OPEN ENROLLMENT 2020 RETIREE HEALTH INSURANCE APPLICATION

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

RETIREE HEALTH INSURANCE APPLICATION 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

USPS Mail Address & Hand-Delivery Location: 2220 Tulare Street, 14th Floor, Fresno, CA 93721

PRIMARY MEMBER INFORMATION: *Please complete all information.*

SSN: ____________

Last Name: ____________ First Name: ____________ DOB: ____________

Phone Number: ____________ Retirement Date: ____________ Dept. Retired From: ____________

Address: ____________ City: ____________ State: ______ ZIP: ____________

Email Address: ____________

TYPE OF ENROLLMENT / CHANGE: *Please check all that apply.*

- ❑ **Dental Plan Change**
- ❑ **Medical Plan Change**
- ❑ **Enroll Dependent**
- ❑ **Remove Dependent**
- ❑ **New Enrollment**
- ❑ **Other:** ____________

DENTAL PLANS: *Please select your desired dental plan.*

❑ **Delta Dental DPPO** ❑ **DeltaCare USA DHMO** Provider Number (DHMO ONLY): ____________ Existing Patient: ❑ Yes ❑ No

MEDICAL PLANS: *Please select your desired medical plan.*

NON-MEDICARE (Under Age 65)

❑ **Plan 1: Anthem Blue Cross HDPPO 1500**

Individual Deductible: $1,500 Family Deductible: $3,000

Medical & Mental Health: Anthem Blue Cross
Prescription: Anthem Blue Cross
Vision: Vision Service Plan (VSP)

MEDICARE SUPPLEMENTAL

❑ **Plan 2: Retireefirst (United American/UnitedHealthCare)**

Enrollment in Medicare Parts A & B required for eligibility.

Medical & Mental Health United American
Prescription: UnitedHealthcare Rx
Vision: Vision Service Plan (VSP)

MEDICARE ADVANTAGE

❑ **Plan 3: Kaiser Senior Advantage - High Option***

Enrollment in Medicare Parts A & B required for eligibility.

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

MEDICARE ADVANTAGE

❑ **Plan 4: Kaiser Senior Advantage - Low Option***

Enrollment in Medicare Parts A & B required for eligibility.

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

***If choosing Kaiser, in addition to reading and signing the Kaiser Arbitration Agreement on page two (2), you will also have to complete and submit a Kaiser Permanente Senior Advantage (KSPA) form.**

X SIGNATURE: ____________ DATE: ____________

I hereby enroll or authorize the changes indicated on this form. 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.

FORM CONTINUED ON NEXT PAGE

HEALTH INSURANCE DEPENDENT: *Supporting documentation required to enroll (marriage/birth certificate, etc.).*

☐ **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 JUSRISDICTIONAL 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 MALPRACTIVE 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.

Pension Adjustment: ***EMPLOYEE BENEFITS PERSONNEL USE ONLY.***

Refund / Collect: $ __________ Incorrect: ____________ Correct:______________ Month(s):__________________________

Comments: ____

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