



FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

HDHP MEDICAL PLAN BENEFITS HSA COMPATIBLE – PLAN BENEFIT SUMMARY

A. GENERAL FEATURES	
Calendar Year Deductible: All Benefits with the exception of "Wellness" subject to Deductible	\$ 1,500 per employee \$ 3,000 per family Applies to all Covered Expense unless otherwise indicated below or within the Plan \$ 3,000 deductible applies to 2 or more covered on the plan.
Out of Pocket Maximum	\$ 5,000 per employee; \$ 10,000 per family
Annual Plan Maximum	\$ 750,000 per individual
Percentage Payable (For Non Emergency Treatment)	<u>With Authorization:</u> Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense <u>Without Authorization:</u> Participating Provider: 60% of Covered Expense Non-Participating Provider: 50% of Covered Expense
Participating Primary Care Providers (PCP)	This would encompass General & Family Practice, OB/GYN, Internist, & Pediatrician
Maternity Coverage	Participant or Spouse
Pre-Existing Conditions	6 months prior to coverage. Waived after 12 months continuous coverage under Plan (with the exception of dependent children 19 years and under)
B. PAID HOSPITAL EXPENSES (Benefits Subject to Annual Deductible)	
Inpatient Care / Outpatient Care: (Includes Room & Board, Ancillary Charges, Intensive Care) (Non Emergency Benefits)	<u>With Authorization:</u> Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense <u>Without Authorization:</u> Participating Provider: 60% of Covered Expense Non-Participating Provider: 50% of Covered Expense
Outpatient Care: -Emergency Room	Participating Provider: 90% of Covered Expense after \$100 Copayment Non-Participating Provider: 60% of Covered Expense after \$100 Copayment
-Urgent Care Center	Participating Provider: 90% of Covered Expense after \$25 Copayment Non-Participating Provider: 60% of Covered Expense after \$25 Copayment
-Surgicenters	<u>With Authorization:</u> Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense <u>Without Authorization:</u> Participating Provider: 60% of Covered Expense Non-Participating Provider: 50% of Covered Expense
Preadmission Testing:	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense
C. PROFESSIONAL SERVICES	
Surgeon	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense
Assistant Surgeon	25% of Surgeons allowed, payable at 90% of Covered Expense
Anesthesia	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense
Doctor Hospital Visit	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense
Doctor Visit (Office/Home) Primary Care & Specialist – when referred by your PCP	Participating Provider: \$15 co-pay, then 100% of Covered Expense. Includes office visit & exam, after Deductible has been met Non-Participating Provider: 90% of Covered Expense, after Deductible has been met
D. OTHER COVERED EXPENSES	
Diagnostic X-Ray & Lab MRI's & CAT Scans must be pre-authorized or benefits reduce to 50%	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense
Skilled Nursing	100% of Covered Expense for first 10 days and 90% thereafter to a maximum of 60 days per Calendar Year.
Acupuncture	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense Limited to a maximum of \$500 per Calendar Year.
Ambulance	90% of Covered Expense
Durable Medical Equipment	90% of Covered Expense
Hearing Aides	50% of Covered Expense up to \$1500. Benefit limited to every 3 years
Weight Management	90% to lifetime maximum of \$25,000 after mandatory evaluation period. Benefit limited to approved centers of excellence.
Physical Therapy	90% of Covered Expense



FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

HDHP MEDICAL PLAN BENEFITS HSA COMPATIBLE – PLAN BENEFIT SUMMARY

Chiropractic Care Preferred Chiropractors of Calif (PCC) (559) 228-3215 Under age 15 – Must have MD referral	Maximum of 10 visits per month up to 24 visits per Calendar Year; X-rays are limited to \$100 per Calendar Year for all chiropractic care. <u>Participating PCC Provider:</u> \$15 co-pay, then 100% of Covered Expense up to a maximum of \$30 per visit - after Deductible has been met; <u>Non-Participating PCC Provider:</u> 90% of Covered Expense up to a maximum of \$30 per visit, after the Deductible has been met.
Home Health Care	100% of Covered Expense for first 15 visits and 90% thereafter. A visit is equal to 4 hours or less of service.
Mental & Nervous Conditions: - Inpatient - Outpatient	Participating Provider: 90% of Covered Expense; Pre Certification is Required. Non-Participating Provider: 60% of Covered Expense; Pre Certification is Required. Participating Provider: \$15 co-pay, then 100% of Covered Expense, after Deductible has been met Non-Participating Provider: 90% of Covered Expense, after Deductible has been met.
Substance Abuse: - Inpatient - Outpatient	Participating Provider: 90% of Covered Expense; Pre Certification is Required. Non-Participating Provider: 60% of Covered Expense; Pre Certification is Required. Participating Provider: \$15 co-pay, then 100% of Covered Expense , after Deductible has been met Non-Participating Provider: 90% of Covered Expense, after Deductible has been met.
Smoking Cessation Benefit:	Participating Provider: 90% of Covered Expense Non-Participating Provider: 60% of Covered Expense Limited to a maximum of \$750 per Calendar Year. Cessation drugs are payable under the outpatient prescription drug services.
Deductible Does Not Apply to Well Child or Adult Preventive so long as service(s) is preformed In-Network	
Well Child Care to age 18	Routine Physical Exams and Immunizations: Participating Provider: 100 of Covered Expense with no deductible. Non-Participating Provider: 90% of Covered Expense, after Deductible has been met. Routine X-Ray & Lab: 100% of Covered Expense. No Deductible applies. Non-Participating Provider: 90% of Usual & Customary, after Deductible has been met.
Adult Preventive Care 18 Years of age and over	Routine Physical Exams and Immunizations: Participating Provider: 100% of Covered Expense. No Deductible once per Calendar Year. Benefits based on Gender and age. Non-Participating Provider: 90% of Usual & Customary after Deductible has been met. Routine X-Ray & Lab: 100% Covered Expense. No Deductible applies. Benefits based on Gender and Age. Non Participating Provider: 90% of Usual & Customary after Deductible has been met.
E. UTILIZATION MANAGEMENT - PRE-CERTIFICATION	
Inpatient Admissions (800) 274-7767	Requires pre-admission review of at least 3 working days for non-emergency Hospital admissions. Within 48 hours of admission for all other admissions. Failure to obtain approval results in benefits reducing to 60% for a Participating Provider and to 50% for a Non-Participating Provider. Refer to Plan for additional information.
Outpatient Surgery (800) 274-7767	Requires prior authorization or benefits are reduced to 60% for a Participating Provider and to 50% for a Non-Participating Provider. Refer to Plan for additional information.
Outpatient Diagnostic Imaging (800) 777-9428	Requires prior authorization for all MRI's & CAT Scans or benefits are reduced to 50% of Covered Expense.

All Plan benefits are subject to all of the provisions, exclusions & limitations explained in detail in your FCEOC Plan Document. The above represents only a summary of the available benefits.



FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

OUTPATIENT PRESCRIPTION DRUG SERVICES: AFTER ANNUAL DEDUCTIBLE IS MET

Prescription Drugs – Participating Pharmacy Only through Caremark (888) 665-6759	Participating Pharmacy (30 day supply)	Mail Order (90 day supply)
	Preferred Generic drugs: \$ 5.00	\$ 5.00
	Preferred Name Brand: 20% (\$20 min. - \$35 max.)	20% (\$30 min. - \$45 max.)
	Non Preferred drugs: 20% (\$35 min. - \$60 max.)	20% (\$45 min. - \$70 max.)
Mandatory Mail Order Prescription Program	Requires all participants to utilize Mail Order or a CVS pharmacy for maintenance medications and receive a 90 day supply at the mail order co-pay	

DENTAL PLAN BENEFITS:

	Participating Provider* and Non-Participating Provider
Deductible – Applies to all Covered Expense except Class I services	\$ 25 per Individual; \$ 75 per Family
Plan Maximum:	\$1,500 per Calendar Year
Class I Services: Diagnostic & Preventive	Payable at 80% of Covered Expense – No Deductible Applies
Class II Services: Basic & Restorative	Payable at 80% of Covered Expense
Class III Services: Major (crown, bridgework, dentures, etc.)	Payable at 50% of Covered Expense

*When using an Interplan DENTINEX Participating Provider for services, you will not be subject to balance billing for charges over Usual, Customary and Reasonable.

Orthodontia Services	Participating Provider* and Non-Participating Provider
Lifetime Deductible:	\$50 per person
Percentage Payable:	50% of Covered Expense
Lifetime Maximum Benefit:	\$1,500 per person

*When using an Interplan DENTINEX Participating Provider for services, you will not be subject to balance billing for charges over Usual, Customary and Reasonable.

VISION CARE PLAN BENEFITS:

A. PARTICIPATING PROVIDER BENEFITS	Participant Pays
Comprehensive Exam – every calendar year	\$ 25 per employee or dependent
Regular Lenses & Standard Frames – every calendar year	\$ 25 per employee or dependent
Contact Lenses – Medically Necessary	\$ 25 per employee or dependent
Contact Lenses – Cosmetic	Plan allows \$125 towards the cost in lieu of other benefits (lenses & frames).
Tinting and Invisiline	Plan allows standard tinting and Invisiline lenses
B. NON-PARTICIPATING PROVIDER BENEFITS:	Plan Pays up to
Vision Examination	\$ 40
Single Vision Lenses	\$ 30
Bifocal Lenses	\$ 50
Trifocal Lenses	\$ 65
Lenticular Lenses	\$ 125
Frames	\$ 45
Tint	\$ 5
Contact Lenses – Medically Necessary	\$ 250
Contact Lenses – Cosmetic	\$ 125

All Plan benefits are subject to all of the provisions, exclusions & limitations explained in detail in your FCEOC Plan Document. The above represents only a summary of the available benefits.