



M.D. MANOUEL

INSURANCE AGENCY, INC.

"Formerly San Joaquin Valley Insurance"

COMMERCIAL

Apartments • Charter Schools • Day Care • Hotel / Motel
Landscapers / Nurseries • Manufacturing • Medical Offices
Restaurant • Small Business Owners • Trucking • Workers Compensation

SPECIALIZED COMMERCIAL

Ag • Corrugated Box Manufacturer
Packing Material Supplier
Contractors • Dairies • Farm Labor • Food Processors
Health Care • Residential Care / Group Homes • Social Services

EMPLOYEE BENEFITS

Group Life & Disability • Group Medical • Cafeteria Plans
Health Care Reform Assistance • HSA & Self Insurance
Individual Medical • Voluntary Benefits

PERSONAL

Auto • Flood • Home • Life & Disability • Motorcycle
Personal Umbrella • Recreational Vehicle • Watercraft

ADDED VALUE SERVICES

COBRA Administrative Services
Employee Practices Liability / Human Resource Advisor
HR Services / 24-7 Access • Industry Specific Loss Control & Safety Services in both
English/Spanish • OSHA Compliance • Risk Assessment

M.D. Manouel Insurance Agency, Inc.

"Insurance Protection Through Service & Excellence, Competitive Pricing & Loyalty Between Us & Our Customers"

7447 North First Street, Suite 101 | Fresno, California 93720 | P 559.446.0588 | F 559.446.0595 | T/F 877.446.0588

1110 Civic Center Blvd. #104 | Yuba City, California 95993 | P 530.671.6140 | F 530.671.6144

Email: mdinfo@mdmig.com | Website: www.mdmig.com | California License # 0549928

Fresno | Yuba City | San Diego



Employee Benefits

At a Glance

2024 – 2025

Presented by:
Tammie Pederson



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July 24, 2024



Since 1974, M.D. Manouel Insurance Agency, Inc. provides a blend of experience and enthusiasm unequaled in the insurance industry. Our aggressive approach to finding the best insurance company for our clients is our ultimate goal. An insurance company must know, understand and specialize in the needs of our various clients. Providing proper coverage at the right premium simply works for us.

We continue to be a full-service agency providing a friendly, personal touch with our customers. We represent and have access to many fine insurance companies, both admitted and non-admitted, for the best possible product. It's one of the reasons why we retain over 96% of our clients year in and year out.

M.D. Manouel Insurance Agency, Inc. has a distinguished history of long-term employees and professional agents. Simply stated, we know what we are doing and how to get it done! We sincerely appreciate your business and the opportunity to provide you with the service and integrity you deserve.



NOTES:

To the employees of Promesa Behavioral Health,

Thank you for being a part of our organization. We are proud to offer benefits to our eligible full time employees, which will be available on the 1st day of the month following 60 days of full time employment. It is our desire to make it as easy as possible for you to navigate through these plans that are available to you. Therefore, we have designed this condensed booklet to complement the Certificate of Insurance you will be receiving directly from the carrier. Please note, this booklet is an illustration of the benefits only. For an in depth description with the exclusions and limitations of these programs, please refer to the Certificate of Insurance. All correspondence related to your benefits will require the group number and your personal employee identification number.

For your convenience, group numbers and contact info can be located on page 5.

Table of Contents



Introduction Letter	3
Table of Contents	4
Contact Information	5
Summary of Medical Benefits	6-9
▪ Platinum 90 HMO 0/20 + Child Dental	
Summary of Dental Coverage	10
▪ Voluntary PPO	
Summary of Vision Coverage	11
▪ VSP – Signature Full Feature	
Summary of Life Insurance Benefits	12-16
▪ Basic Life AD&D	
▪ Voluntary Life	
Summary of Long Term Disability Coverage	17
Additional Benefits Available	18-19
▪ AFLAC	
Noble Credit Union	20
Notes Section	21
About M.D. Manouel Insurance Agency	22

NOTES:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



NOBLE
CREDIT UNION

Where you're worth more

You're Invited to Join!

As an added benefit for working at Promesa, you and your family are eligible for membership at Noble Credit Union!

- **NO MONTHLY FEE for Saving and Checking Accounts**
 - Amazing loan rates
 - Access to over 30,000 FEE FREE ATM's
(All Credit Union's, 7-Eleven, Walgreens, & Costco)
 - Scholarships & Student Lending
- **FREE web bill pay and remote check deposit capture**
- **And SO much more!**

Stop by any of our branches today and tell them you work for Promesa Behavioral Health!

Airport

4979 E. University Ave
Fresno, CA 93727

Downtown

1250 Van Ness Ave
Fresno, CA 93721

Cedar & Nees

8087 N Cedar Ave
Fresno, CA 93720

Ashlan & Blythe

4422 W Ashlan
Fresno, CA 93722

Northwest

3067 W. Bullard Ave.
Fresno, CA 93711

Clovis

175 N Clovis Ave
Clovis, CA 93612

Madera

300 N Gateway
Madera, CA 93637

If you have any questions please call or visit

NobleCU.com
559-252-5000

Contact Information

Promesa Behavioral Health

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Phone: 559-439-5437 Ext. 583
E-Mail: jromero@promesabehavioral.org

Broker: M.D. Manouel Insurance Agency, Inc.

- Agent: Tammie Pederson
Phone: 559-446-0588
E-Mail: tpederson@mdmig.com

Health Insurance Carrier: Kaiser

- Group No: 38434
Customer Service: 1-800-278-3296
Web Page: www.kp.org

Dental/Vision/Life Insurance Carrier: Guardian

- Group No: 406856
Customer Service: 1-888-482-7342
Web Page: www.guardianlife.com

Long Term Disability Carrier: The Hartford

- Group No: 884396
Customer Service: 1-800-423-6789
Web Page: www.thehartford.com

Voluntary Benefits: AFLAC

- Group No : JFB90
Customer Service: 1-800-992-3522
Web page : www.aflac.com



Benefit Summary	
Deductible Type	In network
Deductible	\$0
Prescription Drug deductible	None
Out-of-pocket Maximum	Medical: \$4,500 Individual / \$9,000 Family Child Dental: \$350 Child / \$700 Children
Lifetime maximum	None
Referrals required for specialist and other services	See detailed summary

Questions: Call 1-800-278-3296 or 711 (TTY), or visit us at www.kp.org.



Benefits Available cont.

Hospitalization/Sickness Plan: (pays cash for the following events-depending on options chosen)

- \$1,000 for hospitalization for one day of being hospitalized over 23 hrs.
- \$100 for emergency room visits
- \$25 for Dr. office visits
- \$100-\$1,000 for ambulance transportation
- \$50-\$1,000 for covered surgeries

Short Term Disability: plan pays

- Pays up to \$1,400 per month disability benefits, depending upon the employees annual income, and pays on top of state disability for an off the job injury disability, or a disability caused by a sickness. Also can cover for future pregnancy disabilities, dependent on pre-existing exclusions.

Life Insurance: Options are

- Term Life: You can choose a 10, 20, or 30 year coverage with options up to \$200,000 depending on age
- Whole Life: Covers you for your whole life, with options up to \$200,000 depending on age





Benefits Available

Premiums paid through payroll deduction. AFLAC Benefits pay you directly over and above any other Insurance in Place.

Accident Coverage (pays you for an injury):


- \$120 when a covered person is seen by a Dr. for a bodily injury
- \$1,000 when a covered person is admitted to the hospital for more than 18hrs.
- \$200 a day for each day forward up to 365 days.
- \$25-\$10,000 for surgeries due to a covered accident
- \$25,000 accidental death benefit

Critical Illness Lump Sum Plan: (pays cash for the following diagnosis)

- \$10,000 for the diagnosis of the following: Coma, Stroke, Heart Attack, Major Organ Transplant, End-Stage Renal Failure, and paralysis caused by an accident.
- \$5,000 for a subsequent critical illness even listed above, if the event occurs more than 180 days after the initial event.

Cancer Plan: (pays cash for the following diagnosis-treatments)

- \$4,000 for initial diagnosis of cancer for employee or spouse; \$8,000 for children
- \$600 per week for injected chemotherapy
- \$7,000 bone marrow transplant
- \$200 per day for hospitalization
- Traveling and lodging benefits

 KAISER PERMANENTE® Platinum 90 HMO 0/20 + Child Dental Health Benefit Summary	
Covered Services	In-Network
Most Primary Care Visits for evaluations and treatment	\$20 / visit
Most Specialty Care Visits for consultations, evaluations & treatment	\$30 / visit
Preventative care / screening / immunization	No charge
Diagnostic test (X-ray, blood work)	X-ray: \$30 / encounter; Lab tests: \$20 / encounter
Imaging (CT/PET scans, MRIs)	\$100 / procedure
Generic Drugs	Retail: \$5 / prescription Mail Order: \$10 / prescription
Preferred brand drugs	Retail: \$20 / prescription Mail Order: \$40 / prescription
Non-preferred brand drugs	Retail: \$20 / prescription Mail Order: \$40 / prescription.
Specialty drugs	10% coinsurance Up to \$250 / prescription
Outpatient Surgery Facility Fee (e.g., ambulatory surgery center)	\$125 / procedure
Outpatient Surgery Physician/surgeon fees	Not Applicable
Emergency room services	\$150 / visit
Emergency medical transportation	\$150 / trip
Urgent Care	\$20 / visit
Hospital Stay Facility Fee (e.g., hospital room)	\$250 / day up to 5 days
Hospital Stay Physician/surgeon fee	Not Applicable



**Platinum 90 HMO 0/20 + Child Dental
Health Benefit Summary**

Covered Services	In-Network
Mental/Behavioral health outpatient services	\$20 / individual visit; No charge for other outpatient services
Mental/Behavioral health inpatient services	\$250 / day up to 5 days
Substance use disorder outpatient services	\$20 / individual visit; \$20 / day for other outpatient services
Substance use disorder inpatient services	\$250 / day up to 5 days then no charge
Prenatal Office Visits	No charge
Childbirth / delivery professional services	Not Applicable
Childbirth / delivery facility services	\$250 / day up to 5 days
Home health care	\$20 / visit
Rehabilitation services	Inpatient: \$250 / day up to 5 days; Outpatient: \$20 / visit
Habilitaion services	Inpatient: \$250 / day up to 5 days; Outpatient: \$20 / visit
Skilled nursing care	\$150 / day up to 5 days
Durable medical equipment	10% coinsurance
Hospice service	No charge
Children up to age 19	
Eye exam	No charge
Glasses	No charge
Dental check-up	No charge



Coverage	Description
Class Description(s)	All Full-Time Active Employees Full Time Eligibility: 38 Hours
Benefit percentage	60%
Monthly benefit minimum	\$3,000
Monthly benefit maximum	Greater of \$100 or 10%
Elimination period	90 Days
Benefit duration	ADEA 1 to Social Security Normal Retirement age
Definition of disability	24 Months Own Occupation, Followed by Any Occupation
Pre-existing condition limitation (In months)	3/3/12
Takeover Provision	No Loss/No Gain
Mental Illness Limitation	24 Month Outpatient
Substance Abuse Limitation	24 Month Outpatient
Survivor Income Benefit Option	3 Times Last Monthly Gross Benefit
Employers Participated In Workers Compensation	Yes
Employee Contribution	0%
Enrollment Type	Traditional EOI (Annual Enrollment)
Participation Requirement	Minimum of 4 Lives; 100% participation required for non-contributory and mandatory contributory coverage
FICA Match Service	Included
Initial Rate Guarantee Period	2 Years



Voluntary Life

AD&D Includes the following benefits cont.

Repatriation benefit	Death as the result of an accident	Actual expenses to a maximum of \$5,000 if employee dies as a result of an accidental death at least 150 miles from his/her principal place of resident, and there are expenses for preparing and transporting the employee's body to a mortuary.
Spouse training benefit	Death as the result of an accident	Actual expense to a maximum of \$5,000 or 5 percent of death benefit for one year after the employee's death. Survivor must be enrolled as a student in an accredited school on the date of the employee's death or within 365 days after the death.
Portability¹	Termination of employment	Continue coverage by paying premiums directly to Humana. Employee must exercise portability option within 31 days of termination.
Dependent insurance	Death of spouse Death of dependent child*	You will receive the coverage amount selected. You will receive the coverage amount selected.

¹Portability is state-specific and is not available in Minnesota.

*some limitations apply.



KAISER PERMANENTE®

Pediatric Dental HMO Benefit Summary

Covered Services	In Network
Deductible	\$0
Out-of-pocket Maximum (OOP)	\$350/Child \$700/Multi-Child
Waiting periods (Major and Ortho)	None
Office visit	\$0
Diagnostic and Preventive	
Periodic and comprehensive – oral evaluation	\$0
Bitewing X-rays	\$0
Prophylaxis cleaning	\$0
Fluoride treatments	\$0
Space maintainers	\$0
Sealant repair	\$0
Periodontics	
Maintenance	\$30
Scaling and root planning	\$30
Surgery – osseous (includes flap entry and closure)	\$265
Restorative	
Fillings – primary or permanent amalgam	\$25
Composite crowns – resin-based one surface anterior	\$30
Crown – porcelain	\$300
Endodontics	
Therapeutic pulpotomy	\$40
Root canal – anterior	\$195
Root canal - molar	\$300
Prosthodontics	
Complete denture	\$300
Reline maxillary denture – chairside and limitations is “Partial”	\$60
Reline maxillary denture – laboratory and limitations is “Partial”	\$90
Oral and Maxillofacial Surgery	
Extraction – erupted tooth or exposed root	\$65
Surgical removal of erupted tooth	\$120
Orthodontics (medically necessary)	\$350

*Orthodontics includes medically necessary orthodontia only



Dental PPO Dental Benefit Summary

Covered Services	In-Network	Out-of-Network
Deductible The deductible applies to all services except Preventive.	Individual \$50 (No more than 3 deductibles per family)	Individual \$50 (No more than 3 deductibles per family)
Annual Maximum Annual maximum is the maximum dollar amount your policy will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period.	\$1500	\$1500
Lifetime Maximum for Orthodontia Lifetime maximum means the maximum dollar amount your policy providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.	\$1000	\$1000
Orthodontia	50%	50%
Preventive Services		
Oral Examinations 1 in 6 Months	0%	0%
Bitewing X-ray		
Cleaning 1 in 6 Months		
Basic Services		
Filling	10%	20%
Simple Extraction		
Root Canal		
Scaling and Root Planing		
Major Services		
Ceramic Crown	40%	50%
Removable Partial Denture		



Voluntary Life

AD&D Includes the following benefits Cont.		
	Death as the result of an auto accident while properly using a seat belt, or wearing a properly fitted and fastened motorcycle helmet in a motorcycle accident.	Amount of your accidental death benefit increases by 10 percent, but not less than \$1,000 or more than \$10,000. In addition, we will increase your accidental death benefit by 5 percent, to a maximum of \$5,000 but no less than \$500, for a properly functioning airbag.
Education benefit	Death as the result of an accident	Actual expense to a maximum of \$5,000 or 5 percent of death benefit. Payable up to four years for employee's dependent children or until age 25. Dependent must be a full-time student beyond 12 th grade at a college, university or vocational school on the date of the employee's death or within 365 days after the death.
Childcare benefit	Death as the result of an accident	Actual expense to a maximum of \$5,000 or 5 percent of death benefit. For a dependent in a licensed childcare center up to four consecutive years after the employee's death, or until the child's 13 th birthday.
Coma benefit	Employee is in a coma caused by a body injury, the coma begins within 365 days after the accident; and the person remains in a coma for more than 31 consecutive days.	One-time payment of 5 percent of the employee's benefit, subject to a maximum of \$5,000.



Voluntary Life

Coverage	Loss	Benefit
Life insurance	Death	100 percent of the life benefit amount.
Accelerated Death Benefit	Terminal illness with a life-expectancy of 24 months or less. You must have continuous coverage a minimum of six months in order to qualify.	50 percent of the life benefit amount to a maximum benefit of \$250,000. The final life benefit amount will be reduced by the amount of the accelerated death benefit paid (may vary by state).
Accidental death or bodily injury (AD&D)	<p>Death as the result of an accident.</p> <p>As the result of an accident, loss of: both hands or feet; sight of both eyes; one hand and one foot; one hand or one foot and sight of one eye; complete paralysis (quadriplegia).</p> <p>As the result of an accident, loss of: one hand; one foot; sight of one eye; loss of thumb and index finger of same hand; partial paralysis (paraplegia and hemiplegia).</p>	<p>100 percent of the life benefit amount.</p> <p>100 percent of the life benefit amount.</p> <p>50% percent of the life benefit amount.</p>
Common carrier benefit	Death or dismemberment as a fare paying passenger.	200 percent of life benefit amount



VSP - Signature Full Feature Vision Benefit Summary

Covered Services	In-Network	Out-of-Network
Exams	\$10.00 copay	
Materials	Waived for conventional and planned replacement contact lenses \$25.00	
Frequency	Exams: Every 12 months Lenses: Every 12 months Frames: Every 24 months Materials: Every 12 months	
Eye exams	Copay applies	Amount over: \$46.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$47.00
Lined bifocal lenses	Copay applies	Amount over: \$66.00
Lined trifocal lenses	Copay applies	Amount over: \$85.00
Lenticular lenses	Copay applies	Amount over: \$125.00
Contact Lenses		
Conventional	Amount over: \$105.00	Amount over: \$105.00
Planned replacement and disposable	Amount over: \$105.00	\$120 Max (copay waived)
Medically necessary	Copay applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$115, 20% discount on amount over \$115	Amount over: \$47.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 30%	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts



Basic Life AD&D

Coverage	Loss	Benefit
Life Insurance	Death	
Accelerated Death Benefit	Terminal illness with a life-expectancy of 24 months or less. You must have continuous coverage a minimum of six months in order to qualify.	50% of the life benefit amount to a maximum benefit of \$250,000. The final life benefit amount will be reduced by the amount of the accelerated death benefit paid (may vary by state)
Accidental death or bodily injury (AD&D)	Death as the result of an accident. As the result of an accident, loss of: both hands or feet; slight of both eyes; one hand and one foot; one hand or one foot and sight of one eye; complete paralysis (quadriplegia) As the result of an accident, loss of: one hand; one foot; sight of one eye; loss of thumb and index finger of same hand; partial paralysis (paraplegia and hemiplegia)	You will receive the amount based on your company's class schedule. You will receive the amount based on your company's class schedule. 50 percent of the life benefit amount.
AD&D Includes the following benefits:		
Common Carrier Benefit	Death of Dismemberment as a fare paying passenger	200% of life benefit amount
Seat belt-airbag-helmet benefit	Death as a result of an auto accident while properly using a seat belt, or wearing a properly fitted and fastened motorcycle helmet in a motorcycle accident.	Amount of your accidental death benefit increases by 10%, but not less than \$1,000 or more than \$10,000. In addition, we will increase your accidental death benefit by 5%, to a maximum of \$5,000, but no less than \$500 for a properly functioning air bag.



Basic Life AD&D

Coverage cont.	Loss	Benefit
Education benefit	Death as the result of an accident.	Actual expense to a maximum of \$5,000 or 5 percent of death benefit. Payable up to four years for employee's dependent children or until age 25. Dependent must be a full-time student beyond 12 th grade at a college, university or vocational school on the date of the employee's death or within 365 days after the death.
Child Care Benefit	Death as result of an accident	Actual expense to a maximum of \$5,000 or 5% of death benefit. For a dependent in a licensed childcare center up to four consecutive years after employee's death or until the child's 13 th birthday.
Coma Benefit	Employee is in coma caused by a body injury, the coma begins within 365 days after the accident; and the person remains in a coma for more than 31 consecutive days	One-time payment of 5% of the employee's benefit, subject to a maximum of \$5000
Repatriation Benefit	Death as result of an accident	Actual expense to a maximum of \$5,000
Spouse Training Benefit	Death as result of an accident	Actual expense to a maximum of \$5,000

Age Reduction Schedule - Schedule Two: Age 65/35%; Age 70/50%
Beginning at age 65 (or age 70 in schedule three), employee life coverage will reduce based on the benefit amount in force on the employee's 64th birthday (or age 69 in schedule three). Basic Dependent Spouse Life terminates at age 65.