



SANTA ANA POLICE OFFICERS ASSOCIATION

OVERVIEW OF INSURANCE BENEFITS

The information contained in this section is intended as a summary of the various benefit programs available to the members of the Santa Ana POA. If you would like more detailed information, it is available at the POA's Insurance Benefit Office.

MEDICAL INSURANCE

Kaiser HMO – Kaiser members are allowed to go to any Kaiser facility for their medical care. There is a \$5 per visit copayment for most office visits, including primary care, specialty care visits and urgent care visits. Effective 1/1/2011 physical exams, well-child exams, eye exams and hearing tests will have no copayment. The \$5 copayment also applies to most outpatient prescriptions under Kaiser's approved "formulary" (from plan pharmacies or from Kaiser's mail order plan). Emergency department visits require a \$35 copayment. Hospitalization is covered at 100%.

Anthem/Blue Cross HMO – Members enrolling in this coverage must first select a "primary care provider" or medical group for each family member covered. There is a \$5 copayment for most office visits, including referrals to plan approved specialists. Effective 1-1-2011 physical exams, well baby and well-child care will have no copayment. There is a \$100 copayment for outpatient emergency room services, which is waived if you are admitted to the hospital. Hospital services are covered at 100%. In regards to prescriptions, there is a \$5 copayment for "generic" prescriptions, a \$10 copayment for "name" brand prescriptions covered under Anthem/Blue Cross' approved "formulary" and a \$40 copayment for brand name "non-formulary" prescriptions.

This plan also features a chiropractic “rider” with a \$10/visit copayment and up to 40 visits per year (note-you must use providers through the “ASH” network). Vision services are contracted through Medical Eye Services (MES) (a list of benefits and providers is available at the POA Insurance Office).

Anthem/Blue Cross POS (Point of Service) – This plan provides three levels of service: HMO, PPO and Non-PPO. Under the HMO component of the plan, you must select a “primary care” provider or medical group for each covered family member. HMO office visits are covered at \$10/visit; hospitalization is covered at 100%. You may also access providers on your own through Anthem/Blue Cross’ “PPO” network. There is a \$20 copayment for PPO office visits. There is a \$300 annual “deductible” per person (\$900/family) that applies to most other services including hospitalization. Once the deductible is reached, most PPO services are provided at 90%, with your copayment being 10%. Your annual PPO out-of-pocket maximum is \$1,500 per person (\$3,000/family). There is a \$5 copayment for “generic” prescriptions; \$10 copayment for “name” brand prescriptions covered under Anthem/Blue Cross’ approved “formulary”; \$40 copayment for name brand non-formulary prescriptions. This plan also features a chiropractic “rider” with a \$10/visit copayment and up to 40 visits per year (note-you must use providers through the “ASH” network). In regards to vision care, you may access any provider. Claim forms as well as a list of vision and eyewear benefits are available at the POA Insurance Benefits Office.

Important Note: The POS plan also allows you to utilize the services of Non-PPO providers and hospitals. There are significantly enhanced costs when doing so, such as a 30% copayment for most services and a \$3,000/person annual out-of-pocket maximum. Certain benefits such as adult physicals and well baby/child care exams are only covered under the HMO side of the plan. The Anthem/Blue Cross benefits booklet, available at the POA Insurance Benefits Office, provides a more detailed listing of these charges.

DENTAL INSURANCE

Safeguard HMO – Safeguard is now a part of the “MetLife” family of companies. Under this plan you must select a Safeguard/MetLife “provider” for your family, who will be responsible for your dental care as well as any necessary referrals (such as for orthodontic services). You may change your provider if you are not satisfied with your dentist and are not currently under ongoing treatment. In general, office visits and routine services should be covered at 100%. Some procedures, such as crowns and bridges may have additional costs and orthodontics does have required copayments. A benefits booklet and provider listing are available at the POA Insurance Benefits Office.

Note: If you have any concerns regarding the copayments charged by your Safeguard/MetLife dentist, it is recommended that you obtain a written “treatment” plan and have our administrator, Brown Insurance Services, review it prior to having the work done. They can be reached @ (714) 460-7744.

Ameritas PPO – This plan allows you to go to any dentist. If you use Ameritas “PPO” dentists, your copayments will be less than they would be for Non-PPO dentists. In general, routine services such as routine exams, cleanings (2 per year) and X-rays, are covered at 100% for PPO providers and Non-PPO providers. Procedures such as fillings, simple extractions, root canals and periodontics, are covered at 90% (your copayment is 10%) for PPO providers or 80% of Usual and Customary Charges for Non-PPO providers after a \$50 annual deductible. Crowns and bridges are covered at 60% (your copayment is 40%) for PPO providers or 50% of Usual and Customary Charges for Non-PPO providers after a \$50 deductible. The maximum benefit that Ameritas will pay per year is \$1,500 per insured. Please note that if you use less than \$750 in benefits during a calendar year, Ameritas will “roll” forward \$250 to be added to your next year’s maximum (\$250/year to a maximum carryover of \$1,000). Orthodontia is covered at 50% (after a \$100 deductible) with a “separate” lifetime maximum of \$1,000 per insured. For a more complete listing of benefits, please refer to the Ameritas “Dental Highlight Sheet”, available at the POA Insurance Benefits Office.

Note: If you have any problems, concerns or questions regarding your POA Medical or Dental Insurance, please call our Administrator - Brown Insurance Services @ (714) 460-7744.

LONG-TERM DISABILITY INSURANCE (LTD)

This plan is designed to provide members with cash flow in the event of a disability due to an accident or sickness. The maximum benefit for “sworn” personnel is 66.67% of earnings (including overtime, senior officer pay and other pay additives) to a maximum monthly benefit of \$7,000/month (note-this benefit applies only to claims with a date of disability on or after 8/1/2010). The maximum benefit for “non-sworn” personnel is 66.67% of earnings (including overtime and pay additives) to a maximum monthly benefit of \$5,500/month. There is a 30-day “elimination” (waiting) period for “off-duty” claims (with the first check covering days 31-60, payable in arrears). For “on-duty” claims, the elimination period is the expiration of “IOD” pay (full pay workers compensation benefits). Benefits are payable in addition to any accumulated leave that you use while disabled. Benefits are reduced, dollar for dollar, by any benefits that you receive from workers compensation and/or retirement. The maximum period for which benefits are payable is 24 months.

Please contact our Insurance Broker, Mark Meredith @ 949-833-5845 if you have any LTD questions or if you need to file a claim.

LEGAL DEFENSE FUND – FOP (Fraternal Order of Police LDF)

This (optional) prepaid legal defense plan provides representation in civil and criminal matters. The Santa Ana POA does not provide legal representation in such cases and, therefore, encourages members to consider the need for this coverage.

LIFE INSURANCE

Group – The POA provides \$20,000 of group term life insurance as a benefit of membership. Please make sure that you notify the POA if you need to change (update) your beneficiary.

Individual Programs – For those members and their families who need additional life insurance protection, the POA provides access to “level” term, “universal” and “variable” life insurance policies on a payroll deduction basis. Coverage is portable at retirement. Please contact our Insurance Broker, Samantha Meredith Curtin @ (949) 833-5840, if you would like to schedule an appointment to review your situation.

COLONIAL LIFE SUPPLEMENTAL BENEFIT PLANS

Accident Plan with Health Screening Rider – This plan covers you on and off the job for any accident. It pays cash to you for broken bones, lacerations, dislocations, surgery, emergency room visits, hospital admissions, and more. It also includes accidental death and dismemberment and catastrophic insurance. In addition, this plan has “wellness” benefits, payable to you for typical “routine” tests and check-ups, regardless of what your health insurance pays (such as cholesterol, PSA blood tests, mammogram, pap smear). No claim forms or receipts are needed to receive your wellness payments. Family coverage is available.

Critical Illness Plan – This plan will pay a lump sum to you (\$10,000-\$50,000) if you are diagnosed with cancer (other than skin cancer), heart attack, stroke, major organ failure and end-stage renal failure. Benefits for coronary artery bypass surgery and carcinoma in situ are limited to 25 % of the benefit you select. Upon the diagnosis or event, simply file the claim and Colonial will send you your lump sum payment. This plan also features “wellness” benefits, which can help offset your premium. You can cover your spouse for up to \$30,000 (\$25,000 without a signature). The rates are “age-banded”, but once purchased they are locked in for as long as you own the plan.

Cancer Insurance Plan – This plan will pay you \$5,000 for an initial diagnosis of cancer (excluding skin cancer) as well as cash benefits for hospitalization, daily treatments, anti-nausea meds, stem cell treatments, experimental treatments, surgical procedures, transportation costs and more. It will also pay “wellness” benefits ranging from \$125-\$420/year. Benefits are paid in addition to any benefits covered by medical insurance. Family coverage is available. If you have been previously diagnosed with cancer, you must be cancer-free for five years before applying.

Please contact our Colonial Specialist, Susie Stokes @ (310) 386-9392, if you would like more detailed information or if you would like to apply for coverage.

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