

Certificated Benefit Highlights & Eligibility

The Fresno County Office of Education currently offers Anthem Blue Cross Prudent Buyer as the Preferred Provider Option (PPO). Certificated Employees working 60% or more per fiscal/school year must participate. The PPO offers four (4) medical options to all eligible certificated employees. Each plan offers varying major medical coverage and may require an employee contribution. The employee premium is deducted from monthly payroll checks in ten (10) payments through the FCOE Section 125 Flexible Benefit Plan. Note: Late hires shall have their monthly premiums prorated based on their hire date and may pay a higher monthly premium the first year of employment.

BENEFIT OPTIONS

Blue Cross 1-800-662-5502 • www.anthem.com/ca/sisc
(October 1, 2012 thru September 30, 2013)

\$482.90 with Delta Dental Premier/Incentive

\$460.10 with Delta Dental PPO

\$389.30 with Delta Dental Premier/Incentive

\$366.50 with Delta Dental PPO

\$284.90 with Delta Dental Premier/Incentive

\$262.10 with Delta Dental PPO

\$-35.50 with Delta Dental Premier/Incentive

\$-58.30 with Delta Dental PPO

Major Medical **Plan A**

100%
Deductible: \$200 individual/\$400 family
No co-pays

Prescriptions

Retail
Generic \$9
Brand Name \$35
(30 day supply)

Mail Order (www.medcohealth.com)

Generic \$18
Brand Name \$90
(90 day supply)

Major Medical **Plan B**

90/10 Plan
Deductible: \$100 individual/\$300 family
Co-Insurance Max: \$300 individual/\$900 family
\$20 Co-pay Office Visit

Prescriptions

Retail
Generic \$9
Brand Name \$35
(30 day supply)

Mail Order (www.medcohealth.com)

Generic \$18
Brand Name \$90
(90 day supply)

Major Medical **Plan C**

80/20 Plan
Deductible: \$300 individual/\$600 family
Co-Insurance Max: \$1,000 individual/\$3,000 family
\$20 Co-pay Office Visit

Prescriptions

Retail
Generic \$9
Brand Name \$35
(30 day supply)

Mail Order (www.medcohealth.com)

Generic \$18
Brand Name \$90
(90 day supply)

Major Medical **Plan D**

90/10 Plan
Deductible: \$2,500 individual/\$5,000 family
Deductible must be met before plan will cover 90%
Co-insurance Max: \$2,500 individual/\$5,000 family

Prescriptions are subject to deductibles.

Prescriptions

Retail
Generic \$7
Brand Name \$25
(30 day supply)

Mail Order (www.medcohealth.com)

Generic \$14
Brand Name \$60
(90 day supply)

- A new eligible employee shall receive coverage on the first day of the calendar month following the calendar month in which the employee is hired.
- Coverage for a new spouse or child is eligible the first of the month following the date of marriage or birth if added within 30 days of marriage or birth. Copy of marriage and birth certificates must be submitted with enrollment form for all new hires and new dependents.
- Dependents are eligible for insurance coverage up to their 26th birthday.

Certificated Benefit Highlights & Eligibility (Continued)

BENEFITS

FEATURES

VISION PLAN: VISION SERVICE PLAN \$15 CO-PAY

GROUP # 2499589A

1-800-877-7195

www.vsp.com

The plan provides coverage for covered services and/or materials when you go to a participating provider for:

- One comprehensive examination every calendar year
- One pair of standard lenses every calendar year
- One standard frame every other calendar year or One pair of contact lenses every other calendar year

DENTAL PLAN: DELTA DENTAL PREMIER/INCENTIVE PLAN

GROUP # 708I-3235

1-866-499-3001

www.deltadentalins.com

Under this program, Delta pays 70% of the approved fees for covered diagnostic, preventive, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each employee, provided you visit the dentist at least once during the year. The maximum benefit paid per calendar year is \$2,200 per person (as long as the dentist is in the network).

DENTAL PLAN: DELTA DENTAL PPO

GROUP # 708I-3345

1-866-499-3001

www.deltadentalins.com

Under this plan, Delta pays 100% providing the dentist is a PPO network dentist. This plan covers diagnostic & preventive, crowns, and other basic services. The maximum benefit paid per calendar year is \$2,000 per person. Note: Members may change from the PPO to the Premier/Incentive plan during open enrollment. If they make this change, their incentive plan level will start at 70% for the employee and all dependents

TERM LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

\$50,000 paid by Sun Financial Company to all full-time, active regular employees working a minimum of 20 hours each week.

ZURICH AMERICAN INSURANCE Co. (AD&D)

POLICY NUMBER: GTU-35I4432

The plan offers coverage ranging from \$25,000 to \$500,000 for the employee only or the employee and family. The premium payment is deducted in ten monthly payments for eligible employees. An employee may add this coverage at any time during the year. The amount selected, if greater than \$150,000, may not exceed ten (10) times your base annual salary.