

County of Fresno

COBRA BENEFIT GUIDE

Plan Year 2024



OPEN ENROLLMENT
OCTOBER 9 - OCTOBER 27, 2023



OPEN ENROLLMENT

October 9 - October 27, 2023

Open Enrollment is the period during which COBRA participants can make changes to their health benefits package for the upcoming year. It is an excellent opportunity to review your current coverage, evaluate your needs, and make any necessary adjustments to your plan. In this guide, we will provide you with a comprehensive overview of the various health plans that are available to you. We will also take a closer look at some of the key changes that have been made to the benefits package this year and answer some common questions about the enrollment process. By the end of this guide, you will have a better understanding of your options and be better equipped to make informed decisions about your benefits.

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DEADLINE

5:00 pm Friday, October 27, 2023

All forms and supporting documentation must be received by Employee Benefits no later than 5:00 pm on Friday, October 27, 2023. Employee Benefits is not responsible for lost/delayed forms sent through USPS mail and therefore not received by the deadline. To confirm receipt of forms and/or supporting documentation, please contact Employee Benefits.

IMPORTANT REMINDERS

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and/or your covered dependent(s) to continue your health insurance coverage in the event of loss of coverage. Eligibility for COBRA coverage is a total of 3 years; Federal COBRA is 18 months and Cal-COBRA is 18 months. Cal-COBRA coverage excludes dental and vision coverage. Federal COBRA and Cal-COBRA coverage can be canceled at any time.

NEW THIS YEAR!

The County of Fresno is pleased to offer an additional health plan option for you and your family, totaling seven (7) available health plans. The new plan, Kaiser Permanente High Deductible Health Plan (HDHP), will become effective January 1, 2024. You will find the biweekly cost and plan information in this booklet.

ENROLL/MAKE CHANGES

Complete the applicable form and submit to Employee Benefits, along with any required supporting documentation. The form can be found online at www.fresnocountyca.gov/Open-Enrollment or contact Employee Benefits. Submission details are located on the back cover. If you choose not to make any changes, your health plan will not change and will continue for the 2024 plan year.

DEPENDENT ELIGIBILITY

You may enroll eligible family members onto your plan. Dependent children are eligible until they reach 26 years of age.

Eligible Dependents	Required Document(s)
Spouse	Legal Marriage Certificate/Abstract
Domestic Partner (DP)	Declaration of DP filed with California
Child	Legal Birth Certificate/Abstract
Adopted Child	Adoption Order or Legal Birth Certificate/Abstract
Step Child	Legal Birth Certificate/Abstract and a Legal Marriage Certificate/Abstract/Declaration of DP showing spouse/registered DP is the child's parent.
Child - Legal Guardianship	Letters of Guardianship filed with the courts

MARK YOUR CALENDAR

10/09/23

Open Enrollment Begins

10/12/23

Health Fest - Downtown
Plaza Building, Ballroom

10/13/23

Health Fest - DSS Clovis
Campus, Bldg 5

10/27/23

Open Enrollment Ends

01/01/24

2024 Plan Year Begins for
Health Plans

98POINT6

On-demand, 24/7 text based primary care access for those on the Anthem medical plans is available through 98point6. All your care concerns covered with no appointments, no travel, and no waiting rooms. For more information, visit 98point6.com/fresnocounty.

MEDICAL

ANTHEM MEDICAL PLANS

Anthem EPO

An EPO plan is similar to a HMO; you must stay within Anthem's network for services to be covered. Services received out of the Anthem network are not covered, except in the case of emergency medical care.

Anthem PPO

A PPO plan allows you to seek care in or out of Anthem's network. You are encouraged to utilize in-network services to see a bigger cost savings.

Anthem HDPPO

The High-Deductible PPO (HDPPO) plan works similarly to the traditional PPO. You will pay the full cost of non-preventive health care services until you meet the annual deductible. If you enroll a dependent, you must meet the full family deductible before the plan pays expenses for any one individual on the plan. Once the out-of-pocket maximum is reached, the plan will pay the full cost of all qualified health care services for the remainder of the calendar year.

	Yosemite EPO	Sierra EPO	Pismo EPO	PPO 250 (In-Network)	HDPPO 3000 (In-Network)
Deductible					
Individual	\$0	\$0	\$0	\$250 / Plan Year	\$3,000 / Calendar Year
Family	\$0	\$0	\$0	\$500 / Plan Year	\$6,000 / Calendar Year
Out-of-Pocket Max¹					
Individual	\$1,000	\$3,000	\$4,000	\$3,000	\$3,000
Family	\$2,000	\$6,000	\$8,000	\$5,000	\$6,000
Covered Services					
Preventive Care	\$0	\$0	\$0	\$0	\$0
Office Visit	\$15	\$35	\$35	\$20	\$0 After Deductible
Emergency Room	\$100	\$250	\$300	\$100	\$0 After Deductible
Inpatient Hospitalization	\$0	\$500	\$1,000	\$0	\$0 After Deductible
Outpatient Surgery	\$0	\$0	\$0	\$0	\$0 After Deductible
Outpatient X-Ray/Lab	\$0	\$0	\$0	\$0	\$0 After Deductible
Chiropractic	\$15 ²	\$35 ²	\$35 ²	\$0 ³	\$0 After Deductible
Urgent Care	\$15	\$35	\$35	\$20	\$0 After Deductible
Mental Health - Outpatient	\$15	\$35	\$35	\$20	\$0 After Deductible
Prescription Drugs⁴					
Generic	\$10	\$10	\$10	\$10	\$0 After Deductible
Preferred	\$20	\$20	\$20	\$20	\$0 After Deductible
Non-Preferred	\$35	\$35	\$35	\$35	\$0 After Deductible

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. For out-of-network benefits, please see plan summaries.

2. 40 visits per year

3. 24 visits per year

4. Prescription coverage through EmpiRx.

MEDICAL

Kaiser HMO

With this plan you must use Kaiser facilities and providers for your medical, vision and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care.

Kaiser HDHP

With the Kaiser Permanente High-Deductible Health Plan (HDHP) you will pay the full cost of non-preventive health care services until you meet the annual deductible. If you enroll a dependent, you must meet the full family deductible before the plan pays expenses for any one individual. Once the out-of-pocket maximum is reached, the plan will pay the full cost of all qualified health care services for the remainder of the calendar year. With this plan you must use Kaiser facilities and providers for your medical, vision and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care.

KAISER PERMANENTE MEDICAL PLANS

	HMO	HDHP
Deductible		
Individual	\$0	\$3,000 / Calendar Year
Family	\$0	\$6,000 / Calendar Year
Out-of-Pocket Max		
Individual	\$1,000	\$3,000
Family	\$2,000	\$6,000
Covered Services¹		
Preventive Care	\$0	\$0
Office Visit	\$15	\$0 After Deductible
Emergency Room	\$100	\$0 After Deductible
Inpatient Hospitalization	\$0	\$0 After Deductible
Outpatient Surgery	\$15	\$0 After Deductible
Outpatient X-Ray/Lab	\$0	\$0 After Deductible
Chiropractic	\$10 ²	\$0 ² After Deductible
Urgent Care	\$15	\$0 After Deductible
Mental Health - Outpatient	\$15	\$0 After Deductible
Prescription Drugs		
Generic	\$10	\$0 After Deductible
Preferred	\$20	\$0 After Deductible
Non-Preferred	N/A	\$0 After Deductible

1. If you use an out-of-network provider, you will be responsible for the full cost of services rendered, outside of emergency services. For any services rendered outside of Kaiser's network, please contact Kaiser Member Services.

2. 30 visits per year

DENTAL & VISION

DeltaCare USA DHMO

With this HMO dental plan you can choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms, and no deductibles. Pre-set charges apply to non-preventive services.

Delta Dental DPPO

The PPO plan allows you to use the dentist of your choice. However, you will maximize your benefits and save money if you choose a dentist who participates in Delta Dental's network.

Vision Service Plan (VSP)

Anthem members will be enrolled in VSP. VSP allows you to use the provider of your choice. However, you will maximize benefits and save money if you choose a provider who participates in VSP's network.

Kaiser Vision Services

Kaiser Permanente members must access vision services through Kaiser. Vision services received outside of Kaiser's network are not covered, except in the case of emergency care.

DENTAL (IN-NETWORK)

	DeltaCare USA DHMO	Delta Dental DPPO
Deductible (calendar year)		
Individual	\$0	\$50
Family	\$0	\$150
Benefit Max (calendar year)¹		
Per Individual	Unlimited	\$2,500
Covered Services		
Preventive Services	\$0 ²	\$0
Basic Services	\$0 ²	10% ³
Major Services	\$0 ²	50% ³
Orthodontia (once per lifetime)		
Child	\$1,700	\$1,660
Adult	\$1,900	\$1,880

VISION (IN-NETWORK)

	VSP ¹	Kaiser
Exam (every 12 months)	\$10	\$0
Materials (every 12 months)	\$10	\$0
Frames (every 24 months)	\$170 featured frames / \$150 all other frames / \$80 Costco / 20% off above allowance	\$200
Lenses (every 12 months) Single Vision Bifocal Trifocal	\$0 After materials copay	\$0
Contacts (every 12 months) ⁴	\$150	\$200

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. For out-of-network benefits, see plan summaries.
2. Copay may be required for upgraded materials/services.
3. After deductible is met.
4. In lieu of glasses.

COST OF COVERAGE

FEDERAL COBRA MONTHLY PREMIUMS

	PLAN 1		PLAN 2		PLAN 3	
Medical / Mental Health Prescription / Vision	Anthem EPO Yosemite EmpiRx / VSP		Anthem EPO Sierra EmpiRx / VSP		Anthem EPO Pismo EmpiRx / VSP	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
Participant Only	\$ 1,138.12	\$ 1,114.75	\$ 994.84	\$ 971.47	\$ 941.11	\$ 917.75
Participant + Spouse / DP	\$ 2,048.20	\$ 2,014.87	\$ 1,785.94	\$ 1,752.60	\$ 1,688.67	\$ 1,655.34
Participant + Child(ren)	\$ 1,796.73	\$ 1,774.24	\$ 1,566.82	\$ 1,544.33	\$ 1,481.64	\$ 1,459.15
Participant + Family	\$ 2,693.15	\$ 2,658.84	\$ 2,346.50	\$ 2,312.20	\$ 2,218.44	\$ 2,184.14
	PLAN 4		PLAN 5			
Medical / Mental Health Prescription / Vision	Anthem PPO 250 EmpiRx / VSP		Anthem HDPPO 3000 EmpiRx / VSP			
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO		
Participant Only	\$ 1,281.13	\$ 1,257.76	\$ 735.87	\$ 712.50		
Participant + Spouse / DP	\$ 2,653.25	\$ 2,619.92	\$ 1,521.32	\$ 1,487.99		
Participant + Child(ren)	\$ 2,403.38	\$ 2,380.88	\$ 1,364.53	\$ 1,342.03		
Participant + Family	\$ 3,653.56	\$ 3,619.26	\$ 2,068.21	\$ 2,033.91		
	PLAN 6		PLAN 7			
Medical / Mental Health Prescription / Vision	Kaiser Permanente HMO Kaiser / Kaiser		Kaiser Permanente HDPPO Kaiser / Kaiser			
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO		
Participant Only	\$ 1,165.18	\$ 1,141.81	\$ 890.72	\$ 867.35		
Participant + Spouse / DP	\$ 2,066.20	\$ 2,032.87	\$ 1,573.68	\$ 1,540.34		
Participant + Child(ren)	\$ 1,823.86	\$ 1,801.37	\$ 1,389.64	\$ 1,367.15		
Participant + Family	\$ 2,723.02	\$ 2,688.72	\$ 2,071.25	\$ 2,036.95		

CAL-COBRA MONTHLY PREMIUMS

	Participant Only	Participant + Spouse	Participant + Child(ren)	Participant + Family
Anthem EPO Yosemite	\$ 1,163.38	\$ 2,105.04	\$ 1,845.49	\$ 2,769.15
Anthem EPO Sierra	\$ 1,008.87	\$ 1,822.21	\$ 1,597.55	\$ 2,395.32
Anthem EPO Pismo	\$ 950.93	\$ 1,717.31	\$ 1,505.69	\$ 2,257.21
Anthem PPO 250	\$ 1,317.61	\$ 2,757.55	\$ 2,499.72	\$ 3,804.89
Anthem HDPPO 3000	\$ 729.59	\$ 1,536.83	\$ 1,379.39	\$ 2,095.20
Kaiser Permanente HMO	\$ 1,201.24	\$ 2,140.05	\$ 1,890.04	\$ 2,823.76
Kaiser Permanente HDHP	\$ 905.26	\$ 1,608.89	\$ 1,421.76	\$ 2,120.87

*Cal-COBRA coverage excludes dental and vision coverage. The County does not offer separate dental and vision coverage; however, retired employees may contact REFCO by calling (559) 431-5032 or visiting www.refco1.org for information on other plans that may be available.

CONTACT INFORMATION

ANTHEM BLUE CROSS

(800) 967-3015 www.anthem.com/ca

KAISER PERMANENTE

(800) 464-4000 www.kp.org

EMPIRX

(877) 262-7435 www.empirxhealth.com

DELTA DENTAL

DHMO: (800) 422-4234

DPPO: (800) 765-6003 www.deltadentalins.com

VISION SERVICE PLAN (VSP)

(800) 877-7195 www.vsp.com

NAVIA BENEFIT SOLUTIONS

(800) 669-3539 www.naviabenefits.com

98POINT6

www.98point6.com/fresnocounty

OPEN ENROLLMENT WEBSITE

www.fresnocountyca.gov/Open-Enrollment

OPEN ENROLLMENT SUBMISSION

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