



OPEN ENROLLMENT 2020 COBRA HEALTH INSURANCE APPLICATION

EFFECTIVE DATE:	1 / 1 / 2020
RECEIVED BY:	
ENTRY DATE: ENTERED BY:	

**OPEN ENROLLMENT HEALTH INSURANCE APPLICATIONS AND SUPPORTING DOCUMENTS ARE
DUE TO HUMAN RESOURCES EMPLOYEE BENEFITS DIVISION BY 5:00 PM ON NOVEMBER 8, 2019.**

Email: HRBenefits@fresnocountyca.gov **Phone:** (559) 600 - 1810 **Fax:** (559) 455 - 4787

Address: 2220 Tulare Street, 14th Floor, Fresno, CA 93721 **Website:** www.co.fresno.ca.us/openenrollment

PARTICIPANT INFORMATION: Complete all information.

Retired Employee

Employee on Leave of Absence

Last Name: _____ First Name: _____

SSN: _____ DOB: _____ Phone Number: _____

E-mail Address: _____

TYPE OF ENROLLMENT / CHANGE: Check all that apply.

Enroll Dependent

Remove Dependent

Other: _____

Dental Plan Change

Medical Plan Change

DENTAL PLANS: If applicable, please select one only if you wish to make a change between plans. Please leave blank if no change.

Delta Dental DPPO

DeltaCare USA DHMO

Provider Number (DHMO ONLY): _____ Existing Patient: Yes No

Six-digit provider number needed if you wish to be assigned to a specific DHMO provider.

MEDICAL PLANS: If applicable, please select one only if you wish to make a change between plans. Please leave blank if no change.

1: Kaiser Permanente

Read and Sign the Kaiser Arbitration Agreement on page two (2) when choosing Kaiser.

Medical, Mental Health, Prescription, Vision coverage are all through Kaiser.

Deductible Period: No Deductible

2: Anthem Blue Cross EPO

Medical: Anthem Blue Cross

Mental Health: Anthem Blue Cross

Prescription: EmpiRx

Vision: Vision Service Plan (VSP)

Deductible Period: No Deductible

3: Anthem Blue Cross PPO 250

Medical: Anthem Blue Cross

Mental Health: Anthem Blue Cross

Prescription: EmpiRx

Vision: Vision Service Plan (VSP)

Deductible Period: Plan Year

4: Anthem Blue Cross PPO 1000

Medical: Anthem Blue Cross

Mental Health: Anthem Blue Cross

Prescription: EmpiRx

Vision: Vision Service Plan (VSP)

Deductible Period: Plan Year

5: Anthem Blue Cross HDPPO 1500

Medical: Anthem Blue Cross

Mental Health: Anthem Blue Cross

Prescription: Anthem Blue Cross

Vision: Vision Service Plan (VSP)

Deductible Period: Calendar Year

6: Anthem Blue Cross HDPPO 3000

Medical: Anthem Blue Cross

Mental Health: Anthem Blue Cross

Prescription: Anthem Blue Cross

Vision: Vision Service Plan (VSP)

Deductible Period: Calendar Year

X SIGNATURE: _____ DATE: _____

By signing, I hereby enroll or authorize the changes indicated on this form. I also agree to and understand the plan design of my chosen plan, including any copays or deductibles therein. If enrolling in an Anthem Blue Cross plan, by signing, I also agree to the Anthem Blue Cross Arbitration Agreement language on the reverse side. If enrolling in a Kaiser Permanente plan, I must also sign the Kaiser Foundation Health Plan Arbitration Agreement on the reverse side.



HEALTH INSURANCE DEPENDENTS: Supporting documentation required to enroll (marriage and birth certificates, etc.).

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Enroll **Remove** Last Name: _____ First Name: _____

DOB: _____ Relationship: _____ M / F SSN: _____

Check this box if you are submitting the Health Insurance Additional Dependent Election form.

KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT:

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises 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 resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our 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*.

Additional Signature Required for Kaiser Permanente Plan

DATE

ANTHEM BLUE CROSS ARBITRATION AGREEMENT:

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