



DEAR HEALTH PLAN PARTICIPANTS:

I hope this letter finds you and your family well as we enjoy the cool weather. We would like to share with you the enhancements and modifications of the Health and Welfare Plan effective January 1, 2009 that the Board of Commissioners approved at the November meeting.

HEALTH PLAN ENHANCEMENTS:

- Annual Physical Coverage Increase      \$400 adult/\$250 children
- Acupuncture/Acupressure Benefit      \$500 benefit each calendar year  
Participating provider 80% covered;  
Non-participating provider 60% covered
- Smoking Cessation Program      Annual benefit amount \$750
- Hearing Aide Benefit      50% up to \$1,500 every three years
- Weight Management/Gastric Bypass      12 month mandatory weight management  
Participating provider 80% covered/non-participating  
provider 60% covered after annual deductible, if gastric bypass is  
recommended by physician upon completion of the 12 month  
weight management program  
Lifetime benefit up to \$25,000
- Full-time Student Dependent Age Increase      Full-time student status increase to up to age 24

HEALTH PLAN MODIFICATIONS:

- Annual Deductible      \$250 for Employee/\$500 for Employee Plus
- Five Tier Monthly Premium      [ \$30 Non-tobacco user discount for any tier]
  - Employee Only      \$ 90
  - Employee + Spouse      \$160
  - Employee + Child      \$140
  - Employee + Children      \$155
  - Employee + Family      \$170

YOU MUST COMPLETE THE ATTACHED FORM to receive the non-tobacco user discount AND select your coverage tier by December 19, 2008. If you do not turn in the completed form, you will be charged the regular rate. If you have any questions regarding the Health Plan, please contact Human Resources at 263.1070.

**If you have any questions please email your questions to Allyson Schulz at [allyson.schulz@fresnoeoc.org](mailto:allyson.schulz@fresnoeoc.org)**

*Carmen*

Carmen Lopez  
Human Resources Director

Click Here for [2009 Health & Welfare Benefit Selection Form](#)