

SECTION 1: AN INTRODUCTION: Getting to Know Us

Hello, and welcome to the Darin M. Camarena Health Centers, Inc. (Camarena)

This handbook has been prepared to introduce you to our organization. It will acquaint you with the policies, rules, pay and benefits that apply to all employees at Camarena. The information contained in this handbook generally applies to all staff members of Camarena. Except as changed in a written employment agreement signed by both the employee and the health center's Chief Executive Officer.

Please read this handbook carefully and keep it handy for future reference.

One of your first responsibilities as a new member of the Camarena team is to become familiar with the contents of this handbook. Your handbook is designed to be only a summary of our policies and to be used for informational purposes only. None of the benefits or policies in this handbook is intended by reason of their publication to confer any rights or privileges upon you or to entitle you to be or remain employed by Camarena.

Camarena's Mission, Vision, and Organizational History

Mission

The mission statement of the Darin M. Camarena, Inc. is:

- We provide exceptional health care, including dental and behavioral health and support services to Central San Joaquin Valley residents.
- We preserve a culturally and linguistically competent health care safety net for all persons.
- We broaden community vision, resources and support for health and developmental opportunities for all through collaboration and partnership.
- We maintain a fiscally viable, stable and secure environment for patients, staff and community.

Vision

Core Purpose: To better the quality of life.

Core Values: We Value . . .

- Making a difference in people's lives through:
- Providing high quality care and serving everyone equally
- Pursuing excellence through education, commitment, perseverance, hard work, and continuous improvement
- Taking risks doing the best in imperfect situations through creativity, resourcefulness, and innovation.
- Valuing relationships with our patients, our co-workers, and our community.

Big, Bold, Audacious Goal: To be the most influential organization in the Central San Joaquin Valley, providing vision and leadership exceeding the bounds of health care and community development.

Vivid Description:

We are the trusted sources of information regarding health and well being. People are proud to be associated with us. Darin M. Camarena Health Centers, Inc. is a household name in the Central San Joaquin Valley. As a result of this influence, our community enjoys equal opportunity and quality of life, regardless of economic status. Camarena is the role model for successful innovations, such as treatment of pediatric asthma, adolescent health, diabetes, geriatrics, dental health, behavioral health, health education, nutrition, physical activity, and alternative healing. Camarena is a nationally recognized resource for healthcare delivery and management, including electronic medical records. Our volunteer program is among the best in the country. We are the premier recipient for grants and donations of all sizes. Our political influence is substantial - Legislators will not act or take positions on matters within our spheres of influence without first seeking our guidance and input.

Our Motto: CAMARENA: *"More than Health"*

Organization History

Dedication to Darin (Why we named ourselves after a teenager)

These health centers are named after the "kid on the block" here in Madera. Darin Matthew Camarena was an ordinary kid, like your brother or your son; he liked ice cream, pop music, and he didn't like to exercise. He had a cat named "Chanklas" ("Floppy Sandals"), who could have been the older brother to "Socks", a former presidential cat. But beyond the ordinariness, he was a real hero: he and his family struggled for the gift of life every day and with pain and sacrifice beyond what most of us can comprehend. He was diagnosed with hemophilia, a life disabling and threatening disease, at age 3; and from blood products he contracted AIDS at age 13. The Madera community cared about Darin: the school board discretely kept him in school, and the papers kept their agreement not to disturb him or his family. He lived and died quietly, courageously in a community that cared and supported him and his family: a real role model for all of us.

To him and his caring about life, our services and centers are gratefully dedicated.

An Exemplary Track Record

The Darin M. Camarena Health Centers, Inc. was established in September 1980, as *Madera Family Health Center*. The health center opened its doors with one site, four exam rooms, one physician and one nurse practitioner. Originally designed to be a comprehensive, primary care facility serving the virtually ignored migrant and seasonal farm working population, the center rapidly expanded its patient base to include a diversified range of low income valley residents in Madera County. In 1994, as a tribute to the heroic life, and untimely death of a young Madera boy and to reflect our growth from one site to three, Madera Family Health Center was renamed Darin M. Camarena Health Centers, Inc. His parents have worked tirelessly on the Board of Directors to fulfill the health center's mission. From the very beginning, Camarena's mission of providing access to exceptional health care and support services has remained a compass for the corporation.

Over the past 25 years, a steadily growing patient base and an expanded commitment to serve the uninsured as well as the underserved has fueled the Centers' expansion. Service capacity has grown considerably since

SECTION 2: PRIMARY BENEFIT PACKAGE

DMCHC provides a primary benefit package that includes medical, dental, accidental death & dismemberment, Life Insurance free of charge to the staff member. You can extend coverage to spouse, domestic partner, and dependents at a low monthly cost.

The following information explains many of the benefits associated with our benefit package. Any additional questions that you may have can be directed to HR staff.

Medical Insurance

Plan Administrator for Medical Benefit

The plan administrator for our health plan is HealthComp (TPA). Questions regarding plan coverage, claims payment, or general plan questions can be directed to:

HealthComp
P.O Box 45018
Fresno, CA 93718-5018

Telephone: (800) 442-7247 or (559) 499-2450
Fax: (559) 499-2464

Preferred Provider Organization (PPO) - DMCHC's medical plan provides the flexibility of allowing you to choose who you select as your provider. The plan does have a network of preferred providers and institutions that when selected provide more extensive savings to you.

Network Provider - In order to take full advantage of the medical benefit it is recommended that when selecting a provider that you choose a provider that is in the network. For us, our network is Blue Cross.

Finding a Blue Cross PPO Provider - In your initial benefit information packet you will find a directory entitled Directory of Health Care Professionals and Institutions: Blue Cross PPO (Prudent Buyer Plan).

If you loose or need a replacement directory, please feel free to contact HR personnel.

Summary of Medical Plan - Below is a general listing of covered benefits and the coverage under out of network. For more detailed information regarding the medical benefit please see DMCHC's Summary Plan Description Booklet. This booklet was provided with your new hire materials.

Covered Services	Blue Cross PPO Provider	Out-of-Network Provider
Preventative Care	\$10 co-pay	50% after deductible
Physician Services	\$20 co-pay	50% after deductible
Hospital Services	100% after \$250 co-pay	50% after \$50 co-pay

Outpatient Surgery	100% after \$100 co-pay	50% after \$100 co-pay
Diagnostic Lab & X-ray	80% after \$250 calendar year deductible	50% after \$250 calendar year deductible
Emergency Care	100% after \$50 co-pay	50% after deductible
Physical Medicine	80% after \$250 deductible	80% after \$250 deductible
Home Health Care	100% to a CYM of \$10,000 Lifetime Max of \$50,000	100% to a CYM of \$10,000 Lifetime Max of \$50,000
Skilled Nursing	\$50,000 Lifetime Maximum	\$50,000 Lifetime Maximum
Pregnancy	100% after \$250 co-pay	Obstetrical Services 50% after deductible
Prenatal Coverage	\$5 co-pay per visit	50% after deductible
Mental Health	Out-patient: 80% up to \$2,500 In-patient: 80%/60 day max.	Out-patient: 80% up to \$2,500 In-patient: 80%/60 day max.
Deductibles	None applies for most services	\$250 per calendar year
Out-of-Pocket Maximum	\$5,000	\$30,000
Lifetime Maximum (All Services)	\$2,000,000	\$2,000,000

Dental Insurance

DMCHC offers a comprehensive dental benefit that is administered by HealthComp.

Plan Administrator for Dental Benefit

The plan administrator for our health plan is HealthComp (TPA). Questions regarding plan coverage, claims payment, or general plan questions can be directed to:

HealthComp
P.O Box 45018
Fresno, CA 93718-5018

Telephone: (800) 442-7247 or (559) 499-2450
Fax: (559) 499-2464

Dental Plan Summary

Type	Covered Services	Coverage Amount
Type I - Preventative	Dental exams, X-rays, Cleanings, and Fluoride for Children	Coverage: <u>100%</u>
Type II - Minor Restorative	Fillings, Oral Surgery, Extractions, Anesthesia, Injections, Endodontics	Coverage: <u>80%</u>

Type III - Major Restorative	Gold Fillings, Crowns, Dentures, Bridgework, TMJ, and Periodontal	Coverage: <u>50%</u>
Orthodontia Covers: All Ages	<u>50% to \$500 Annual Maximum</u> <u>\$1,500 Lifetime Max.</u>	

General Plan Deductibles:

- Dental Calendar Year Deductible: \$50 per person/\$200 per family
- Dental Calendar Year Maximum: \$1,500 per person

Prescription Benefit

DMCHC's prescription benefit plan offers ease of use and a mail order drug component. Restat is the group name of the prescription benefit. You would just need to provide your medical i.d. card to your pharmacist.

Prescription Services

Prescription Drug	\$5 generic
	\$10 brand
Mail Order (90 day supply)	\$15 generic
	\$15 brand

More about Mail Order Prescriptions - Immediate Pharmaceutical Services (IPS) is the name of the mail order service. Some benefits with using the mail order program are:

- Lower out-of-pocket costs
- 90 day supply
- Convenience of home delivery
- Toll-free Customer Service (800) 233-3872
- 24 hour refill line

If you are interested in taking advantage of the mail order prescription benefit, please see HR for the one time IPS application form.

Long-term Disability

As a staff member you automatically are eligible for Long-term disability insurance. Our carrier for this insurance is UNUM Life Insurance Company of America.

Certificate of Coverage - A plan document describing in more detail the specifics of this insurance is included in your new hire benefit packet.

Amount of Insurance

The amount of insurance is as follows:

- 66 2/3 % (benefit percentage) of basic monthly earnings (limitations are associated with this, please refer to plan document).
- The maximum monthly benefit is \$6,000.
- The minimum monthly benefit is the greater of (a) \$100; or (b) 10% of the monthly benefit before deductions for other income benefits.

Group Life Insurance Benefit

As a staff member of DMCHC, you will receive term life insurance for you and your dependents paid by Camarena. The life insurance is administered through HealthComp and is currently with Sun Life. You may contact HealthComp for additional information.

Insurance Benefit

Insured	Coverage Amount
Staff Member	\$50,000 Flat
Dependent Spouse	\$5,000 Flat
Dependent Children	\$2,500

Global Travel Assistance

As a Sun Life member you are eligible for travel assistance services provided by Assist America. This allows you to have access to a unique emergency medical and personal assistance program when traveling both domestically and abroad.

Key benefits of this program are:

- Medical Consultation and Evaluation
- Hospital Admission
- Emergency Evacuation
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Care for Minor Children
- Transportation to Join Patient

This is just a small list of the benefits of this program. This is part of the group life insurance benefit and offered at no charge to you. For more information, please see HR staff.

Vision

Camarena staff members have the opportunity to elect to purchase vision care insurance for themselves, spouse or dependents. You can enroll at the time of your hire or you can add this option at any time (see below for specifics).

Plan Administrator: Vision Service Plan (VSP)
 General information: www.vsp.com
 Customer Service Number: (800) 877-7195

Eligibility & Benefit Plan Questions

Enrollment into the vision plan is for one (1) year, after which you can request to cancel at any time. To add or cancel, please contact Human Resources personnel. Existing staff members can add this benefit at any time.

Benefits	Duration
Examinations	Once every 12 months
Lenses	Once every 12 months
Frame	Once every 24 months

Covered Member - The covered member, also referred to as the VSP member, is the person whose group or employer provides your VSP coverage. The covered member is also known as the primary subscriber or enrollee.

Member I.D. - The number assigned to you by your group or employer. The member I.D. is usually the covered member's Social Security number. Social Security numbers are routinely used for patient identification in healthcare. VSP understands the privacy concerns surrounding your Social Security number. Your Social Security number will *only* be used to administer your eye care plan. VSP does not release Social Security numbers to unauthorized individuals.

Verification of Benefits - Should you sign up for this benefit, you will notice that VSP will not directly provide a membership card. VSP provides a supportive and user friendly website where you can check on your plan, print out a card, etc. Sign on to Benefits Information on www.vsp.com to view your eligibility and coverage information. You will need to enter the covered member's I.D. number and first and last name.

Co-pays - The VSP plan includes a co pay, you will need to pay it to the VSP network doctor during your visit. Co pays typically apply to both you and your dependents covered under your VSP plan.

Exam co-pay	\$10.00	
	VSP Provider	Non-VSP Provider
Examination	Paid-in-full	Up to \$40.00
Single Vision Lenses	Paid-in-full	Up to \$40.00
Bifocal Lenses	Paid-in-full	Up to \$60.00
Trifocal Lenses	Paid-in-full	Up to \$80.00
Lenticular Lenses	Paid-in-full	Up to \$125.00
Frame	Large selection of frames paid-	Up to \$45.00

	in-full	
Contact Lenses		
• Necessary	Paid-in-full	Up to \$210.00
• Elective	Up to \$105.00	Up to \$105.00

Some options may have an additional expense, such as frame and lens options:

- Scratch-resistant coating
- Anti-reflective coating
- Ultraviolet (UV) protection
- Progressive lenses
- Blended bifocal lenses
- Most tinted and photochromic lenses
- Any frame valued at more than your plan's allowance

When you visit a VSP network doctor, you may receive extra savings on some frame and lens options. Please check your plan information for details.

Contact Lenses - VSP plan has coverage for contact lenses. Keep in mind, if you choose contacts, you may not be eligible to receive any frame and lenses during the same service period. To find out if your plan allows this, go to VSP's website, or contact VSP Member Services.

Finding A VSP Network Doctor - Finding a VSP network doctor is easy. You can either visit the VSP Network Doctor Directory at (www.vsp.com) "Find a Doctor" or you can contact Member Services. Additionally, HR has a listing of the regional network doctors.

Seeing a Doctor Outside the VSP Network - VSP will reimburse you up to the amount allowed under your plan's out-of-network reimbursement schedule. You'll receive a lesser benefit and typically pay more out-of-pocket. The reimbursement rate does not guarantee full payment, and VSP cannot guarantee patient satisfaction when services are received from a non-VSP provider.

Laser VisionCare Questions - VSP now offers many members the option of laser vision correction surgery to correct vision problems such as nearsightedness, farsightedness and even astigmatism. For more details, go to Laser VisionCare.

SECTION 3: SUPPLEMENTARY INSURANCE

The plans listed in this section are additional insurance opportunities provided by DMCHC. These are insurance plans that are primarily paid for by you. You are not obligated to elect for any of these programs. It is recommended that you take the time to consult your financial advisor or qualified outside personnel to determine if any of these programs fit your need.

DMCHC is please to offer many of these supplementary insurances as automatic payroll deductions.

Colonial & AFLAC

These insurance groups offer a variety of supplemental plans to ensure that should a catastrophe hit you or your family, you are protected. Both companies work with DMCHC to provide their plans. These plans types are usually designed around these areas.

Category A- Catastrophic Plans

- The Personal Cancer Indemnity Plan
- The Personal Intensive Care Plan

Category B- Hospitalization Indemnity Plan

- Hospitalization Indemnity Plan

Category C- Accident and Disability Plans

- Accident Plan
- Personal Short Term Disability

While both plans offer insurance coverage generally fall under the three (3) categories each company offers some unique differences in coverage and cost. If you are interested in these types of additional insurance, it is recommended that you meet with representatives for each to determine what best fits your need.

Plan Sponsor Information:

Colonial Insurance

Bob Heitman, Sales Manager
525 West 20th Street
Merced, CA 95340

Phone: (209) 385-6164

AFLAC

Doug Bunting, Agent
4721 W. Jennifer, Ste. 12
Fresno, CA 93722

Phone: (559) 275-9770

Whole Life Insurance Program

If you would like life insurance that is yours, you can elect for New York Life's Whole Life Program. This life insurance offers competitive rates, cash accumulation, ease of payment through a payroll deduction, and family coverage. The plan is flexible because you own it and will go with you where ever you go.

For more information, please contact our New York Life agent.
New York Life Insurance Company
Paul A. Giffen, Agent
7112 N. Fresno St., #300
Fresno, CA 93720

Phone: (559) 447-3685
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