

Certificated Benefits Highlights

The Fresno County Office of Education currently offers SISC Blue Cross Prudent Buyer as the Preferred Provider Option (PPO). CTA unit members working 60% or more per fiscal/school year must participate. The PPO offers four (4) plan options to all eligible certificated employees: Option 1 "Plan D 100%", Option 2 "Plan F 90/10", Option 3 "Plan G" 80/20 and the High Deductible 90% Plan. Each plan offers varying major medical coverage and may require an employee contribution. The employee premium is deducted from monthly payroll checks in ten (10) payments through the FCOE Section 125 Flexible Benefit Plan. Note: Late hires shall have their monthly premiums prorated based on their hire date and may pay a higher monthly premium the first year of employment.

BENEFIT OPTIONS

Blue Cross 1-800-662-5502 • www.bluecrossca.com
(October 1, 2008 thru September 30, 2009)

\$300.02 WITH DELTA DENTAL TRADITIONAL

\$257.02 WITH DELTA DENTAL PPO

\$153.02 WITH DELTA DENTAL TRADITIONAL

\$110.02 WITH DELTA DENTAL PPO

\$17.02 WITH DELTA DENTAL TRADITIONAL

-\$25.98 WITH DELTA DENTAL PPO

-\$201.98 WITH DELTA DENTAL TRADITIONAL

-\$244.98 WITH DELTA DENTAL PPO

FEATURES

Plan D		
Major Medical 100% No Deductible No-Co Pays	Prescriptions Retail \$5 Generic \$10 Brand (30 day supply)	Mail Order \$10 Generic \$20 Brand (90 day supply)

Plan F	
Major Medical 90/10 Plan Deductible: \$100 individual/\$300 family Co-insurance Max: \$300 per individual \$10 co-pay office visit	
Prescriptions Retail \$7 Generic \$25 Brand (30 day supply)	Mail Order \$14 Generic \$60 Brand (90 day supply)

Plan G	
Major Medical 80/20 Plan Deductible: \$500 individual/\$1000 family Co-insurance Max: \$1,000. individual/\$3,000 family	
Prescriptions Retail \$7 Generic \$25 Brand (30 day supply)	Mail Order \$14 Generic \$60 Brand (90 day supply)

High Deductible Plan	
Major Medical 90/10 Plan Deductible: \$2,500 individual/\$5,000 family Deductible must be met before plan will cover 90%. Co-insurance Max: \$2,500 per individual/\$5,000 family	
NOTE: Behavioral Health & Prescription Plan are under Major Medical on this plan.	

- A new eligible employee shall receive coverage on the first day of the calendar month following the calendar month which the employee is hired. If the employee resigns between the 1st and the 15th of the month the employee shall have coverage continued through the last day of the month. If the employee resigns between the 16th and the 31st of the month the employee shall have coverage through the last day of the month following the month of resignation.
- Coverage for a new spouse or child is eligible on the date of marriage or birth if added within 31 days of marriage or birth. Copy of marriage and birth certificates must be submitted with enrollment form for all new hires.
- Dependents are eligible for insurance coverage up to their 25th birthday if they are a full-time student or an IRS dependent.

See Reverse Side For More Benefit Information

Certificated Benefits Highlights

BENEFITS

FEATURES

VISION PLAN: VISION SERVICE PLAN

1-800-877-7195

GROUP # 226I9I2A

www.vsp.com

Each employee and dependent is eligible to obtain the following benefits under this vision care plan:

- Eye examination every 12 months.
- Corrective lenses as required every 12 months
- Frames as required every 24 months.
- Contact lenses every 12 months

DELTA DENTAL TRADITIONAL

1-866-499-3001

GROUP # 708I-3035

DENTIST REFERRAL IN YOUR AREA

1-800-427-3237

www.deltadentalca.org

Under this program, Delta pays 70% of the approved fees for covered diagnostic, preventive, restorative and prosthodontic services are limited to a maximum of \$2,000 per person per calendar year during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided you visit the dentist at least once during the year. Orthodontic services are limited to a lifetime maximum of \$500 per person.

DELTA DENTAL PPO

1-866-499-3001

GROUP # 708I-8045

www.deltadentalca.org

Under this plan, Delta pays 100% providing the dentist is a PPO network dentist. This plan covers diagnostic & preventive, crowns, and other basic services. The maximum benefit paid per calendar year is \$2,000 per person. Note: Members may change from the PPO to the Delta Traditional during open enrollment. If they make this change, their incentive level will start at 70% for the employee and all dependents. Orthodontic Services are limited to a lifetime maximum of \$500 per person.

GROUP LIFE INSURANCE PROTECTION

1-800-522-0406

Decreasing life insurance paid by the employer for all active Certificated employees through The Standard (amount depends on age).

CTA GROUP DISABILITY & LIFE INSURANCE

1-800-522-0406

Disability coverage insurance to replace salary lost due to disability because of sickness or accident. This plan will help you maintain up to 75% of your daily contract salary for a period of two years from the expiration date of full sick leave (subject to underwriter approval).

CTA VOLUNTARY INSURANCE PLAN

1-800-522-0406

Decreasing term plan. Optional supplemental life coverage for you, your spouse and children, accidental death and dismemberment benefits, advance payments in the event of terminal or critical illness, individual policy conversion options, no loss of coverage if your transfer to another California school district (subject to underwriter approval).

ZURICH AMERICAN INSURANCE Co. (AD&D)

The plan offers coverage ranging from \$25,000 to \$500,000 for the employee only or the employee and family. The premium payment is deducted in ten monthly payments for eligible employees. An employee may add this coverage at any time during the year. The amount selected, if greater than \$150,000, may not exceed ten (10) times your base annual (voluntary).

Classified Benefits Highlights

The Fresno County Office of Education currently offers SISC Blue Cross Prudent Buyer as the Preferred Provider Plan (PPO). The PPO offers four (4) plan options to all eligible Classified employees: Option 1 "Plan A", Option 2 "Plan B", Option 3 "Plan C", and the High deductible 90% Plan. Each plan offers varying major medical coverage and may require an employee contribution. The employee premium deducted will vary based on the plan selected and your salary benefit type: 10 month, 11 month or 12 month. The premiums are deducted, pretax through the FCOE Section 125 Flexible Benefit plan. Eligible classified employees are those working 1080 hours per fiscal year. Employees working less than 1080 hours per fiscal year must pay an additional cost included in the monthly premium. **Note:** Monthly premium may change for late hires. Ten/eleven-month employees will pay higher monthly premium rates prorated based on date of hire.

BENEFIT OPTIONS

Blue Cross 1-800-662-5502 • www.bluecrossca.com
(October 1, 2008 thru September 30, 2009)

\$300.30 with Delta Dental Traditional

\$257.30 with Delta Preferred Option

Major Medical **Plan A**

100%
Deductible: \$200 individual/\$400 family
No-Co-pays

Prescriptions

Retail
\$5 Tier 1
\$15 Tier 2
\$35 Tier 3
(30 day supply)

Mail Order (www.medcohealth.com)

\$10 Tier 1
\$35 Tier 2
\$80 Tier 3
(90 day supply)

\$244.30 with Delta Dental Traditional

\$201.30 with Delta Preferred Option

Major Medical **Plan B**

90/10 Plan
Deductible: \$100 individual/\$300 family
Co-insurance Max: \$300 per individual
\$20 Co-Pay Office Visit

Prescriptions

Retail
\$5 Tier 1
\$15 Tier 2
\$35 Tier 3
(30 day supply)

Mail Order (www.medcohealth.com)

\$10 Tier 1
\$35 Tier 2
\$80 Tier 3
(90 day supply)

\$166.30 with Delta Dental Traditional

\$123.30 with Delta Preferred Option

Major Medical **Plan C**

80/20 Plan
Deductible: \$300 individual/\$600 family
Co-insurance Max: \$1,000 per individual/\$3,000 per family
\$20 Co-Pay Office Visit

Prescriptions

Retail
\$5 Tier 1
\$15 Tier 2
\$35 Tier 3
(30 day supply)

Mail Order (www.medcohealth.com)

\$10 Tier 1
\$35 Tier 2
\$80 Tier 3
(90 day supply)

-\$74.70 with Delta Dental Traditional

-\$117.70 with Delta Preferred Option

Major Medical **High Deductible 90% Plan**

90/10 Plan
Deductible: \$2,500 individual/\$5000 family
Deductible must be met before plan will cover 90%
Co-insurance Max: \$2,500 per individual/\$5,000 per family

NOTE: Behavioral Health & Prescription Plan are under Major Medical on this plan.

- A new eligible employee shall receive coverage on the first day of the calendar month following the calendar month which the employee is hired. If the employee resigns between the 1st and the 15th of the month the employee shall have coverage continued through the last day of the month. If the employee resigns between the 16th and the 31st of the month the employee shall have coverage through the last day of the month following the month of resignation.
- Coverage for a new spouse or child is eligible on the date of marriage or birth if added within 31 days of marriage or birth. Copy of marriage and birth certificates must be submitted with enrollment form for all new hires.
- Dependents are eligible for insurance coverage up to their 25th birthday if they are a full-time student or an IRS dependent.

See Reverse Side for More Benefit Information

Classified Benefits Highlights (Continued)

BENEFITS

FEATURES

VISION PLAN: MEDICAL EYE SERVICES

1-800-877-6372
www.mesvision.com

The plan provides full coverage for covered services and/or materials when you go to a participating provider for:

- One comprehensive examination in any 12 consecutive months
- One pair of standard lenses in any 24 consecutive months
- One standard frame in any 24 consecutive months
- One pair of contact lenses in any 24 consecutive months

DENTAL PLAN: DELTA DENTAL TRADITIONAL GROUP # 7081-2035

1-866-499-3001
www.deltadentalca.org

Under this program, Delta pays 70% of the approved fees for covered diagnostic, preventive, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each employee, provided you visit the dentist at least once during the year. The maximum benefit paid per calendar year is \$2,000 per person.

DENTAL PLAN: DELTA DENTAL PPO

1-866-499-3001
www.deltadentalca.org

Under this plan, Delta pays 100% providing the dentist is a DPO network dentist. This plan covers diagnostic & preventive, crowns, and other basic services. The maximum benefit paid per calendar year is \$2,000 per person. Members may change from the DPO to the Delta Traditional during open enrollment. If they make this change, their incentive level will start at 70% for the employee and all dependents.

TERM LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

\$50,000 paid by the Sun Life Financial Company to all full-time, active regular employees working a minimum of 20 hours each week.

ZURICH AMERICAN LIFE INSURANCE Co. (AD&D)

POLICY NUMBER: GTU3514432

The plan offers coverage ranging from \$25,000 to \$500,000 for the employee only or the employee and family. The premium payment is deducted in ten monthly payments for eligible employees. An employee may add this coverage at any time during the year. The amount selected, if greater than \$150,000, may not exceed ten (10) times your base annual (voluntary).

LONG TERM DISABILITY

60% of employee's salary/maximum of benefits is \$6,000 a month through American Fidelity Assurance Company.

MSC Benefits Highlights

The Fresno County Office of Education currently offers SISC Blue Cross Prudent Buyer as the Preferred Provider Option (PPO). MSC employees working 50% or more of their assigned position per fiscal year must participate in the PPO. The PPO offers four (4) plan options to all eligible MSC employees: Option 1 "Plan A", Option 2 "Plan B", Option 3 "Plan C" and the High Deductible 90% Plan. Each plan offers varying major medical coverage and may require an employee contribution. Employees working less than 50% must pay an additional cost included in the monthly premium. The employee premium deducted will vary based on the plan selected and your salary benefit type: 10 month, 11 month or 12 month. The premiums are deducted, pretax through the FCOE Section 125 Flexible Benefit plan

BENEFIT OPTIONS

Blue Cross 1-800-662-5562 • www.bluecrossca.com
(October 1, 2008 thru September 30, 2009)

\$234.33 with Delta Dental Traditional

\$191.33 with Delta Dental PPO

\$178.33 with Delta Dental Traditional

\$135.33 with Delta Dental PPO

\$100.33 with Delta Dental Traditional

\$57.33 with Delta Dental PPO

-\$140.67 with Delta Dental Traditional

-\$183.67 with Delta Dental PPO

Major Medical **Option 1 – Plan A**

100%
Deductible: \$200 individual/\$400 family
No-Co-pays

Prescriptions

Retail
\$5 Tier 1
\$15 Tier 2
\$35 Tier 3
(30 day supply)

Mail Order (www.medcohealth.com)

\$10 Tier 1
\$35 Tier 2
\$80 Tier 3
(90 day supply)

Major Medical **Option 2 – Plan B**

90/10 Plan
Deductible: \$100 individual/\$300 family
Co-insurance Max: \$300 per individual
\$20 Co-Pay Office Visit

Prescriptions

Retail
\$5 Tier 1
\$15 Tier 2
\$35 Tier 3
(30 day supply)

Mail Order (www.medcohealth.com)

\$10 Tier 1
\$35 Tier 2
\$80 Tier 3
(90 day supply)

Major Medical **Option3 – Plan C**

80/20 Plan
Deductible: \$300 individual/\$600 family
Co-insurance Max: \$1,000 per individual/\$3,000 per family
\$20 Co-Pay Office Visit

Prescriptions

Retail
\$5 Tier 1
\$15 Tier 2
\$35 Tier 3
(30 day supply)

Mail Order (www.medcohealth.com)

\$10 Tier 1
\$35 Tier 2
\$80 Tier 3
(90 day supply)

Major Medical **High Deductible 90% Plan**

90/10 Plan
Deductible: \$2,500 individual/\$5000 family
Deductible must be met before plan will cover 90%.
Co-insurance Max: \$2,500 per individual/\$5,000 per family

NOTE: Behavioral Health & Prescription Plan are under Major Medical on this plan.

- A new eligible employee shall receive coverage on the first day of the calendar month following the calendar month which the employee is hired. If the employee resigns between the 1st and the 15th of the month the employee shall have coverage continued through the last day of the month. If the employee resigns between the 16th and the 31st of the month the employee shall have coverage through the last day of the month following the month of resignation.
- Coverage for a new spouse or child is eligible on the date of marriage or birth if added within 31 days of marriage or birth. Copy of marriage certificate and birth certificates must be submitted with enrollment form for all new hires.

See Reverse Side for More Benefit Information

MSC Benefits Highlights (Continued)

BENEFITS

FEATURES

VISION PLAN: MEDICAL EYE SERVICES

1-800-877-6372
www.mesvision.com

The plan provides full coverage for covered services and/or materials when you go to a participating provider for:

- One comprehensive examination in any 12 consecutive months
- One pair of standard lenses in any 24 consecutive months
- One standard frame in any 24 consecutive months
- One pair of contact lenses in any 24 consecutive months

DENTAL PLAN: DELTA DENTAL TRADITIONAL

Group # 7081-2035
1-866-499-3001
www.deltadentalca.org

Under this program, Delta pays 70% of the approved fees for covered diagnostic, preventive, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each employee, provided you visit the dentist at least once during the year. The maximum benefit paid per calendar year is \$2,000 per person.

DENTAL PLAN: DELTA DENTAL PPO

Group # 7081-2235
1-866-499-3001
www.deltadentalca.org

Under this plan, Delta pays 100% providing the dentist is a PPO network dentist. This plan covers diagnostic & preventive, crowns, and other basic services. The maximum benefit paid per calendar year is \$2,000 per person. Note: Members may change from the PPO to the Delta Traditional during open enrollment. If they make this change, their incentive level will start at 70% for the employee and all dependents.

TERM LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

\$50,000 paid by Sun Financial to all full-time, active regular employees working a minimum of 20 hours each week, and Board Members.

ZURICH AMERICAN LIFE INSURANCE CO. (AD&D)

POLICY NUMBER: GTU-3514432

The plan offers coverage ranging from \$25,000 to \$500,000 for the employee only or the employee and family. The premium payment is deducted in ten monthly payments for eligible employees. An employee may add this coverage at any time during the year. The amount selected, if greater than \$150,000, may not exceed ten (10) times your base annual (voluntary).

LONG TERM DISABILITY

70% of employee's salary/maximum of benefits is \$5,000 a month through Cigna.