



San Joaquin County Human Resources Employee Benefits Frequently Asked Questions

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Eligibility

Q: Who is eligible for benefits?

A: Full-time San Joaquin County employees are eligible for the County's benefits program.

Some part-time employees may also qualify depending on their classification and the number of hours worked.

Part-time employees who work in excess of 1560 hours may be eligible for certain benefits and should refer to their Memorandum of Understanding (MOU) for more information.

[Labor Relations Division | sjgov.org](http://sjgov.org)

Part-time employees who consistently work enough hours over a defined measurement period may qualify under THE Affordable Care Act (ACA) rules or other eligibility provisions.

Part-time premium staff are eligible for the same benefits as full-time staff.

If you are unsure about your status, contact the Employee Benefits Division so staff can review your position classification and hours worked.

Q: Can I opt out and get cash in lieu of benefits?

A: Enrollment in benefits is optional; however, the County does not provide cash payments in lieu of benefits for employees who choose not to enroll.

Q: Can I get medical benefits if I am part-time?

A: Part-time employees are not eligible for medical benefits until they have completed one full year of service. At that point, eligibility for limited benefits is evaluated according to established criteria, such as hours worked. However, Part-Time Premium employees are eligible for the same benefits as full-time employees.

Q: I am a part-time employee, and I received a letter stating that I qualify for benefits under the Affordable Care Act (ACA) because of the number of hours I worked. Does this make me eligible for all county benefits?

A: If you received a letter, it means you qualified for medical benefits under the Affordable Care Act (ACA) based on your hours worked in the previous 26 pay periods. Hours are reviewed annually to verify eligibility for the benefit. The County uses those hours to determine if you are eligible for health benefits.



There are two categories of ACA eligibility

1. Full ACA Eligibility Group

- You can elect from any of the County medical health plan options
- The County pays 80% of employee-only coverage & the employee pays 20%
- You may add minor dependents only (no spouse coverage)
- Employees must apply before the enrollment deadline as outlined in your eligibility letter

2. Limited ACA Eligibility Group: Plan C

- Same hours criteria (previous 26 pay periods).
- Employees can only enroll in Plan C.
- The County pays 80% of employee-only coverage & the employee pays 20%
- You may add minor dependents only (no spouse coverage)

What You Need to Do

- Review your letter carefully to determine which category you fall under
- If you qualify for all of the plans, you'll have more choices
- Be sure to apply before the deadline listed in your letter

Q: Who are eligible dependents?

A:

Eligible Dependents	Required Dependent Documentation
Your legal spouse	Certified Marriage Certificate
Your domestic partner as certified under a registered domestic partnership	Certificate of Domestic Partnership as registered with the State of California
Your biological or legally adopted children, stepchildren, and domestic partner's children who are under age 26	Certified Birth Certificate, Adoption Certificate, or legal custody order
Any child for whom a court has issued a Qualified Medical Child Support Order	Qualified Medical Child Support Order (provided to the County by Department of Child Support Services)
Your dependent child over age 26 who is mentally or physically disabled	A disabled dependent child must have been enrolled before turning 26. Please contact Human Resources - Benefits for detailed information on how to continue enrollment.



Q: I have a dependent turning 26. What do I need to do to ensure my rates are adjusted?

A: When your dependent turns 26, they are no longer eligible for County health coverage. No action is needed from you. The system will automatically remove them at the start of the first pay period of the following month. Your payroll deductions will be updated accordingly. Your dependent will also receive information about COBRA continuation coverage (up to 36 months) through Lucent Health if they want to temporarily keep their coverage.

*If you have a disabled dependent who will be turning 26, please fill out the Disabled Dependent Form [disabled-dependent-physicians.pdf](#) and return it to the employee benefits team at employeebenefits@sjgov.org

Enrollment

Q: Where can I find enrollment forms?

A: You can find enrollment forms on the county website:

- Go to sjgov.org > Governments > Human Resources > Program Services > Benefits > Active Employee Information or;
- [Benefits Videos & Enrollment Forms – Engage](#)

Q: What is open enrollment?

A: Open enrollment is the designated time each year (the month of October for San Joaquin County) when employees can review and make changes to their benefits, such as medical, dental, vision, flexible spending accounts, and other optional coverages. During this period, employees may enroll, change plans, add or remove dependents, or waive coverage. Elections made during open enrollment typically remain in effect for the entire plan year (January – December) unless the employee experiences a Qualifying Life Event (QLE).

** (Please note there is a short-term plan coverage period in 2026. Open enrollment will be May 4-22 for a July 1 – December 31 coverage period and again in October 2026 for a plan coverage year of January 1- December 31, 2027.)

Changing or Updating Benefits

Q: When can I change my benefits?



A: You can change your benefit elections during the annual Open Enrollment period or if you experience a Qualifying Life Event (QLE).

Annual open enrollment takes place in the month of October for benefit changes to take effect in January.

Qualifying life events examples include marriage, divorce, birth or adoption of a child, loss of other health coverage, or a court order affecting benefit coverage.

Requests must be submitted within 60 days of the qualifying event.

Q: Can I make changes without a qualifying life event (QLE)?

A: No. Outside of Open Enrollment, changes are only allowed if you experience a Qualifying Life Event (QLE). This applies to Full-Time and Part-Time Benefits.

- Examples of QLEs:
 - Within 30 days of birth, adoption, marriage, or registered domestic partnership (even if you're on leave)
 - Within 30 days of a dependent losing other employer group coverage
 - To comply with a Qualified Domestic Relations Order (QDRO) issued by a court

Late enrollment is not allowed.

Q: How do I make changes to my benefits?

A: Outside of open enrollment, if you have a QLE, you must:

- Complete an enrollment form (found on San Joaquin County's Benefits webpage). [Benefits Videos & Enrollment Forms – Engage](#)
- Submit the form and required documents to Employee Benefits
 - Email: employeebenefits@sjgov.org
 - In person/by mail: 44 N San Joaquin St, Ste 330, Stockton, CA 95202
 - Interoffice: From your department

Q: If I move to a different position or unit, can I change my current benefit plan elections?

A: No. Transferring to another position or receiving a promotion does not generally allow you to change your current benefit elections. Your existing benefit plans will remain the



same unless you experience a qualifying life event, such as marriage, birth, or adoption of a child, or loss of other health coverage.

In the instance that you go from full-time to part-time, you may become ineligible for benefits. This would change your benefit elections as you would lose your current coverage.

Q: Will I receive any new benefits if I move to a different position or unit?

A: If your new position includes additional benefits as part of its classification or unit, those benefits will be provided to you.

Please note that moving to a different position or unit may also result in the loss of certain benefits based on the Memorandum of Understanding (MOU)/resolution.

Q: Where can I find details about the benefits for my new position or unit?

A: You should review the Memorandum of Understanding (MOU)/resolution for the unit you are moving into. The MOU/resolution outlines benefit eligibility, entitlements, and any special provisions tied to that position.

Q: If I reinstate my benefits, will my previous elections be restored?

A: Yes. When your benefits are reinstated, your **previous benefit elections are automatically restored**, and no new paperwork is required. Benefit carriers are notified electronically to resume your coverage.

Q: How can I update my address, and how long does it take for carriers to receive the update?

A: All address changes are processed through the Auditor–Controller’s Office.

Auditor Controller's Office

44 North San Joaquin Street
Fifth Floor, Suite 550
Stockton, CA 95202

Fax: (209) 468-3681

Phone: (209) 468-3925

Once your address is updated in the County’s system, benefit carriers receive updates weekly, and it may take up to one week for your new address to be reflected with your



insurance carriers. The Human Resources Benefits Unit does not handle change of address requests.

Q: How do I terminate my benefits if I have coverage elsewhere?

A: If you have coverage elsewhere, you may request to terminate your county benefits. Proof of your new coverage and the required forms must be submitted to Benefits within the allowed timeframe.

Process: Employees must request termination within **60 days** of the new coverage start date.

Submit:

- An **enrollment form** opting out of County benefits.
- A **proof of coverage letter** from your new plan showing the start date.

Note: If you miss the 60-day window, you must wait until **Open Enrollment** or another **Qualifying Life Event** to terminate or change your coverage. Always keep copies of your paperwork.

Q: Why am I still seeing benefit deductions after canceling my benefits?

A: Amounts shown under Year-to-Date (YTD) reflect deductions taken earlier in the year and do not mean deductions were taken from the current paycheck. To confirm whether deductions were taken for the current pay period, review the Employer-Paid, Before-Tax, and After-Tax Deductions sections of your paycheck. If benefits appear in those sections, deductions or contributions were taken for that pay period. If you have questions, you can reach out to the Employee Benefits team.

Coverage, ID Cards, and Providers

Q: When does benefit coverage begin?

A: Employees have 60 days from their date of hire to select or opt into benefits. Coverage under medical, dental, and vision becomes effective on the 1st of the pay period after your paperwork is submitted.

Example: This is a sample timeline of benefits activation:



Your Benefits Enrollment Timeline

Important Dates to Know



This timeline shows the key dates in your new hire benefits enrollment and activation process. Be sure to submit your enrollment forms by the deadline to ensure your benefits are activated on time!

1	APRIL 20 MON		Hire Date / First Day of Work (Monday) Your benefits enrollment process begins. Welcome aboard!	
2	MAY 1 FRI		Deadline to Submit Enrollment Forms (Payday Friday at the end of the first pay period) Make sure your completed enrollment forms are submitted by this date.	
3	APRIL 27 WEEK OF		Internal Processing We review and process your enrollment information internally.	
4	MAY 4-7 WEEK OF		Vendor Processing Your enrollment information is sent to our benefits vendors for processing.	
5	MAY 7 AROUND		Benefits Should Show as Active in Vendor's System Around: Your benefits should show as active in the vendor's system on or around this date.	

Quick Tip!

Submitting your enrollment forms by the deadline helps avoid delays and ensures your benefits are active when you need them.



Important Reminder: Timely submission of your enrollment forms ensures there are no delays in activating your benefits. Thank you!

Q: How much will my benefits cost per paycheck?

A: Your cost per paycheck is listed on the current enrollment form. These rates change each year. Rates vary based on your employee unit (Cafeteria vs. Non-Cafeteria) and the coverage options you choose (for example, domestic partner coverage). Please refer to the enrollment form to see the exact deduction amount for your elections.

Q: Where do I get my insurance ID cards? Can you send them to me?

A: Health Insurance ID Cards:

- San Joaquin County does not issue or send health insurance ID cards.
- Your health insurance provider is responsible for mailing ID cards directly to you.
- If you haven't received your card yet, you can contact your provider's Customer Services for assistance and to confirm your mailing address.

Dental & Vision Plans:

- ID cards for dental and vision coverage are not provided or needed to receive services.
- When visiting a dental or vision provider, provide your name, date of birth, and the name of the insurance plan to access services.
 - If your family members are covered under your plan, they will need to provide your information.



SAN JOAQUIN COUNTY

Greatness grows here.

- If you prefer to have an ID card for dental or vision coverage, you can contact the providers directly to inquire about the issuance of an ID card.
- The County does not provide these cards.

Q: My benefits were effective at the beginning of the pay period, but the plans don't have me in their system.

A: Effective Date vs. Provider Updates

- Your benefits are effective starting the Monday of the pay period in which they begin, but carriers do not receive the enrollment file until the end of the second week. This may cause a short delay before your coverage appears in the provider's system.

Your Benefits Enrollment Timeline
Important Dates to Know

This timeline shows the key dates in your new hire benefits enrollment and activation process. Be sure to submit your enrollment forms by the deadline to ensure your benefits are activated on time!

Step	Date	Event	Description
1	APRIL 20 MON	Hire Date / First Day of Work (Monday)	Your benefits enrollment process begins. Welcome aboard!
2	MAY 1 FRI	Deadline to Submit Enrollment Forms (Payday Friday at the end of the first pay period)	Make sure your completed enrollment forms are submitted by this date.
3	APRIL 27 WEEK OF	Internal Processing	We review and process your enrollment information internally.
4	MAY 4-7 WEEK OF	Vendor Processing	Your enrollment information is sent to our benefits vendors for processing.
5	MAY 7 AROUND	Benefits Should Show as Active in Vendor's System Around:	Your benefits should show as active in the vendor's system on or around this date.

Quick Tip!
Submitting your enrollment forms by the deadline helps avoid delays and ensures your benefits are active when you need them.

Important Reminder: Timely submission of your enrollment forms ensures there are no delays in activating your benefits. Thank you!

What This Means for You

- Your coverage is effective, but providers may not show you as active until their systems update—typically by the end of the second week of the pay period. Once updated, your coverage will appear.

Q: What's the difference between a 1095-B and a 1095-C?

A: **Form 1095-B** shows who had health coverage and the months coverage was in place. It is provided by your insurance carrier.



Form 1095-C shows the health coverage offered to you by the County, including the cost of the lowest-cost plan. It is provided by your employer.

Medical Plan Types

Q: What is the difference between PPO and HMO medical plans?

A: PPO plans allow members to see providers both inside and outside the network without referrals, though out-of-network services typically cost more. HMO plans require members to use in-network providers and select a primary care physician who coordinates care and referrals to specialists.

Q: What is the difference between fully funded and self-funded medical plans?

A: Fully Funded (Fully Insured)

- The County pays a fixed monthly premium to an insurance carrier.
- The carrier assumes all financial risk for medical claims.
- The carrier is responsible for paying claims and administering the plan.

Self-Funded (Self-Insured)

- The County pays for employees' medical claims directly.
- The County assumes the financial risk associated with claim costs.
- A third-party administrator (TPA) is utilized to process and manage claims.
- Because the County bears the financial risk, a formal plan document must be adopted and approved by the Board of Supervisors.

Q: Are there PPO plans available?

A: PPO Plans (Anthem Prudent Buyer Network)

- Premier, Select, and Select Exclusive are all PPO (Preferred Provider Organization) plans.

PPO features:

- Greater flexibility in choosing doctors and specialists.
- You can see providers both in-network and out-of-network (though out-of-network costs are higher).
- No referral needed to see a specialist.



- Typically, higher premiums compared to HMOs, but more freedom of choice.

Q: Are there HMO plans available?

A: HMO Plans

- Kaiser and Sutter are HMO (Health Maintenance Organization) plans.

HMO features

- Care is coordinated through a primary care physician (PCP).
- Referrals are usually required to see specialists.
- Coverage is limited to in-network providers (except emergencies).
- Generally lower premiums and out-of-pocket costs compared to PPOs, but less flexibility.

Leave of Absence & Maintaining Benefits

Q: What happens to my benefits if I take a leave of absence?

A: Your benefits may continue during an approved leave of absence, provided that required premium payments are maintained.

- Employees may continue coverage by utilizing available paid leave balances.
- If paid leave is exhausted, employees are responsible for making direct premium payments to the County to maintain coverage.
- Failure to make timely premium payments may result in a lapse of coverage.

Q: I am on leave, how many hours do I need to have to maintain my benefits?

A: Family and Medical Leave Act (FMLA)

- Under FMLA, you only need to maintain enough hours to cover the cost of your benefits.
- The exact requirement can vary based on your provisions in your MOU, so it's best to check directly with your department for your situation.

Leave of Absence (LOA)

- For a Leave of Absence (LOA), you must have a minimum of 41 hours of paid time per pay period to maintain benefits.
- You have two options to ensure coverage continues:



- Use banked hours: Instruct your department to report your banked hours to payroll so they can be applied toward benefit premiums.
- Make direct payments: Pay the premium directly to the Employee Benefits Department.

Important Note

- If neither option is used, your benefits will terminate once the pay period is processed.
- This means coverage ends at the close of that pay cycle if premiums aren't paid.

COBRA & Separation from Employment

Q: How does COBRA work?

A: You have 60 days from the notice date to elect COBRA. After electing, you have 45 days to make your first payment. Payments are made monthly directly to Lucent. The first payment is applied retroactively to your coverage end date and may be prorated.

You may stop COBRA at any time; however, once COBRA is canceled, it cannot be restarted.

Q: When will my benefits end if I separate from the County?

A: The end date of your benefits depends on the number of regular hours paid in your final pay period, as confirmed by your payroll department.

If you have 41 or more regular hours in your final pay period, your benefits will continue through the end of the following pay period.

If you have fewer than 41 regular hours, your benefits will end at the end of your final pay period.

Note: Accrued leave (such as vacation or compensatory time) may be used, if applicable, to help reach the 41-hour threshold.



Life Insurance

Q: What life insurance coverage does the County provide?

A: Many San Joaquin County employees receive County-paid term life insurance based on the provisions of their Memorandum of Understanding (MOU). In many cases, the County provides life insurance equal to 100% of the employee's annual salary up to a specified maximum amount. This coverage may also include Accidental Death and Dismemberment (AD&D) protection.

Q: My union contract says I receive life insurance. What does that mean? Can I keep it if I leave the County?

A: Your union contract (MOU) provides County-paid term life insurance, typically equal to 100% of your annual salary (up to \$75,000) and includes AD&D coverage. This County-paid coverage usually ends when you leave employment.

If you purchased optional additional life insurance, that coverage may be continued after you leave by submitting a continuation request through San Joaquin County Human Resources.

Flexible Spending Accounts (FSA)

Q: Do Flexible Spending Accounts renew automatically?

A: No. Flexible Spending Accounts must be elected each year during Open Enrollment. IRS rules require employees to actively re-enroll each year if they wish to continue participating in the FSA program.

Q: What happens to my existing Flex Spending Account (FSA) at Open Enrollment?

A: Annual Enrollment Requirement

- FSAs do not automatically renew from one plan year to the next.
- Per IRS regulations, employees must actively re-enroll during Open Enrollment to continue participation.
- Use It or Lose It Rule.
 - FSA funds must be used within the plan year to pay for eligible expenses.
 - Any remaining balance that is not used by the end of the plan year (or applicable grace period, if offered) is forfeited.



- This means unused funds are not returned to the employee.

Rollover Exception

- A limited amount of FSA funds may be used after the end of the plan year for eligible expenses incurred during the plan year but processed later.
- This applies only to claims for services received before the plan year deadline, even if the claim is submitted afterward (within the applicable run-out period).
- This is not a true rollover of unused funds—any remaining balance beyond eligible pending claims will still be forfeited under the “use it or lose it” rule.

Retirement Benefits

Q: What happens to my benefits when I retire?

A: When employees retire, they may have several options for continuing coverage depending on eligibility rules and retirement status. Some retirees may qualify for County retiree medical programs, while others may elect COBRA coverage for a temporary continuation of their current health plan. You can reach out to the San Joaquin County Employee Retirement Association (SJCERA) for more information on your retirement benefits. SJCERA offers many informational webinars throughout the year that can help you prepare for retirement.

Q: What is the retirement process, and which forms are required?

A: Retirement-related activity and questions should be directed to the San Joaquin County Employees’ Retirement Association (SJCERA). The San Joaquin County Human Resources Benefits team does not have access to the retirement database.

Retirement Process

- Submit Application for Retirement
 - Applications must be filed 60 days before your retirement date.

Contact SJCERA (San Joaquin County Employees’ Retirement Association)

- Retirement resources and required forms
 - Website: SJCERA.org
 - Phone: 209-468-2163
 - Email: ContactUs@sjcera.org

Forms & Contacts



- Application for Retirement → Required form to initiate the process.

CMCP (County Medical Continuation Program)

- Contact Lucent for questions.
 - Phone: 1-877-789-8488

COBRA (Continuation of Health Coverage)

- Also handled through Lucent.

Next Step: Please contact SJCERA directly to obtain your retirement application packet and confirm any additional documentation applicable to your situation.

Q: When I separate from the County (resign or retire/disability retire), what happens to my Life Insurance?

A: Coverage Continuation

- Your life insurance policy remains in effect for 12 months after separation.
- Coverage amount is capped at your annual salary or \$50,000, whichever is less.

Gradual Reduction

- After the first year, coverage reduces by 20% per year.
- This reduction continues until the benefit fully terminates at the end of 60 months (5 years) after separation.

Conversion Option

- You may convert your group life insurance policy into an individual policy.
- Conversion forms are available online (check your HR or benefits portal).

Note: If you are considering converting your policy, review the forms early and compare the costs and benefits of an individual policy with other available coverage options.

Q: If I have a VOYA life Insurance/HSA plan/etc. with my old job, can I still use it here?

A: Benefit Reciprocity

- Some benefits, such as life insurance policies or HSA accounts, may have reciprocity — meaning they can continue even if you change employers.



- Whether you can keep using them depends on the provider's rules and how the plan was set up with your old job.

Health Savings Account (HSA)

- HSAs are portable. If you had an HSA with your old employer, you can continue to use it for eligible medical expenses even after leaving.
- You may be able to resume contributions if your new health plan is HSA-eligible. Life Insurance (VOYA or other carriers)
- Employer-paid life insurance does not transfer automatically when you change jobs.
 - However, if you purchased supplemental or voluntary life insurance through VOYA, you may be able to continue coverage by working directly with the provider.

Next Steps

- Contact VOYA or your specific provider directly to confirm whether your plan can be continued or transferred.
- Ask about portability, conversion, or rollover options depending on the type of benefit.
- Keep copies of your old plan documents — providers may request them to verify eligibility.

Q: What happens with my sick leave at retirement?

A: Sick leave balances are not cashed out upon retirement. You will need to reach out to Position Control for more information on this topic; however, for some staff, sick leave may be eligible for conversion to apply to benefits premiums at retirement.

Eligibility

- This benefit only applies to employees hired before August 27, 2001.
- If you have more than 160 hours of sick leave at the time of separation, you may convert a portion to cash.

Conversion Rate

- 15% of sick leave hours can be converted into a cash payout.

Minimum Balance Rule



- Your sick leave balance cannot fall below 160 hours.

Election Requirement

- You must elect in advance whether to convert sick leave to cash.
- Once you make this election, no changes can be made.

Important Notes

- These rules are subject to your Memorandum of Understanding (MOU), which may contain additional details or exceptions.
- The cash conversion is a one-time option at the point of retirement/separation.

What you should do: Carefully review your MOU and confirm your sick leave balance with HR prior to retirement so you know how much can be converted and can make your election on time.

Q: I have a 457(b) plan. What happens to it when I retire? Can I withdraw it or do I need to roll it over to something else?

A: 457(b) plan participants have withdrawal options after retirement

At Separation

- Once you retire from County employment, you become eligible to withdraw funds from your 457(b) plan.

Other Qualifying Events

- Withdrawals are also allowed in cases of hardship or death of the participant (beneficiaries would then access the funds).

Rollovers

- You are not required to roll your 457(b) plan into another account.
- However, you may choose to roll it into another qualified retirement account (such as an IRA or another employer's plan) to continue tax-deferred growth.
- Rolling over can help avoid immediate taxation if you don't need the funds right away.

Key Notes



- Withdrawals from a 457(b) plan are not subject to the 10% early withdrawal penalty that applies to 401(k) or IRA accounts, even if you are under the age of 59½.
- Taxes will apply to distributions, so it's important to plan ahead for the impact on your retirement income.

Q: What does it mean, “Do I want to know my life insurance conversion rate?” Do I have to take it?

A: What “Conversion Rate” Means

- When you retire or separate, your group term life insurance can be converted into an individual whole life insurance policy.
- The conversion rate is the premium cost you'll pay for the new individual policy.

This rate is based on:

- Your age at the time of conversion
- The amount of coverage you choose to convert

Annual policy fees

- Key Features of Conversion
- No medical exam required → You can convert regardless of health status.

Whole life insurance

- Offers guaranteed cash value and locked-in premiums.

Limitations

- Extra benefits do not carry over to the new policy.
 - Ex. disability, accidental death, dismemberment, accelerated benefits

Do You Have to Take It?

- No, it's optional.

You can choose to:

- Convert your coverage into an individual policy and continue paying premiums.
- Decline conversion and let the group coverage end.



Note: The decision depends on whether you want ongoing life insurance protection after retirement and how the cost compares to other options available to you.

Q: What happens to the vacation time I have left?

A: Vacation Time Payout options.

Cash Out Option

- Any unused vacation time is paid out to you as a lump sum.

Deferred Compensation Rollover

- You may choose to roll over all or part of that lump sum into your deferred compensation plan 457(b) plan.
- This can help reduce immediate tax liability, since funds rolled into deferred comp remain tax-deferred.

Tax Considerations

- A large lump sum payout may have significant tax implications if taken directly as cash.
- Rolling over into deferred comp can help manage or defer those taxes.

Action Steps

- Contact the Payroll Department before your last day of employment to arrange your choice.

Alternatively, you can complete the rollover form and submit it to the Payroll Department in the Auditor-Controller's Office.

Q: Can I get an estimate of my retirement payments?

A: Formal Estimate Request

- Form Required: Complete the **Request for Estimate Form** from SJCERA.
- Timing: Must be submitted within 5 years of your planned retirement date.
- Processing Time: Takes about 3 weeks for SJCERA to prepare your official estimate.

Quick Estimate Option



- Benefit Calculator: Available online through SJCERA.
- Provides a self-service estimate of your retirement payments based on your current data.
- Useful for quick planning, but not as detailed or official as the formal request.

Q: Can I use my available sick time to pay for COBRA?

A: Sick Time & COBRA

- You cannot use sick time to pay for COBRA premiums.
- Sick leave balances are not transferable into health insurance payments.

What You Should Do

- Contact SJCERA directly to confirm what your sick bank can be applied toward. Rules may vary depending on your contract or Memorandum of Understanding (MOU).

Q: If I want to maintain my current medical benefits into retirement, what do I need to do?

A: Medical benefits options are available at retirement and are not the same benefits that you are eligible for as an active employee.

Review Plans & Rates

- Retirement is considered a qualifying event, which means you can make changes to your coverage (add dependents, drop coverage, or select new plans).
- Updated plans and rates are available for review before you retire.
- Deferring Enrollment
- You may defer enrolling in the San Joaquin County Retirement benefits by contacting SJCERA directly.

COBRA Coverage

- You can elect COBRA continuation coverage for up to 18 months after separation.
- This allows you to temporarily keep your current medical benefits while paying the full premium.

Retirement Medical, Dental, Vision



- If you choose to stay enrolled in the County’s retirement medical, dental, and vision plans, coverage will be on a month-to-month basis.

Benefits Contact Directory

<u>Plan / Service</u>	<u>Vendor</u>	<u>Phone</u>
Medical Plans	Lucent Health	1-877-789-8488
Medical Plans	Kaiser Permanente	1-866-454-8855
Medical Plans	Sutter Health Plus	1-855-315-5800
Dental Plans	Delta Dental	1-800-765-6003
Dental Plans	United Healthcare Dental	1-866-414-1959
Vision Plans	VSP	1-800-877-7195
Life Insurance & Health Savings Account (HSA)	Voya	1-833-232-4673
Voluntary Insurance & Health Flexible Spending Accounts (FSA) & Dependent Care	American Fidelity	1-800-662-1113
Employee Assistance Program (EAP)	MHN	1-833-954-1067
Retirement / Deferred Compensation	Nationwide	1-888-401-5272
Retirement / Pension	San Joaquin County Retirement Association (SJCERA)	209-468-2163