

Benefits Overview, Costs of Coverage & More!

PLAN YEAR 2021

FEBRUARY 1, 2021 - JANUARY 31, 2022



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Benefits Overview Plan Year February 1, 2021 - January 31, 2022

Eligibility

- Full-Time Employees
- Part-Time Employees who worked an average of thirty (30) or more hours per week over the past twelve (12) months
- Retirees eligible for Post-Retirement Health Insurance Coverage

Health Plans

Kaiser (HMO)

The Kaiser HMO Plan offers health benefits including medical, vision and prescription coverage. The dental benefit is augmented through the Dental PPO Plan. When you enroll in the Kaiser HMO Plan, you agree to use only Kaiser doctors and facilities for all your medical care. Kaiser covers most services at 100%, with no deductible. Members who travel out of state to a region with Kaiser presence are covered for full services. Otherwise, members are covered for urgent and emergency care only. Kaiser regions include covered zip codes in Hawaii, Washington, Oregon, Colorado, Maryland, Georgia, Virginia and Washington DC.

Please note retirees are not eligible to remain on the Kaiser HMO Plan if they permanently move outside of Southern California. The contract in place is for the Southern California region only.

City Self-Insured Plan (PPO)

The PPO Plan offers health benefits including medical, dental, vision and prescription coverage. The PPO Plan offers you access to a large network of physicians who agree to discount their fees for service. Under this plan, you are not required to select a Primary Care Physician and can access different physicians and specialists at your own discretion. While you may go to any doctor or hospital each time you need care, your co-pay or coinsurance will be lowest when you go to an in-network PPO provider. If you use providers who participate in the network, your care will be covered at the highest benefit level for most services after your deductible is met.

Premium Split Option (PSO)

Under the Premium Split Option, an employee will be reimbursed \$583.40 per month for waiving health insurance coverage. This option is only available to full-time employees who are currently enrolled in the PSO. During each Open Enrollment employees are required to re-enroll and submit proof of other health coverage in order to remain enrolled in the PSO. At anytime should an employee choose to opt out of the PSO and enroll in City health coverage, they will become permanently ineligible to enroll in the PSO.

Kaiser Permanente Senior Advantage Direct Bill—NEW!

If you are ready to retire, and are not eligible for Retiree Health Coverage under your bargaining group's Memorandum of Understanding (MOU), there is now an option to enroll in the City's HMO (Kaiser) plan. This benefit extends to City employees who are Medicare eligible. The employee must be age 65 and enroll in Medicare Parts A & B. The employee becomes responsible for the full premium cost and pays directly to Kaiser Permanente, upon retiring. The retiree enjoys all the benefits under the City's Kaiser Plan. Please contact Human Resources for details.

Cost of Coverage

Full-Time Employees and Retirees

The City will continue to contribute up to the cost for two-party coverage at \$1,166.79 per month. The family coverage co-pay will remain at \$494 per month. Retirees should keep in mind that the health insurance coverage is the same as the coverage for active full-time employees, including premium rates. Any changes in cost will be subject to the terms of the collective bargaining agreement in effect at the time of retirement.

Kaiser (HMO)			
2021 Rates 2020 Rates Tier Employee Contribution Employee Contribution			
Single	\$0	\$0	
Two-Party	\$0	\$0	
Family	\$494	\$494	

City Self-Insured Plan (PPO)			
2021 Rates 2020 Rates Tier Employee Contribution Employee Contribution			
Single	\$0	\$0	
Two-Party	\$0	\$0	
Family	\$494	\$494	

Part-Time Employees

All plans are provided at full cost to the part-time employee upon eligibility. Coverage includes medical, dental and prescription. Vision coverage is not included.

Kaiser (HMO)			
2021 Rates 2020 Rates Tier Employee Contribution Employee Contribution			
Single	\$575.19	\$575.19	
Two-Party	\$1,150.37	\$1,150.37	
Family	\$1,627.78	\$1,627.78	

City Self-Insured Plan (PPO)			
2021 Rates 2020 Rates Tier Employee Contribution Employee Contribution			
Single \$125.00		\$125.00	
Two-Party \$1,166.79		\$1,166.79	
Family	\$1,660.79	\$1,660.79	

^{*}All contribution amounts are monthly

Enrollment and Eligibility

Eligible Employees and Retirees

- Full-Time Employees
- Part-Time Employees who worked an average of thirty (30) or more hours per week over the past twelve (12) months
- Retirees eligible for Post-Retirement Health Insurance Coverage

Ineligible Employees and Retirees include, but are not limited to: temporary employees, transitional subsidized employment (TSE) workers, volunteers, part-time employees who have not worked an average of thirty (30) or more hours per week over the past twelve (12) months and retirees not eligible for Post-Retirement Health Insurance Coverage.

Eligible Dependents

- Spouse (opposite or same sex)
- Registered Domestic Partner (opposite or same sex)
- Children under the age of 26 (natural children, step-children, domestic partner's children, adopted children, foster children, children covered under legal guardianship)

Ineligible Dependents include, but are not limited to: parents, grandparents, siblings, aunts/uncles, nieces/nephews and grandchildren.

Dependent Verification

When adding dependents to your health pan you are required to provide proof of the relationship by submitting the following documentation:

- Marriage Certificate or License
- Certificate of Registered Domestic Partnership
- Birth Certificate
- Court document showing legal responsibility for adopted children, foster children or children under legal guardianship
- Required to provide your dependents' social security numbers (social security number not required for newborns at the time of enrollment)

Enrollment

Open Enrollment takes place during the month of January with coverage going into effect February 1st. Coverage for full-time new hires begins on the 1st of the month following sixty (60) days of employment. Enrollment elections remain in place during the entire plan year, unless a qualifying life event takes place. Should there be a qualifying life event, you have thirty-one (31) days to make changes.

Qualifying Life Events include, but are not limited to: birth or adoption of a baby or child, marriage, divorce and loss of other health coverage.

Medical Summary

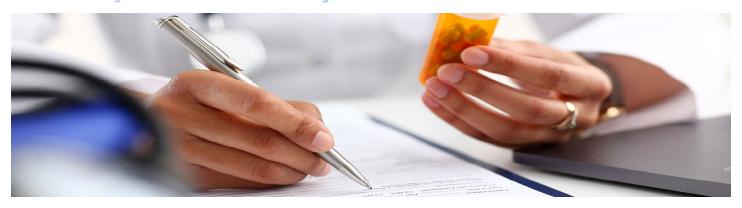
Plan Provisions	Kaiser (нмо)	City Self-Insured Plan (PPO)	
Fidil Flovisions	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$0	N/A	\$500/individual \$1,500/family	\$2,000/individual \$6,000/family
Out-of-Pocket Maximum	\$1,500/individual \$3,000/family	N/A	\$2,500/individual	Unlimited
Primary Care Physician Visit	\$25/visit	Not Covered	Pediatrician, OB/GYN: \$15 copay General, Family Practice, Internist: \$25 copay	40% coinsurance
Specialist Visit	\$25/visit	Not Covered	\$40 copay	40% coinsurance
Preventative Care/ Screening/ Immunization	No Charge	Not Covered	No Charge	40% coinsurance
Diagnostic Test (X-Ray, Lab)	No Charge	Not Covered	20% coinsurance	40% coinsurance
Generic Prescriptions	\$10/prescription	Not Covered	Retail Pharmacy: \$15 copay Mail Order Pharmacy: \$30 copay	Not Covered
Preferred Brand Prescriptions	\$30/prescription	Not Covered	Retail Pharmacy: \$50 copay Mail Order Pharmacy: \$100 copay	Not Covered
Outpatient Surgery Facility Fee	\$25/procedure	Not Covered	20% coinsurance	40% coinsurance
Outpatient Surgery Physician/Surgeon Fees	No Charge	Not Covered	20% coinsurance	40% coinsurance
Urgent Care	\$25/visit	\$25/visit	20% coinsurance	40% coinsurance
Emergency Room Care	\$100/visit	\$100/visit	Illness: \$100 copay Injury: 20% coinsurance	Illness: \$100 copay Injury: 20% coinsurance
Ambulance Service	No Charge	No Charge	20% coinsurance	20% coinsurance
Hospital Stay Facility Fee	No Charge	Not Covered	\$250 copay and 20% coinsurance	40% coinsurance
Hospital Stay Physician/Surgeon Fee	No Charge	Not Covered	20% coinsurance	40% coinsurance

Medical Summary Continued

Plan Provisions	Kaiser (HMO)		City Self-Insured Plan (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health Behavioral Health Substance Abuse Inpatient Services	No Charge	Not Covered	\$250 copay and 20% coinsurance	40% coinsurance
Mental Health Behavioral Health Substance Abuse Outpatient Services	Mental/Behavioral: \$25/visit, no charge for other outpatient services Substance Abuse: \$25/visit, \$5/day for other outpatient services	Not Covered	\$25 copay and 20% coinsurance for other outpatient services	40% coinsurance
Prenatal Visits	No Charge	Not Covered	\$15 copay	40% coinsurance
Childbirth/Delivery Professional Services	No Charge	Not Covered	20% coinsurance	40% coinsurance
Childbirth/Delivery Facility Services	No Charge	Not Covered	\$250 copay and 20% coinsurance	40% coinsurance
Home Health Care	No Charge	Not Covered	20% coinsurance 100 visits per year	40% coinsurance
Rehabilitation Services	Inpatient: No Charge Outpatient: \$25/visit	Not Covered	20% coinsurance	40% coinsurance
Durable Medical Equipment	No Charge	Not Covered	20% coinsurance	40% coinsurance
Hospice Services	No Charge	Not Covered	20% coinsurance	40% coinsurance
Chiropractic Care	\$15/visit Up to 30 visits per year	Not Covered	50% coinsurance 20 visits per year	50% coinsurance
Eye Exam	No Charge	Not Covered	\$25 copay	See Vision Summary
Lenses, Frames	Not Covered	Not Covered	See Vision Summary	See Vision Summary

^{*}Please refer to the Summary of Benefits and Coverage for further details

Prescription Summary



Prescription drug coverage is an important benefit to your overall health. By enrolling in health coverage you will also receive prescription drug coverage through Kaiser (HMO) or the City Self-Insured Plan (PPO).

Kaiser (HMO)

Employees enrolled in Kaiser will receive a member ID card that can also be used to fulfill prescriptions at a Kaiser pharmacy. When filling the prescription a copay will be charged based on the type of prescription drug. More information is available at www.kp.org/formulary.

	Kaiser (HMO)			
Generic Drugs	\$10/prescription	Up to a 100-day supply retail and mail order. Subject to formulary guidelines. No charge for contraceptives. Deductible does not apply.		
Preferred Brand Drugs	\$30/prescription	Up to a 100-day supply retail and mail order. Subject to a formulary guidelines. No charge for contraceptives. Deductible does not apply.		
Non-Preferred Brand Drugs	Same as preferred brand drugs	Same as preferred brand drugs when approved through exception process.		
Specialty Drugs	\$30/prescription	Up to a 30-day supply retail. Subject to formulary guidelines.		

City Self Insured Plan (PPO)

Employees enrolled in the City Self-Insured Plan (PPO) will receive a prescription card. When filling the prescription a copay will be charged based on the type of prescription drug. All retail pharmacy prescriptions will be filled by Envolve Pharmacy Solutions. More information is available at www.pharmacy.envolvehealth.com.

Maintenance Medications

Maintenance medications taken on a long-term basis are allowed three (3) fills at a retail pharmacy. All subsequent fills of the medication are required to be processed by mail order through CVS Caremark. More information is available at www.caremark.com.

	City Self-Insured Plan (PPO)			
Generic Drugs (Tier 1)	Retail Pharmacy: \$15 copay/prescription Mail Order Pharmacy: \$30 copay/prescription	Covers up to a 30-day supply (retail subscription); 31-90 supply (mail order prescription). \$2,500 maximum benefit per covered drug.		
Preferred Brand Drugs (Tier 2)	Retail Pharmacy: \$50 copay/prescription Mail Order Pharmacy: \$100 copay/prescription	Covers up to a 30-day supply (retail subscription); 31-90 supply (mail order prescription). \$2,500 maximum benefit per covered drug.		

Dental Summary



When signing up for health coverage through Kaiser (HMO) or the City Self-Insured Plan (PPO) you will receive dental coverage through the Dental PPO plan. The Dental PPO plan provides a multitude of dentists to choose from, and you may change dentists at anytime.

Employees who enroll in Kaiser (HMO) will receive a separate dental ID card. Employees who enroll in the City Self-Insured Plan (PPO) will have a combination prescription/dental ID card.

Finding and Selecting a Dental Provider

You may go to any dental provider who accepts Dental PPO insurance. To find a dentist you may visit www.findadentist.ada.org or use another search method of your choice. When searching for a dentist getting recommendations from family, friends or coworkers can be helpful. When selecting a dentist some things to consider are the office hours, ease of getting to the office, the dentist's education and training, overall condition and cleanliness of the office, helpfulness of the staff and transparency in billing. As a dentist will work with you to help you obtain and maintain oral health, finding a dental provider you are comfortable with should also be important.

Dental PPO		
Calendar Year Deductible	\$50/Individual \$150/Family	
Calendar Year Benefit Maximum	\$1,500 per person*	
Preventative Services	Plan pays 100%, no deductible	
Basic Services	Plan pays 80% after deductible	
Major Services	Plan pays 50% after deductible	
Orthodontia	Plan pays 80% after deductible	
Orthodontia Lifetime Maximum	\$1,000	

^{*}The maximum will be increased by \$250 each year, up to a maximum of \$2,000, for participants who utilize the preventative dental program of the two cleanings per year and incurred no additional costs to the plan.

Vision Summary



Routine eye exams play an important part in detecting serious eye diseases and health problems. Whether you enroll in Kaiser (HMO) or the City Self-Insured Plan (PPO) your eye exams will be covered and affordable.

Kaiser (HMO)

Employees enrolled in Kaiser will receive a member ID card that can also be used to make appointments at a Kaiser facility for covered eye services.

	Kaiser (HMO)			
Vision Exam	No Charge			
Specialist Visit to diagnose and treat eye injuries or diseases	\$25 copay/visit			
Frames, Lenses	Not Covered			
Special contact lenses for Aniridia	No Charge	Up to two (2) medically necessary contact lenses per eye in any 12-month period.		
Special contact lenses for Aphakia	No Charge	Up to six (6) medically necessary aphakic contact lenses per eye in any 12-month period.		

City Self-Insured Plan (PPO)

Employees enrolled in the City Self-Insured Plan (PPO) will receive vision services through Medical Eye Services (MESVision). When making appointments simply inform the provider of your vision coverage, and they will contact MESVision to verify your eligibility.

City Self-Insured Plan (PPO)				
Vision Exam \$25 copay		One every 12 months		
Frames	Up to \$125 allowance	One every 24 months		
Progressive Lenses Up to \$89.50 allowance		One pair every 24 months		
Contact Lenses	Medically Necessary: Covered Cosmetic or Convenience: Up to \$125 allowance	One pair every 24 months		

Group Term Life Insurance and AD&D



Lincoln Financial Group

Life insurance can offer a financial benefit to your loved ones in the event of accidental death or dismemberment. All permanent, full-time employees are enrolled in the City-paid Group Term Life and Accidental Death and Dismemberment Insurance through Lincoln Financial Group.

GMEA	GMEO	GPOA
\$20,000	1.5x annual salary	Not Applicable

Health Plan Life Insurance

In addition, employees enrolled in medical coverage through any City Health Plan are provided Group Term Life and Accidental Death and Dismemberment Insurance. Employee who are enrolled in the Premium Split Option or have waived medical coverage are not eligible to receive Group Term Life and Accidental Death and Dismemberment Insurance through the City Health Plan.

GMEA	GMEO	GPOA
\$20,000	\$20,000	\$10,000

Flexible Spending Account



A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for out-of-pocket medical, dental, vision and prescription expenses. The money can be used to pay for expenses incurred by you or eligible dependents such as your spouse, registered domestic partner or children even if they are not on the health plan.

For Calendar Year 2021, you may contribute up to \$2,750 on a pre-tax basis. Unused amounts will be forfeited at the end of the plan year so it is important to elect an amount wisely. You will have until February 28, 2022 to submit all eligible expenses for reimbursement. Reimbursement requests will be processed twice per month to coincide with approval of warrant requests by the City Council.

FSA funds can be used to pay for expenses such as copays, coinsurance and other non-covered healthcare costs. Below is a list of common expenses. For more details regarding eligible and ineligible expenses please see IRS Publication 502 by visiting https://www.irs.gov/publications/p502.

Flexible Spending Account	t
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Eligible Expenses

Acupuncture

Bandages

Birth Control

Blood Pressure Monitor

Breast Pumps

Chiropractic Care

Co-Insurance/Copayment

Contact Lenses and Solutions

Dental Braces

Dental Cleanings

Dental Crowns

Dental Fillings

Dental Implants

Diahatia Cumulia

Diabetic Supplies

Eye Exams

Eyeglasses

Flu Shots

Hearing Aids and Hearing Aid Batteries

Incontinence Supplies

Infertility Treatments

Insulin

Laser Eye Surgery/LASIK

Medical Supplies (to treat injury/illness)

Physical Exams

Physical Therapy

Pregnancy Tests

Prescription Drugs

Psychiatric Care

Psychological Services

Smoking Cessation Programs

Sterilization

Tubal Ligation

Walking Aids (canes, crutches, walkers)

X-Ray Fees (medical and dental)

Ineligible Expenses

Chapstick/Lip Balm

Deodorant

Dental Floss

Eye Drops

Eyeglass Cases

Hand Sanitizer

Insurance Premiums

Lotion

Maternity Clothes

Toiletries

Vitamins

REACH - Employee Assistance Program (EAP)



At one time or another we may all experience personal or work-related stressors. To provide support in dealing with these stressors, the City has contracted with REACH as our Employee Assistance Program.

About REACH

REACH staff are licensed, certified Employee Assistance Professionals that provide confidential counseling, assessment, referral and follow-up services to you and your immediate family. Services provided by REACH include up to three (3) consultations paid for by the City. Should continued treatment be required you will be responsible for the additional expenses.

For non-emergency needs, REACH can be contacted Monday through Friday from 8:00am to 5:00pm. For crisis situations, a counselor is available by phone 24 hours per day, 7 days per week. Visit www.reachline.com for more information.

Assistance Available

REACH professionals can assist with various personal and work-related issues such as:

· Relationships: Family, Marital, Child

Addiction: Drug and Alcohol Abuse

Emotional: Depression, Anxiety, Stress

Workplace: Coworker, Supervisor

Legal: Family, Personal Injury, Will

Financial: Credit and Planning

Career: Vocational Guidance

Elder Care: Retirement Care Support

Parenting: Single and Step

REACH Information	
24/7 Crisis Line	(800) 273-5273
Office Hours	Monday-Friday 8:00am-5:00pm
Website	www.reachline.com
Email	info@reachline.com

ICMA-RC 457 Deferred Compensation Plan



Contributing to a 457 Deferred Compensation Plan is a great way to plan for retirement. Whether you are close to retiring or just starting out in your career, ICMA-RC has investment options to fit your needs.

Contributions

Contributions are made on a pre-tax basis. Upon enrollment you select a dollar amount or a percentage to contribute from each paycheck. Contribution amounts can be changed at anytime. Should you have other eligible retirement accounts, you may transfer or roll them over to your 457 plan.

2021 Limits	
Annual Deferral Limit for 457 Plans	\$19,500
"Age 50" Catch-Up Limit	\$6,500
"Pre-Retirement" Catch-Up Limit *	\$19,500 (\$39,000 total)

^{*} Allows eligible participants to contribute an additional amount over the regular deferral limits in effect for the year (up to double the regular limit), to make up for years in which they did not contribute the maximum amount they were eligible to contribute under their current employer's plan.

Investments

There are a wide array of investment funds to choose from. Your contributions will be invested in the funds that you select with returns based on investment performance.

Loans

While still employed by the City, the plan allows you to borrow money from your account. The maximum loan amount is limited to half of your account balance or \$50,000, whichever is less. Additional information is available by contacting ICMA-RC.

Withdrawals

After separating from the City, you will be eligible to withdraw funds at anytime and will not be required to take withdrawals until after age 70 ½ . The IRS implements a 10% penalty for early withdrawals.

Account Information

Account statements are sent out quarterly showing detailed information including current balance and investment performance. To access your retirement account, you can visit www.icmarc.org or call (800) 669-7400. You may also contact the City's plan specialist:

Retirement Plan Specialist
Marcus Marshall
mmarshall@icmarc.org
(833) 646-0236

ICMA-RC Information
Regional Office: (408) 894-8590
Client Services: (800) 669-7400
Website: www.icmarc.org

ScholarShare 529



Establishing a 529 account is a great way to save for higher education expenses. Whether studying for business, welding or engineering, the account beneficiary will have available funds to use at schools nationwide.

Affordable and Convenient

Accounts can be opened in just 15 minutes with as little as \$25.00. With ScholarShare, accounts can be managed online or by mail.

Contributions

Return on contributions grow tax-deferred, and withdrawals are tax-free when used for qualified expenses.

Flexibility

Funds can be used to pay for tuition, required fees, books, supplies, room and board, and computers. In addition, not only can funds be used for children or other loved ones, funds can be used for yourself. Should the beneficiary of the account decide not to pursue their educational goals, a new beneficiary can be designated penalty-free so long as they're an eligible family member.

Gifting

Since anyone can contribute to the 529 account, there are a number of great opportunities for other to give such as birthdays, holidays, graduation and other important occasions.

ScholarShare 529 Information	
Customer Service Line	(800) 544-5248
Website	www.scholarshare529.com

MetLaw



Throughout our lives there may come a time when obtaining legal help is necessary. Whether getting married, buying or renting a home, starting a family or dealing with identity theft, having an experienced attorney provide legal advice makes dealing with life's key moments much easier.

About MetLaw

For a low monthly cost, MetLaw provides access to a network of attorneys that are available to provide advice on personal legal matters or representation on legal services. Attorneys in the network have an average of 25 years' experience practicing law, have graduated from an accredited law school and maintain valid state licensure. In addition to you being covered, the plan also extends coverage to your spouse and dependent children.

How the Plan Works

To find an attorney visit <u>www.members.legalplans.com</u> or call (800) 821-6400 to speak with a service member that can match you with the right attorney and give you a case number. From there, you contact the selected attorney, provide the case number and schedule a time talk or meet.

Assistance Available

MetLaw attorneys can assist with various legal matters such as:

- Getting Married: Prenuptial Agreements, Name Change, Estate Planning
- Buying, Renting or Selling a Home: Reviewing Contracts and Agreements, Preparing Deeds, Attending the Closing
- Starting a Family: Creating Wills, School and Administrative Hearings, Adoption
- Identify Theft: Access to Identity Theft Specialists, Proactive Identity Management, Access to Credit Monitoring
- Sending Kids to College: Security Deposit Assistance, Reviewing Leases, Student Loan Debt Assistance
- Caring for Aging Parents: Review of Medicare/Medicaid Documents, Nursing Home Agreements

MetLaw Information	
Client Services Center	(800) 821-4600
Hours of Operation	8:00am - 8:00pm
Website	www.members.legalplans.com

Who to Contact

Human Re	esources
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Nora Verceles Diana Schnur

Human Resources Manager Human Resources Analyst Phone: (310) 217-9509 Phone: (310) 217-9586

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Abigail Quiroz Alyssa Palma

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Phone: (310) 965-2337 Phone: (310) 217-9505

Email: aquiroz@cityofgardena.org Email: apalma@cityofgardena.org

1700 West 162nd Street Phone: (310) 217-9688

Gardena, CA 90247 Website: www.cityofgardena.org

Kaiser (HMO) Medical-Vision-Prescription Group # 114189 Dental-see City Self-Insured Plan (PPO)

Member Services Medicare Members Phone: (800) 464-4000 Phone: (800) 443-0815

Spanish Phone: (800) 788-0616 Website: www.kp.org/thrive

City Self-Insured Plan (PPO) Group # AZ000048

Medical PPO Plan Advanced Benefit Solutions (ABS) Third Party Administrator Dental PPO Plan

P.O. BOX 71490 Phone: (888) 419-1094 / (623) 889-7200

Fax: (623) 889-7299 Phoenix, AZ 85050

Website: www.absaz.net

Envolve Pharmacy Solutions Rx Group 17080 / Rx BIN 008019

Phone: (800) 460-8988 **Pharmacy Prescriptions**

5 River Park Place East, Suite 210 Website: www.pharmacy.envolvehealth.com

Fresno, CA 93720

Mail Order Prescriptions Rx Group 17080 / Rx BIN 008019

CVS Caremark Phone: (888) 624-1139

P.O. Box 94467 Website: www.caremark.com

Palatine, FL 60094-4467

Medical Eye Services (MESVision) Policy # 93-020

P.O. Box 25209 Phone: (800) 877-6372

Santa Ana, CA 92799 Website: www.mesvision.com

