

AGENDA

IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY OF STANISLAUS COUNTY

1010 10<sup>TH</sup> STREET, BASEMENT LEVEL, MODESTO

JULY 26, 2011

- I. CALL TO ORDER
- II. CONSENT CALENDAR (Those items marked with an \*)
  - \*A. APPROVAL OF THE MINUTES OF MAY 24, 2011
- III. CORRESPONDENCE
  - A. NONE
- IV. PUBLIC HEARINGS
  - A. NONE
- V. AGENDA ITEMS
  - \*A. Approval of the Health Benefit Agreements for the Public Authority In-Home Supportive Services Provider Benefits for Fiscal Year 2011-2012
- VI. PUBLIC FORUM
- VII. ADJOURNMENT

## MINUTES

### IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY OF STANISLAUS COUNTY MAY 24, 2011

The In-Home Supportive Services Public Authority met in the Joint Chambers at 1010 10th Street, Basement Level, Modesto, California.

#### I. CALL TO ORDER

The meeting was called to order at 10:14 am

Members present: All

Members absent: None

Staff present: Jeff Lambaren

#### II. CONSENT CALENDAR (Those items marked with an \*)

Chiesa/Withrow (5-0) 10:14 am Approved the consent calendar.

10:14 am \*II-A Approved the minutes of April 5, 2011

#### III. CORRESPONDENCE

A. None

#### IV. PUBLIC HEARINGS

A. None

#### V. AGENDA ITEMS

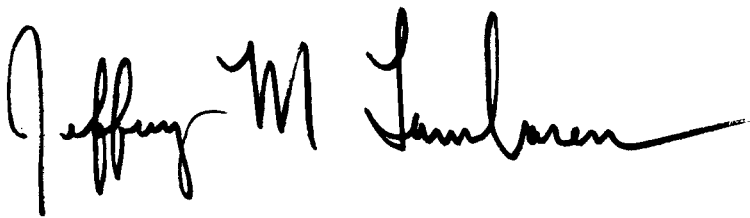
A. Withrow/DeMartini (5-0) V-A, Approved the provisions contained with the tentative agreement reached between the IHSS Public Authority of Stanislaus County and the United Domestic Workers of America representing Stanislaus County IHSS Providers; and authorized the Chairman of the Public Authority and all parties to sign the agreement

#### VI. PUBLIC FORUM

None

#### VII. ADJOURNMENT

A. Adjourned as the Stanislaus County In-Home Supportive Services Public Authority at 10:19am



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Jeffrey M. Lambaren  
Executive Director

SITTING AS THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY OF STANISLAUS COUNTY  
THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

\*V-A

DEPT: In-Home Supportive Services Public Authority

BOARD AGENDA# \_\_\_\_\_

Urgent \_\_\_\_\_ Routine X *JK*

AGENDA DATE July 26, 2011

CEO Concurs with Recommendation YES \_\_\_\_\_ NO \_\_\_\_\_

4/5 Vote Required YES \_\_\_\_\_ NO X

(Information Attached)

**SUBJECT:**

Approval of the Health Benefit Agreements for the Public Authority In-Home Supportive Services Provider Benefits for Fiscal Year 2011-2012

**STAFF RECOMMENDATIONS:**

Approve the Health Benefit Agreements for the Public Authority In-Home Supportive Services Provider Benefits for Fiscal Year 2011-2012

**FISCAL IMPACT:**

Consistent with current County policy for any contract or agreement where the total cumulative amount exceeds \$100,000, the Public Authority Director is requesting Board of Supervisors, sitting as the Public Authority Board, approval of the Health Benefit Agreements for the In-Home Supportive Services Public Authority Benefits for Fiscal Year 2011-2012 as outlined in Attachment A. There is no additional funding requested at this time.

**BOARD ACTION AS FOLLOWS:**

No. 2011-453

On motion of Supervisor Chiesa, Seconded by Supervisor Withrow

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

4) \_\_\_\_\_ Other:

MOTION:

ATTEST:

*Elizabeth A. King*  
ELIZABETH A. KING, Assistant Clerk

File No.

**DISCUSSION:**

Health benefits are available to individual providers who work 75 hours or more per month for three consecutive months. The number of providers that can receive health, vision and dental benefits are dependent on the total annual individual provider paid hours and the determined monthly health premium.

On March 24, 2011 the United Domestic Workers (UDW) recommended and approved a final selection of health benefit insurance providers for Fiscal Year 2011-2012 including Pan American as the medical carrier, MetLife as the dental carrier and Safeguard as the vision carrier. The dental and vision plans remain unchanged from the prior fiscal year.

**POLICY ISSUE:**

Approval of the agreements with the health insurance providers supports the Board's priorities of A Healthy Community and Efficient Delivery of Public Services by providing individual provider benefits consistent with program mandates.

**STAFFING IMPACT:**

There is no impact on staffing resulting from the recognition of this agreement.

**CONTACT PERSON:**

Jeffrey M. Lambaren, Executive Director, (209) 558-1665



July 8, 2011

Jeffrey M. Lambaren  
Link2Care the IHSS Public Authority of Stanislaus County  
251 E. Hackett Road  
Modesto, CA 95358

Re: PanaMed Medical Plan

Dear Jeffrey:

Welcome to Pan-American Life Insurance Company! We are pleased to inform you that your application for group medical coverage has been approved effective June 1, 2011. Your medical group number is 97954. The monthly rate per participant each month is \$249.15.

Members should have received their identification cards, however should they need assistance prior to receiving their ID cards, please instruct them to call our member service department at 1-877-569-3075.

You will also receive an administration binder which will include all of your group documents as well as process and procedure information.

Thank you for choosing Pan-American for your health care needs and we look forward to serving you.

Sincerely,  
*Alisha Angelman*

Account Executive



COMPANION LIFE INSURANCE COMPANY  
7909 Parklane Road, Suite 200, Columbia, South Carolina 29223-5666  
P.O. Box 100102, Columbia, South Carolina 29202-3102  
(803) 735-1251

APPLICATION FOR GROUP INSURANCE

Name of Group: Link2Care The In-Home Supportive Services Public Authority of Stanislaus

Address: 251 East Hackett, Modesto, CA 95358  
(Street)  
Modesto, CA 95358  
(City) (State) (Zip)

applies to the Companion Life Insurance Company, for prescription drug expense policy.

If the Insurance Company approves this application, a policy will be issued. The group agrees that acceptance of the policy will be an approval of the policy terms.

Policy Effective Date: 07/01/2011

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND/OR CIVIL PENALTIES.

Dated at JUNE 2, 2011

Link2Care The In-Home Supportive Services Public Authority

on \_\_\_\_\_

(Group)  
By: [Signature]  
(Signature and Title)

[Signature]  
(Agent or Broker Signature)

\_\_\_\_\_  
(Witness Signature)

**ADOPTION AND PARTICIPATION AGREEMENT**

**COVERAGE UNDERWRITTEN BY:**

**PAN-AMERICAN LIFE INSURANCE COMPANY**

**TO:** The Trustees of the Construction and Service Contract Trust (called the "Trustee" within):

The undersigned Plan Sponsor requests to become a Participating Plan Sponsor under the C&SC Trust and to have its individual participants who meet the eligibility classifications under Pan-American Life's Group Insurance Policy(ies) issued thereunder become covered Plan Participants under the terms of said Policy(ies).

In consideration of the granting of this request:

**THE PLAN SPONSOR AGREES:**

1. To be bound by all the terms, provisions, conditions, and limitations of the Policy(ies) and the Trust, as they may be amended; and
2. To assume all obligations of a Participating Plan Sponsor.

**IT IS UNDERSTOOD AND AGREED THAT:**

1. The Policy(ies) may be amended or terminated by the Company and the Trustee. If the Policy(ies) are to be terminated for all Participating Plan Sponsors, the Company will give 60 days written notice to the Trustee prior to the termination date. Each Participating Plan Sponsor will be advised of the termination date in advance written notice.
2. All premiums shall be paid to the Company or such other party designated by the Company. The Plan Sponsor, whose representative has signed below, will make required payments in advance as shown in the Application to cover the cost of the coverage provided under the Policy(ies). If the premium and/or any administrative costs are not paid by the Plan Sponsor within 31 days of the date due, the Plan Sponsor's coverage under the Policy(ies) will cease.
3. This fully completed and signed Agreement, as well as any Supplements attached to it, will be attached to and made a part of the Policy(ies).

APPLICATION FOR C&SCT INDEMNITY PLAN  
TO  
PAN-AMERICAN LIFE INSURANCE COMPANY

Plan Sponsor Name: Link2Care The In-Home Supportive Services Public Authority of Stanislaus County Plan Sponsor Information  
Plan Sponsor Address: 251 East Hackett, Modesto, CA 95358

Plan Sponsor Tax ID#: \_\_\_\_\_

Does the Plan Sponsor contribute premiums toward this plan? YES  
If yes, specify the Plan Participant All but 15% and Dependent NA %

Waiting Period for New Hires: 30 days \_\_\_\_\_ Other X

Type of Industry: General Government Support

Requested Effective Date: 07/01/2011

Group Benefit Selection

	PLAN 1	PLAN 2	PLAN 3
<b>BENEFIT (REQUIRED)</b>			
Life/AD&D	Amount	Amount	Amount
Hospital Indemnity	Amount 2,000	Amount	Amount
<b>BENEFIT (OPTIONAL)</b>			
Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Day Admission Indemnity Benefit Rider	<input checked="" type="checkbox"/> 2,000	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Indemnity Ancillary Indemnity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Doctor Visit Indemnity Benefit	Amount 50/3000	Amount	Amount
Accident Benefit	Amount	Amount	Amount
Doctor's Office Visits Indemnity Benefit	Amount 75 / 750	Amount /	Amount /
Outpatient Lab, X-Ray, & Advanced Studies Indemnity Benefit	Amount 50 / 150 / 2000	Amount / / /	Amount / / /
Preventive Care Indemnity Benefit	Amount 150 / 450	Amount /	Amount /
Surgical Indemnity Benefit	Amount 10,000	Amount	Amount
Anesthesia Indemnity Benefit Rider	<input checked="" type="checkbox"/> 2,500	<input type="checkbox"/>	<input type="checkbox"/>
Disability Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental/Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER Visit Indemnity Benefit Rider	<input checked="" type="checkbox"/> 100/400	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance Indemnity Benefit Rider	<input checked="" type="checkbox"/> 250/1000	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment Indemnity Benefit Rider	<input checked="" type="checkbox"/> 250	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgical Facility Indemnity Benefit Rider	<input checked="" type="checkbox"/> 500/1000	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant Indemnity Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Disease Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. A deposit is herewith made to apply on the first payment under the plan, if issued. The amount of such deposit is to be equal to the first premium payable based on the number of covered persons as of the effective date of coverage. The deposit of any plan that we do not accept will be fully returned.



Attachment A

- 2. Payment of the first premium by the plan sponsor after delivery of the plan by us shall constitute acceptance of the terms and conditions contained in the plan so issued.
- 3. It is understood and agreed that:
  - a. All necessary administrative information concerning all covered persons shall be subject to the provisions of the plan and shall be furnished to us by the plan sponsor;
  - b. This application is subject to the approval of the Pan-American Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this application has been so approved;
  - c. All benefits will be in accordance with the benefits proposed and agreed upon between Pan-American Life Insurance Company and the Plan Sponsor as set forth in the plan, subject to the Plan Sponsor's approval;
  - d. Benefits are not provided unless otherwise provided in the plan; (a) in case of bodily injury or sickness arising out of or in the course of any employment for wage or profit; or (b) for any bodily injury or sickness for which the person on whom the claim is presented has had a right to compensation under Workmen's Compensation or occupational disease law.

PLAN SPONSOR (HEREIN REFERRED TO AS "WE") RESPONSIBILITIES UNDER THIS PLAN

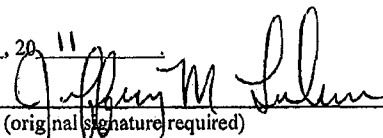
We agree: (1) to maintain the records necessary to the administration of the Policies; (2) report additions, changes, terminations and other information necessary to the administration of the Policies to the Insurer within 30 days after the effective date of such additions, changes and terminations; (3) agree that if we do not notify the Insurer of any insured ineligibility or termination within 30 days, we shall forfeit any premium refund/credit that would otherwise have been due; (4) notify the Insurer of claims within 90 days after they are incurred or as soon as reasonably possible. (Except for claims for which the Participant is directly responsible for reporting. All claims should be reported as required by the policy provisions.); (5) pay all premiums in accordance with the terms of this Agreement; and (6) notify all Plan Participants of any termination or recession of coverage which affects them and refund the appropriate premium.

By the signature below of its duly authorized representative, the proposed plan sponsor, hereby applies to participate in the Construction and Service Contract Trust, and in the Pan-American Life Insurance Company policy or policies of group insurance; and the proposed plan sponsor understands and agrees that its participation shall be subject to the provisions set forth herein.

We understand that the Panamed product is not major medical coverage. The coverage provides only scheduled, limited indemnity benefits which are designed to cover a part of the cost that a certificate holder may incur upon the occurrence of a covered event, such as a doctor's visit or hospitalization.

We further agree that we will inform and educate all current and further Participants regarding the maximum coverage levels afforded under the product.

Dated at June this 2, 2011

Witness \_\_\_\_\_ Plan Sponsor:   
(original signature required)

Signed by: JEFFREY M. LAMBAREN

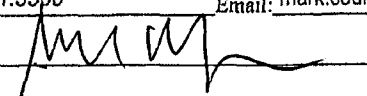
AGENT'S STATEMENT

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge; (b) I have complied fully with the underwriting rules; (c) I have explained this Participation Agreement and the proposed insurance plan in detail; (d) to the best of my knowledge the proposed plan sponsor is financially sound. I further certify that all agents involved in presentation of this account (a) are licensed by Pan-American Life or (b) have submitted the necessary paperwork to become a licensed agent through Pan-American Life Insurance Company.

Servicing Agent: Mark Coulombe License #: 0C95137

Address: 5901 Priestly Drive, Suite 306, Carlsbad, CA 92008

P: 760.931.3500 Email: mark.coulombe@wellsfargo.com Fax: 760.476.1939

Signature: 

Group in business since: December 2004

Total size of the Group (including those not insured under this plan): 893

Number of eligible Participants: 893

Number of eligible Participants age 65 and over: 52

**COBRA:**

- If subject to COBRA, the Participating Plan Sponsor will self-administer all administrative functions related to COBRA ("Continuation of Coverage") in accordance with the Federal Consolidated Omnibus Budget Reconciliation Act of 1985. The Participating Plan Sponsor agrees to provide notification to all qualified beneficiaries within 30 days of the qualifying event and further agrees to provide Pan-American Life Insurance Company with the necessary documentation for billing purposes within 5 business days after the receipt of any qualified election.
- COBRA does not apply to Plan Sponsors with fewer than 20 Plan Participants.

**NOTICE CONCERNING YOUR RIGHTS OF PRIVACY AS A CONSUMER**

Pan-American Life Insurance Company collects nonpublic information about you from the following sources:

- Information we receive from you in applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer reporting agency.

We do not disclose any nonpublic information about our customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those Company Employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Fraud Warning for California Residents:**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

**Fraud Warning for Florida Residents:**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Fraud Warning for District of Columbia Residents:**

Warning it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the application.

**Fraud Warning for Kentucky Residents:**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Fraud Warning for New Jersey Residents:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Fraud Warning for Pennsylvania Residents:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Fraud Warning for Tennessee and Virginia Residents:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**601 POYDRAS, NEW ORLEANS, LA 70130**

**POLICY APPLICATION** (please print or type)

which upon acceptance and approval by PAN-AMERICAN LIFE INSURANCE COMPANY will become a part of  
**ACCIDENT INSURANCE POLICY NUMBER** \_\_\_\_\_

1. **Name of Policyholder:** Link2Care The In-Home Supportive Services Publication of Stanislaus County Home Office Use Only

**Permanent Mailing Address** 251 East Hackett Modesto CA 95358  
 (Number) (Street) (City) (State) (Zip) (County)

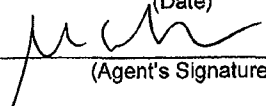
2. **Policy Period:** The policy term starts at 12:01 a.m. on 07/01/2011 which is the effective date and ends at 12:01 a.m. on 07/01/2012 which is the first renewal date.

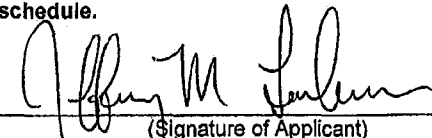
3. **Maximum Benefit Amounts** – the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Class 1
ACCIDENTAL DEATH AND DISMEMBERMENT Death.....	\$ 0
MEDICAL EXPENSE Accident Deductible .....	\$ 100
Overall Maximum .....	\$ 10,000
OFFICE USE ONLY	

4. The policy is to cover all eligible employees.

5. It is understood and agreed that: (a) the premium will be paid entirely by the policyholder with \$15.00 contribution made by the eligible persons toward the cost of the insurance; and (b) premium will be paid directly to Pan-American Life Insurance Company on a mutually agreeable schedule.

Pan-American Life Insurance Company  
 \_\_\_\_\_  
 (Previous Policy Number)  
6-2-11  
 \_\_\_\_\_  
 (Date)  
  
 \_\_\_\_\_  
 (Agent's Signature)

By   
 \_\_\_\_\_  
 (Signature of Applicant)  
JEFFREY M. LAMBERTSON, EXECUTIVE DIRECTOR  
 \_\_\_\_\_  
 (Printed Name and Title of Applicant)  
251 E. HACKETT RD MODESTO, CA 95358  
 \_\_\_\_\_  
 (Address of Applicant)

# Group Limited Benefit Plan



## MEDICAL ACCIDENT EXPENSE

**ACCIDENT BENEFIT\*** (per occurrence)

Up to **\$10,000**

**DEDUCTIBLE** (per accident, per insured)

**\$100**

*The insured's loss must occur within one year of the date of the accident.*

*\*Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident.*

*Medical accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003.*

## FULLY INSURED PRESCRIPTION CARD<sup>2</sup>

**GENERIC: \$10 co-pay** for a 30 day supply

**FORMULARY BRAND NAME: \$30 co-pay** for a 30 day supply

Calendar year maximum \$5,000 per insured person

No Deductible

Over 2,200 preferred brand drugs included on formulary listing

### **NATIONWIDE PHARMACY NETWORK AND MAIL ORDER SERVICES:**

The Rx retail pharmacy network consists of over 60,000 national, regional and local chains and independent pharmacies. The Prescription Drug Plan also offers fully integrated mail order services that provide members the convenience of home delivery. The network currently manages over 2 million members located in all 50 states.

Rx benefits are provided by RxEDO, Inc.

## HEALTH ADVOCACY

We make healthcare work for our members. No more hassles. No more frustrations. Members in need have easy access to the Pan-American team of advocacy service representatives.

## MEMBER SERVICE

Members can communicate toll free via telephone or e-mail to access our member service representatives for timely answers to benefit questions. Full bilingual (English/Spanish) service.

## PPO PROVIDER NETWORK<sup>1,2</sup>

Members can benefit from discounted provider prices through our partnership with PHCS Preferred Provider Organization (PPO). Our Preferred Provider Organization consist of more than 550,000 physicians, 4,100 hospitals and more than 67,000 ancillary care facilities throughout the United States.

## TELEHEALTH SERVICES<sup>1,2</sup>

Telehealth provides members with the ability to connect with doctors for 24/7 medical consultations. Members can call or e-mail U.S.-based, licensed physicians and board-certified specialists to obtain quick and convenient medical information, advice, diagnosis, and prescriptions for common conditions when appropriate. Consultations are Free!

## GLOBAL REPATRIATION<sup>1,2</sup>

Worldwide benefit designed to help the family when a member suffers loss of life due to a covered accident or illness while traveling 100 miles or more away from his or her permanent residence; includes repatriation of foreign nationals to their home countries.

## ADULT WELLNESS & LAB TESTS<sup>1,2</sup>

Once each calendar year, covered members may be eligible to receive a no-cost Annual Wellness Tests valued at over \$500. Every year members have a new opportunity to detect heart disease, diabetes and other conditions that could threaten their health. Take advantage with the Comprehensive Wellness Profile (CWP), our most complete general wellness panel.

<sup>1</sup>Not an insurance product. <sup>2</sup>Not a Pan-American Life product.

*PanaMed is issued by Pan-American Life Insurance Company on policy form number GER-1991-1. There are no exclusions for pre-existing conditions. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Coverage is not available in all states. Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force.*

DM-C-102exp4/2012

The information provided in this guide is a brief outline of benefits. Your certificate of coverage governs the terms and conditions of your plan.

Prepared for:

# IHSS Public Authority of Stanislaus County

## Group Limited Benefit Plan Pays



BENEFIT DESCRIPTION	PREMIUM PLAN
<b>DAILY HOSPITAL CONFINEMENT BENEFIT</b> Up to an overall calendar year maximum of 60 days for any inpatient stay except skilled nursing facility	\$2,000 per day; Up to 60 days calendar year max
<b>Intensive Care Unit</b> Maximum applied to overall calendar year max	\$4,000 per day; Up to 30 days calendar year max
<b>Substance Abuse Unit</b> Maximum applied to overall calendar year max	\$1,000 per day; Up to 30 days calendar year max
<b>Mental Illness Unit</b> Maximum applied to overall calendar year max	\$1,000 per day; Up to 60 days calendar year max
<b>Skilled Nursing Facility</b> Following a hospital stay of at least 3 days	\$1,000 per day; Up to 60 days per stay
<b>HOSPITAL ADMISSION BENEFIT</b> Once per admission, once per diagnosis	\$2,000 first day
<b>PHYSICIAN OFFICE VISIT</b> Primary care visits	\$75 per visit \$750 calendar year max
<b>OUTPATIENT DIAGNOSTIC LAB, X-RAY and ADVANCED STUDIES</b> (Test limits apply, see policy for specific limits)	\$50 Lab per test- 6/yr \$150 X-Ray per test- 4/yr \$2,000 Advanced Studies \$2,900 calendar year max
<b>SURGICAL BENEFIT</b> Inpatient/Outpatient; Based on surgical schedule	Up to \$10,000 calendar year max
<b>ANESTHESIA BENEFIT</b> 25% of the amount paid under the surgical benefit	Up to \$2,500 calendar year max
<b>WELLNESS BENEFIT</b> Routine exams	\$150 per visit \$450 calendar year max
<b>EMERGENCY ROOM SICKNESS VISIT</b> Covers any ER visit as the result of an illness	\$100 per visit \$400 calendar year max
<b>AMBULANCE SERVICES</b> Emergency ground, air and water ambulance transportation	\$250 per service \$1,000 calendar year max
<b>OUTPATIENT SURGICAL FACILITY</b> Surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	Up to \$500 per surgery \$1,000 calendar year max
<b>DURABLE MEDICAL EQUIPMENT</b> Wheelchairs, oxygen equipment, hospital-type beds, diabetic supplies, nebulizers, blood glucose monitors and more...	Up to \$250 per calendar year max
<b>INPATIENT DOCTOR VISIT</b> Choice of doctor, services rendered in an inpatient room in a hospital	\$50 per day Up to 60 days per calendar year
<b>SPECIFIED ILLNESS PLUS BENEFIT</b> Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, stroke, or major organ transplant) • 30 day waiting period for heart attack and stroke, 90 day waiting period for invasive cancer	\$2,500 lump sum
<b>MEDICAL ACCIDENT</b> \$100 deductible per accident, per insured	Up to \$10,000 per occurrence
<b>PRESCRIPTION DRUG BENEFIT<sup>2</sup></b>	\$10/\$30 Co-Pay fully insured prescription card
<b>PPO PROVIDER NETWORK<sup>1,2</sup></b>	PHCS
<b>TELEHEALTH SERVICES<sup>1,2</sup></b>	Included
<b>ADULT WELLNESS &amp; LAB TESTS<sup>1,2</sup></b>	Included

<sup>1</sup>Not an insurance product. <sup>2</sup>Not a Pan-American Life product.



**2011 Limited Medical Benefit  
Enrollment Guide**

*Prepared For*

**IHSS Public Authority of Stanislaus County**

**For Questions or To Enroll, Call  
800-694-9888 ext. 700**

*Presented by:*

**Wells Fargo Insurance Services USA, Inc.**

CA Licensed #: 0D08408

Date Prepared: 05/04/2011

*Issued by:*



*Marketed by:*



*A Member of the Pan-American Life Insurance Group*

DM-C-12exp12/2011-A

COM010710-EH

# Group Limited Benefit Plan Pays



BENEFIT DESCRIPTION	PREMIUM PLAN
<b>HOSPITAL ADMISSION BENEFIT</b> <ul style="list-style-type: none"> <li>Once per admission, once per diagnosis</li> <li>Pays in addition to Hospital Confinement</li> </ul>	\$2,000 first day when admitted as an inpatient into a hospital room
<b>DAILY HOSPITAL CONFINEMENT BENEFIT</b> <ul style="list-style-type: none"> <li>Must be admitted as an inpatient into a hospital room due to a covered accident or covered sickness</li> <li>If hospital confinement falls into a category below a different maximum applies</li> </ul>	\$2,000 each day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital except skilled nursing
<b>Intensive Care Benefit</b> If the participant is confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered Sickness	\$4,000 per day Up to 30 days calendar year max (applied to overall calendar year max)
<b>Substance Abuse</b> Must be diagnosed and admitted as an inpatient in a substance abuse unit	\$1,000 per day Up to 30 days calendar year max (applied to overall calendar year max)
<b>Mental Illness</b> Must be diagnosed and admitted as an inpatient into a mental illness unit	\$1,000 per day Up to 60 days calendar year max (applied to overall calendar year max)
<b>Skilled Nursing</b> Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	\$1,000 per day Up to 60 days max per stay
<b>PHYSICIAN OFFICE VISIT</b> Primary care visits	\$75 per visit \$750 calendar year max
<b>OUTPATIENT DIAGNOSTIC LAB, X-RAY and ADVANCED STUDIES</b> <ul style="list-style-type: none"> <li>Per covered person per calendar year</li> <li>When hospital confinement is not required</li> <li>Lab (glucose test, urinalysis, CBC)</li> <li>X-Ray (chest, broken bones)</li> <li>Advanced Studies (EEG, CT Scan, MRI)</li> </ul>	\$50 Lab per test (up to 6 tests per calendar year) \$150 X-Ray per test (up to 4 tests per calendar year) \$2,000 Advanced Studies (Refer to schedule of benefits) \$2,900 calendar year max
<b>SURGICAL SCHEDULE</b> Inpatient/Outpatient Surgeon Fee; See schedule of operations	\$10,000 calendar year max
<b>ANESTHESIA BENEFIT</b> 25% of the amount paid under the surgical benefit	\$2,500 calendar year max

# Group Limited Benefit Plan Pays



BENEFIT DESCRIPTION	PREMIUM PLAN
<b>WELLNESS BENEFIT</b> Routine exams, medical treatment, injections, mammograms, cancer screening and PSA	\$150 per visit \$450 calendar year max
<b>EMERGENCY ROOM SICKNESS VISIT</b> Covers any ER visit as the result of an illness	\$100 per visit \$400 calendar year max
<b>AMBULANCE SERVICES</b> Emergency ground, air and water ambulance transportation	\$250 per service \$1,000 calendar year max
<b>OUTPATIENT SURGICAL FACILITY</b> Surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	Up to \$500 per surgery \$1,000 calendar year max
<b>DURABLE MEDICAL EQUIPMENT</b> Wheelchairs, oxygen equipment, hospital-type beds, diabetic supplies, nebulizers, blood glucose monitors and more...	\$250 per calendar year
<b>INPATIENT DOCTOR VISIT</b> Choice of doctor, services rendered in an inpatient room in a hospital	\$50 per day Up to 60 days per calendar year
<b>SPECIFIED ILLNESS PLUS BENEFIT</b> Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, stroke, or major organ transplant) <ul style="list-style-type: none"> <li>• 30 day waiting period for heart attack and stroke</li> <li>• 90 day waiting period for invasive cancer</li> </ul>	\$2,500 lump sum

## Group Medical Accident

<b>Accident Benefit*</b> <b>Deductible</b>	Up to <b>\$10,000</b> per occurrence <b>\$100</b> deductible per accident, per insured
Initial Treatment Period..... 12 weeks (Initial treatment must be incurred within 12 weeks of the date of the accident)	
Benefit Period..... 52 weeks (Expenses must be incurred within 52 weeks of the date of the accident)	
<i>The insured's loss must occur within one year of the date of the accident</i>	
<i>Depending on the state of issue, medical accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003 or by Zurich American Insurance Company or Fairmont Specialty.</i>	
<i>*Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident.</i>	



# Prescription Drug Plan

## ***\$10/\$30 Co-Pay***

Fully Insured Drug Plan\*

**Generic\*\* - \$10 co-pay** for 30 day supply

**Preferred Brand Name- \$30 co-pay** for 30 day supply

**Non-Preferred Brand Name\*\*\* - 100% Discounted price**

**\$5,000** maximum per calendar year per member for generic and preferred brand name drugs.

After \$5,000 maximum is attained, you will receive discounts on your prescription drugs.

Over 2200 preferred brand drugs included on formulary listing

Mail order available 90 day supply

*\*\*The purchase of generic drugs will cost you \$10 or the cost charged by the pharmacy, which ever is less.*

*\*\*\*Cost is based on the contracted pharmacy discount price that RxEDO has negotiated for the medication, plus a dispensing fee.*

## ***Using Your Prescription Drug Plan is Easy***

Select a convenient pharmacy near you and verify with them that the pharmacy is still in the network. Present your ID card, pay the appropriate amount and you're done.

## ***Nationwide Pharmacy Network and Mail Order Services***

The Rx retail pharmacy network consists of **over 60,000** national, regional and local chains and independent pharmacies. The Prescription Drug Plan also offers fully integrated mail order services that provide members the convenience of home delivery. The network currently manages over 2 million members located in all 50 states.

***Please call 1-877-569-3075, Monday through Friday, 8AM-5PM (CST).***

*\*If a Brand Name Prescription Drug is dispensed in lieu of an available Generic Prescription Drug, then in addition to the Brand Co-payment, the participant would be responsible for the difference in cost between the Brand Name Prescription Drug and its Generic alternative. Prices subject to change.*

*Rx benefits are provided by RxEDO, Inc. [www.rxedo.com](http://www.rxedo.com) . Pan-American Life and RxEDO, Inc. are not affiliated.*

# Global Repatriation

## ***Peace of Mind for You and Your Family***

Global Repatriation is a worldwide benefit designed to help families when a member suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. Travel within the United States and abroad is included.

Our Global Repatriation benefit makes all the necessary arrangements for the transportation of a covered member's remains to anywhere in the United States and includes repatriation of foreign nationals to their home countries. Arrangements must be coordinated with the member service center and covers up to \$20,000 in expenses.

We recognize travel may be an important part of your family's lifestyle. Have peace of mind knowing your family is protected.



***Global Repatriation benefit is provided by AXA Assistance USA. [www.axa-assistance.us](http://www.axa-assistance.us)***

*Pan-American Life and AXA Assistance USA are not affiliated. See policy for exclusions and limitations.*

# PPO Provider Network



## *The Quality Leader in the PPO Industry*



PanaMed members can benefit from discounted provider prices through our partnership with several leading Preferred Provider Organizations (PPO). Our Preferred Provider Organizations consist of more than **550,000** physicians, **4,100** hospitals and more than **67,000** ancillary care facilities throughout the United States.

Their accreditations are tangible evidence of the quality and consistency of the services they offer to our customers, providers and more than 16 million members who use the Networks. As external review becomes a more critical element in the PPO evaluation process, you can be confident that when you choose our networks, you are choosing recognized leaders that meet the highest national standards.

Our PPOs are widely regarded as leaders in the industry.

*PPO Provider services are provided by MultiPlan, Inc. [www.multiplan.com](http://www.multiplan.com)  
Pan-American Life and MultiPlan, Inc. are not affiliated.*

**For provider look-up [www.multiplan.com](http://www.multiplan.com) or call 1-866-755-7427**

## Telehealth Services

### *24/7 Physician Care when you need it!*

Telehealth provides a national network of U.S. board-certified physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short term, non-DEA controlled prescriptions\*, when appropriate. Physicians are available 24 hours a day, 365 days a year, allowing members of any age to conveniently access quality care from their home, work or on-the-go as opposed to more expensive and time consuming alternatives like the doctor's office or emergency room.

### *Benefits*

- Physicians available anytime, 24/7/365
- Convenience of obtaining medical care at work, home, or on-the-go
- Save money by avoiding in-office doctor's visits
- Quality care from physicians who can provide consultations, diagnose, recommend treatment and write short term prescriptions when appropriate\*
- Speak to a physician in most cases less than 30 minutes, but within 3 hours guaranteed
- Physician reviews and updates on-line health record when performing a medical consultation
- Secure, personal and portable electronic health records
- Consultations are FREE!

***For more information visit [www.ameridoc.com](http://www.ameridoc.com) or call 1-877-263-7409***

\*Prescriptions not available to OK residents, informational calls only

*Telehealth services are not insurance products and are provided by AmeriDoc, LLC. [www.ameridoc.com](http://www.ameridoc.com)  
Pan-American Life and AmeriDoc, LLC are not affiliated.*

# Health Advocacy

## *Participants Can Have Personalized Advocacy Services*

We make healthcare work for the insureds. No more hassles. No more frustrations. Health Advocacy makes it easy and simple to get help. Participants just need to make one call to Pan-American Benefits Solutions and talk to an advocacy service representative.

Pan-American Benefits Solutions understand the "ins and outs" of the healthcare and insurance worlds. And we know how to get things done. Health Advocacy makes it easy and simple to get help.

### *Pan-American Benefits Solutions help participants...*

- Find some of the best doctors, hospitals and providers anywhere in the country
- Resolve insurance claims
- Negotiate billing and payment arrangements
- Schedule appointments with providers, including hard to reach specialists
- Assist in the transfer of medical records, x-rays and lab results
- Identify renowned "best-class" medical institutions regarding serious illness or injury

*AND...MUCH MORE!*

## Adult Wellness & Lab Tests

### *Comprehensive Wellness Profile.*

Once each calendar year, you are eligible to receive a no-cost Annual Wellness Test **valued at over \$500**. Every year you have a new opportunity to detect heart disease, diabetes and other conditions that could threaten your health. Take advantage with the Comprehensive Wellness Profile (CWP), our most complete general wellness panel.

### *Included in the Comprehensive Wellness Profile\**

- Complete Blood Count (CBC)
- Thyroid Profile w/TSH
- Kidney Panel
- Liver Panel
- Lipid Profile (cholesterol, HDL, LDL, the risk ratio, triglycerides)
- Minerals and Bone
- Fluids and Electrolytes
- Glucose (Diabetes)

*\*Wellness Profile does not include urinalysis*

### *Lab Testing Benefit*

*Please call 1-877-569-3075 to schedule your tests*

The Lab Program provides access to amazing savings, averaging between 40%-70% of the usual price. The vast nationwide network of Lab centers contains over 3,000 accredited laboratory sites across the country. All major laboratories are represented in the Direct Labs network. Anytime your doctor orders a test, you simply call your member scheduling department and they will advise you of the most convenient location and ensure that you only pay the reduced Member's only Rate.

*Adult Wellness and Lab services are not insurance products and are provided by Direct Laboratory Services, Inc. www.directlabs.com. Pan-American Life and Direct Laboratory Services, Inc. are not affiliated.*

# **Frequently Asked Questions**

**Q: Is PanaMed Major Medical coverage?**

A: No. PanaMed is a fixed indemnity plan. This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage. PanaMed is a limited benefit plan that pays a fixed benefit amount to help cover the cost of common medical services. The plan is not designed to cover the costs of serious or chronic illnesses. It contains specific dollar limits that will be paid for medical services which may not be exceeded. Specific dollar limits are listed in the summary of benefits.

**Q: Will the PanaMed plan provide an indemnity benefit to any Physician or Hospital?**

A: Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits.

**Q: What is a PPO?**

A: PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a "network") has agreed to provide their services as a negotiated discount, reducing your out of pocket cost.

**Q: How does a member determine which providers participate in the network?**

A: PPO participation may be verified by calling the PPO company directly or by accessing the PPO company's website. The PPO company's contact information can be found on the member's ID card or by selecting the PPO information tab via the Pan-American Life Web Portal. The insured is responsible for verifying the current PPO participation of their provider.

**Q: Is there a pre-existing condition exclusion on the plan?**

A: Because this is a limited medical plan there are no pre-existing condition exclusions.

**Q: Are Medicare and Medicaid recipients eligible for PanaMed?**

A: Yes. However, under Medicare and Medicaid policies, PanaMed is considered primary coverage. As a result, with PanaMed, Medicare and/or Medicaid coverage may be reduced or discontinued.

**Q: Is the member allowed to assign benefits to his or her healthcare provider?**

A: Yes. Benefits are automatically assigned to the member's healthcare provider. If the member would like to receive the benefit payment directly, complete the medical claim form and sign the authorization of payment section.

**Q: Are chiropractor visits covered under the PanaMed plan?**

A: Only charges billed as a physician office visit are covered. Charges billed as treatment and/or manipulations are not covered.

**Q: How is the payment for a surgical procedure determined?**

A: Any payment for covered services is subject to the insured's eligibility at the time of service, limitations/exclusions set forth in the policy provisions and the information submitted with your claim by your medical provider. For benefit information on a specific surgical procedure please contact our member service department. You will need to provide the CPT code for the surgery from your physician.

**Q: Is PanaMed COBRA eligible?**

A: Yes. PanaMed is COBRA eligible for employer groups with 20 or more employees.

## **Member Services**

Our member service representatives are responsible for ensuring that customers receive the best assistance with their questions and concerns. Pan-American Benefits Solutions customer service representatives interact with customers to provide information in response to inquiries about products and services. They communicate with administrators and members through a variety of means; by telephone, by e-mail, fax or mail.

We can assist members, companies and providers with:

- Patient Advocacy
- ID Cards
- Policy Information
- Member Eligibility
- Verification of Benefits
- Prescription Benefits
- Annual Adult Wellness Test
- PPO Network Information
- Account Management
- Claims
- COBRA
- And more!

Monday through Friday, 8:00 AM – 5:00 PM, Central Standard Time. **1-877-569-3075**

## Exclusions and Limitations may vary by state.

### General Exclusions and Limitations.

Benefits are not provided for Loss, Injury or Illness of a Covered Person which results directly or indirectly, wholly or partly from:

- A. Insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
- B. Declared or undeclared war or acts thereof, including terrorist acts.
- C. Accidental Bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro-rata for any period of active-full time duty).
- D. Any Injury or Illness arising out of or in the course of work for wage or profit.
- E. Any Injury or Illness covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
- F. Except in regard to Medical benefits, bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
- G. Charges for which: (1) there is no legal obligation to pay, or (2) no charge is made, or (3) in the absence of coverage, no charge would be made.
- H. Charges incurred after Termination of Coverage.
- I. Charges for care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law.
- J. Charges which are not Medically Necessary (as defined) for treatment of Illness or Injury.
- K. Charges for services which are not related to and consistent with the treatment of any Injury or Illness of the Covered Person.
- L. Unless specifically provided for in the plan, charges for routine physicals or general health exams, unless they are necessary for the diagnosis and treatment of an Illness.
- M. Charges for medical care, services, or supplies which are not furnished or prescribed by a Doctor (as defined).
- N. Charges for experimental or investigational treatment, procedures for research purposes, or practices when not generally recognized as accepted medical practices.
- O. Charges for care, treatment, services or supplies that are not approved or accepted as essential to the treatment of an Injury or Illness by any of the following: The American Medical Association; The U.S. Surgeon General; The U.S. Department of Public Health; The National Institute of Health; or the professional review organization(s) which administer the Utilization Review Program.
- P. Charges related to cosmetic surgery or Dental Care done to beautify a person without medical or dental indication of Injury or Illness.
- Q. Unless specifically provided in the Plan, charges for Dental treatment or Oral Surgery.
- R. Unless specifically provided in the Plan, charges for treatment of Substance Abuse Disorders or Mental Illness Disorders.
- S. Unless specifically provided in the Plan, charges for refractions, eyeglasses or hearing aids or their fitting.
- T. Unless specifically provided in the Plan, charges in connection with obesity, weight reduction, or dietetic control, except for morbid obesity or disease etiology.
- U. Unless specifically provided in the Plan, charges for treatment or services for temporomandibular joint dysfunction or TMJ pain syndrome, orofacial, or myofascial syndrome whether medical or dental in scope.
- V. Charges for reversal procedures in connection with previous male or female sterilization.
- W. Unless specifically provided in the Plan, charges for routine immunizations and vaccinations, including but not limited to polio, mumps, measles, small pox, DPT, or tine tests.
- X. Charges for services in the nature of educational or vocational testing or training.
- Y. Any charges for elective abortions.
- Z. Radial keratotomies

- AA. Any charges in excess of the Plan maximums for Organ or Tissue Transplants as shown in the Summary of Benefits.
- BB. Charges for treatment of male or female infertility; in vitro and in vivo fertilization of an ovum; or artificial insemination.
- CC. Charges for stand-by surgeons, pediatricians, anesthesiologists, anesthesiologists, or other Doctor as defined by the Plan; or stand-by supplies, equipment, rooms, or any other service, supply or treatment not actually used in the care or treatment of an Illness or Injury.
- DD. Charges made by; durable medical equipment recommended by; or drugs dispensed by; a physician, surgeon, nurse or other Doctor (as defined) who:
  - 1. Normally lives with the Plan Participant; or
  - 2. Is a member of the Plan Participant's family; or
  - 3. Is the Plan Participant's Plan Sponsor.
- EE. Charges for Custodial Care.
- FF. Charges related to smoking cessation.
- GG. Charges for the treatment of the following: Codependency; Social, occupational, or religious maladjustments; Compulsive gambling; Chronic marital or family problems when not related to the primary focus of treatment which must be a diagnosable mental disorder.

### Medical Accident.

We will not pay for any loss as a result of:

- A. Suicide, while sane or insane; or intentional self-inflicted injury;
- B. Sickness, disease or bacterial infection of any kind, except under limited circumstances set forth in the policy;
- C. War or any act of war, whether war is declared or not;
- D. Serving in one of the armed forces of any country or international authority;
- E. Riding as a passenger or otherwise in any flying device owned or operated by You, not having a valid and current Standard Airworthiness Certificate issued by the proper authority whose pilot is not properly licensed, or on a flight which requires a special permit or waiver from the authority having control over civil aviation even though granted.
- F. Being used for other than transportation purposes, such as but not limited to racing or endurance tests crop dusting or seeding or spraying, fire fighting
- G. Hernia, however caused; or
- H. The Insured's own felonious act or attempt of such an act; or the taking part in any illegal occupation; or
- I. The Insured being legally intoxicated as defined by the laws of the state or governing territory in which the loss occurs; or
- J. The Insured being under the influence of any narcotic drug unless taken on the advice of a physician; or
- K. The repair or replacement of existing dentures or partial dentures, existing braces, existing bridges of any kind, or any other artificial dental restoration.
- L. Any intentional act, by a beneficiary of the Insured or a member of the household in which the Insured lives, to commit or threaten to commit bodily injury to the Insured. This also includes whether or not such act was done in self-defense or in the defense of another. Injury resulting from a firearm or knife or any other lethal instrument during such act shall be deemed to be intentional; or
- M. Taking part in a riot or civil disturbance; or
- N. The Insured is operating a motor vehicle and does not have a current and valid operator's license (except in a Driver's Education Program).