENROLLMENT

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





# PLAN YEAR 2011 OPEN ENROLLMENT



## WELCOME TO OPEN ENROLLMENT

## ACTIVE EMPLOYEES

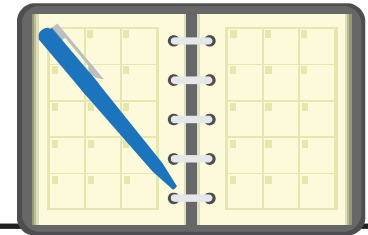
DATE: October 19, 2010  
TO: All Fresno County Employees  
FROM: Beth Bandy, Deputy Director of Personnel Services   
SUBJECT: **HEALTH PLAN OPEN ENROLLMENT ANNOUNCEMENT**

Open Enrollment for Plan Year 2011 is scheduled to begin **Thursday, October 21, 2010** and will continue through **Wednesday, November 10, 2010**. 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 just got easier! You may now 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

- ✓ **Open Enrollment 2011** Informational Fairs (see enclosed calendar for dates/locations)
- ✓ **October 21, 2010** – First day to make changes
- ✓ **October 21, 2010** – 2011 Health & Wellness Fair
- ✓ **November 10, 2010** by 5:00 PM – Last day to make changes  
(Forms must be received at Employee Benefits Office)
- ✓ **December 13, 2010** – Changes take effect



### PLANS FOR 2011

#### THE COUNTY IS OFFERING:

##### Health Plans

- Anthem Blue Cross – HMO
- Anthem Blue Cross – PPO
- Anthem Blue Cross – HDPPO
- Kaiser – HMO<sup>1</sup>

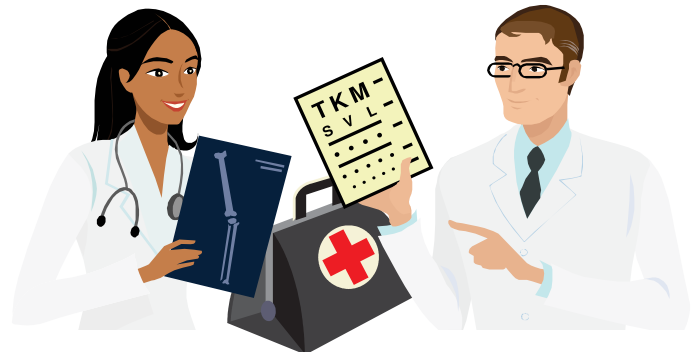
##### Dental Plans

- Delta Dental DPPO
- MetLife DHMO (Replacing DeltaCare Dental DHMO)

##### Vision, Mental Health and Prescription Coverage for non-Kaiser Retirees

- Medical Eye Services (MES)
- Avante Mental Health
- Walgreens Health Initiative (WHI)

<sup>1</sup> Kaiser coverage includes prescription, mental health and vision under one plan.



#### Open Enrollment Office:

2220 Tulare Street, 14th Floor, Fresno County Plaza  
Phone: (559) 488-3069

**OPEN ENROLLMENT 2011 STARTS OCTOBER 21<sup>ST</sup>**

## WHAT'S DIFFERENT THIS YEAR?

- **MetLife Dental DHMO** has replaced DeltaCare DHMO. All subscribers will be automatically enrolled into the new carrier. In order for members to be assigned to the correct provider, they should complete a "MetLife DHMO provider form". If no DHMO provider is selected during Open Enrollment, employees will be auto assigned to a primary care dentist. Please review your MetLife card carefully when you receive it in the mail. If the primary care dentist listed is incorrect, please contact MetLife directly. **If you or a dependent are currently receiving orthodontic treatment, you must call MetLife by January 18, 2011 at (800) 942-0854 to coordinate benefits.** Otherwise, MetLife will deny your orthodontic claim.
- Online Enrollment is now available. Visit our website for further info: <http://www.co.fresno.ca.us/openenrollment>

## WHAT DO I NEED TO DO IF...?

### I HAVE QUESTIONS?

First, check out the enclosed "Frequently Asked Questions" sheet. If your question isn't there, contact the Open Enrollment 2011 Office at (559) 488-3069, visit the Open Enrollment web site at <http://www.co.fresno.ca.us/openenrollment>, or attend an Information Fair.

### I DON'T HAVE ANY CHANGES?

Please review this document thoroughly and be sure you are familiar with this year's changes.

### I WANT TO CHANGE HEALTH/DENTAL PLANS?

Complete, sign and submit forms no later than 5:00 PM on November 10th. Call (559) 488-3069 for details, or attend an Information Fair/Open Enrollment Meeting. Remember you can also make changes online.

### I WANT TO ADD OR DELETE DEPENDENTS?

Complete, sign and submit forms no later than 5:00 PM on November 10th. Call (559) 488-3069 for details, or attend an Information Fair/Open Enrollment Meeting.

## TIPS ON "OPEN ENROLLING" FOR 2011

- **Attend one of the Information Fairs** (see enclosed calendar). Information Fairs/Open Enrollment Meetings are great opportunities to get your questions answered and to talk to others about their coverage and experiences. There will be a **Health & Wellness Fair** on October 21, 2010.
- **Enroll Online!** Open Enrollment changes can now be completed online for both Health/Dental and Flex. You can add and drop dependents and change your plans. Please visit our website 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. This will help you make the best choice when reviewing the plan options for the 2011 plan year. Always review your insurance cards to ensure accuracy.
- **Seriously consider a FLEX Spending Account** to pay for deductibles, co-pays and other medical expenses (*not covered by your plan*) with pre-tax earnings. It can literally save you hundreds of dollars a year on costs you are going to pay anyway.
- **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 and at the Health Fairs are available online? Visit our website at <http://www.co.fresno.ca.us/openenrollment>.

**OPEN ENROLLMENT 2011 CLOSING NOVEMBER 10<sup>TH</sup>**

WHAT YOU NEED TO KNOW



On March 23, 2010, President Obama signed into law the health care reform bill, the Patient Protection and Affordable Care Act. This legislation, along with the Health Care and Education Reconciliation Act of 2010, makes sweeping changes to the U.S. health care system. These changes will be implemented over the next several years. This Legislative Brief provides an overview of the key reform provisions that affect the 2011 Plan. If you would like more detail on this new law, we encourage you to review the resources available on the GBS Health Care Reform website <http://www.gbshealthcarereform.com>.

Some of the changes included in the law that affects health plans for 2011 are:

- Extended Coverage for Young Adults. Dependent coverage of children is now available for adult children up to age 26 regardless of their student or marital status. Coverage of the child of a dependent child is still prohibited. Members may enroll adult children until November 21, 2010.
- Coverage of Preventive Health Services. Preventative services must be provided without member cost sharing requirements.
- Prohibiting Rescissions. Coverage may not be rescinded once the enrollee is covered, except in cases of fraud or intentional misrepresentation. Plan coverage may not be cancelled for fraud or intentional misrepresentation without prior notice to the enrollee.
- Limits on Lifetime and Annual Limits. In general, health insurance coverage will not establish lifetime limits on the dollar value of benefits for any participant or beneficiary or impose unreasonable annual limits on the dollar value of benefits for any participant or beneficiary.
- Reporting Health Coverage Costs on Form W-2. Beginning in 2011, employers will be required to disclose the value of the health coverage provided by the employer to each employee on the employee's annual Form W-2.
- Standardizing the Definition of Qualified Medical Expenses. The health care reform law conforms the definition of "qualified medical expenses" for HSAs and FSAs to the definition used for the itemized tax deduction. Amounts paid for over-the-counter medicine with a prescription still qualify as medical expenses. Costs for over-the-counter medications obtained without a prescription would **not** qualify.
- Increased Tax on Withdrawals from HSAs. The health care reform law will increase the additional tax on HSA withdrawals prior to age 65 that are not used for qualified medical expenses from 10 to 20 percent. The additional tax for Archer MSA withdrawals not used for qualified medical expenses would increase from 15 to 20 percent.

▶ **IMPORTANT**

For more detail on this new law, we encourage you to review the resources available on the GBS Health Care Reform website: <http://www.gbshealthcarereform.com>

## MetLife DENTAL DHMO

### Overview

MetLife Dental DHMO is replacing DeltaCare DHMO as the new Dental HMO carrier. MetLife offers benefits that are essentially the same as DeltaCare (*please read the plan summary for detailed information*). All subscribers will be automatically enrolled into the new carrier. In order for members to be assigned to the correct provider, they should complete a “MetLife DHMO provider form”. If no DHMO provider is selected during Open Enrollment, employees will be auto assigned to a primary care dentist. Please review your MetLife card carefully when you receive it in the mail. If the primary care dentist listed is incorrect, please contact MetLife directly. **If you or a dependent are currently receiving orthodontic treatment, you must call MetLife by January 18, 2011 at (800) 942-0854 to coordinate benefits.** Otherwise, MetLife will deny your orthodontic claim.

### OPEN ENROLLMENT OFFICE



### COUNTY PLAZA BUILDING

2220 Tulare Street, 14th Floor  
Fresno, California 93721  
Phone: (559) 488-3069

### HEALTH & WELLNESS FAIR



GET  
YOUR  
FLU SHOT

Anthem Blue Cross Subscribers: \$29  
Kaiser Subscribers: FREE

There will be a **Health & Wellness Fair** on **Thursday, October 21, 2010** from 7:30 AM – 3:00 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! Walgreens will be providing Flu Shots to Anthem Blue Cross subscribers for the low cost of \$29. Kaiser subscribers can get the Flu Shot for free. Don't miss this event!

▶ VISIT THE OPEN ENROLLMENT WEBSITE

[www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment)

**ACTIVE EMPLOYEES & COBRA PARTICIPANTS**

- 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 this document thoroughly. MetLife Dental DHMO has replaced DeltaCare DHMO. All subscribers will be automatically enrolled into the new carrier. In order for members to be assigned to the correct provider, they should complete a “MetLife DHMO provider form”. If no DHMO provider is selected during Open Enrollment, employees will be auto assigned to a primary care dentist. Please review your MetLife card carefully when you receive it in the mail. If the primary care dentist listed is incorrect, please contact MetLife directly. **If you or a dependent are currently receiving orthodontic treatment, you must call MetLife by January 18, 2011 at (800) 942-0854 to coordinate benefits.** Otherwise, MetLife will deny your orthodontic claim.
- 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) 488-3069.
- 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 birth or marriage certificates are still required. If supporting documents are not submitted by the end of Open Enrollment, the change will not be processed.
- 4) **I am currently enrolled in the DeltaCare DHMO plan. Since my new carrier will be MetLife DHMO, do I need to complete a new form?**  
**Answer:** No. You and your dependents will automatically be enrolled in the MetLife DHMO Plan. You will need to complete a new form if you have any changes.
- 5) **Does the MetLife DHMO plan have the same coverage as the DeltaCare DHMO plan?**  
**Answer:** The coverage is essentially the same and most differences are enhancements. Please look carefully at the comparison chart for a detailed description of the plan.
- 6) **How is the Anthem Blue Cross High Deductible PPO (HDPPPO) 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 HDPPPO plan is also Health Savings Account (HSA) qualified.
- 7) **The Anthem Blue Cross HDPPPO Plan is Health Savings Account (HSA) qualified. What is an HSA?**  
**Answer:** HSA stands for Health Savings Account. HSAs allow 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 HDPPPO 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 one of the Open Enrollment meetings to get a better understanding of how this works.

**CONTINUED ON NEXT PAGE**

**8) 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 one of the Open Enrollment meetings for more information.

**9) How do I enroll into the Anthem Blue Cross High Deductible PPO (HDPPPO) plan?**

**Answer:** Complete an Open Enrollment form and the Anthem Blue Cross HDPPPO supplemental form. The forms must be received in the Open Enrollment Office by Wednesday, November 10, 2010 at 5:00 PM.

**10) 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
- Marriage certificate
- Domestic partner registration
- Birth certificate or adoption paperwork
- 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.)*

**11) 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. However, you must enroll before November 21, 2010 or you may not be able to reenroll them until the next Open Enrollment period or if a qualifying event occurs.

**12) When do the health plan changes take effect?**

**Answer:** Any changes made during Open Enrollment are effective on Monday, December 13, 2010.

**13) 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 7, 2011*). COBRA participants will be billed directly from the County's Third Party Administrators.

**14) 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 Wednesday, November 10, 2010 at 5:00 PM, you will not be able to make changes until the next Open Enrollment period.

**15) 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.



**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 2011.

**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 2011 (October 21 – November 10, 2010).

Forms may be submitted to the Open Enrollment Office at Stop Mail "HMO", 2220 Tulare Street, 14th Floor – Fresno County Plaza, or at any of the scheduled Information Fairs (see enclosed calendar).

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 Plan Program.

**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 2011, we strongly encourage you to contact the Open Enrollment Office at (559) 488-3069 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 Health Fairs, the Open Enrollment Office and on the County's website)

**Adding Dependents**

- Employee Group Health & Life Insurance/Change Form (see sample below)
- Dependent Back-up Documentation
  - Marriage Certificate/Certificate of Registered Domestic Partnership
  - Birth Certificate

**Deleting Dependents**

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

**Changing Health or Dental Plans**

- Employee Group Health & Life Insurance/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.
  - If enrolling in the **MetLife DHMO**, please complete information on the form selecting a Dentist for you and your dependents.

**Changing Health or Dental Plans (Anthem Blue Cross HDPPPO)**

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

**OPEN ENROLLMENT FORM**

**Sample Employee Group Health Insurance Enrollment/Change Form**

FRONT

BACK

County Use Only  
 EFT 12-13-2010

**OPEN ENROLLMENT**  
**EMPLOYEE GROUP HEALTH AND LIFE INSURANCE ENROLLMENT/CHANGE FORM**

**CHECK ALL THAT APPLY**

Medical Plan Change  
 Dental Plan Change (Change of plan type, such as Delta to DPPO)  
 Add a Dependent or Spouse  
 Delete a Dependent or Spouse  
 Beneficiary Change

**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. (Anthem Blue Cross HMO ONLY)

Social Security #	Last Name	First Name	Relationship	Date of Birth	Gender	Provider #	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		
					<input type="checkbox"/> M <input type="checkbox"/> F		
					<input type="checkbox"/> M <input type="checkbox"/> F		

**MEDICAL PLAN ELECTION**

Check One:  ANTHEM BLUE CROSS HMO\* (With Prescription, Avante Behavioral Health and Medical Eye Services (MES) Vision)  ANTHEM BLUE CROSS PPO\* (With Prescription, Avante Behavioral Health and Medical Eye Services (MES) Vision)  ANTHEM BLUE CROSS HDPPPO\* (Medical Eye Services (MES) Vision. Note: Prescription and Mental Health Benefits are included)  KAISER HMO (If you elect Kaiser, you must read and sign the Kaiser agreement below)

**DENTAL PLAN ELECTION**

Check One:  DELTA DENTAL DPPO  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/first paycheck designee. (Also agree to the Anthem Blue Cross arbitration language on the back of this form.)

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KAISER PARTICIPANTS MUST READ AND SIGN:** I understand that Kaiser's Court cases, claims subject to a Medicare appeals procedure and, if my Group must comply with ERISA, some benefit-related disputes are resolved through ERISA, or other contractual parties on the one hand and Health Fair, its health care providers, or other appointed parties on the one hand. The designee of any self-paying rollover or transfer to re-enroll in Health Fair including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorised or were negligently, incompetently rendered), for personal liability or relating to the coverage for, or delivery of, services or items, irrespective of legal theory must be decided by binding arbitration under California law and not by lawsuit or appeal to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up my right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete other side →

**ADDITIONAL HEALTH INSURANCE DEPENDENT(S)**

Social Security #	Last Name	First Name	Relationship	Date of Birth	Gender	Provider #	<input type="checkbox"/> Add <input type="checkbox"/> Delete
					<input type="checkbox"/> M <input type="checkbox"/> F		
					<input type="checkbox"/> M <input type="checkbox"/> F		
					<input type="checkbox"/> M <input type="checkbox"/> F		

**LIFE INSURANCE**

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

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 REQUIRES BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATIVE TO THE DELIVERY OF SERVICES UNDER THE PLANPOLICY OR ANY OTHER ISSUES RELATED TO THE PLANPOLICY AND CLAIMS OF MEDICAL MALPRACTICE. 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 planpolicy or any other issues related to the planpolicy including any dispute as to medical malpractice, that is not a medical malpractice claim, shall be resolved under the contract work arbitration or unauthorized or were incompetently rendered, will be determined by arbitration as provided by California law, and not by lawsuit or appeal 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 RELATIVE TO THE DELIVERY OF SERVICE UNDER THE PLANPOLICY OR ANY OTHER ISSUES RELATED TO THE PLANPOLICY.

**For County Use Only**

Refund/Collect \$ \_\_\_\_\_

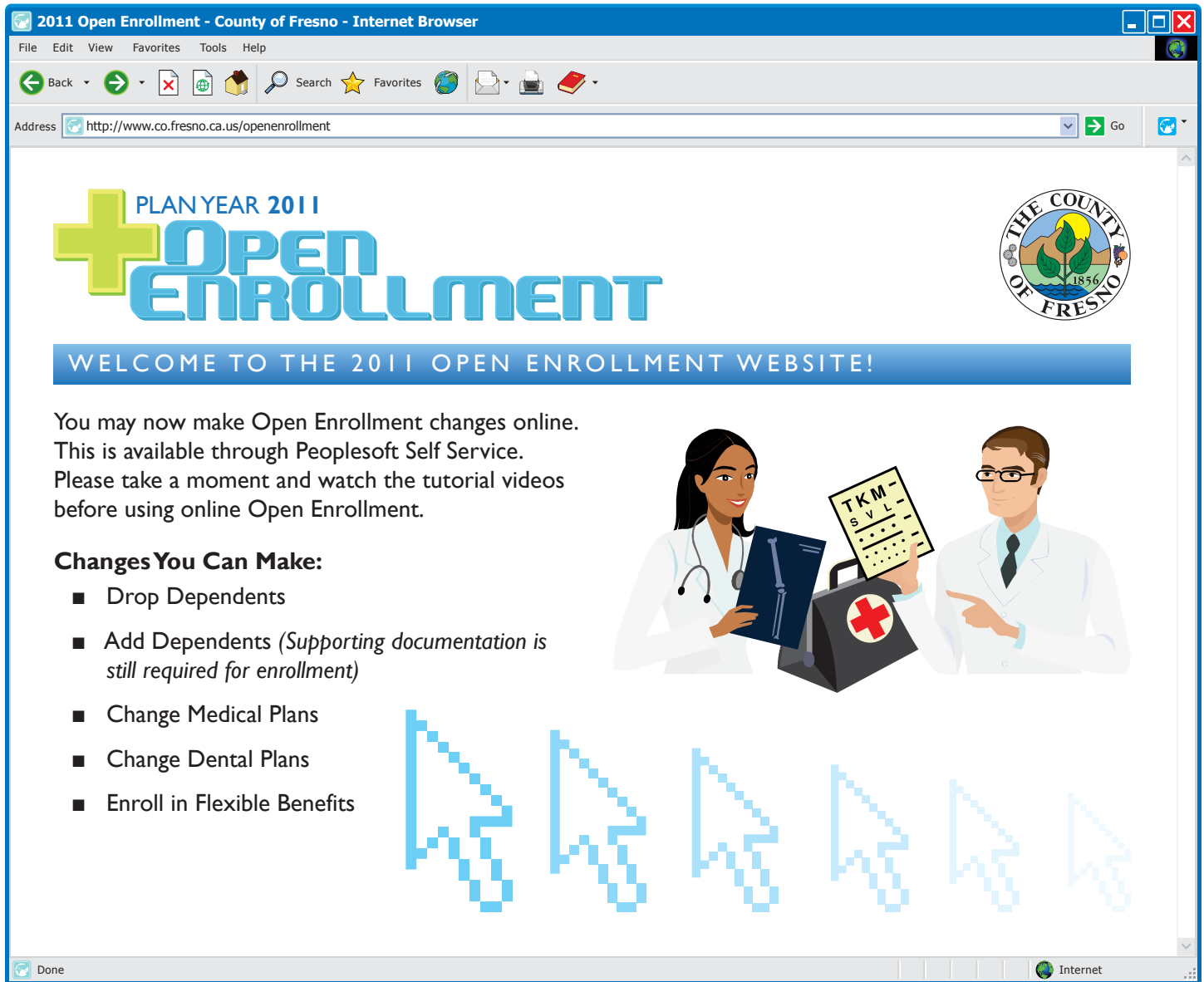
Incorrect \_\_\_\_\_ Correct \_\_\_\_\_

Pay Period(s): \_\_\_\_\_ # PPs(s) \_\_\_\_\_

Comments: \_\_\_\_\_

OPEN ENROLLMENT JUST GOT EASIER

WHAT DO I NEED TO DO IF...?



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

In addition to the Health Fairs and Open Enrollment Office, all 2011 materials are available twenty-four hours a day, seven days a week online at the Open Enrollment Website!

## **MetLife** WELCOMES EMPLOYEES OF THE COUNTY OF FRESNO

Dear County of Fresno Employee:

**A good dental benefits plan can be an important part of good oral health. That's why County of Fresno offers you access to this Dental HMO\* plan — so you and your family can receive the dental coverage you need and get all of these valuable features:**

- **Lower out-of-pocket costs** with co-payments on hundreds of procedures that will save you on out-of-pocket costs because they may be less than you would pay without the plan.\*\* The co-payment for each covered procedure is listed in the Schedule of Benefits.
- **Broad network** of participating dentists and specialty care providers. Just refer to the enclosed directory or logon to [www.metlife.com](http://www.metlife.com) to find a participating dentist.
- **A commitment to your oral health** means educational tools and resources that help you and your dentist make informed choices.
- **Hassle-free benefits** that make your life easier with no deductibles or yearly maximums to keep track of and no claim forms to complete.

### **It's easy to get this valuable dental benefits plan.**

- Review your enclosed Dental Benefits Guide that contains details on the plan including the Schedule of Benefits and Evidence of Coverage.
- You may schedule an appointment with your dentist anytime after your effective date. Please bring a copy of the Schedule of Benefits with you to your first appointment to ensure your dentist has all the necessary information about your plan.

MetLife Dental DHMO has replaced DeltaCare DHMO. All subscribers will be automatically enrolled into the new carrier. In order for members to be assigned to the correct provider, they should complete a "MetLife DHMO provider form". If no DHMO provider is selected during Open Enrollment, employees will be auto assigned to a primary care dentist. Please review your MetLife card carefully when you receive it in the mail. If the primary care dentist listed is incorrect, please contact MetLife directly. **If you or a dependent are currently receiving orthodontic treatment, you must call MetLife by January 18, 2011 at (800) 942-0854 to coordinate benefits.** Otherwise, MetLife will deny your orthodontic claim.

For more information, visit [www.metlife.com](http://www.metlife.com) or call **(800) 880-1800**.

Sincerely,

SafeGuard, a MetLife company

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

\*Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. "Dental HMO" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; and "Single Service Health Maintenance Organizations" in Texas.

\*\*Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

PLAN YEAR 2011  
**OPEN ENROLLMENT**



CALENDAR OF EVENTS

ACTIVE EMPLOYEES

▶ **OCTOBER / NOVEMBER 2010**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<p style="text-align: right;"><b>21</b></p> <p>OPEN ENROLLMENT BEGINS</p> <p><b>COUNTY PLAZA BALLROOM</b></p> <p>7:30 AM – 3:00 PM</p> <p style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"><b>Health and Wellness Fair</b></p>	<p><b>22</b></p> <p>COURTHOUSE B2 BASEMENT</p> <p>10:30 AM – 1:00 PM</p>
25	26	<p><b>27</b></p> <p>DBH PATHS TRAINING ROOM</p> <p>9:00 – 11:30 AM</p> <hr/> <p>SENIOR RESOURCE CENTER</p> <p>SIERRA ROOM</p> <p>2:00 – 4:00 PM</p> <p>Located on the 2nd floor of the old Sierra Community Hospital Blackstone &amp; Dakota</p>	28	29
1	2	3	4	5
8	9	<p style="text-align: right;"><b>10</b></p> <p>OPEN ENROLLMENT CLOSES</p> <p>5:00 PM</p>		

# 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 2011 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 or Court employees. Court employees may contact the Court Personnel Office for the current Court contribution rates. 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 12/13/10 to 12/11/11

### BI-WEEKLY PREMIUMS

	PLAN 1			PLAN 2		
	Delta Dental	or	MetLife	Delta Dental	or	MetLife
Medical Prescription Vision Mental Health	ANTHEM BLUE CROSS HMO Walgreens Health Initiative RX MES Vision Avante Mental Health			ANTHEM BLUE CROSS PPO Walgreens Health Initiative RX MES Vision Avante Mental Health		
Dental Plans	DPPO	or	DHMO	DPPO	or	DHMO
	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYEE COST
Employee Only	\$272.42	\$64.36	\$51.68	\$374.80	\$166.74	\$154.06
Employee + Child(ren)	\$421.23	\$118.17	\$105.77	\$699.56	\$396.50	\$384.10
Employee + Spouse	\$476.56	\$173.50	\$155.90	\$772.58	\$469.52	\$451.92
Employee + Family	\$626.12	\$318.06	\$299.12	\$1,063.51	\$755.45	\$736.51
	PLAN 3			PLAN 4		
Medical Prescription Vision Mental Health	ANTHEM BLUE CROSS HDPPPO Anthem Blue Cross RX MES Vision Anthem Blue Cross Mental Health			KAISER HMO Kaiser RX Kaiser Vision Kaiser Mental Health		
Dental Plans	Delta Dental	or	MetLife	Delta Dental	or	MetLife
	DPPO	or	DHMO	DPPO	or	DHMO
	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYEE COST
Employee Only	\$221.27	\$13.21	\$0.53	\$343.93	\$135.87	\$123.19
Employee + Child(ren)	\$407.05	\$103.99	\$91.59	\$524.04	\$220.98	\$208.58
Employee + Spouse	\$454.02	\$150.96	\$133.36	\$623.37	\$320.31	\$302.71
Employee + Family	\$617.14	\$309.08	\$290.14	\$798.36	\$490.30	\$471.36



BI-WEEKLY PREMIUMS

	Delta Dental <b>DPPO</b>		MetLife Dental <b>DHMO</b>	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$272.42	\$64.36	\$259.74	\$51.68
Employee + Child(ren)	\$421.23	\$118.17	\$408.83	\$105.77
Employee + Spouse	\$476.56	\$173.50	\$458.96	\$155.90
Employee + Family	\$626.12	\$318.06	\$607.18	\$299.12

BENEFITS PLAN YEAR 12/13/10 to 12/11/11

<b>PHYSICIAN SELECTION</b> <i>(Service areas are defined in each plan's benefit summary)</i>	Employees and dependents must live or work within an <b>Anthem Blue Cross</b> service area and receive care from Plan providers. Employees and dependents must select a primary care physician. Each family member may select a different primary care physician.
<b>PHYSICIAN SERVICES</b>	
Office Visits	\$15 per visit.
Hospital Care	\$0 co-pay.
Home Visits	\$15 per visit <i>(as medically necessary)</i> .
<b>PREVENTIVE SERVICES</b>	\$0 co-pay.
Routine Physicals - Pediatric and Adult/ Laboratory/ Immunizations/Well Baby Care <i>(Newborn to 2)</i> / Annual Breast and Pelvic	
<b>HOSPITAL SERVICES</b>	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 <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> .
<b>EMERGENCY SERVICES</b> <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.
Ambulance	\$0 co-pay.
<b>EMERGENCY ROOM</b> Accident or Illness	\$100 per visit, waived if admitted.
<b>INPATIENT SERVICES</b> Inpatient Services, Semiprivate Room, ICU	\$0 co-pay.
<b>OUTPATIENT SERVICES</b> Surgery/X-RAY/Lab Tests	\$0 co-pay.
<b>SKILLED NURSING FACILITY</b> Freestanding SNF/Hospital SNF Unit	\$0 co-pay.

<b>OTHER BENEFITS</b>	
Home Health Care	\$15 per visit.
Home Hospice Care	\$0 co-pay.
<b>DURABLE MEDICAL EQUIPMENT</b>	\$0 co-pay. \$5,000 maximum <i>(includes hearing aid every 3 years)</i> .
<b>PROSTHETIC MEDICAL DEVICES</b>	\$0 co-pay.
<b>MATERNITY</b>	
Hospital/ Physician In-Hospital/ Newborn Nursery Care/ Prenatal Care	\$0 co-pay.
<b>FAMILY PLANNING</b>	\$15 co-pay per visit – no charge for family planning counseling.
<b>STERILIZATIONS</b>	\$15 co-pay.
<b>ABORTION</b> Elective	\$100 co-pay.
<b>INFERTILITY SERVICES</b> Diagnosis for Infertility	\$15 co-pay.
<b>PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY/REHABILITATIVE SERVICES</b> 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.
<b>ALLERGY TESTING/TREATMENT</b>	\$0 co-pay. Serum included in office visit.
<b>HEARING TEST</b>	\$0 co-pay.
<b>HEARING AID</b>	Refer to Durable Medical Equipment.
<b>INITIAL EVALUATION</b>	\$15 co-pay.
<b>SPEECH AND HEARING DISORDERS</b>	\$15 co-pay.
<b>HEALTH EDUCATION</b>	\$0 co-pay.
<b>CHIROPRACTIC CARE</b>	\$10 per visit, "limit 40 visits" per year.
<b>ACUPUNCTURE</b>	\$15 co-pay.
<b>ANNUAL CO-PAYMENT LIMIT</b>	\$1,000 per person or \$2,000 per family per calendar year.

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 - 2011



**BENEFITS** PLAN YEAR 12/13/10 to 12/11/11



<p><b>MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY</b></p> <p>Inpatient</p> <p>Outpatient</p>	<p>Benefits provided by <b>Avante Behavioral Health</b>.</p> <p>Unlimited Inpatient days per year, plan pays 100% of contracted rate.</p> <p>\$15 co-pay per visit. Unlimited Inpatient days per year, plan pays 100% of contracted rate.</p>	<p><b>VISION BENEFITS</b></p> <p>Co-payments</p> <p>Examinations</p> <p>Eyeglass Lenses</p> <p>Eyeglass Frames</p> <p>Elective Contact Lenses</p> <p>Medically Necessary Contact Lenses</p> <p>Laser Eye Surgery</p> <p>Lens Customization/Additional Benefits</p>	<p>Benefits provided by <b>Medical Eye Services</b>.</p> <p>\$5.00 per covered person annually.</p> <p><b>Every 12 Months. In Network:</b> Complete eye exam 100%. <i>Out of Network:</i> Maximum payable of \$40.</p> <p><b>Every 12 Months. In Network:</b> 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.</p> <p><b>Every 24 Months. In Network:</b> 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.</p> <p><b>Every 12 Months in lieu of eyeglasses. In Network:</b> \$130 maximum. <i>Out of Network:</i> \$130 maximum.</p> <p><b>Every 12 Months. In Network:</b> Paid in full. <i>Out of Network:</i> \$250 maximum. Must be pre-authorized by MES Vision.</p> <p>15% discount through <b>TLC Vision</b> network: <a href="http://www.tlcvision.com">www.tlcvision.com</a>.</p> <p>Members responsible for optional upgrades such as lens tints and coatings. Some discounts may apply.</p>
<p><b>PRESCRIPTION DRUGS</b></p> <p>Administered in Hospital or Dr. Office</p> <p>Outpatient Prescriptions</p> <p>Dental RX</p> <p>RX Contraceptives</p>	<p>No charge.</p> <p>Prescription drugs provided by <b>Walgreens Health Initiative (WHI)</b> 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.</p> <p>If prescribed by plan physician (<i>not dentist</i>), same benefit level as "Outpatient Prescriptions".</p> <p>Same as Outpatient RX Contraceptive diaphragms are limited to one per year and are subject to the brand name co-pay.</p>		

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 - 2011





BI-WEEKLY PREMIUMS

	Delta Dental <b>DPPO</b>		MetLife Dental <b>DHMO</b>	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$374.80	\$166.74	\$362.12	\$154.06
Employee + Child(ren)	\$699.56	\$396.50	or \$687.16	\$384.10
Employee + Spouse	\$772.58	\$469.52	\$754.98	\$451.92
Employee + Family	\$1,063.51	\$755.45	\$1,044.57	\$736.51

BENEFITS PLAN YEAR 12/13/10 to 12/11/11

Calendar-year deductible: \$250 individual

<b>PHYSICIAN SELECTION</b> <i>(Service areas are defined in each plan's benefit summary)</i>	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.
<b>PHYSICIAN SERVICES</b>	
Office Visits	\$20 per visit <i>(deductible waived)</i> . Non-PPO 50% after deductible.
Hospital Care	\$0 co-pay/Non-PPO \$500/admission <i>(waived for emergency admission)</i> .
Home Visits	\$20 per visit <i>(deductible waived for routine physical exam)</i> . Non-PPO 50% after deductible.
<b>PREVENTIVE SERVICES</b>	
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.
<b>HOSPITAL SERVICES</b>	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 <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> .
<b>EMERGENCY SERVICES</b> <i>(When medically necessary)</i>	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.
<b>EMERGENCY ROOM</b> Accident or Illness	\$0 co-pay. \$100 deductible <i>(waived for emergency admission)</i> .
<b>INPATIENT SERVICES</b>	
Semiprivate Room, ICU	\$0 co-pay/Non-PPO 50% after deductible. \$500 deductible per admission for Non-PPO only <i>(waived for emergency admission)</i> .
Bariatric Surgery <i>(Preauthorization Required)</i>	\$0 co-pay.

<b>OUTPATIENT SERVICES</b>	
Surgery/X-RAY/Lab Tests	\$0 co-pay/Non-PPO 50% after deductible.
<b>SKILLED NURSING FACILITY</b>	Limited to 100 days per calendar year.
Freestanding SNF/ Hospital SNF Unit	\$0 co-pay/Non-PPO 50% after deductible.
<b>OTHER BENEFITS</b>	
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.
<b>DURABLE MEDICAL EQUIPMENT</b>	\$0 co-pay/Non-PPO 50% after deductible. – Limited to \$5,000 per calendar year for all providers.
Prosthetic Medical Devices	\$0 co-pay/Non-PPO 50% after deductible.
<b>MATERNITY</b>	
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.
<b>FAMILY PLANNING/ STERILIZATIONS/ ABORTION</b>	\$0 co-pay/Non-preferred Provider 50% after deductible.
Therapeutic/Elective	
<b>INFERTILITY SERVICES</b>	
Diagnosis for Infertility	\$0 co-pay/Non-preferred Provider 50% after deductible.
Treatment of Infertility	Not covered.
<b>CHIROPRACTIC, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY/ REHABILITATIVE SERVICES</b>	\$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.
Outpatient Services	
<b>ALLERGY TESTING AND TREATMENT</b>	\$0 co-pay/Non-PPO 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.



Calendar-year deductible: \$250 individual/  
\$500 family (Preferred/Non-preferred)

**BENEFITS** PLAN YEAR 12/13/10 to 12/11/11



<b>HEARING TEST</b>	Routine hearing tests are not covered ( <i>medically necessary hearing tests are covered</i> ).
<b>HEARING AID</b>	\$0 co-pay/Non-PPO 50% after deductible. For all providers, benefits are limited to \$5,000 per calendar year. Combined with durable medical equipment.
<b>INITIAL EVALUATION SPEECH &amp; HEARING DISORDERS</b>	\$0 co-pay/Non-PPO 50% after deductible.
<b>HEALTH EDUCATION/DIABETES CARE</b>	\$20 per visit ( <i>deductible waived</i> )/Non-PPO 50% after deductible.
<b>ACUPUNCTURE</b>	\$0 co-pay/Non-PPO 50% after deductible. \$30 per visit for Non-PPO. – Limited to 12 visits per calendar year.
<b>ANNUAL OUT OF POCKET MAXIMUM</b>	\$3,000 per individual/\$5,000 per family ( <i>PPO</i> ). \$10,000 per individual/\$15,000 per family ( <i>Non-PPO</i> ).
<b>MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY</b>	Benefits provided by <b>Avante Behavioral Health</b> .
Inpatient	Unlimited Inpatient days per year. Covered at 100% of the contracted rate.
Outpatient	Unlimited visits per year. Co-pay at \$20 per visit.
<b>PRESCRIPTION DRUGS</b>	
Administered in Hospital or Dr. Office	\$0 co-pay.
Outpatient Prescriptions	Benefits provided by <b>Walgreens Health Initiative (WHI)</b> 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.

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



BI-WEEKLY PREMIUMS

	Delta Dental DPPO		MetLife Dental DHMO	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$221.27	\$13.21	\$208.59	\$0.53
Employee + Child(ren)	\$407.05	\$103.99	\$394.65	\$91.59
Employee + Spouse	\$454.02	\$150.96	\$436.42	\$133.36
Employee + Family	\$617.14	\$309.08	\$598.20	\$290.14

BENEFITS PLAN YEAR 12/13/10 to 12/11/11

Calendar-year deductible: \$3,000 individual/\$6,000 family (Preferred/Non-preferred)

PROVIDERS	In Network	Out of Network
<b>PHYSICIAN SELECTION</b> <i>(Service areas are defined in each plan's benefit summary)</i>	Covered out-of-state services <i>(Benefits provided through the BlueCard® Program)</i> 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%	
<b>PHYSICIAN SERVICES</b> Office Visits/Hospital Care/Home Visits	\$0 co-pay.	50% after deductible.
<b>PREVENTIVE SERVICES</b> Routine Physicals - Pediatric and Adult/Laboratory/Immunizations/Annual Breast and Pelvic	Preventive care <i>(not subject to the calendar year deductible)</i> . \$0 co-pay. 50%	
<b>HOSPITAL SERVICES</b>	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 <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> .	
<b>EMERGENCY SERVICES</b> <i>(When medically necessary)</i> Ambulance	Emergency health coverage. \$0 co-pay after deductible. \$0 co-pay after deductible.	
<b>EMERGENCY ROOM</b> Accident or Illness	\$0 co-pay after deductible.	
<b>INPATIENT SERVICES</b> Semiprivate Room, ICU Bariatric Surgery	\$0 co-pay after deductible. \$0 co-pay.	50% after deductible. Not covered.
<b>OUTPATIENT SERVICES</b> Surgery/X-RAY/Lab Tests	\$0 co-pay after deductible.	50% after deductible.
<b>SKILLED NURSING FACILITY</b>	\$0 co-pay.	50% after deductible. Benefits are limited to 100 days per calendar year for all providers.

PROVIDERS	In Network	Out of Network
<b>OTHER BENEFITS</b> Routine Home Care and Home Health Care  Inpatient Respite Care/Home Hospice Care	\$0 co-pay.  \$0 co-pay.	50% after deductible. Services limited to 100 visits per calendar year for all providers. 50%
<b>DURABLE MEDICAL EQUIPMENT</b> Prosthetic Medical Devices	\$0 co-pay after deductible. 50% after deductible. <i>(Plan payment up to \$2,000 maximum per calendar year.)</i>	
<b>MATERNITY</b> Hospital/Physician In-Hospital/Newborn Nursery Care/Prenatal Care	\$0 co-pay after deductible. 50% after deductible.	
<b>FAMILY PLANNING/STERILIZATIONS/ABORTION</b> Therapeutic/Elective	\$0 co-pay.	50%
<b>INFERTILITY SERVICES</b> Diagnosis for Infertility  Treatment of Infertility	\$0 co-pay/Non-preferred Provider	50% after deductible. Not covered.
<b>PHYSICAL, OCCUPATIONAL AND REHABILITATIVE SERVICES</b> Outpatient Services <b>SPEECH THERAPY</b>	\$0 co-pay.  \$0 co-pay.	50% after deductible. Up to \$25 per visit. Limited to 24 visits per calendar year for all providers. Additional visits can be approved, if medically necessary. 50% after deductible.
<b>ALLERGY TESTING AND TREATMENT</b>	\$0 co-pay.	50% after deductible.
<b>HEARING TEST</b> <b>HEARING AID</b>	\$0 co-pay.	50% after deductible. See Durable Medical Equipment.
<b>HEALTH EDUCATION</b>	Self-management training and education <i>(if billed by your provider, you will also be responsible for the office visit co-pay)</i> . No charge after deductible. 50% after deductible.	
<b>DIABETES CARE</b>	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.



Calendar-year Out-of-pocket Maximum  
 Preferred Provider: \$3,000 Individual/\$6,000 Family  
 Non-preferred Provider: \$5,000 Individual/\$10,000 Family

**BENEFITS** PLAN YEAR 12/13/10 to 12/11/11



PROVIDERS	In Network	Out of Network
<b>CHIROPRACTIC CARE</b>	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.	
<b>ACUPUNCTURE</b>	\$0 co-pay.	50%
	Limited to \$30 per visit and 12 visits per calendar year for all providers.	
<b>ANNUAL OUT OF POCKET MAXIMUM</b>	Individual Coverage \$5,000	Family Coverage \$10,000
<b>MENTAL HEALTH SERVICES</b>	Benefits provided by <b>Anthem Blue Cross</b> .	
Inpatient/Outpatient	\$0 co-pay after deductible.	50% after deductible.
<b>PRESCRIPTION DRUGS</b>	Benefits provided by <b>Anthem Blue Cross</b> . (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 <b>Medical Eye Services</b> .
Co-payments	\$5.00 per covered person annually.
Examinations	<b>Every 12 Months.</b> <i>In Network:</i> Complete eye exam 100%. <i>Out of Network:</i> Maximum payable of \$40.
Eyeglass Lenses	<b>Every 12 Months.</b> <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	<b>Every 24 Months.</b> <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.
Elective Contact Lenses	<b>Every 12 Months in lieu of eyeglasses.</b> <i>In Network:</i> \$130 maximum. <i>Out of Network:</i> \$130 maximum.
Medically Necessary Contact Lenses	<b>Every 12 Months.</b> <i>In Network:</i> Paid in full. <i>Out of Network:</i> \$250 maximum. Must be pre-authorized by METS Vision.
Laser Eye Surgery	15% discount through <b>TLC Vision</b> network: <a href="http://www.tlcvision.com">www.tlcvision.com</a> .
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 12/13/10 to 12/11/11

**BI-WEEKLY PREMIUMS**

	Delta Dental <b>DPPO</b>		MetLife Dental <b>DHMO</b>	
	TOTAL PREMIUM	EMPLOYEE COST	TOTAL PREMIUM	EMPLOYEE COST
Employee Only	\$343.93	\$135.87	\$331.25	\$123.19
Employee + Child(ren)	\$524.04	\$220.98	\$511.64	\$208.58
Employee + Spouse	\$623.37	\$320.31	\$605.77	\$302.71
Employee + Family	\$798.36	\$490.30	\$779.42	\$471.36

<b>PHYSICIAN SELECTION</b> <i>(Service areas are defined in each plan's benefit summary)</i>	Primary care and specialty physician services must be obtained at <b>Kaiser Permanente</b> 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.
<b>PHYSICIAN SERVICES</b>	
Office Visits	\$15 per provider visit.
Hospital Care	No charge for Inpatient care.
Home Visits	No charge.
<b>PREVENTIVE SERVICES</b>	
Routine Physicals	\$15 per visit.
Pediatric and Adult/ Laboratory/Immunizations	No charge.
Well Baby Care ( <i>Newborn to 2</i> )	\$5 per visit.
Annual Breast and Pelvic	\$15 per visit.
<b>HOSPITAL SERVICES</b>	Services available at <b>Kaiser Permanente</b> facilities.
<b>EMERGENCY SERVICES</b> <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.
Ambulance	Ambulance: \$50 per trip.
<b>EMERGENCY ROOM</b>	
Accident or Illness	\$100 per visit, waived if admitted.
<b>INPATIENT SERVICES</b>	No charge at participating hospitals. Referral by a Plan physician required for all non-emergency hospital services.
<b>OUTPATIENT SERVICES</b>	
Surgery	\$15 per procedure.
X-RAY/Lab Tests	No charge.

<b>SKILLED NURSING FACILITY</b>	Freestanding SNF/ Hospital SNF Unit	No charge. "Limit 100 days" per benefit period.
<b>OTHER BENEFITS</b>	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.
<b>DURABLE MEDICAL EQUIPMENT</b>		20% co-insurance.
<b>PROSTHETIC MEDICAL DEVICES</b>		20% co-insurance.
<b>MATERNITY</b>	Hospital/ Physician In-Hospital/ Newborn Nursery Care	No charge.
	Prenatal Care	\$5 per visit.
<b>FAMILY PLANNING/ STERILIZATIONS</b>		\$15 per visit.
<b>ABORTION</b>	Therapeutic/Elective	\$15 per visit.
<b>INFERTILITY SERVICES</b>	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.
<b>PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY</b>		\$15 per visit. Occupational and speech therapy.
<b>REHABILITATIVE SERVICES</b>	Outpatient Services	
<b>ALLERGY TESTING TREATMENT</b>		\$15 per visit. \$3 per injection.
<b>HEARING TEST HEARING AID</b>		\$15 per visit. Hearing aid(s) benefit of \$1,000 allowance per device, one device per ear, two devices every 36 months.
<b>SPEECH &amp; HEARING DISORDERS/INITIAL EVALUATION</b>		\$15 per 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 12/13/10 to 12/11/11

<b>HEALTH EDUCATION</b>	Most classes relating to specific medical conditions are \$15 per visit. Classes relating to general health are provided at a reasonable rate.
<b>CHIROPRACTIC CARE</b>	\$10 co-pay, "limit 30 visits" per calendar year. Services must be rendered by an American Specialty Health Plan Provider.
<b>ACUPUNCTURE</b>	Not covered.
<b>ANNUAL CO-PAYMENT LIMIT</b>	\$1,500 for one member. \$3,000 for the Subscriber and all his or her dependents.
<b>CLAIM FORMS</b>	May be required for out-of-area emergency service.
<b>COORDINATION OF BENEFITS</b>	None.
<b>MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY</b>	Benefits provided by <b>Kaiser Permanente</b> .
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.
<b>PRESCRIPTION DRUGS</b>	Benefits provided by <b>Kaiser Permanente</b> .
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.
<b>VISION BENEFITS</b>	
Co-payments	\$15 per visit.
Examinations	\$15 co-pay.
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**

<p><b>SUMMARY</b></p>	<p>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.</p>	<p>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.</p>						
<p><b>DENTIST SELECTION</b></p>	<p>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.</p>	<p>Members must select a dentist from the list of Plan approved dentists.</p>						
<p><b>DEDUCTIBLE</b></p>	<p>Basic and Major Services: \$50 per person, \$150 per family per calendar year. No deductible for Preventive, Diagnostic and Orthodontic services.</p>	<p>No deductible.</p>						
<p><b>MAXIMUM BENEFITS</b> Predetermination of Benefits</p>	<p>\$2,500 per person per year.</p>	<p>No annual maximum.</p>						
<p><b>EMERGENCY SERVICES</b></p>	<p>Covered the same as routine services.</p>	<p>Palliative treatment of pain only.</p>						
<p><b>CLAIM FORMS</b></p>	<p>Participating dentists will submit claim forms for you.</p>	<p>No claim forms are necessary except for out-of-the-area emergencies.</p>						
<p><b>COORDINATION OF BENEFITS</b></p>	<p>The plan will coordinate with other coverages if the person is qualified in more than one plan.</p>	<p>The plan will coordinate with other coverages if the person is qualified in more than one plan for specialty claims only.</p>						
<p><b>SERVICE AREA</b></p>	<p>No service limitations in California.</p>	<p>No service limitations in California.</p>						
<p><b>BENEFIT PROVISIONS</b> <b>BASIC/PREVENTIVE SERVICES</b> Diagnostic Services Examinations, X-rays, Check-ups  Preventive Services/Cleanings &amp; Fluoride Treatment</p>	<table border="1"> <thead> <tr> <th>Preferred Provider Dentist</th> <th>Non-preferred Provider Dentist</th> </tr> </thead> <tbody> <tr> <td>0% (Maximum Waived and Deductible Waived)</td> <td>10%</td> </tr> <tr> <td>0% * (Maximum Waived and Deductible Waived) *Extra visit for pregnancy.</td> <td>10%</td> </tr> </tbody> </table>	Preferred Provider Dentist	Non-preferred Provider Dentist	0% (Maximum Waived and Deductible Waived)	10%	0% * (Maximum Waived and Deductible Waived) *Extra visit for pregnancy.	10%	<p>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.</p>
Preferred Provider Dentist	Non-preferred Provider Dentist							
0% (Maximum Waived and Deductible Waived)	10%							
0% * (Maximum Waived and Deductible Waived) *Extra visit for pregnancy.	10%							

**DELTA DENTAL DPPO Plan**

**MetLife DHMO Plan**

	Preferred Provider Dentist	Non-preferred Provider Dentist	
<b>Restorative Services/Fillings, Pulp Capping</b>	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 <b>NO CHARGE</b> .
<b>OTHER SERVICES - Endodontics (minor)/Treatment of Gums (minor)/Teeth Bleaching (DHMO Only)</b>	50%	50%	No charge, except for teeth bleaching.
<b>MAJOR SERVICES - Oral Surgery Impactions/Root Canals/ Apicoectomy/Periodontal Surgery/Crowns/Bridges/ Dentures/Other Prosthetics/ Simple Extractions/Implants (DPPO Only)</b>	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.
<b>OTHER BENEFITS - Orthodontia* (Teeth Straightening - Adults and Children)</b>	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. <b>*Members and their dependents that are currently receiving orthodontic treatment must call MetLife by January 18, 2011 at (800) 942-0854 to coordinate benefits. Otherwise, MetLife will deny your orthodontic claim.</b>
<b>EXCLUSIONS /LIMITATIONS</b>	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 Walgreens Health Initiative.**

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 the County of Fresno 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 **November 15th through December 31st**. 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. You will not continue to be covered at the same level of benefits you have today. If you decide to join a Medicare drug plan and drop your current County of Fresno coverage, be aware that you and your dependents will not 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 the 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 November to join.

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through 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 19, 2010
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) 488-3069



➔ **ADDITIONAL RESOURCES FOR ACTIVE EMPLOYEES**

**[www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment)**

---

**MEDICAL – ANTHEM BLUE CROSS**

*HMO Group Number: 275341H001 / Phone: (888) 831-2238*

*PPO Group Number: 275341M450 / Phone: (888) 831-2238*

*HDPPO Group Number: 275341M650 / Phone: (888) 231-5040*

**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 – WALGREENS HEALTH INITIATIVE**

*Phone: (800) 207-2568*

**MENTAL HEALTH – AVANTE**

*Phone: (559) 261-9060*

**FLEX SPENDING ACCOUNTS – TOTAL BENEFIT SERVICES**

*Phone: (559) 431-7062*



**PERSONNEL SERVICES  
EMPLOYEE BENEFITS**

---

**OPEN ENROLLMENT OFFICE**

2220 Tulare Street, 14th Floor

Fresno, California 93721

Phone: (559) 488-3069

Designed & Printed by:

**Graphic Communication Services**

Phone: (559) 493-3120