

Plan Year 2026 **Employee Open Enrollment Guide**

December 8, 2025 – December 20, 2026



Inside the Guide

This Open Enrollment benefits guide will help you understand each of our benefit plans as well as provide additional important contact information. The 2026 Open Enrollment period will begin October 8, 2025 and end on October 24, 2025. Please be sure to make any benefit changes during this designated period online at www.myworkplace.net.

If you have any questions regarding benefits, please refer to page 22 for your wealth of resources.

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What's New in 2026?

Kaiser Permanente Coverage Update

Coverage is being updated to include mandated fertility services, in compliance with Senate Bill 729 (See page 13 for details).

Pharmacy Benefit Manager (PBM) Update for Anthem Members

The PBM will change from EmpiRx to Anthem Pharmacy effective December 8, 2025 (See page 10 for details).

HSA & Healthcare FSA Contribution Limits

Maximum contributions are increasing for both HSA and Healthcare FSA (See pages 16 and 17 for details).

Voya Supplemental Health Plans

Enhancements are being added to the existing policies. (See page 19 for details.)

Rate Sheets

To access the most up-to-date rates sheets, please visit:

<https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment> and click on "Active Employees" or you can scan the QR code.



Mark Your Calendars

Open Enrollment: October 8 – October 24, 2025

October 8, 2025	Open Enrollment begins
October 8, 2025 October 9, 2025	<ul style="list-style-type: none"> • Benefits Fair – Ballroom, downtown Plaza Building • Benefits Fair – Hope Plaza Building 5, DSS Clovis Campus
October 24, 2025	Deadline to enroll by 5:00pm
December 8, 2025 January 1, 2026	<ul style="list-style-type: none"> • 2026 Plan Year for health plans begins • Plan Year for FSA, HSA, Supplemental Life and Supplemental Health policies begins
January 2, 2026	First Paycheck with New Premiums, Deductions, and/or Contributions

DISCLAIMER: This document summarizes the benefit plans that are available to eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available on our website. Information provided in this guide is not a guarantee of benefits.

Welcome to Open Enrollment

Open Enrollment is the period during which employees can make changes to their benefits package for the upcoming year. It is an excellent opportunity to review your current coverage, evaluate your needs and make any necessary adjustments to your plan. In this guide, we will provide you with a comprehensive overview of the various benefits that are available to you. We will also take a closer look at some of the key changes that have been made to the benefits package this year and answer some common questions about the enrollment process. By the end of this guide, you will have a better understanding of your options and be better equipped to make informed decisions about your benefits.

Open Enrollment

All Open Enrollment elections and supporting documentation must be received by Employee Benefits no later than **5:00pm on Friday, October 24, 2025**. Employee Benefits is not responsible for lost/delayed documentation sent through USPS mail and therefore not received by the deadline. To confirm receipt of Open Enrollment elections and/or supporting documentation, please contact Employee Benefits.

Deadline: 5:00pm Friday, October 24, 2025

Remember, Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Enroll, opt out, or change your coverage
- Add or remove eligible family members
- Elect your 2026 HSA contributions, if eligible
- Enroll in the health care and/or dependent day care FSAs (**Note:** The IRS requires you to re-enroll in the FSAs each year)

When Coverage Begins

Changes made during Open Enrollment are effective:

- December 8, 2025 – December 20, 2026 for health benefits
- January 1 – December 31, 2026 for all other benefits.

Not Making Changes?

If you choose not to make any Open Enrollment elections or changes, your health plan, HSA election, supplemental life insurance, and/or supplemental health policies will not change and will continue for the 2026 Plan Year. Please note, this does not apply to your **opt out status or FSA** – you must actively elect these options every year.

Choose Carefully!

After Open Enrollment, you will not be able to make changes unless you experience a qualifying life event.

A qualifying life event allows special enrollment provisions and enables you to make mid-year changes to your annual benefits election, provided you make a change within 30 days of any of the following IRS-qualifying life event:

- Change in marital status
- Death of spouse or dependent
- Covered dependent is no longer eligible
- Birth or adoption of a child
- Loss or gain of coverage under your spouse's/registered DP's plan

Don't see your situation to make qualifying life event changes? Contact Employee Benefits to discuss your options.

Making Changes

Make all Open Enrollment elections or changes online at <https://www.myworkplace.net> no later than 5:00pm October 24, 2025. Scan the QR code for the MyWorkPlace mobile app.



Eligibility

Employees

All employees who work at least 20 or more hours per week in a permanent position are eligible for benefits.

Eligible Dependents

You can also enroll your eligible dependents:

- Your legally married spouse
- Your Registered Domestic Partner and/or their children
- Your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

To enroll your eligible dependents in benefits, you must provide their full legal names, social security numbers, and dates of birth. Keep this information readily available before making your benefit elections online.

You are required to provide the following documents when you enroll your eligible dependent(s).

Eligible Dependents	Required Document(s)
Spouse	Legal Marriage Certificate/Abstract
Domestic Partner (DP)	Declaration of DP filed with California
Child	Legal Birth Certificate/Abstract
Adopted Child	Adoption Order or Legal Birth Certificate/Abstract
Step Child	Legal Birth Certificate/Abstract and a Legal Marriage Certificate/Abstract/Declaration of DP showing spouse/registered DP is the Child's parent
Child – Legal Guardianship	Letter of Guardianship filed with the Courts

Opting Out

To begin or maintain your opt out status for the 2026 plan year, you must submit a 2026 Opt Out Request. You must provide proof of other group-sponsored medical coverage to qualify for this. Medi-Cal/Medicaid and individual policies **do not qualify** to opt out. Note: Employees under age 26 may opt out under their parent's insurance policy regardless of the type of policy.

Proof of other group-sponsored medical coverage must consist of the following:

- Employee's name
- Must be from the health insurance carrier administrator, or employer providing other coverage
- Subject to approval of Employee Benefits Staff

If you gain new group-sponsored medical coverage beginning January 1, 2026, you will not opt out during Open Enrollment. Instead, submit a completed 2026 Opt Out Request to Employee Benefits, along with proof showing the effective date of your new coverage.

Medical Plan FAQ

What's a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance company makes any payments for health care services rendered. For example, if you have the Anthem HDPPO plan, there is a \$3,300 individual deductible. You would be required to pay the first \$3,300 of any claims during a plan year except for in-network preventive care services. The deductible excludes copayments where applicable.

What's Coinsurance?

Coinsurance is the amount expressed as a percentage of covered health services that you must pay after you have satisfied your plan deductible.

What's Out-of-Pocket Maximum?

The maximum amount (deductible, copays, and coinsurance) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket limit is reached, the plan will cover eligible expenses at 100%.

What's the Benefit of Mail-Order Drugs?

Mail-order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin and birth control. Mail-order drugs are convenient because they are delivered to your doorstep which relieves the stress of standing in line at the pharmacy.

What Should I Ask My Doctor?

Many patients do not ask their doctor basic questions. "How much will my treatment cost?" "Can I be treated another way that is equally effective but less costly?" "What are the risks?" "What are the side effects?" Having a dialogue with your physician can help you better understand and prepare for potential out-of-pocket expenses. It will also help your doctor get to know you better and consequently prescribe treatment that is more effective. Be sure to use the tools available to you to help you make the most of your money.

What's an Explanation of Benefits (EOB)?

An EOB is a statement the insurance company sends to you explaining the health care charges that you incurred and the services for which your doctor has requested payment. You should compare your EOB to the bill you receive from the doctor. All data on your EOB should match the information that appears on the statements you receive from your doctor. If it doesn't, contact the doctor's office immediately.

What's The Difference Between Generic And Brand Drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs.

What Does In-Network Mean?

In-network refers to providers or facilities who have contracted with an insurance carrier to provide services at negotiated (discounted) rates. Using in-network providers/facilities generally means that you will pay less out-of-pocket and you will not be required to file a claim for reimbursement. Some plans offer benefits only if you remain in-network (ie., Anthem EPO and Kaiser HMO plans).

Health Plan Tips



Scan the QR code to watch a brief video on the benefits of a Primary Care Physician.



Preventive services are covered by your medical plans when you use In-Network providers! Be sure to get your preventive screenings annually!

Be A Better Healthcare Consumer



Practice prevention. Get annual physicals, take any prescribed medication as directed, wash your hands often during cold & flu season, and get a flu shot each year. Healthy lifestyle habits, like eating well, exercising, and not smoking, can be as good for your wallet as they are for your body and mind.



Understand the true costs of your care. Find out the actual costs of healthcare services and prescription drugs. You'll find there are often cheaper treatment options (such as generic drugs) that can save you money while providing you the care you need.



Stay in-network. The Anthem EPOs and Kaiser Permanente plans require you to remain in-network unless it's a medical emergency. When receiving medical care, be sure to use doctors, hospitals, pharmacies, and labs inside your network. In-network providers and services will always cost less than those out of the network.



Talk with doctors. Share information openly with doctors and ask questions so you can get the care you need, when you need it. Prepare questions before visiting your doctor to make the most of your visit.



Take responsibility for your self-care. Take an active role in your health by researching and understanding your health issues, following recommended treatment plans, and working to prevent further symptoms.

What's Preventive Care?

Preventive care is proactive, comprehensive care that emphasizes prevention and early detection. This care includes physical exams, immunizations, well woman and well man exams. Be sure your child gets routine checkups and vaccines as needed, both of which can prevent medical problems down the road. Also, adults should get preventive screenings recommended for their age to detect health conditions early. Preventive care is covered at 100% in-network.

Medical Plan Options

We are proud to continue to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Anthem EPO

An Exclusive Provider Organization (EPO) plan is similar to an HMO; you must stay within Anthem's EPO network for services to be covered. Services received out of the Anthem EPO network are not covered, except in the case of emergency medical care. What's the difference from an HMO? There is no PCP referral required in-network.

Kaiser Permanente HMO

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, you must use Kaiser facilities and providers for your medical, vision and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care.

Anthem & Kaiser Permanente High Deductible Health Plans

The Anthem HDPPO plan allows you to seek care in or out-of-network. You are encouraged to utilize in-network services to see a bigger cost savings. You will pay the full cost of non-preventive health care services and prescriptions until you meet the annual deductible. Once the out-of-pocket maximum is reached, the plan will pay the full cost of all qualified health care services for the remainder of the calendar year. The Kaiser Permanente HDHP does not cover services out-of-network except in the case of emergency medical care. Participants on the Anthem HDPPO 3300 and Kaiser Permanente HDHP may be able to contribute to a Health Savings Account (HSA). Additional information regarding Health Savings Accounts (HSA) can be found on page 16 in this guide.

Additional Benefits included with Anthem

98point6

On-demand, 24/7 text-based primary care access for those on the **Anthem medical** plans is available through 98point6. All your primary care concerns covered with no appointments, no travel, and no waiting rooms. For more information visit: <https://www.98point6.com/fresnocounty>.

Lark Benefits

LARK offers digital health coaching in weight management, diabetes care, and diabetes prevention programs. Find out if you are eligible, visit <https://lark.com/begin>.

Rula

Mental health support is available through a resource called Rula. You can access this service by going to <https://www.rula.com/countyoffresno/> to find an in-network provider.



Pharmacy Benefit Manager Change

Pharmacy Benefits Manager (PBM) is Anthem Pharmacy



Pharmacy Benefits at a Glance

Beginning Plan Year 2026, Anthem Pharmacy will be facilitating the prescription benefit for the Anthem HDPPPO and EPO members. The prescription benefit will replace the current prescription benefit managed by EmpiRx.

Getting Started

Register in the **Sydney Health app** or at <http://www.anthem.com/ca>.

Manage prescriptions, price medications, and track orders online

Convenient Options



Local Pharmacies

Save at CVS, Walmart, Target, Costco, and others.



Home Delivery

90-day supplies via CaredonRx. Free shipping.



Specialty Pharmacy

For complex or chronic conditions. Delivered to you or your provider.

5 Ways to Save

1. Choose medications on your plan's drug list.
2. Ask about generic or over-the-counter options.
3. Check costs with the Price a Medication tool.
4. Use in-network pharmacies. <http://www.anthem.com/ca>.
5. Order 90-day supplies for ongoing medications.

Where Can I Find a List of Local Pharmacies that Accept Anthem Pharmacy insurance?

1. Log in at <http://www.anthem.com/ca>.
2. Choose Find a Pharmacy
3. Enter your ZIP code

Will current Rx refills be honored by Anthem Pharmacy or will employees need a new Rx?

Yes, your current Rx refills will be honored by Anthem Pharmacy if refills are still available. For example, if your Rx is written for six (6) fills and you have only received two (2), you will be able to pick up your remaining four (4) refills using your Anthem Pharmacy benefit.

Medical Coverage: Anthem Blue Cross

The following is an overview of the four Anthem medical plans available to you. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) booklets. The EPO members may self-refer to in-network specialists. HDPPO members may self-refer to in and out-of-network providers.

The copays shown in the chart below represents the member's responsibility.

Find a network provider by visiting the Anthem website at <https://www.anthem.com/ca>.

Key Medical Benefits	Anthem Yosemite EPO	Anthem Sierra EPO	Anthem Pismo EPO	Anthem HDPPO 3300
	In-Network Only	In-Network Only	In-Network Only	In-Network ¹
Calendar Year Deductible				
Individual	No Deductible	No Deductible	No Deductible	\$3,300 ²
Family	No Deductible	No Deductible	No Deductible	\$6,000 ²
Out-of-Pocket Maximum				
Individual	\$1,000	\$3,000	\$4,000	\$3,300 ²
Family	\$2,000	\$6,000	\$8,000	\$6,000 ²
Covered Services				
Office Visits (physician/specialist)	\$15	\$35	\$35	\$0 after Deductible
Routine Preventive Care	\$0	\$0	\$0	\$0
Outpatient Diagnostics (lab/X-ray)	\$0	\$0	\$0	\$0 after Deductible
Chiropractic Services	\$10 ³	\$35 ³	\$35 ³	\$0 after Deductible ⁴
Emergency Room	\$100	\$250	\$300	\$0 after Deductible
Urgent Care Facility	\$15	\$35	\$35	\$0 after Deductible
Inpatient Hospital Stay	\$0	\$500	\$1,000	\$0 after Deductible
Outpatient Surgery	\$0	\$0	\$0	\$0 after Deductible
Retail Pharmacy (Up to 30-Day Supply) Administered by Anthem Pharmacy				
Generic (Tier 1)	\$10	\$10	\$10	\$0 after Deductible
Preferred Brand (Tier 2)	\$20	\$20	\$20	\$0 after Deductible
Non-Preferred Brand (Tier 3)	\$35	\$35	\$35	\$0 after Deductible

¹ The HDPPO 3300 plan includes Out-of-Network benefits. Please refer to the SBC and EOC booklet for details.

² HDPPO plan deductibles and out-of-pocket maximums are accumulated on a calendar year basis.

³ Anthem EPO chiropractic services are limited to 40 visits per year.

⁴ Anthem HDPPO 3300 chiropractic services are limited to 24 visits per benefit period.

Medical Coverage: Kaiser Permanente

The following is an overview of the two Kaiser Permanente medical plans available to you. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) booklets. The Kaiser Permanente HMO and HDHP plans do not include out-of-network benefits.

The copays shown in the chart below represent the member's responsibility.

Find a network provider by visiting the Kaiser Permanente website at <https://www.Kp.org>.

Key Medical Benefits	Kaiser HMO	Kaiser HDHP
	In-Network Only ¹	In-Network Only ¹
Deductible		
Individual	No Deductible	\$3,300 ²
Family	No Deductible	\$6,000 ²
Out-of-Pocket Maximum		
Individual	\$1,000	\$3,300 ²
Family	\$2,000	\$6,000 ²
Covered Services		
Office Visits (physician/specialist)	\$15	\$0 after Deductible
Routine Preventive Care	\$0	\$0
Outpatient Diagnostics (lab/X-ray)	\$0	\$0 after Deductible
Chiropractic Services	\$10 ³	\$0 after Deductible
Emergency Room	\$100	\$0 after Deductible
Urgent Care Facility	\$15	\$0 after Deductible
Inpatient Hospital Stay	\$0	\$0 after Deductible
Outpatient Surgery	\$15	\$0 after Deductible
Prescription Drug Coverage through Kaiser Permanente		
Generic	\$10 ⁴	\$0 after Deductible ⁵
Preferred	\$20 ⁴	\$0 after Deductible ⁵

¹ Kaiser Permanente HMO and HDHP plans do not include out-of-network benefits outside of emergency care services. For any services rendered outside of Kaiser Permanente's network, please contact Kaiser Permanente Member Services.

² HDHP plan deductible and out-of-pocket maximums are accumulated on a calendar year basis.

³ Kaiser Permanente HMO chiropractic services are limited to 30 visits per year.

⁴ Kaiser Permanente HMO prescription drugs are up to 30-day supply.

⁵ Kaiser Permanente HDHP prescription drugs are up to 100-day supply except for most specialty Rx.



Kaiser Permanente: New Fertility Benefits

Kaiser Permanente Medical Plans

Effective December 8, 2025, Senate Bill 729 will provide enhanced fertility benefits for the County of Fresno Kaiser Permanente medical plans. The details of this coverage will be part of the 2026 Evidence of Coverage (EOC) booklet.

What services are covered under Kaiser Permanente's enhanced fertility benefit?

Fertility services are treatments and procedures to help you become pregnant. Your doctor will work with you to determine which of the following covered services are recommended based on your specific health needs.

Covered fertility services under the enhanced fertility benefit include:

- Diagnosis and treatment of infertility (male and female)
- Artificial insemination (also known as intrauterine insemination, or IUI)
- Egg (oocyte) retrieval as part of in vitro fertilization (IVF) or other assisted reproductive technology*
 - You have coverage for a lifetime maximum of up to 3 retrievals under your plan.
- Embryo transfer from fresh or cryopreserved embryos (as part of IVF) under your plan
 - You have coverage for unlimited transfers
- Cryopreservation and one-time storage of embryos related to a covered IVF treatment cycle for up to 6 months
- Related services, such as labs, imaging, and office visits
- Fertility medications related to a covered embryo transfer or oocyte retrieval
- Covered fertility services under the enhanced fertility benefit do not include:
 - Procurement of donor eggs or donor sperm
 - Transport of fresh or cryopreserved gametes or embryos
 - Fertility services provided to a surrogate or gestational carrier. You can refer to your Evidence of Coverage (EOC) booklet for more information about surrogacy arrangements.

**If you reach the lifetime maximum for egg retrievals or embryo transfers, your enhanced fertility benefit will not cover any services related to additional egg retrievals or embryo transfers, including prescription drugs.*

How do I get started with fertility care at Kaiser Permanente?

Start by calling Kaiser Permanente 24/7 appointment line at (833) 574-2273 to request an appointment with a specialist in reproductive endocrinology and fertility. If you need to see a urologist, your personal doctor can refer you.

Kaiser Permanente HMO members can also reach out to Member Services at <https://healthy.kaiserpermanente.org/support> or call (800) 464-4000, (TTY 711), which is available 24/7. Interpreter services are available in more than 150 languages.

Dental Coverage

You have the opportunity to enroll in one of the two Delta Dental plans offered by the County.

DeltaCare USA DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms, and no deductibles. Reduced, pre-set charges apply to other services. Services must be accessed at your assigned provider within the DeltaCare USA DHMO network.

Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Copay amounts shown in the chart below represent the member's responsibility.

Key Dental Benefits	DeltaCare USA DHMO	Delta Dental DPPO
	In-Network Only	In-Network
Deductible (Calendar Year)		
Individual	\$0	\$50
Family	\$0	\$150
Annual Benefit Maximum ¹	Unlimited	\$2,500
Diagnostic & Preventive Services Oral Exams, Prophylaxis (cleanings), X-rays	\$0 ²	\$0
Basic Services Sealants, Fillings, Extractions, Anesthesia, Endodontics, Periodontics	\$0 ²	10% ³
Major Services Bridges, Crowns, Dentures	\$0 ²	50% ³
Orthodontic Services		
Child	\$1,700	\$1,660
Adult	\$1,900	\$1,880

¹ If you use an out-of-network DPPO dentist who is not affiliated with Delta Dental, you will be responsible for any charges above the maximum allowed amount. This does not apply to Delta Premier dentists. For out-of-network (Non-DPPO) benefits, please refer to the plan summary.

² Copay may be required for upgraded material/services.

³ Deductible must be met before the plan begins to pay.



Vision Coverage

Vision Service Plan (VSP) For Anthem Blue Cross Members

The VSP plan allows members to receive a comprehensive vision examination which can detect signs of prediabetes, heart disease, and high blood pressure just to name a few health issues. To locate a VSP provider, visit <http://www.vsp.com>, select "FIND A DOCTOR" and enter your zip code. Providers with the orange Premier Edge logo carry an array of Featured Brand Frames and have the latest in lens technology.

Key Vision Benefits	Vision Service Plan
	In-Network ¹
Standard Exam (once every 12 months)	\$10 copay
Materials copay (once every 12 months)	\$10 copay
Frames (once every 24 months)	<ul style="list-style-type: none"> • \$170 Featured Brand Frames allowance • \$150 All Other Frame Brands allowance • \$80 Frame allowance (Costco) • 20% off amount over allowance
Eyeglass Lenses (once every 12 months) <ul style="list-style-type: none"> • Single Vision/Lined Bifocal/Lined Trifocal • Impact Resistant Lenses for dependent children • Standard Progressive lenses • Premium Progressive lenses • Custom Progressive lenses 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$0 copay • \$95 - \$105 • \$150 - \$175
Elective Contacts (once every 12 months) (in lieu of eyeglass lenses)	\$150 allowance; up to \$60 for exam (evaluation and fitting)

¹Out-of-Network allowances are available. Please refer to the VSP certificate of coverage for details.

Kaiser Permanente Vision Services For Kaiser Permanente Members

Kaiser Permanente members must access vision services through Kaiser Permanente. Vision services received outside of Kaiser Permanente's network are not covered, except in the case of an emergency.

Key Vision Benefits	Kaiser Vision
	In-Network Only ²
Standard Exam	\$10 copay
Materials copay (once every 12 months)	\$10 copay
Frames (once every 24 months)	\$200 allowance
Eyeglass Lenses (once every 12 months) Single Vision/Lined Bifocal/No Line Progressive	\$0 copay
Elective Contacts (once every 12 months) (in lieu of eyeglass lenses)	\$200 allowance

²The Kaiser Permanente vision plan is an In-Network only plan. Please refer to the Kaiser Permanente evidence of coverage booklet for details.

Health Savings Account



Scan this code to watch a video about how an HSA works.

Navia Benefit Solutions

If you are enrolled in a High Deductible Health Plan (HDHP), you may enroll in a Health Savings Account (HSA) through Navia Benefit Solutions to set aside a portion of your paycheck before taxes, and up to a limit set by the IRS to pay for eligible expenses.

The HSA will become effective January 1, 2026 and you will see the first contribution taken on your paycheck received on January 2, 2026. For additional information not included in this guide, visit <https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment>.

Qualified expenses Include:

- Copayments / Coinsurance
- Deductibles
- Prescriptions / Over-the-Counter Drugs
- Dental treatment
- Eye exams / materials / Lasik

Annual Contribution Limits

Coverage Tier	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750
Catch-up Contributions	\$1,000	\$1,000

Visit <https://www.naviabenefits.com/participants/resources/expenses/?benefit=hsa> for the list of eligible expenses. Maximum contribution limits are established by the IRS each year and you can start or stop contributions on a monthly basis.

How to Utilize Your HSA

You will be provided with a debit card to utilize your funds. Funds will be available as payroll deductions are made. To track your balance or submit a reimbursement request, you can access your participant portal through <https://www.naviabenefits.com>. If you currently have a Flexible Spending Account (FSA) debit card, you will use the same card for your HSA.

If you are currently participating in the FSA, but are switching to the HSA during Open Enrollment, you must claim your entire FSA balance by the end of the year, December 31, 2025. Otherwise, you will have to wait until the end of the FSA grace period to start contributions, which is March 15, 2026.

Important HSA Information

- **HSA Funds are only available as you pay into the account; funds are not available upfront like an FSA.**
- You MUST be enrolled in a High Deductible Health Plan (HDHP) offered by the County or the FDSA.
- If you are currently enrolled, you do not need to re-enroll. Contributions will continue until you request to stop contributing or you are no longer enrolled in a HDHP.
- You may enroll in a Limited Purpose FSA and the HSA. Limited Purpose FSA monies may only be used for eligible dental and vision expenses. Please refer to the FSA section of this document for more information on Limited Purpose FSA.
- You own your HSA funds, even if you stop contributing or separate from service.
- Due to Federal regulations, a domestic partner (DP) is not recognized the same as a spouse for HSAs. Therefore, if you only have a DP on your County HDHP (no children covered on the plan), the most you can contribute is up to the individual annual maximum.
- You may not participate in the HSA IF –
 - Your spouse has an FSA through their employer.
 - You are covered through Medicare, Medi-Cal/Medicaid, or TRICARE. See the Cafeteria Plan Document under the “Health Savings Account (HSA)” page on the County’s website for full details.

Flexible Spending Accounts

Navia Benefit Solutions

We provide you with an opportunity to participate in our Flexible Spending Accounts (FSAs) administered by Navia Benefit Solutions. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes.

Important Health Care & Dependent Care FSA Information

- You must enroll each year to participate.
- Unused funds will NOT be returned to you or carried over to the following year.
- You can incur expenses through March 15, 2027, and must file claims by May 15, 2027.
- The first day to incur expenses is January 1, 2026.
- For a list of eligible expenses, please visit <https://www.naviabenefits.com> (go to Learn > Resource Library > Eligible Expenses) or use the QR code below.
- Navia Benefit Solutions also has a mobile app called My Navia Benefits to help you keep track of your accounts at your fingertips!
- If you participate in a Health Savings Account, you may not contribute to a Health Care FSA but you may participate in a Limited Purpose FSA.

Plan	Health Care FSA (HCFSA)	Limited-Purpose FSA (LPFSA)	Dependent Care FSA (DCFSA)
Maximum Contribution	\$3,300	\$3,300	\$5,000 (\$2,500) if you and your spouse file separate tax returns)
Examples of Qualified Expenses	<ul style="list-style-type: none"> • Coinsurance • Copayments • Deductibles • Dental treatment • Eye exams / glasses • LASIK eye surgery • Orthodontia • Prescription Drugs 	You can only use funds for qualified dental and vision expenses, such as deductibles, copays, prescriptions, and eyeglasses.	<ul style="list-style-type: none"> • Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school, or daycare centers. • Care of household members who are physically or mental incapable of carrying for themselves and who qualify as your federal tax dependent.

Parking and Transit Accounts

The County of Fresno also offers Parking and Transit FSAs where you can set aside money on a pre-tax basis to cover qualified parking and transit expenses that you incur on your work commute. Unlike the Health Care and Dependent Care FSAs, you can enroll in the middle of the year rather than during open enrollment and there is a monthly maximum of \$325 per account for 2026 that is set by the IRS. Any amounts left at the end of the year will carry over into the following plan year. Please go to the Navia website at <https://www.naviabenefits.com> to view eligible commuter expenses and to enroll into one or both of the Parking and/or Transit FSAs.



Scan this QR code to watch a video about how an FSA works.

Scan this QR code to access the list of FSA-eligible items.



Life Insurance

Voya Benefits

Basic Life/AD&D (County-Paid)

All permanent employees of the County of Fresno have \$10,000 of County-paid life insurance coverage. Senior Management Employees receive \$260,000, and Management Employees receive \$61,000.

Supplemental Life (Employee-Paid)

If you determine you need more than the basic life coverage, you may purchase additional coverage through Voya for yourself and your eligible family members. Rates are based on your age and will reflect in MyWorkplace as you progress through the enrollment process.

Please note the following:

- During Open Enrollment, you will need to answer health-related questions in order to qualify for coverage if you are interested in applying.
- You must purchase coverage for yourself in order to cover your dependent(s).
- If you elect child(ren) coverage, all of your eligible children are covered.
- Premium deductions are taken from the first two paychecks of each month; there will not be a deduction from the third check in a month. Premium deductions begin January 2, 2026 for elections made during Open enrollment.
- The coverage amounts listed below begin to decrease when you reach 65 years of age (also applies to Basic Life/AD&D).
- There is a two-year contestability period that includes suicide.

Coverage Tier	Benefit Option *
Employee	\$100,000
Spouse	\$50,000; not to exceed 100% of Employee's approved amount
Child(ren) to age 27	\$10,000

* Coverage amounts are set and non-negotiable.

Additional Information:

For additional information about the Voya Basic Life/AD&D and Supplemental Life plans, including the semi-monthly rates, for the Supplemental Life insurance policy, please visit:

<https://presents.voya.com/EBRC/Product/COF/GroupTermLife2> or scan the QR code.



How to calculate your monthly premium:

Example: Employee, age 45 elects \$100,000 of coverage. The rate per \$1,000 of coverage is \$.23
 Monthly premium = Coverage amount divided by \$1,000 x your monthly rate
 $\$100,000 / \$1,000 \times \$0.23 = \23 per month or \$11.50 per paycheck.

Employee and Spouse Supplemental Life Insurance Rates	
Employee Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$.06
25-29	\$.07
30-34	\$.08
35-39	\$.11
40-44	\$.16
45-49	\$.23
50-54	\$.37
55-59	\$.60
60-64	\$.94
65-69	\$1.76
70 +	\$2.85

The monthly rates are per individual.

Children Life Insurance Rates Monthly Rate per \$10,000 of Coverage
\$1.40

Monthly cost of all eligible children.

Supplemental Health Plans

Voya Benefits

• Accident, Hospital, and Critical Illness (Employee-Paid)

Supplemental health plans offered through Voya are here to help relieve some of the financial pressure brought about by the unexpected. Benefits from these plans are paid directly to you! You can enroll yourself and your family in these optional supplemental health plans during open enrollment. Premium deductions are taken from the first two paychecks of each month. In months in which three paychecks are received, a deduction will not be taken on the third paycheck.

For additional information on these plans, please visit <https://presents.voya.com/EBRC/COF>.

Enhancements will be made to these plans effective January 1, 2026!

Please refer to the Voya Employee Benefits Resource Center and the Benefits intranet for upcoming details.

Hospital Indemnity Insurance and Critical Illness Insurance plans include a Wellness Benefit that will pay you an annual benefit once you get an eligible health screening test, flu immunization, mammogram, and routine eye exam, just to name a few preventive care services. Please visit: <https://presents.voya.com/EBRC/COF> to get more details.

IMPORTANT: These are fixed indemnity policies, NOT health insurance. These fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

Accident Insurance

Accident Insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

For more information, you can go to <https://presents.voya.com/EBRC/Product/COF/Accident2>.

Hospital Indemnity Insurance

Hospital Indemnity Insurance can help reduce costs by paying you or a covered dependent a benefit to help cover the deductible, copay, coinsurance, or other out-of-pocket costs due to a hospitalization.

For more information, please go to <https://presents.voya.com/EBRC/Product/COF/HospitalConfinement>.

Critical Illness Insurance

With Critical Illness Insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses, and more. For more information, please go to <https://presents.voya.com/EBRC/Product/COF/CriticalIllness2>.

QR Code

To access the details of each of the voluntary benefits, please go to <https://presents.voya.com/EBRC/COF> or scan the QR code.



Employee Assistance Program (EAP)

ComPsych

Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through ComPsych.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

Don't delay if you need help. For confidential consultation and resource services, call ComPsych at (877) 533-2363. To learn more, visit www.guidanceresources.com

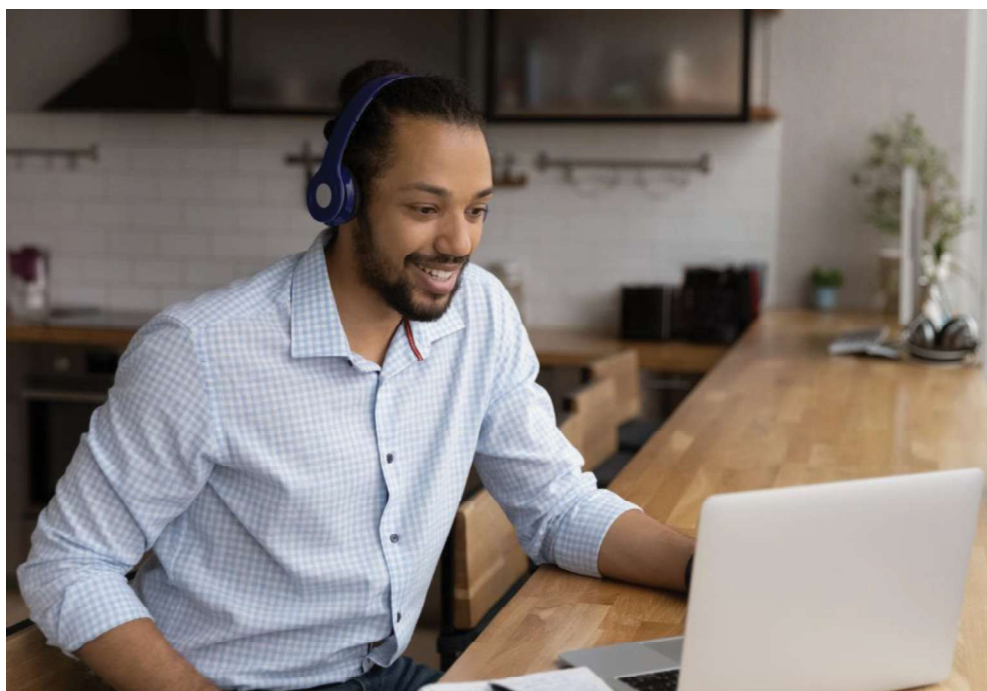
EAP Benefits

- Assistance for you and your household members
- Up to 3 in-person or virtual sessions with a counselor per event, per 6-month period, per individual
- Unlimited toll-free phone access and online resources

Life is not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy and productive life. The EAP is here to help.



Scan this code to watch a video about how an EAP works.



Wellness Platforms

If you are enrolled in a County Health Plan with Anthem or Kaiser Permanente, you are eligible to participate in a wellness platform offered by your carrier!

The Anthem Wellness Platform (housed in the Sydney Health app) and Kaiser Permanente Health Engagement Platform (HEP) allow users to track their health and wellness-related activities, such as annual check-ups, vaccinations, and preventative screenings. For example, if you get your annual physical examination, it can be tracked in the HEP or the Sydney Health app for you!

Employees who complete the requirements outlined by the Anthem and Kaiser Permanente programs by the end of the 2026 plan year will be eligible to **win a prize!**

The County will only see data related to your participation in the Wellness programs to confirm prize eligibility. Your specific medical data will remain secure in accordance with HIPAA regulations.

ANTHEM MEMBERS:

Scan the QR code below to download the Sydney Health app! Complete the requirements outlined by Anthem in the My Redwards tab to be eligible to **win a prize!**



1. In the app, navigate to the Wellness tab to find My Health Dashboard.
2. In My Health Dashboard you will be able to:
 - A. Take a short "Health Check-in" assessment,
 - B. Connect a smart watch or fitness tracker,
 - C. And find My Rewards – which highlights all the requirements necessary (based upon age) to qualify for the prize drawing at the end of the plan year!

Your Sydney Health app can help you navigate the healthcare system with personalized information based upon your unique needs, behaviors, and preferences. On the app, you can see your health plan and programs, find care and check costs, view benefits and claims, access digital ID cards, and even have a virtual care visit with a doctor.

Simply taking the time to schedule and attend a wellness check-up with your Primary Care Physician (PCP) can not only give you the chance to win but can provide you with valuable information about your own well-being.

KAISER PERMANENTE MEMBERS:

Complete your Wellness activities by the end of the plan year to be eligible to win a prize. Follow the steps below to sign up!

1. Visit <http://www.kp.org/engage> and sign in with your <http://www.kp.org/> ID and password.
 - A. Please refer to the images below of how the Kaiser HEP appears.
2. Accept the Wellness Program Agreement to become eligible for a prize drawing after the plan year!
3. Start your required activities and track your progress on the site.
 - A. Completed activities are automatically tracked on the Kaiser HEP.



The Kaiser HEP also has an FAQ page with plenty of information, including eligibility requirements, how wellness activities are logged automatically, what to do if any personal information is incorrect in Kaiser's system, privacy information, and more about the platform!

Important Contacts



For assistance with plan information, pharmacy transitions, carrier networks, claims, and coordination of benefits, just to name a few topics, you can use the following table of contacts and resources.

Benefit	Carrier	Phone Number	Website/Email
Medical and Prescription Drug Coverage	Anthem Blue Cross	(800) 967-3015	http://www.anthem.com/ca
Medical	Kaiser Permanente	(800) 464-4000	http://www.kp.org/
Medical	98point6	n/a	https://www.98point6.com/fresnocounty
Accident, Critical Illness, and Hospitalization Insurance	Voya	(800) 955-7736	https://presents.voya.com/EBRC/COF
Dental	Delta Dental	DPPO: (800) 765-6003 DHMO: (800) 422-4234	http://www.deltadentalins.com/
Vision	Vision Service Plan (VSP)	(800) 877-7195	http://www.vsp.com/
Flexible Spending Accounts (FSA) & Health Savings Accounts (HSA)	Navia Benefit Solutions	(800) 669-3539	http://www.naviabenefits.com/
Employee Assistance Program (EAP)	ComPsych	(877) 533-2363	http://www.guidanceresources.com/ WebID: MY5848i

Our benefits website: <https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment> can be accessed anytime you want additional information on our benefits programs.

**QR code to make
Open Enrollment
Changes**



Employee Benefits Department
(559) 600-1810
HRbenefits@fresnocountyca.gov

[illegible]



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary of Benefits and Coverage (SBC) and evidence of coverage (EOC) documents for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



**BENEFITS DESIGNED
WITH YOU IN MIND**



COBRA OPEN ENROLLMENT GUIDE

PLAN YEAR 2026

January 1 – December 31, 2026

Inside the Open Enrollment Guide

2026 COBRA Open Enrollment

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Welcome to Your Open Enrollment!

As a COBRA participant with the County of Fresno, you can continue your coverage through your COBRA end date. This Open Enrollment guide will help you understand each of our benefit plans as well as provide additional important contact information. The 2026 Open Enrollment period will begin October 8, 2025 and end on October 24, 2025 at 5:00pm. Please be sure to make any changes during this designated period. Federal COBRA and Cal-COBRA coverage can be cancelled at any time.

Please see submission details for enrollments and changes on page 14 of this guide.

What's New in 2026?

Kaiser Permanente Coverage Update

Coverage is being updated to include mandated fertility services, in compliance with Senate Bill 729 (See page 11 for details).

Pharmacy Benefits Manager (PBM) Update for Anthem members

The PBM will change from EmpiRx to Anthem Pharmacy effective January 1, 2026 (See page 5 for details).

Rate Sheets

To access the most up-to-date rates sheets, please visit:

<https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment/COBRA-Participants> or you can scan the QR Code.



Mark Your Calendars

Open Enrollment: October 8 – October 24, 2025

October 8, 2025	Open Enrollment begins
October 8, 2025 October 9, 2025	<ul style="list-style-type: none"> • Benefits Fair – Ballroom, downtown Plaza Building • Benefits Fair – Hope Plaza Building 5, DSS Clovis Campus
October 24, 2025	Deadline to enroll by 5:00pm
January 1, 2026	2026 Plan Year for health plans begins

Eligibility

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and/or your covered dependent(s) to continue your health insurance coverage in the event of loss of coverage. Eligibility for COBRA coverage is a total of three years; Federal COBRA is 18 months and Cal-COBRA is 18 months. Cal-COBRA coverage excludes dental and vision coverage. Federal COBRA and Cal-COBRA coverage can be canceled at any time.

Eligible Dependents

You may enroll your eligible family members onto your plan. Dependent children are eligible until they reach 26 years of age.

You are required to provide the following documents when you enroll your eligible dependent(s).

Eligible Dependents	Required Document(s)
Spouse	Legal Marriage Certificate/Abstract
Domestic Partner (DP)	Declaration of DP filed with California
Child	Legal Birth Certificate/Abstract
Adopted Child	Adoption Order or Legal Birth Certificate/Abstract
Step Child	Legal Birth Certificate/Abstract and a Legal Marriage Certificate/Abstract/Declaration of DP showing spouse/registered DP is the Child's parent.
Child – Legal Guardianship	Letter of Guardianship filed with the Courts.

Open Enrollment Changes

Deadline: 5:00pm Friday, October 24, 2025

If you plan on making any changes during Open Enrollment, you must complete the applicable form and submit it to Employee Benefits, along with any required supporting documentation. The form can be found online at <https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment/COBRA-Participants> or you can contact Employee Benefits. Submission details for enrollment and changes are located on page 14 of this guide. If you choose not to make any changes, your health plan will continue for the 2026 plan year.

All Open Enrollment elections and supporting documentation must be received by Employee Benefits no later than 5:00pm on Friday, October 24, 2025. Employee Benefits is not responsible for lost/delayed documentation sent through USPS mail and therefore not received by the deadline. To confirm receipt of Open Enrollment elections and/or supporting documentation, please contact Employee Benefits.

Pharmacy Benefit Manager Change

Pharmacy Benefits Manager (PBM) is Anthem Pharmacy



Pharmacy Benefits at a Glance

Beginning Plan Year 2026, Anthem Pharmacy will be facilitating the prescription benefit for the Anthem HDPPPO and EPO members. The prescription benefit will replace the current prescription benefit managed by EmpiRx.

Getting Started

Register in the **Sydney Health app** or at <http://www.anthem.com/ca>.

Manage prescriptions, price medications, and track orders online

Convenient Options



Local Pharmacies

Save at CVS, Walmart, Target, Costco, and others.



Home Delivery

90-day supplies via CaredonRx. Free shipping.



Specialty Pharmacy

For complex or chronic conditions. Delivered to you or your provider.

5 Ways to Save

1. Choose medications on your plan's drug list.
2. Ask about generic or over-the-counter options.
3. Check costs with the Price a Medication tool.
4. Use in-network pharmacies. <http://www.anthem.com/ca>.
5. Order 90-day supplies for ongoing medications.

Where Can I Find a List of Local Pharmacies that Accept Anthem Pharmacy insurance?

1. Log in at <http://www.anthem.com/ca>.
2. Choose Find a Pharmacy
3. Enter your ZIP code

Will current Rx refills be honored by Anthem Pharmacy or will employees need a new Rx?

Yes, your current Rx refills will be honored by Anthem Pharmacy if refills are still available. For example, if your Rx is written for six (6) fills and you have only received two (2), you will be able to pick up your remaining four (4) refills using your Anthem Pharmacy benefit.


Where Should I Go For Care?

Helping You Choose the Right Care Center

Do you know where to seek care when an unexpected health situation happens? Make sure you are ready when you have to make an urgent healthcare decision. Review some of the choices of care that are available, so you know where to go the next time you need treatment.

Being prepared is important because knowing where to go for care can help you receive faster treatment and an overall better experience.

Know Before You Go!




TeleHealth

- Available 24 / 7 / 365
- Minor illnesses
- Minor infections
- Cold & flu
- Allergies
- After-hours care
- Via phone or web

Cost Level/Tier 1

\$




Doctor's office

- Routine care
- Immunizations
- Flu shots
- General health management
- Easy point of entry to health care
- Knows your health history
- No costs for preventive care

Cost Level/Tier 2

\$ \$




**Urgent Care Clinic
(Anthem Plans)**

- Minor illness or injury and your doctor is not available
- You need care quickly, but it's not an emergency
- Sprains
- Strains
- Minor broken bones
- Minor infections
- Minor burns
- Shorter wait time than emergency room
- Xray & Lab Services
- Open evenings & weekends

Cost Level/Tier 3

\$ \$ \$



Emergency room

- Immediate treatment of a very serious or critical condition
- Uncontrolled bleeding
- Large wounds
- Chest pain
- Signs of heart attack
- Spinal injuries
- Severe head injury
- Difficulty breathing
- Possible stroke

Do not ignore an emergency. If a situation seems life-threatening, take action

Call 911

Or your local emergency number right away

Cost Level/Tier 4

\$ \$ \$ \$

Medical Plan FAQ

What's a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance company makes any payments for health care services rendered. For example, if you have the Anthem HDPPO plan, there is a \$3,300 individual deductible. You would be required to pay the first \$3,300 of any claims during a plan year except for in-network preventive care services. The deductible excludes copayments where applicable.

What's Coinsurance?

Coinsurance is the amount expressed as a percentage of covered health services that you must pay after you have satisfied your plan deductible.

What's Out-of-Pocket Maximum?

The maximum amount (deductible, copays and coinsurance) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket limit is reached, the plan will cover eligible expenses at 100%.

What's the Benefit of Mail-Order Drugs?

Mail-order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin and birth control. Mail-order drugs are convenient because they are delivered to your doorstep which relieves the stress of standing in line at the pharmacy.

What Should I Ask My Doctor?

Many patients do not ask their doctor basic questions. "How much will my treatment cost?" "Can I be treated another way that is equally effective but less costly?" "What are the risks?" "What are the side effects?" Having a dialogue with your physician can help you better understand and prepare for potential out-of-pocket expenses. It will also help your doctor get to know you better and consequently prescribe treatment that is more effective. Be sure to use the tools available to you to help you make the most of your money.

What's an Explanation of Benefits (EOB)?

An EOB is a statement the insurance company sends to you explaining the health care charges that you incurred and the services for which your doctor has requested payment. You should compare your EOB to the bill you receive from the doctor. All data on your EOB should match the information that appears on the statements you receive from your doctor. If it doesn't, contact the doctor's office immediately.

What's The Difference Between Generic And Brand Drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs.

What Does In-Network Mean?

In-network refers to providers or facilities who have contracted with an insurance carrier to provide services at negotiated (discounted) rates. Using in-network providers/facilities generally means that you will pay less out-of-pocket, and you will not be required to file a claim for reimbursement. Some plans offer benefits only if you remain in-network (i.e., Anthem EPO and Kaiser HMO plans).

Medical Plan Options

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Anthem EPO

An Exclusive Provider Organization (EPO) plan is similar to an HMO; you must stay within Anthem's EPO network for services to be covered. Services received out of the Anthem EPO network are not covered, except in the case of emergency medical care. What's the difference from an HMO? There is no PCP referral required in-network.

Kaiser Permanente HMO

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, you must use Kaiser Permanente facilities and providers for your medical, vision and pharmacy needs. Services received outside of the Kaiser Permanente network are not covered, except in the case of emergency medical care.

Anthem & Kaiser Permanente High Deductible Health Plans

The Anthem HDPPO plan allows you to seek care in or out-of-network. You are encouraged to utilize in-network services to see a bigger cost savings. You will pay the full cost of non-preventive health care services and prescriptions until you meet the annual deductible. Once the out-of-pocket maximum is reached, the plan will pay the full cost of all qualified health care services for the remainder of the calendar year. The Kaiser Permanente HDHP does not cover services out-of-network except in the case of emergency medical care. Participants on the Anthem HDPPO 3300 and Kaiser Permanente HDHP may be able to contribute to a Health Savings Account (HSA).

Participants in the Anthem HDPPO 3300 or Kaiser Permanente HDHP can utilize their existing HSA as long as they meet HSA requirements.

Additional Benefits included with Anthem

98point6

An on-demand, 24/7 text-based primary care access for those enrolled on the **Anthem medical** plans is available through 98point6. All of your primary care concerns covered with no appointments, no travel, and no waiting rooms. For more information visit <http://www.98point6.com/fresnocounty>.

Lark Benefits

Lark offers digital health coaching for weight management, diabetes care, and diabetes prevention programs. To find out if you are eligible, visit <https://lark.com/begin>.

Rula

Mental health support is available through a resource called Rula. You can access this service by going to <https://www.rula.com/countyoffresno/> to find an in-network provider.

Medical Coverage: Anthem Blue Cross

Anthem Blue Cross Medical Plans

The following is an overview of the Anthem medical plans available to you. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) and Evidence of Coverage booklets. The EPO members may self-refer to in-network specialists. HDPPO members may self-refer to in and out-of-network providers.

Copay amounts shown in the chart below represent what the member is responsible for paying.

Find a network provider by visiting the Anthem website at <https://www.anthem.com/ca>.

Key Medical Benefits	Anthem Yosemite EPO	Anthem Sierra EPO	Anthem Pismo EPO	Anthem HDPPO 3300
	In-Network Only	In-Network Only	In-Network Only	In-Network Only ¹
Calendar Year Deductible				
Individual	No Deductible	No Deductible	No Deductible	\$3,300 ²
Family	No Deductible	No Deductible	No Deductible	\$6,000 ²
Out-of-Pocket Maximum				
Individual	\$1,000	\$3,000	\$4,000	\$3,300 ²
Family	\$2,000	\$6,000	\$8,000	\$6,000 ²
Covered Services				
Office Visits (physician/specialist)	\$15	\$35	\$35	\$0 after Deductible
Routine Preventive Care	\$0	\$0	\$0	\$0
Outpatient Diagnostics (lab/X-ray)	\$0	\$0	\$0	\$0 after Deductible
Chiropractic Services	\$10 ³	\$35 ³	\$35 ³	\$0 after Deductible
Emergency Room	\$100	\$250	\$300	\$0 after Deductible
Urgent Care Facility	\$15	\$35	\$35	\$0 after Deductible
Inpatient Hospital Stay	\$0	\$500	\$1,000	\$0 after Deductible
Outpatient Surgery	\$0	\$0	\$0	\$0 after Deductible
Retail Pharmacy (Up to 30-Day Supply) Administered by Anthem Pharmacy				
Generic (Tier 1)	\$10	\$10	\$10	\$0 after Deductible
Preferred Brand (Tier 2)	\$20	\$20	\$20	\$0 after Deductible
Non-Preferred Brand (Tier 3)	\$35	\$35	\$35	\$0 after Deductible

¹ The HDPPO 3300 plan includes Out-of-Network benefits. Please refer to the SBC and evidence of coverage booklet for details.

² HDPPO plan deductibles and out-of-pocket maximums are accumulated on a calendar year basis.

³ Anthem EPO chiropractic services are limited to 40 visits per year.

Medical Coverage: Kaiser Permanente

The following is an overview of the two Kaiser Permanente medical plans available to you. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) and Evidence of Coverage booklets. The Kaiser Permanente HMO and HDHP plans do not include out-of-network benefits.

Copay amounts shown in the chart below represent what the member is responsible for paying.

Find a network provider by visiting the Kaiser Permanente website at <https://www.Kp.org>.

Key Medical Benefits	Kaiser Permanente HMO	Kaiser Permanente HDHP
	In-Network Only ¹	In-Network Only ¹
Deductible		
Individual	No Deductible	\$3,300 ²
Family	No Deductible	\$6,000 ²
Out-of-Pocket Maximum		
Individual	\$1,000	\$3,300 ²
Family	\$2,000	\$6,000 ²
Covered Services		
Office Visits (physician/specialist)	\$15	\$0 after Deductible
Routine Preventive Care	\$0	\$0
Outpatient Diagnostics (lab/X-ray)	\$0	\$0 after Deductible
Chiropractic Services	\$10 ³	\$0 after Deductible
Emergency Room	\$100	\$0 after Deductible
Urgent Care Facility	\$15	\$0 after Deductible
Inpatient Hospital Stay	\$0	\$0 after Deductible
Outpatient Surgery	\$15	\$0 after Deductible
Prescription Drug Coverage through Kaiser Permanente		
Generic	\$10 ⁴	\$0 after Deductible ⁵
Preferred	\$20 ⁴	\$0 after Deductible ⁵

¹ Kaiser Permanente HMO and HDHP plans do not include out-of-network benefits outside of emergency care services. For any services rendered outside of Kaiser Permanente's network, please contact Kaiser Permanente Member Services.

² HDHP plan deductible and out-of-pocket maximums are accumulated on a calendar year basis.

³ Kaiser Permanente HMO chiropractic services are limited to 30 visits per year.

⁴ Kaiser Permanente HMO prescription drugs are up to 30-day supply.

⁵ Kaiser Permanente HDHP prescription drugs are up to 100-day supply except for most specialty Rx.



Kaiser Permanente: New Fertility Benefits

Kaiser Permanente Medical Plans

Effective January 1, 2026, Senate Bill 729 will provide enhanced fertility benefits for the County of Fresno Kaiser Permanente medical plans. The details of this coverage will be part of the 2026 Evidence of Coverage booklet.

What services are covered under Kaiser Permanente's enhanced fertility benefit?

Fertility services are treatments and procedures to help you become pregnant. Your doctor will work with you to determine which of the following covered services are recommended based on your specific health needs.

Covered fertility services under the enhanced fertility benefit include:

- Diagnosis and treatment of infertility (male and female)
- Artificial insemination (also known as intrauterine insemination, or IUI)
- Egg (oocyte) retrieval as part of in vitro fertilization (IVF) or other assisted reproductive technology*
 - You have coverage for a lifetime maximum of up to 3 retrievals under your plan.
- Embryo transfer from fresh or cryopreserved embryos (as part of IVF) under your plan
 - You have coverage for unlimited transfers
- Cryopreservation and one-time storage of embryos related to a covered IVF treatment cycle for up to 6 months
- Related services, such as labs, imaging, and office visits
- Fertility medications related to a covered embryo transfer or oocyte retrieval
- Covered fertility services under the enhanced fertility benefit do not include:
 - Procurement of donor eggs or donor sperm
 - Transport of fresh or cryopreserved gametes or embryos
 - Fertility services provided to a surrogate or gestational carrier. You can refer to your Evidence of Coverage (EOC) booklet for more information about surrogacy arrangements.

**If you reach the lifetime maximum for egg retrievals or embryo transfers, your enhanced fertility benefit will not cover any services related to additional egg retrievals or embryo transfers, including prescription drugs.*

How do I get started with fertility care at Kaiser Permanente?

Start by calling Kaiser Permanente 24/7 appointment line at (833) 574-2273 to request an appointment with a specialist in reproductive endocrinology and fertility. If you need to see a urologist, your personal doctor can refer you.

Kaiser Permanente HMO members can also reach out to Member Services at <https://healthy.kaiserpermanente.org/support> or call (800) 464-4000, (TTY 711), which is available 24/7. Interpreter services are available in more than 150 languages.

Dental Coverage

You have the opportunity to enroll in one of two Delta Dental plans offered by the County.

DeltaCare USA DHMO

This plan is only available in California. You choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms, and no deductibles. Reduced, pre-set charges apply to other services. Services must be accessed at your assigned provider within the DeltaCare USA DHMO network.

Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Copay and coinsurance amounts shown in the chart below represent the member's responsibility.

Key Dental Benefits	DeltaCare USA DHMO	Delta Dental DPPO
	In-Network Only	In-Network (DPPO)
Deductible (Calendar Year)		
Individual	\$0	\$50
Family	\$0	\$150
Annual Benefit Maximum ¹	Unlimited	\$2,500
Diagnostic & Preventive Services Oral Exams, Prophylaxis (cleanings), X-rays	\$0 ²	\$0
Basic Services Sealants, Fillings, Extractions, Anesthesia, Endodontics, Periodontics	\$0 ²	10% ³
Major Services Bridges, Crowns, Dentures	\$0 ²	50% ³
Orthodontic Services		
Child	\$1,700	\$1,660
Adult	\$1,900	\$1,880

¹ If you use an out-of-network DPPO dentist who is not affiliated with Delta Dental, you will be responsible for any charges above the maximum allowed amount. This does not apply to Delta Premier dentists. For out-of-network (Non-DPPO) benefits, please refer to the plan summary.

² Copay may be required for upgraded material/services.

³ Deductible must be met before the Plan begins to pay.



Vision Coverage

Vision Service Plan (VSP) For Anthem Blue Cross Members

The VSP plan allows members to receive a comprehensive vision examination which can detect signs of prediabetes, heart disease, and high blood pressure just to name a few health issues. To locate a VSP provider, visit <http://www.vsp.com>, select “FIND A DOCTOR” and enter your zip code. Providers with the orange Premier Edge logo carry an array of Featured Brand Frames and have the latest in lens technology.

Key Vision Benefits	Vision Service Plan
	In-Network ¹
Standard Exam (once every 12 months)	\$10 copay
Materials copay (once every 12 months)	\$10 copay
Frames (once every 24 months)	<ul style="list-style-type: none"> • \$170 Featured Brand Frames allowance • \$150 All Other Frame Brands allowance • \$80 Frame allowance (Costco) • 20% off amount over allowance
Eyeglass Lenses (once every 12 months) <ul style="list-style-type: none"> • Single Vision/Lined Bifocal/Lined Trifocal • Impact Resistant Lenses for dependent children • Standard Progressive lenses • Premium Progressive lenses • Custom Progressive lenses 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$0 copay • \$95 - \$105 • \$150 - \$175
Elective Contacts (once every 12 months) (in lieu of eyeglass lenses)	\$150 allowance; up to \$60 for exam (evaluation and fitting)

¹Out-of-Network allowances are available. Please refer to the VSP certificate of coverage for details.

Kaiser Permanente Vision Services For Kaiser Permanente Members

Kaiser Permanente members must access vision services through Kaiser. Vision services received outside of Kaiser Permanente’s network are not covered, except in the case of an emergency.

Key Vision Benefits	Kaiser Vision
	In-Network Only ²
Standard Exam	\$10 copay
Materials copay (once every 12 months)	\$10 copay
Frames (once every 24 months)	\$200 allowance
Eyeglass Lenses (once every 12 months) Single Vision/Lined Bifocal/No Line Progressive	\$0 copay
Elective Contacts (once every 12 months) (in lieu of eyeglass lenses)	\$200 allowance

²The Kaiser vision plan is an In-Network Only plan. Please refer to the Kaiser Permanente evidence of coverage booklet for details.

Important Contacts



For assistance with plan information, pharmacy transitions, carrier networks, claims, and coordination of benefits, just to name a few topics, you can use the following table of contacts and resources.

Benefit	Carrier	Phone Number	Website/Email
Medical and Prescription Drug Coverage	Anthem Blue Cross	(800) 967-3015	http://www.anthem.com/ca
Medical	Kaiser Permanente	(800) 464-4000	http://www.kp.org/
Medical	98point6	n/a	http://www.98point6.com/fresnocounty
Dental	Delta Dental	DPPO: (800) 765-6003 DHMO: (800) 422-4234	http://www.deltadentalins.com/
Vision	Vision Service Plan (VSP)	800-877-7195	http://www.vsp.com/

Our benefits website <https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment/COBRA-Participants> can be accessed anytime you want additional information on our COBRA benefits programs.

Complete the applicable form and submit it to Employee Benefits, along with any required supporting documentation. The form can be found online at <https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment/COBRA-Participants> or you may contact Employee Benefits. Submission details are noted below. If you choose not to make any changes, your health plan will not change and will continue for the 2026 plan year.

**QR Code to access
Open Enrollment
website**



<https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment/COBRA-Participants>

For Open Enrollment Submissions

Phone: (559) 600-1810

Fax: (559) 455-4787

Email: HRbenefits@fresnocountyca.gov

**USPS Mail: 2220 Tulare St., 14th Floor
Fresno, CA 93721**

This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook or legal stationery. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings present.



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary of Benefits and Coverage (SBC) and evidence of coverage documents for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



Plan Year 2026

Retiree Open Enrollment Guide

Open Enrollment: October 8 - October 24, 2025

Plan Year January 1, 2026 – December 31, 2026







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Welcome to Your Benefits Enrollment!

Open Enrollment is the one time during the year retirees can make changes to their health insurance benefits package for the upcoming year without a qualifying life event. It is an excellent opportunity to review your current coverage, evaluate your needs, and make any necessary adjustments to your plan. In this guide, you will be provided a comprehensive overview of the various benefits that are available to you. By the end of this guide, you will have a better understanding of your options and be better equipped to make informed decisions about your health benefits for the 2026 plan year.

Did You Know?

Anthem (Non-Medicare) HDPPO plan

The Anthem HDPPO plan's deductibles will be increasing from \$1,650 per individual/\$3,300 per family to \$2,000/\$4,000. (See page 6 for details).

Pharmacy Benefits Manager (PBM) Update for Anthem Members

The PBM will change from EmpiRx to Anthem Pharmacy effective January 1, 2026. (See page 6 for details).

2026 Rate Sheets

Your rates will be available through this site: <https://www.fresnocountyca.gov/Departments/Human-Resources/Employee-Benefits/Open-Enrollment> and click on "Retired Employees" or scan the QR Code for the most up-to-date information.

Discount Reminders

As a County of Fresno retiree, you have discounts available to you through TruHearing and Dignity Memorial. For more information, please see page 10 or contact Employee Benefits.



Mark Your Calendars

Open Enrollment: October 8 – October 24, 2025

October 8, 2025	Open Enrollment begins
October 8, 2025	Benefits Fair – Ballroom, downtown Plaza Building
October 9, 2025	Benefits Fair – Hope Plaza Building 5, DSS Clovis Campus
October 16, 2025	REFCO Luncheon Pardini's 2257 W. Shaw Avenue, Fresno, CA
October 24, 2025	Deadline to enroll by 5:00pm
January 1, 2026	2026 Plan Year for health plans begins

Enrollment/Changes

DEADLINE IS 5:00PM, FRIDAY, OCTOBER 24, 2025.

Complete the applicable form and submit it to Employee Benefits, along with any required supporting documentation. The form can be found online at <http://www.fresnocountyca.gov/Open-Enrollment> or you may contact Employee Benefits. Submission details for enrollment and changes are located on page 11 of this guide. If you do not wish to enroll or make any changes to the health plans you are currently enrolled in, no action is required on your part; your health plans will continue for the 2026 Plan Year.

All Open Enrollment elections and supporting documentation must be received by Employee Benefits no later than 5:00pm on Friday, October 24, 2025. Employee Benefits is not responsible for lost/delayed documentation sent through USPS mail and therefore not received by the deadline. To confirm receipt of Open Enrollment elections and/or supporting documentation, please contact Employee Benefits.

Dependent Eligibility

You may enroll your eligible family members onto your plan. Dependent children are eligible until they reach 26 years of age.

Eligible Dependents

- Your legally married spouse
- Your Registered Domestic Partner and/or their children
- Your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

To enroll your eligible dependents in benefits, you must provide their full legal names, social security numbers, and dates of birth. Keep this information readily available before making your benefit elections.

You are required to provide the following documents when you enroll your eligible dependent(s).

Eligible Dependents	Required Document(s)
Spouse	Legal Marriage Certificate/Abstract
Domestic Partner (DP)	Declaration of DP filed with California
Child	Legal Birth Certificate/Abstract
Adopted Child	Adoption Order or Legal Birth Certificate/Abstract
Step Child	Legal Birth Certificate/Abstract and a Legal Marriage Certificate/Abstract/Declaration of DP showing spouse/registered DP is the Child's parent.
Child – Legal Guardianship	Letter of Guardianship filed with the Courts.

Medical Coverage (Non-Medicare)

The County of Fresno is pleased to offer a non-Medicare Anthem Blue Cross plan for you and your family.

Anthem HDPPO 2000

A HDPPO plan allows you to seek care in or out of Anthem's PPO network. You are encouraged to utilize in-network services to see a bigger cost savings. You will pay the full cost of non-preventive health care services until you meet the annual deductible. If you enroll a dependent, you must meet the full family deductible before the plan pays expenses for any one individual. Once the out-of-pocket maximum is reached, the plan will pay the full cost of all qualified health care services for the remainder of the calendar year.

Anthem Pharmacy Prescription Drug Coverage

With the Anthem HDPPO plan, your prescription coverage will be through Anthem Pharmacy. All prescription costs will be applied towards your annual deductible. Once the deductible is met, the plan will pay the full cost of all qualified prescriptions for the remainder of the calendar year. Please note, you will now use the same card for medical and prescription coverage.

Key Medical Benefits	Anthem HDPPO 2000 ^{1,2}	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$2,000	\$2,000
Family	\$4,000	\$4,000
Out-of-Pocket Maximum		
Individual	\$3,300	\$10,000
Family	\$6,000	\$15,000
Covered Services		
Office Visits (physician/specialist)	20%	40%
Routine Preventive Care	\$0	40%
Outpatient Diagnostics (lab/X-ray)	20%	40%
Chiropractic Services (24 visits per benefit period)	20%	40%
Emergency Room	20%	40%
Inpatient Hospital Stay	20%	40%
Outpatient Surgery	20%	40%
Mental Health Services	20%	40%
Prescription Drug Coverage through Anthem Pharmacy		
Retail (up to 30-day supply)	20%	40%
Mail-order Drugs (up to 90-day supply)	20%	40%

¹ Amounts shown in the chart represent the member's responsibility after the deductible is met.

² For complete coverage details, please refer to the Summary of Benefits and Coverage and the Evidence of Coverage document.

98point6

On-demand, 24/7 text based primary care access for those on the Anthem medical plan is available through 98point6. All of your primary care concerns covered with no appointments, no travel, and no waiting rooms. For more information visit <https://www.98point6.com/fresnocounty>.

Have a Health Savings Account (HSA)?

This plan is eligible for HSA contributions. You may utilize your HSA as needed for medical, dental, and/or vision expenses. Please contact your banking institution for further information.

Medical Coverage (Medicare)

The County of Fresno is pleased to offer Medicare eligible retirees a Medicare Supplemental Plan and two (2) Senior Advantage plans for you and your family. Our Medicare plans require you to have both Medicare Parts A and Part B.

RetireeFirst / TransAmerica Medical and UnitedHealthcare Rx

This plan gives you the freedom to seek care from any provider who accepts Medicare coverage. The RetireeFirst / TransAmerica medical plan and UnitedHealthcare Rx plan is supplemental to your Medicare coverage and helps pay the eligible Medicare deductibles, copayments, and out-of-pocket medical expenses that are not fully covered by Medicare.

Kaiser Permanente Senior Advantage (KPSA)

With this plan, you must use Kaiser Permanente facilities and providers for your medical and pharmacy needs. Services received outside of the Kaiser Permanente network are not covered, except in the case of emergency medical care. The KPSA plans serve as a private insurance alternative to original Medicare and allows you to access all of your Part A and Part B benefits through Kaiser Permanente.

Key Medical Benefits	RetireeFirst	Kaiser Permanente Senior Advantage (KPSA)	
	TransAmerica	High Option	Low Option
Calendar Year Deductible			
Individual	No Deductible	No Deductible	No Deductible
Family	No Deductible	No Deductible	No Deductible
Out-of-Pocket Maximum			
Individual	None	\$1,000	\$1,000
Family	None	n/a	n/a
Covered Services			
Office Visits (physician/specialist)	\$0	\$15	\$25
Routine Preventive Care	\$0	\$0	\$0
Outpatient Diagnostics (lab/X-ray)	\$0	\$0	\$0
Chiropractic Services	\$0	\$10	\$10
Emergency Room	\$0	\$50	\$75
Inpatient Hospital Stay	\$0	\$0	\$250
Outpatient Surgery	\$0	\$50	\$25
Physical Therapy	\$0	\$15	\$25
Hearing Aids	Not Covered	\$1,000 allowance per ear (1 aid per ear every 3 years)	\$1,000 allowance per ear (1 aid per ear every 3 years)
Retail Pharmacy (Up to 30-Day Supply)	UnitedHealthcare Rx	Kaiser Rx	
Generic	\$0	\$5	\$10
Brand	\$20	\$20	\$25
Non-Formulary	\$30	n/a	n/a
Specialty	\$20	n/a	n/a

Note: The County of Fresno medical plans have prescription drug coverage (Part D) included. Therefore, if you enroll in one of these Medicare Plans, do not sign up for another Part D program as this will cancel your coverage through the County of Fresno.

Dental Coverage

You have the opportunity to enroll in one of two Delta Dental plans offered through the County.

DeltaCare USA DHMO

This plan is only available in California. You choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms, and no deductibles. Reduced, pre-set charges apply to other services. Services must be accessed at your assigned provider within the DeltaCare USA DHMO network.

Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. Copay amounts shown in the chart below represent the member's responsibility.

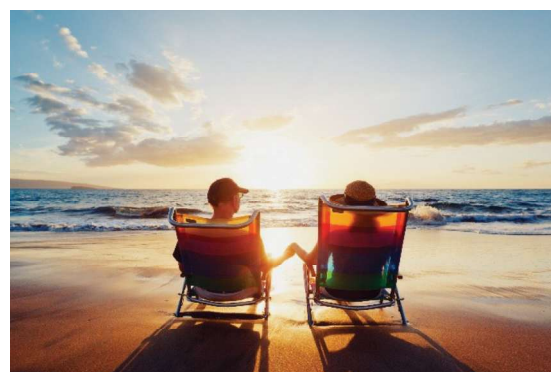
Key Dental Benefits	DeltaCare USA DHMO	Delta Dental DPPO
	In-Network Only	In-Network
Deductible (Calendar Year)		
Individual	\$0	\$50
Family	\$0	\$150
Annual Benefit Maximum ¹	Unlimited	\$2,500
Diagnostic & Preventive Services Oral Exams, Prophylaxis (cleanings), X-rays	\$0 ²	\$0
Basic Services Sealants, Fillings, Extractions, Anesthesia, Endodontics, Periodontics	\$0 ²	10% ³
Major Services Bridges, Crowns, Dentures	\$0 ²	50% ³
Orthodontic Services		
Child	\$1,700	\$1,660
Adult	\$1,900	\$1,880

¹ If you use an out-of-network DPPO dentist who is not affiliated with Delta Dental, you will be responsible for any charges above the maximum allowed amount. This does not apply to Delta Premier dentists.

For out-of-network (Non-DPPO) benefits, please refer to the plan summary.

² Copay may be required for upgraded material/services.

³ Deductible must be met before the plan begins to pay.



Vision Coverage

Vision Service Plan (VSP) For Non-Kaiser Members

The VSP plan allows members to receive a comprehensive vision examination which can detect signs of prediabetes, heart disease, and high blood pressure just to name a few health issues. To locate a VSP provider, visit <http://www.vsp.com>, select “FIND A DOCTOR” and enter your zip code. Providers with the orange Premier Edge logo carry an array of Featured Brand Frames and have the latest in lens technology.

Key Vision Benefits	Vision Service Plan
	In-Network ¹
Standard Exam (once every 12 months)	\$10 copay
Materials copay (once every 12 months)	\$10 copay
Frames (once every 24 months)	<ul style="list-style-type: none"> • \$170 Featured Brand Frames allowance • \$150 All Other Frame Brands allowance • \$80 Frame allowance (Costco) • 20% off amount over allowance
Eyeglass Lenses (once every 12 months) <ul style="list-style-type: none"> • Single Vision/Lined Bifocal/Lined Trifocal • Impact Resistant Lenses for dependent children • Standard Progressive lenses • Premium Progressive lenses • Custom Progressive lenses 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$0 copay • \$95 - \$105 • \$150 - \$175
Elective Contacts (once every 12 months) (in lieu of eyeglass lenses)	\$150 allowance; up to \$60 for exam (evaluation and fitting)

¹Out-of-Network allowances are available. Please refer to the VSP certificate of coverage for details.

Kaiser Permanente Vision Services For Kaiser Permanente Members

Kaiser Permanente members must access vision services through Kaiser Permanente. Vision services received outside of Kaiser Permanente’s network are not covered, except in the case of an emergency.

Key Vision Benefits	Kaiser Vision
	In-Network Only ²
Standard Exam	\$10 copay
Materials copay (one every 12 months)	\$10 copay
Frames (once every 24 months)	\$175 allowance
Eyewear allowance including medically necessary eyewear (once every 24 months)	\$0 copay
Elective Contacts (once every 12 months) in lieu of eyeglass lenses	\$175 allowance

²The Kaiser Permanente vision plan is an In-Network Only plan. Please refer to the Kaiser Permanente evidence of coverage booklet for details.

TruHearing: Hearing Aid Discount Plan

TruHearing

Delight in the Details!

Why miss out on life's most precious moments because of hearing loss? Many wait too long to seek help, but you don't have to. As part of your County of Fresno plan, you have access to a comprehensive hearing care solution available through TruHearing.®

The TruHearing program makes it easy!

- **Unmatched Service:** TruHearing guides you from first call to after care and beyond. Their Hearing Consultants schedule an exam, fitting, and follow-up with a licensed provider near you and they work with your health plan to help you understand your program.
- **Hearing Aids That Enhance Life:** Stream your favorite music and shows with Bluetooth. Smartphone apps help you remotely adjust your hearing aids and more. Virtually undetectable devices that match your lifestyle.
- **Simply State-of-the-Art:** The latest sound enhancement technology removes the sound of your speech from all other amplified sound to make your voice sound more natural. Next-gen processing technology filters noise and helps you focus on voices. Rechargeable battery options last from breakfast to bedtime.

Call TruHearing to learn more and schedule a hearing care appointment near you.

Call: (833) 312-2960 | TTY: 711 Hours: 8:00am – 8:00pm, Monday-Friday

Dignity Memorial: Funeral Benefit

Take advantage of our benefit program:

- > Simple to implement
- > A resource for employees and members during a difficult time
- > Join thousands of employers and organizations already enrolled in the program
- > Allows employees or members to lock in today's prices

Employees or members and their extended families receive:

- 10% savings on funeral and cremation services and products where available by law¹.
- 10% savings on cemetery internment rights, products, and services.²
- National transferability on prearranged services within our network.³
- Grief support services and educational resources.
- Access to the Compassion Helpline® for counseling.⁴
- Personal Planning Guide to help document personal wishes.

THE DIGNITY MEMORIAL BENEFIT PROGRAM CAN HELP MAKE IT EASIER

Planning an end-of-life service can involve hundreds of decisions to be made at a difficult time. Dignity Memorial providers can be a resource in helping families through this process. By making final plans in advance, individuals can help protect their loved ones from high costs and from guessing what they would have wanted. To learn more about the program, visit <https://www.dignitymemorial.com/benefits-program/dignitymemorialfuneralbenefit> or contact Lucas Hutton of Dignity Memorial at (559) 916-6649.

¹ Where available by law. 10% savings is not available in all states nor does it apply to cash-advance items. On already discounted Dignity Memorial plans, employee/member is entitled to the greater of the two discounts.

² Cemetery benefit is not available in all states. On already discounted Dignity Memorial plans, employee/member is entitled to the greater of the two discounts. ³ Certain restrictions apply.

⁴ 13 months of counseling is available after services are provided by any Dignity Memorial provider throughout North America. Services provided by Charles Nechtem Associates, Inc. Dignity Memorial locations and offerings vary by state.

Important Contacts

For assistance with plan information, pharmacy transitions, carrier networks, claims, and coordination of benefits, just to name a few topics, you can use the following table of contacts and resources.

Benefit	Carrier	Phone Number	Website/Email
Medical and Prescription Drug Coverage	Anthem Blue Cross	(800) 967-3015	http://www.anthem.com/ca
Medicare Medical	RetireeFirst – TransAmerica & United HealthCare Rx	(833) 236-2092	http://www.retireefirst.com/
Medicare Medical	Kaiser Permanente	(800) 464-4000	http://www.kp.org/
Non-Medicare Medical	98point6	n/a	https://www.98point6.com/fresno-county
Medical	Medicare	(800) 633-4227	http://www.medicare.gov/
Dental	Delta Dental	DPPO: (800) 765-6003 DHMO: (800) 422-4234	http://www.deltadentalins.com/
Vision	Vision Service Plan (VSP)	(800) 877-7195	http://www.vsp.com
Retirement Office	Fresno County Employees Retirement Association	(559) 457-0681	https://www.fresnocountyretirement.org



QR Code to access
the Open Enrollment
website



<http://www.fresnocountyca.gov/Open-Enrollment>

Employee Benefits Open Enrollment Submissions

Phone: (559) 600-1810

Fax: (559) 455-4787

Email: HRbenefits@fresnocountyca.gov

USPS Mail: 2220 Tulare St., 14th Floor

Fresno, CA 93721

Reminder: Please be sure your elections and supporting documentation are received by Employee Benefits no later than 5:00pm on Friday, October 24, 2025.



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