SAN JOAQUIN COUNTY

Greatness grows here.



2027 EMPLOYEE BENEFITS GUIDE

Human Resources Division 44 N. San Joaquin Street, Suite 330, Stockton, CA 95202 | Benefit Phone (209) 468-9987







Dear Valued County Employee,

Greatness Grows Here. As a place where families and businesses can grow, prosper, and realize their dreams, we recognize that all this isn't possible without your dedicated service to our county and community.

The County strives to provide you and your family with comprehensive benefits that support your health and well-being at an affordable cost. Our benefits also include programs, tools, and resources designed to help you make the most of your coverage throughout the year.

In this Benefits Guide, you'll find the information you need to make your benefit elections either as a new hire or during our annual Open Enrollment. We encourage you to carefully review this guide to understand the options available to you, and to enroll in the plans that best fit your needs and those of your family.

This guide provides you with important information about the County's benefit plans, available to full-time and part-time premium and active employees for the 2027 plan year, January 1, 2027, through December 31, 2027. This guide and other useful information are posted on the County's website at: https://sjcengage.com/employee-benefits/. Contact information can be found in the back of this guide.

Our County Benefits Team is also here to help you! For more information, call (209) 468-9987 or email employeebenefits@sjgov.org.

Thank you again for your continued service to our community.

With appreciation,

Robert Bonner

Director of Human Resources

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This guide highlights certain components of the benefit plans available to eligible employees of San Joaquin County, but it is only an overview. This guide does not take the place of the official plan documents, including any applicable insurance contracts or policies or related evidences or certificates of coverage, which are the final authority on plan provisions used to determine how, when, or whether benefits are paid or payable and control in the event of any conflict. This guide is a too/ for you to use, but you should consult the plan documents for any benefits it describes. These documents are available on the County's benefits web page. San Joaquin County reserves the right to change, amend, suspend, withdraw, or terminate any or all of the plans, in whole or in part, at any time, subject to any applicable contractual requirements. Further, neither the plans nor this guide are an employment contract. They do not guarantee you the right to continued employment with San Joaquin County.

Required Notice

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Premier Plans, Select Plan, Select Exclusive Plan, Kaiser Plans, and the Sutter Health Plus Plans are creditable with (as valuable as) Medicare's prescription drug coverage. To find out whether the prescription drug coverage under the medical plan options offered by the County are creditable or not, you should review the Plan's Medicare Part D Notice of Creditable Coverage included later in this packet.

What's New For 2027

Important Change to the 2027 Benefit Plan Year

San Joaquin County has transitioned from a fiscal-year benefit plan cycle to a calendar-year benefit plan cycle. Your 2027 benefit elections will be effective for the coverage period: January 1 – December 31, 2027

2027 Open Enrollment

October 21 – November 12, 2026

Open Enrollment will occur once each year in October, with elections effective January 1 through December 31 of the following year.

We encourage all employees to review their 2027 medical plan options before Open Enrollment ends. Take time to compare premiums, benefits, provider networks, and coverage to determine which available plan best meets the needs of you and your family.

If You Do Not Make Changes

If you do not make changes during Open Enrollment, your current benefit elections will continue into 2027. Please keep in mind that bi-weekly premium amounts may change, even if you keep the same coverage. New premium deductions will begin with your January 8, 2027 paycheck.

2027 Premiums

Premiums for some health plans are changing for 2027. Review the Health Plan Costs and Benefit Plan Premiums sections of this guide for 2027 rates, including your cafeteria plan allowance and premium supplements, if applicable.



Benefits Open Enrollment Fairs

Date	Time	Location	Participants
October 21	11 AM - 2 PM	San Joaquin County Sheriff's Office 7000 Michael Canlis Blvd. French Camp, CA 95231	• American Fidelity • BMO • In-Shape Fitness • Nationwide • Sutter Health • Kaiser
October 22	11 AM - 2 PM	Micke Grove Memorial Building 11793 N Micke Grove Lodi, CA	• American Fidelity • BMO • Delta Dental • In-Shape Fitness • Nationwide • Sutter Health • Kaiser • Voya
October 27	11 AM - 2 PM	Public Works 1810 E Hazelton Ave Stockton, CA	• American Fidelity • BMO • Delta Dental • In-Shape Fitness • Nationwide • Sutter Health • Kaiser • Voya
October 29	11AM - 2 PM	Behavior Health Services 1414 N. California St Stockton, CA	• American Fidelity • BMO • Delta Dental • In-Shape Fitness • Nationwide • Sutter Health • Kaiser • Voya • VSP
November 5	11 AM – 2 PM	San Joaquin County Administration Building 44 N San Joaquin Stockton, CA	• American Fidelity • BMO • Delta Dental • In-Shape Fitness • Nationwide • Sutter Health • Kaiser
November 9	11 AM - 2 PM	San Joaquin General Hospital 500 W Hospital Rd French Camp, CA	• American Fidelity • BMO • Delta Dental • In-Shape Fitness • Nationwide • Sutter Health • Kaiser • VSP

Self-Service Labs

Need Help Enrolling in Your Benefits?

Visit one of our Self-Service Labs, where computers will be available and HR Benefits staff will be on-site to guide you through the enrollment process and answer your questions.

All benefit-eligible employees are welcome. No appointment necessary!

Date	Time	Location
October 28	9 AM - 4 PM	San Joaquin County Administration Building Computer Lab- 490 44 N San Joaquin Stockton, CA
November 4	9 AM - 4 PM	San Joaquin General Hospital Training Room 500 W Hospital Rd French Camp, CA

Benefits Partner Webinars

Want to Learn More about Your Benefits

Join our Benefits Partner Webinars to learn more about available benefits, services, and resources. Representatives from our participating partners will share helpful information and answer your questions.

All benefit-eligible employees are welcome. **Click the links below to join online through Microsoft Teams.**

Virtual Training	Date and Time	Teams Link
Nationwide: Retirement 101	Friday, October 23 at 4 PM	Join Teams Meeting
American Fidelity	Monday, October 26 at 11 AM	Join Teams Meeting
Kaiser Permanente	Monday, October 26 at 12 PM	Join Teams Meeting
Nationwide: Investing Risk vs Rewards	Monday, October 26 at 1 PM	Join Teams Meeting
Kaiser Permanente	Wednesday, October 28 at 2 PM	Join Teams Meeting
Nationwide: Approaching Retirement for San Joaquin County	Friday, October 30 at 11 AM	Join Teams Meeting

Who's Eligible For County Benefits

Eligible Employees

All full-time and part-time premium employees of San Joaquin County are eligible to enroll in benefits. Your benefits coverage could take effect as soon as two weeks after your hire date, if your paperwork is submitted in a timely manner.

Benefits available to full-time and part-time premium County employees include:

- Medical, dental, and vision coverage.
- Employee Assistance Program (EAP).
- FSA/HSA
- Basic life insurance.
- Voluntary life insurance (employee-paid).
- Other benefits, such as voluntary insurance plans (e.g., Life, Disability, Accident, etc.) and the Deferred Compensation Plan, may have separate enrollment rules and processes.

Part-Time Employee Eligibility

Part-time employees are eligible for health benefits only after working for the County for at least one year. Your eligibility is based on a minimum number of required hours worked and is determined through an annual assessment that's conducted after your one-year anniversary of County employment. Please review your MOU/Resolution for eligibility.

For eligible part-time employees, the County pays for up to 80% of the premium for employee-only medical coverage, and you're responsible for paying the full cost of any dependents you enroll in your plan.

Eligible Dependents

You may enroll your eligible dependents in coverage under a medical, dental, or vision plan. To do so, you must provide documentation at the time of enrollment, verifying that your dependents are eligible.

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 natural 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 child over age 26 who is mentally or physically disabled.	Disabled child must have been enrolled before turning 26. Please contact Human Resources - Benefits for detailed information on how to continue enrollment. https://sjcengage.com/disabled-dependents/

**Required documentation must be provided in a timely manner before enrollment forms can be processed.*

How To Enroll Or Make Changes

New Hire

As a new, full-time employee, you have 60 days from your date of hire to enroll yourself and your eligible dependents in benefits offered by the County. If you wait longer than 60 days from your date of hire to enroll, or if you initially waive enrollment, you must wait until the next annual Open Enrollment period to enroll in County-sponsored benefits, unless you have a qualifying life event (such as marriage or birth of a child). The forms you need will be included with your new-hire packet, or you can contact the County Benefits Office for assistance.

Enrollment forms are processed during the non-payroll week (the week before payday). To be included, submit enrollment forms by the Friday of the non-payroll week by 5:00 pm. Coverage begins the following pay period. Retroactive enrollments are not allowed.

Annual Open Enrollment

Open Enrollment is your once-a-year opportunity, with a few special exceptions, to make changes to your benefit elections. You'll receive an Open Enrollment packet, mailed to your home, that includes a personalized Benefits Enrollment Form and supporting materials. Be sure to review your Open Enrollment Overview that covers what you need to know and do. If you don't make any changes to your current benefits during Open Enrollment, they will carry over into the new plan year. This includes any Health Savings Account (HSA) election you may have. **For Flexible Spending Accounts (FSA), including the Medical FSA and Dependent Care Flexible Spending Account (DCFSA), you must re-enroll each plan year, as these benefits do not carry over.**

Your Benefits Enrollment Form will show you the plans for which you're eligible, based on your respective Memorandum of Understanding (MOU) or Resolution.

Important Dates

October 21-November 12, 2026	Open Enrollment period. All forms and supporting documents must be received by 5:00 p.m. on November 12, 2026. **Late submissions will not be accepted.**
January 1, 2027	• Effective date for any medical, dental, or vision plan changes, or dependent changes. • Effective date for Medical Flexible Spending Account (MFSA) and Dependent Care Account (DCFSA). • Effective date of Health Savings Account benefit (only if you're enrolling in an HDHP effective January 01, 2027).
January 8, 2027	First paycheck deduction reflecting the new 2027 benefits contribution rates.
January 1 - December 31, 2027	2027 benefit plan year.

How to Enroll

There are multiple ways to submit your benefits enrollment paperwork. However, paper forms are being phased out, and this will be the final Open Enrollment period to use a physical form. Future enrollments will be completed electronically.

To support this transition, Open Enrollment labs will be available on a drop-in basis. During the Open Enrollment labs, staff will be available to assist anyone who needs help with completing their online elections.

Online (Open Enrollment only): Access the PeopleSoft Employee Self-Service enrollment portal:

- Log in to PeopleSoft.
- Go to the **Main Menu**, and click **Self Service**.
- Click **Benefits** and then Benefits **Enrollment**.
- Click **Start** to start making your enrollment decisions.
- **Submit** and **print the confirmation** as your proof of action.

Note: New dependent enrollments cannot be completed online. To add a dependent, complete the enclosed Benefits Enrollment Form and submit the required verification documents (such as a birth certificate or marriage license).

By mail, interoffice mail, or email: Complete the Benefits Enrollment Form included in your new hire or Open Enrollment packet and submit it with any required supporting documents by the enrollment deadline. Be sure to keep a copy for your records.

Mail to: San Joaquin County
Human Resources - Benefits
44 N. San Joaquin St., Suite 330
Stockton, CA 95202

Interoffice mail: HR - Benefits
Email: employeebenefits@sjgov.org

Open Enrollment Drop-in Lab Dates
10/28 Admin Bldg #490 - 9:00 AM to 4:00 PM
11/4 SJGH Training Rm - 9:00 AM to 4:00 PM

Making Changes During the Year

The benefit decisions you make as a new hire or during Open Enrollment remain in effect for the duration of the plan year. **You cannot make changes to your benefits midyear, unless you experience a qualifying life event**.

Qualifying life events include:

- Marriage or registered domestic partnership.
- Divorce or termination of registered domestic partnership.
- Birth or adoption of a child, or compliance with a court-issued Qualified Medical Child Support Order.
- Gain or loss of other coverage, such as through a spouse's employer's group health plan.
- Your dependent child reaches age 26.
- The death of your dependent.

You must notify the County within 60 days of the date you experience a qualifying life event, and submit the following documents to make a benefits change:

- Enrollment Form.
- Required dependent documents.
- Proof of the qualifying life event.

Changes are effective on a go-forward basis, except in the case of a newborn child, where benefits coverage is retroactive to the first coverage period following the child's date of birth. The newborn is covered under the mother's plan for the first 30 days of life. **Forms for newborns must be submitted within the first 30 days of birth or you will need to wait to add them in the next Open Enrollment.**

Keep Your Beneficiaries Up to Date

Review your beneficiary designations regularly to ensure they remain accurate and up to date. Beneficiary information may be updated at any time during the year and should be reviewed after significant life events, such as marriage, divorce, or the birth of a child.

Medical Benefits

Types of Medical Plans

Traditional Coinsurance Plans

A traditional coinsurance plan is one where the member pays a percentage of the cost of care. You will need to meet the plan-year-deductible (January to January) before the plan begins paying majority share of the cost, and you're responsible for the remaining, smaller share.

San Joaquin County offers three coinsurance plans for active employees: **Select, Select Exclusive, and Premier**. These plans offer lower deductibles and annual out-of-pocket maximums but have higher bi-weekly premiums, which you pay through paycheck deductions.

Depending on the plan, you are required to visit doctors and facilities that belong to the plan's network of providers. Keep in mind that visiting in-network providers typically means lower costs foryou, as these providers agree to negotiated, discounted rates with the plan.

Please Note: With all of these plans, you want to be mindful of whether you are receiving services that are in-network or out-of-network. Out-of-network services can be costly even if you received a referral. Always double check all coverage and receive prior authorization before seeking services.

Health Maintenance Organization (HMO) Plans

Health Maintenance Organization (HMO) plans offer a managed care approach to in-network care, typically for a fixed cost (a flat-dollar copayment), but with less flexibility than other plans. You must select an in-network Primary Care Provider (PCP) for the HMO plans. Your PCP manages all your care and must refer you for any specialty care you may need. In some cases, if you receive care out-of-network, you're responsible for 100% of the cost, except in an emergency.

San Joaquin County offers two HMO plans: the **Kaiser HMO** and the **Sutter Health Plus HMO**.

High Deductible Health Plans (HDHPs)

HDHPs offer lower monthly premiums but have higher deductibles and annual out-of-pocket maximums than other plans. HDHPs are the only medical plans that offer a Health Savings Account (HSA), which is a tax-advantaged savings account for qualified medical care expenses.

San Joaquin County offers two HDHP plans: the **Kaiser HDHP** and the **Sutter Health Plus HDHP**.



Medical Plan Options

Select Plan (Traditional Coinsurance Plan)

Uses the Anthem Prudent Buyer network, but providers are limited to three counties: Sacramento, San Joaquin, and Stanislaus only.

- Deductible is $250 per person, maximum $500 per family per plan year ($125/$250 for San Joaquin County Health Care Services or San Joaquin General Hospital).
- Office visit copay is $10 ($5 for San Joaquin General Hospital).
- Prescription drug coverage does not include non-formulary drugs.

Select Exclusive Plan (Traditional Coinsurance Plan)

Uses the San Joaquin County Health Care Services network only (in-network facility is San Joaquin General Hospital)

- Deductible is $125 per person, maximum $250 per family per plan year.
- Office visit copay is $5.
- Prescription drug coverage does not include non-form.

Premier Plan (Traditional Coinsurance Plan)

Most expensive medical plan offered (the County pays up to 80% of the Select Plan cost, and employees pay the difference between that cost and the cost of the Premier Plan).

- Uses the entire Anthem Prudent Buyer network (not limited to the three counties)
- Largest provider network offered by the County.
- Deductible is $125 per person, maximum $250 per family per plan year.
- Office visit copay is $5.
- Prescription drug coverage includes non-formulary drugs

Kaiser Health Maintenance Organization (HMO)

HMO featuring flat-dollar copays. All care must be provided within the Kaiser network, except for Dignity Health St. Joseph's Hospital in San Joaquin County.

- Members must choose a Kaiser primary care physician (PCP) and get referrals to specialists (except OB-GYN, mental health, and substance abuse).
- Office visit copay is $10.

Kaiser High Deductible Health Plan (HDHP)

Coinsurance plan: members must meet a calendar-year deductible (January to December) before the plan begins to pay. All care must be provided within the Kaiser network, except for Dignity Health St. Joseph's Hospital in San Joaquin County.

- Members must choose a Kaiser PCP and get referrals to specialists (except OB-GYN, mental health, and substance abuse).
- Deductible is $1,650 per person, $3,300 per individual in the family, and $3,300 per family per calendar year.
- Annual out-of-pocket maximum is $3,300 per person, $6,600 per family per calendar year.
- Coinsurance is 10% after meeting your calendar-year deductible.
- Automatically paired with Health Savings Account (HSA)

Sutter Health Plus (HMO)

HMO featuring flat-dollar copays. All care must be provided within Sutter Health Plus facilities, and members must remain with their selected Medical Group.

- Members must choose a Sutter Health PCP and get referrals to specialists (except OB-GYN, mental health, and substance abuse).
- Office visit copay is $10; telehealth visits are $5

Sutter Health Plus High Deductible Health Plan (HDHP)

Coinsurance plan: members must meet a calendar-year deductible (January to December) before the plan begins to pay. All care must be provided within the Sutter Health Plus facilities, and members must remain with their selected Medical Group.

- Deductible is $1,650 per person, $3,300 per individual in a family, and $3,300 per family per calendar year.
- Annual out-of-pocket maximum is $3,300 per person, $6,600 per family per calendar year.
- Coinsurance is 10% after meeting your calendar-year deductible.
- Automatically paired with Health Savings Account (HSA)

Comparing Medical Plans

	Select and Select Exclusive (SE)	Premier	Kaiser HMO	Sutter Health Plus (SHP) HMO*	Kaiser HDHP	Sutter Health Plus (SHP) HDHP*
PLAN PROVISIONS AND PARTICIPANT SHARE OF COST UNDER EACH PLAN						
Plan Providers "SJGH" refers to San Joaquin General Hospital	**Select:** Providers in Anthem Prudent Buyer network, 3 counties only: San Joaquin Sacramento Stanislaus **SE:** SJGH providers only	Providers in the Anthem Prudent Buyer (California) and national BlueCard PPO (outside California) networks	Kaiser facilities and physicians only	SHP-contracted facilities and physicians only	Kaiser facilities and physicians only	SHP-contracted facilities and physicians only
Deductibles	$250 per person $500 per family ($125 / $250 if using SJGH)	$125 per person $250 per family	None	None	$1,650 single $3,300 individual in family $3,300 family	$1,650 single $3,300 individual in family $3,300 family
Out-of-Pocket Maximum	$1,000 per person $2,500 per family Separate maximums for medical and prescription drug	$1,000 per person $2,500 per family Separate maximums for medical and prescription drug	$1,500 per person $3,000 per family	$1,500 per person $3,000 per family	$3,300 single $3,300 individual in family $6,600 family	$3,300 single $3,300 individual in family $6,600 family
Acupuncture & Chiropractic	Plan pays up to $25 per visit after deductible Does not apply to out-of-pocket maximum	Plan pays up to $25 per visit after deductible Does not apply to out-of-pocket maximum	$15 copay per visit (up to 20 total visits per year combined)	$15 copay per visit (up to 20 total visits per year combined)	$15 copay per visit (up to 20 Acupuncture visits and 20 Chiropractic visits per year)	**Acupuncture:** 10% coinsurance after deductible, PCP referral required (limited to treatment of nausea or as part of a comprehensive pain management program addressing chronic pain) **Chiropractic:** Not covered

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.
** Not available to non-CRNA employees in Unit X*

Comparing Medical Plans

	Select and Select Exclusive (SE)	Premier	Kaiser HMO	Sutter Health Plus (SHP) HMO	Kaiser HDHP	Sutter Health Plus (SHP) HDHP
PLAN PROVISIONS AND PARTICIPANT SHARE OF COST UNDER EACH PLAN						
Ambulance	No charge after deductible (Some ambulance services may not be covered; please contact Lucent Health to verify coverage)	No charge after deductible (Some ambulance services may not be covered; please contact Lucent Health to verify coverage)	No charge	No charge	10% coinsurance after deductible	No charge after deductible
Doctor Visits Specialists Allergy testing or treatment	$10 copay per visit $5 copay per visit for SJGH *Deductible does not apply*	$5 copay per visit *Deductible does not apply*	$10 copay per visit	$10 copay per visit	10% coinsurance after deductible	10% coinsurance after deductible
Durable Medical Equipment	50% of charges after deductible	50% of charges after deductible	20% of charges	No charge	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room (hospital facility charge waived if admitted)	$100 copay per admission after deductible $40 copay for SJGH	$100 copay per admission after deductible	$100 per visit	$50 per visit	10% coinsurance after deductible	10% coinsurance after deductible Hospital facility charge NOT waived if admitted
Home Health Care	No charge after deductible	No charge after deductible	No charge	No charge, up to 100 visits per calendar year	No charge after deductible, up to 100 visits per accumulation period	No charge after deductible, up to 100 visits per calendar year
Hospice	No charge after deductible	No charge after deductible	No charge	No charge	No charge after deductible	No charge after deductible
Hearing Aids	None	None	$1,000 per ear every 3 years	None	None	None

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Comparing Medical Plans

	Select and Select Exclusive (SE)	Premier	Kaiser HMO	Sutter Health Plus (SHP) HMO	Kaiser HDHP	Sutter Health Plus (SHP) HDHP
PLAN PROVISIONS AND PARTICIPANT SHARE OF COST UNDER EACH PLAN						
Hospital Inpatient or **Intensive Care Unit** (ICU)	**SJCH facility:** No charge after deductible **Other facility:** $100 copay per admission after deductible **Physician or surgeon fees:** No charge after deductible	**Facility:** $100 copay per admission after deductible **Physician or surgeon fees:** No charge after deductible	No charge	No charge	10% coinsurance after deductible	10% coinsurance after deductible
Hospital Outpatient Surgery	**Facility and surgeon fees**: No charge after deductible **Physician fees:** $5 copay per visit after deductible **SJCH Physician fees:** $10 copay per visit after deductible	**Facility and surgeon fees:** No charge after deductible **Physician fees:** $5 copay per visit after deductible	$10 copay	$10 copay	10% coinsurance after deductible	10% coinsurance after deductible
Laboratory Services	No charge after deductible	No charge after deductible	No charge	No charge	10% coinsurance after deductible	10% coinsurance after deductible
Prescription Drugs	**Up to 30 days**: $5 generic $15 preferred Non-preferred not covered	**Up to 30 days**: $5 generic $10 preferred $30 nonpreferred	**Up to 100 days**: $10 generic $20 preferred	**Up to 30 days**: $10 Tier 1 drugs $20 Tier 2 drugs $40 Tier 3 drugs $40 Tier 4 drugs	**Up to 30 days:*** $10 generic $30 preferred Specialty: 10% up to $100	**Up to 30 days:*** $10 Tier 1 drugs $30 Tier 2 drugs $60 Tier 3 drugs 10%upto$100

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.
** Not available to non-CRNA employees in Unit X*

Comparing Medical Plans

	Select and Select Exclusive (SE)	Premier	Kaiser HMO	Sutter Health Plus (SHP) HMO	Kaiser HDHP	Sutter Health Plus (SHP) HDHP
PLAN PROVISIONS AND PARTICIPANT SHARE OF COST UNDER EACH PLAN						
Prescription Drugs	**Up to 90 days:** $10 generic $30 preferred Non-preferred not covered Deductible does not apply	**Up to 90 days:** $10 generic $20 preferred $60 nonpreferred *Deductible does not apply*	**Up to 30 days <u>only</u>:** $20 specialty drugs	**Up to 100 days:** $20 Tier 1 drugs $40 Tier 2 drugs $80 Tier 3 drugs N/A Tier 4 drugs	**Up to 100 days** (mail order only):* $20 generic $60 preferred *after deductible	**Up to 100 days:*** $20 Tier 1 drugs $60 Tier 2 drugs $120 Tier 3 drugs N/A Tier 4 drugs *after deductible
Preventive Care Services (Affordable Care Act requirement)	No charge Deductible does not apply	No charge Deductible does not apply	No charge	No charge	No charge	No charge
Rehabilitation Therapy (physical, speech and occupational)	**Outpatient:** $10 copay per visit after deductible **Inpatient:** No charge after deductible	**Outpatient:** $10 copay per visit after deductible **Inpatient:** No charge after deductible	$10 copay per visit	$10 copay per visit	10% coinsurance after deductible	10% coinsurance after deductible
Urgent Care	$40 copay per visit after deductible	$40 copay per visit after deductible	$10 copay per visit	$10 copay per visit	10% coinsurance and deductible	10% coinsurance after deductible
X-Rays	No charge after deductible	No charge after deductible	No charge	No charge	10% coinsurance after deductible	10% coinsurance after deductible

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Dental Benefits

Dental Plan Options

San Joaquin County offers four dental plan options for employees and their eligible dependents (Employee Only, Employee +1, and Employee + Family). Three plans are offered through Delta Dental, and one through UnitedHealthcare. To maximize your savings, visit a dentist who participates in the plan's network. Network dentists have agreed to reduced fees, which helps lower your out-of-pocket costs and ensures you are not charged more than your expected share of the bill.

Delta Dental Standard Plan

- No deductible.
- Maximum benefit: $3,000 per person, per calendar year.
- Diagnostic and preventive benefits, basic benefits, crowns: 80%.
- Prosthodontic benefits: 50%.
- Orthodontia: 50%, covers dependent children to age 18 only, up to a lifetime maximum of $1,200.

Delta Dental Core Plan*

Same benefits as Standard Plan, except:

- Covers implants for all family members at 50%.
- No orthodontia coverage.

Delta Dental Buy-up Plan*

Same benefits as Standard Plan, except:

- Covers implants for all family members at 50%.
- Orthodontia: Covers all family members, up to a lifetime maximum of $1,200.

UnitedHealthcare Dental Health Maintenance Organization (UHC DHMO)

Limited network of participating dentists; no coverage outside the DHMO network. Be sure to check that your dentist is part of this network and accepts new patients before enrolling in this plan.

- No charge for exams, cleanings, and X-rays.
- Flat-dollar copay for services.
- Orthodontia benefits available.

For complete details, including a full summary of benefits, please refer to the plan documents available on the SJC Engage website.

ID Cards Are Not Provided

ID cards for dental coverage are not provided or needed. Simply provide your name, date of birth, and enrollee ID or Social Security number. If your family members are covered under your plan, they should provide your information. If you prefer to have an ID card, you can log in to your dental plan's website to view or print one.

** Delta Dental Core and Buy-Up Plans not available to non-CRNA employees in Unit X*



Find a Network Dentist Online

Delta Dental

- Go to the deltadentalins.com
- Click on "**Find a Dentist.**"
- Enter your "**Location**"

UnitedHealthcare

- Go to the myuhc.com
- Click on "**Find a Dentist**."
- Click on "**Employer and Individual Plans.**"
- Enter your "**Location.**"
- Select **CA Direct Compensation - General Dentist.**
- Select **CA General Dentist.**

Summary Delta Dental Standard Plan

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Maximum	$3,000 per person, each calendar year			
Waiting Period(s)	**Basic Benefits** None	**Major Benefits** None	**Prosthodontics** None	**Orthodontics** None
Benefits and Covered Services*	**Delta Dental PPO dentists** **In-PPO Network**		**Non-PPO dentists**** **Out-of-PPO Network**	
Diagnostic & Preventive Services (D & P) Exams, cleanings, and x-rays	80%		80%	
Basic Services Fillings, simple tooth extractions, posterior composites, and sealants	80%		80%	
Endodontics (root canals)	80%		80%	
Periodontics (gum treatment)	80%		80%	
Oral Surgery	80%		80%	
Major Services Crowns, inlays, onlays and cast restorations	80%		80%	
Prosthodontics Bridges and dentures	50%		50%	
Orthodontic Benefits Dependent children to age 18	50%		50%	
Orthodontic Maximums	$ 1,200 Lifetime		$ 1,200 Lifetime	

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.
** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.

Summary Delta Dental Core Plan

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
Maximum	$3,000 per person, each calendar year		
Waiting Period(s)	**Basic Benefits** None	**Major Benefits** None	**Prosthodontics** None
Benefits and Covered Services*	**Delta Dental PPO dentists** **In-PPO Network**		**Non-PPO dentists**** **Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, cleanings, and x-rays	80%		80%
Basic Services Fillings, simple tooth extractions, posterior composites, and sealants	80%		80%
Endodontics (root canals)	80%		80%
Periodontics (gum treatment)	80%		80%
Oral Surgery	80%		80%
Major Services Crowns, inlays, onlays and cast restorations	80%		80%
Prosthodontics Bridges and dentures	50%		50%

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.
** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.

Summary Delta Dental Buy Plan

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Maximum	$3,000 per person, each calendar year			
Waiting Period(s)	**Basic Benefits** None	**Major Benefits** None	**Prosthodontics** None	**Orthodontics** None
Benefits and Covered Services*	**Delta Dental PPO dentists** In-PPO Network**		**Non-PPO dentists** Out-of-PPO Network**	
Diagnostic & Preventive Services (D & P) Exams, cleanings, and x-rays	80%		80%	
Basic Services Fillings, simple tooth extractions, posterior composites, and sealants	80%		80%	
Endodontics (root canals)	80%		80%	
Periodontics (gum treatment)	80%		80%	
Oral Surgery	80%		80%	
Major Services Crowns, inlays, onlays and cast restorations	80%		80%	
Prosthodontics Bridges, dentures, and impplants	50%		50%	
Orthodontic Benefits Adults and dependent children	50%		50%	
Orthodontic Maximums	$ 1,200 Lifetime		$ 1,200 Lifetime	

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.

Vision Benefits

Vision Plan Options

The County offers two vision plan options through Vision Service Plan (VSP). Both plans cover eye exams, frames, lenses, and contacts for you and your enrolled dependents. The VSP Buy-Up Plan costs more in bi-weekly premium payments, but it offers higher allowances for frames and elective contact lenses than the Standard Plan, and on a more frequent schedule (every 12 months instead of every 24 months). It also offers an allowance for non-prescription sunglasses.

Vision Service Plan (VSP) Base/Standard Plan

- Eye exams every 12 months, with a $10 copay.
- Prescription glasses (lenses and frames) every 24 months, with a $25 copay.
- Contact lenses covered in lieu of glasses.
- $150 allowance every 24 months for frames and/or contacts.

Vision Service Plan (VSP) Buy-up Plan

- Eye exams every 12 months, with a $10 copay.
- Prescription glasses (lenses and frames) every 12 months, with a $25 copay.
- Contact lenses covered in lieu of glasses.
- $200 allowance every 12 months for frames and/or contacts.
- Non-prescription sunglasses.

TruHearing Hearing Aid Discount Offer

- Up to 60% savings on a pair of hearing aids
- 1-year of follow-up visits for fittings, adjustments, and cleanings
- Risk-free 60-day trial period
- 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for each non-rechargeable hearing aid

*Must be a VSP member to utilize the TruHearing discounted rates

ID Cards Are Not Provided

ID cards for vision are not provided or needed. Simply provide your name, date of birth, and Member ID or Social Security number. If your family members are covered under your plan, they should provide your information. If you prefer to have an ID card, you can log in to your VSP account to view or print one.

** VSP Buy-Up Plan not available to non-CRNA employees in Unit X*

Summary VSP Base Plan

BASE PLAN Coverage with a VSP Doctor

Benefits	Description	Copay
Wellvision Exam	• Focuses on your eyes and overall wellness • Routine retinal screening • Every 12 months	$10 Up to $39
Essential Medical Eye Care	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. • Available as needed	$20 per exam
Prescription Glasses		**$25**
Frame*	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart/Sam's Club/Costco frame allowance • Every 24 months	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 24 months	Included in Prescription Glasses
Lens Enhancements*	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements • Every 24 months	$0 $80 - $90 $120 - $160
Contacts (Instead of Glasses)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 months	Up to $60

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.

Summary VSP Buy-up Plan

BUY-UP PLAN Coverage with a VSP Doctor

Benefits	Description	Copay
Wellvision Exam	• Focuses on your eyes and overall wellness • Routine retinal screening • Every 12 months	$10 Up to $39
Essential Medical Eye Care	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. • Available as needed	$20 per exam
Prescription Glasses		**$25**
Frame*	• $220 Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $200 Walmart/Sam's Club/Costco frame allowance • Every 12 months	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months	Included in Prescription Glasses
Lens Enhancements*	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements • Every 12 months	$0 $80 - $90 $120 - $160
Contacts (Instead of Glasses)	• $200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60
VSP Lightcare	• $200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every 12 months	$25

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.

Health Plan Costs

Your personalized Benefits Enrollment Form was mailed to you as part of your Open Enrollment packet. The form shows the benefit plans for which you are eligible and the biweekly premium deductions associated with each plan. The County pays a majority portion of the premiums for your health care benefits:

Medical

- The County pays up to 80% of premium costs for the Select, Kaiser, and Sutter Health Plus plans.
- For the Premier Plan, the County contributes an amount equal to 80% of the Select Plan premium, and the employee pays the difference.
- The County contribution percentage is the same regardless of the coverage tier selected (Employee Only, Employee +1, or Employee + Family).

Dental

- The County pays 100% of employee-only coverage for the Delta Dental Standard, Delta Dental Core, and UnitedHealthcare DHMO plans.
- For the Buy-Up Plan, the County contributes an amount equal to 100% of the Standard Plan employee-only premium, and the employee pays the difference.
- Employees are responsible for dependent coverage premiums.

Vision

- The County pays 100% of employee-only coverage for the Base Plan.
- For the Buy-Up Plan, the County contributes an amount equal to 100% of the Base Plan employee-only premium, and the employee pays the difference.
- Employees are responsible for dependent coverage premiums.

For more information about the County's benefit plans and Open Enrollment, visit:
https://sjcengage.com/employee-benefits/

Cafeteria Plan Allowance

- Employees who receive cafeteria plan benefits will receive a cafeteria allowance.
- Employees pay the entire premium for any selected medical, dental, and vision plans for themselves and their covered dependents.
- Any portion of the cafeteria allowance that is not spent on insurance premiums may be placed in the employee's deferred compensation plan account or received as taxable income.
- Insurance premiums exceeding the cafeteria allowance (and supplemental pay, if applicable) will be deducted from the employee's paycheck before taxes and are not reported as gross income on the W-2.

Bi-weekly Benefit Plan Premiums

Units C (Non-Cafeteria), D (Non-Cafeteria), J (Non-Cafeteria) and L (Non-Cafeteria)
Units A, B, O, E, F, G, H, I, K, M, N, P, Q, R, S, T, U and X (CRNAs Only)

MEDICAL PLANS	COUNTY'S SHARE	EMPLOYEE'S SHARE	TOTAL BI-WEEKLY COST
Select and Select Exclusive Plans			
Employee Only Employee + 1 Dependent Employee + Family	$904.42 $1,808.86 $2,532.42	$226.11 $452.22 $633.11	$1,130.53 $2,261.08 $3,165.53
Premier Plan			
Employee Only Employee + 1 Dependent Employee + Family	$904.42 $1,808.86 $2,532.42	$321.05 $642.08 $898.87	$1,225.47 $2,450.94 $3,431.29
Kaiser HMO Plan			
Employee Only Employee + 1 Dependent Employee + Family	$415.57 $831.12 $1,176.04	$103.89 $207.78 $294.01	$519.46 $1038.90 $1,470.05
Kaiser High Deductible Health Plan (HDHP)			
Employee Only Employee + 1 Dependent Employee + Family	$317.90 $635.80 $899.65	$79.48 $158.95 $224.91	$397.38 $794.75 $1,124.56
Sutter Health Plus HMO Plan			
Employee Only Employee + 1 Dependent Employee + Family	$469.76 $939.54 $1,329.50	$117.44 $234.89 $332.37	$587.20 $1,174.43 $1,661.87
Sutter High Deductible Health Plan			
Employee Only Employee + 1 Dependent Employee + Family	$353.15 $706.30 $999.40	$88.29 $176.57 $249.85	$441.44 $882.87 $1,249.25

Bi-weekly Benefit Plan Premiums

Units C (Non-Cafeteria), D (Non-Cafeteria), J (Non-Cafeteria) and L (Non-Cafeteria)
Units A, B, O, E, F, G, H, I, K, M, N, P, Q, R, S, T, U and X (CRNAs Only)

DENTAL PLANS	COUNTY'S SHARE	EMPLOYEE'S SHARE	TOTAL BI-WEEKLY COST
Delta Dental Standard Plan			
Employee Only Employee + 1 Dependent Employee + Family	$19.60 $19.60 $19.60	$0.00 $18.62 $44.55	$19.60 $38.22 $64.00
Delta Dental Core Plan			
Employee Only Employee + 1 Dependent Employee + Family	$19.02 $19.02 $19.02	$0.00 $18.07 $43.21	$19.02 $37.09 $62.23
Delta Dental Buy-Up Plan			
Employee Only Employee + 1 Dependent Employee + Family	$19.60 $19.60 $19.60	$1.05 $20.67 $47.98	$20.65 $40.27 $67.58
UnitedHealthcare Dental Health Maintenance Organization (DHMO) Plan			
Employee Only Employee + 1 Dependent Employee + Family	$15.64 $15.64 $15.64	$0.00 $14.08 $26.54	$15.64 $29.72 $42.18

Units C (Non-Cafeteria), D (Non-Cafeteria), J (Non-Cafeteria) and L (Non-Cafeteria)
Units A, B, O, E, F, G, H, I, K, M, N, P, Q, R, S, T, U and X (CRNAs Only)

VISION PLANS	COUNTY'S SHARE	EMPLOYEE'S SHARE	TOTAL BI-WEEKLY COST
Vision Service Plan (VSP) Standard Plan			
Employee Only Employee + 1 Dependent Employee + Family	$2.34 $2.34 $2.34	$0.00 $2.34 $6.05	$2.34 $4.68 $8.39
Vision Service Plan (VSP) Buy-Up Plan			
Employee Only Employee + 1 Dependent Employee + Family	$2.34 $2.34 $2.34	$1.80 $5.94 $12.51	$4.14 $8.28 $14.85

Bi-weekly Benefit Plan Premiums (Cafeteria)

Units C (Middle Management), D (Confidential), J (Sheriff's Management), L (Sheriff Sergeants)		BI-WEEKLY CAFETERIA ALLOWANCE	
MEDICAL PLANS	TOTAL BI-WEEKLY COST	Unit D Unit C Unit J, & L	$1,365.75 $1,365.75 $1,365.75
Select and Select Exclusive Plans			
Employee Only Employee + 1 Dependent Employee + Family	$1,130.53 $2,261.08 $3,165.53		
Premier Plan			
Employee Only Employee + 1 Dependent Employee + Family	$1,225.47 $2,450.84 $3,431.29		
Kaiser HMO Plan			
Employee Only Employee + 1 Dependent Employee + Family	$519.46 $1,038.90 $1,470.05		
Kaiser High Deductible Health Plan (HDHP)			
Employee Only Employee + 1 Dependent Employee + Family	$397.38 $794.75 $1,124.56		
Sutter Health Plus HMO Plan			
Employee Only Employee + 1 Dependent Employee + Family	$587.20 $1,174.43 $1,661.87		
Sutter High Deductible Health Plan			
Employee Only Employee + 1 Dependent Employee + Family	$441.44 $882.87 $1,249.25		

Bi-weekly Benefit Plan Premiums (Cafeteria)

Units C (Middle Management), D (Confidential), J (Sheriff's Management), L (Sheriff Sergeants)		BI-WEEKLY CAFETERIA ALLOWANCE	
DENTAL PLANS	TOTAL BI-WEEKLY COST	Unit D Unit C Unit J, & L	$1,365.75 $1,365.75 $1,365.75
Delta Dental Standard Plan			
Employee Only Employee + 1 Dependent Employee + Family	$19.60 $38.22 $64.15		
Delta Dental Core Plan			
Employee Only Employee + 1 Dependent Employee + Family	$19.02 $37.09 $62.23		
Delta Dental Buy-Up Plan			
Employee Only Employee + 1 Dependent Employee + Family	$20.65 $40.27 $67.58		
UnitedHealthcare Dental Health Maintenance Organization (DHMO) Plan			
Employee Only Employee + 1 Dependent Employee + Family	$15.64 $29.72 $42.18		

Bi-weekly Benefit Plan Premiums (Cafeteria)

Cafeteria Units C (Middle Management), D (Confidential), J (Sheriff's Management), L (Sheriff Sergeants)		BI-WEEKLY CAFETERIA ALLOWANCE	
VISION PLANS	TOTAL BI-WEEKLY COST	Unit D Unit C Unit J, & L	$1,365.75 $1,365.75 $1,365.75
Vision Service Plan (VSP) Standard Plan			
Employee Only Employee + 1 Dependent Employee + Family	$2.34 $4.68 $8.39		
Vision Service Plan (VSP) Buy-Up Plan			
Employee Only Employee + 1 Dependent Employee + Family	$4.14 $8.28 $14.85		

Premium Supplements

Some employees (in the units listed below) who receive cafeteria plan benefits will receive the following, per-pay-period, premium supplements, in addition to the capped cafeteria allowance listed on the Benefit Plan Premiums page, **if enrolled in the following plans at the listed coverage levels.**

Cafeteria Units C (Middle Management), D (Confidential), J (Sheriff's Management), L (Sheriff Sergeants)		
HEALTH PLAN OPTIONS	**COVERAGE LEVEL**	**ADDITIONAL PREMIUM SUPPLEMENT PER PAY PERIOD**
Select Select Exclusive Premier	Family	$1,166.67
The following dental and vision premium supplements are only available if you qualify for one of the medical premium supplements noted above.		
Delta Dental Standard Delta Dental Buy-up	Any coverage level	$19.60
Delta Dental Core	Any coverage level	$19.02
UnitedHealthcare DHMO	Any coverage level	$15.64
VSP Standard VSP Buy-up	Any coverage level	$2.34

Health Savings Account (HSA)

San Joaquin County offers two High Deductible Health Plans (HDHPs) with an HSA: **the Kaiser HDHP** and the **Sutter Health Plus HDHP**. According to IRS rules, health plans that offer HSAs must be HDHPs.

Your HSA account, administered by Voya, helps you save and pay for eligible health expenses-now and in the future. An HSA is a tax-advantaged bank account that can be used to pay for qualified health expenses (including dental and vision) tax-free (federal tax-free for all, state taxes apply in California).

Both eligible employees and the County may contribute to an HSA, except for Medicare enrollees and those receiving veterans' benefits. When you enroll in one of the County's HDHP medical plans, you're automatically enrolled in an HSA account with Voya. After enrollment, Voya will send you a debit card to use for health care expenses at the point of service. The HSA account belongs to you, and any money left in your account carries over from year to year. It remains your money even if you change health plans, leave the County, or retire. You can even invest your HSA account balance, subject to minimum account balance requirements.

You and San Joaquin County make pre-tax contributions to your HSA, which you can then use to be reimbursed for qualified medical expenses now or in the future. The County contributes to the HSA account established in your name, and contributions are prorated over 26 pay periods.

The maximum HSA contribution for 2027 is $4,500 for employee-only coverage or $9,000 for family coverage (Employee + 1 or more). This table shows how much you may personally contribute to your HSA, after subtracting the County's contributions from the federally mandated annual maximum:

Coverage Tier	San Joaquin County Annual Contribution	HSA Maximum Annual Contribution	Your Maximum Annual Contribution
Employee	$700	$4,500	$3,800
Employee + 1 Depedent	$1,400	$9,000	$7,600
Employee + Family	$1,400	$9,000	$7,600

**If you're age 55 or older, you can make a catch-up contribution of up to $1,000 in addition to your maximum annual contribution.*



Reminder:

- You do not need to re-enroll in your HSA each year.
- HSAs carry over from year to year. You cannot be enrolled in a Medical FSA and an HSA at the same time.
- If you enroll in an HSA and have any FSA carryover funds, those FSA funds will be forfeited.
- Your HSA account will be active on the first of the month following enrollment in an HDHP (e.g., HDHP effective June; HSA effective July), per IRS requirements.3

You can find more information about your HSA on the San Joaquin County Engage website, or contact Voya by phone at **1 (833) 232-4673** or email at **voyasupport@voya.benstrat.com**. You may access and manage your HSA through Voya's website at **voya.com/myhealthaccounts.**

Flexible Spending Account (FSA)

How an FSA Works

A Flexible Spending Account (FSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified expenses. San Joaquin County offers two FSA options:

- Medical (Health Care FSA)
- Dependent Care FSA (DCFSA)

During Open Enrollment, you choose how much you want to contribute to your FSA for the 2027 plan year. Contributions are deducted from your paycheck on a pre-tax basis. You can then use these funds to pay for eligible expenses throughout the year. **Both the Health Care FSA and Dependent Care FSA are administered by American Fidelity Assurance (AFA).**

Eligible Healthcare FSA Expenses

Health Care FSAs can pay for health care expenses with pre-tax funds, such as medical, pharmacy, dental, and vision co-payments, other dental and vision care expenses, acupuncture and chiropractic care, and more. For a complete list of eligible health care expenses, visit FSA Eligibility List.

Health Care FSA Rules:

- Annual contribution limit: The IRS currently limits Health Care FSA contributions to $3,400 per person for the 2027 plan year.
- Re-enrollment required: You must re-enroll each Open Enrollment period to continue participating. Elections do not automatically carry over.
- Carryover: Up to $680 of unused funds may be carried over to the following plan year. Any unused amount above $680 will be forfeited.
- HSA restriction: You cannot participate in both a Health Care FSA and a Health Savings Account (HSA) at the same time under IRS rules. If you enroll in an HSA, any remaining Health Care FSA funds will be forfeited.
- Claims deadline: You have 90 days after the end of the plan year to submit claims for expenses incurred during the previous plan year.
- Midyear changes: FSA elections cannot be changed during the plan year.

Dependent Care FSA (DCFSA)

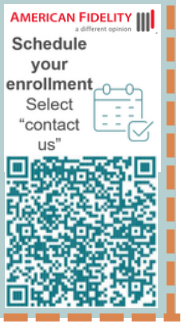
A Dependent Care FSA allows you to pay for qualifying dependent care expenses with pre-tax funds. Eligible expenses may include certified daycare, preschool, day camp, before- and after-school programs, late pick-up fees, placement fees for a dependent care provider, and qualifying custodial care for dependent adults.

- Annual contribution limit: The IRS limits contributions to $7,500 per household ($3,750 if married filing separately).
- No carryover: Unlike the Health Care FSA, unused funds cannot be carried over to the next year and will be forfeited if not used.
- Claims deadline: You have 90 days after the end of the plan year to submit claims for expenses incurred during the plan year.

Enrollment in the Medical Flexible Spending Account (FSA) and Dependent Care Account (DCA) must be completed directly through American Fidelity.

Employees may schedule a meeting with an American Fidelity representative for enrollment assistance by scanning the QR code or contacting: Jamie Barnard at 1 (405) 523-5034 and or email: Jamie.Barnard@americanfidelity.com.

For general information, enrollment support, or questions about claims, contact American Fidelity at: 1 (800) 662-1113, email SanJoaquinVoluntaryBenefits@americanfidelity.com, or visit their website americanfidelity.com/benefits/.



Employee Assistance Program (EAP)

Anthem EAP Services

EAP offers all employees and their family members access to 24/7 confidential counseling and support for a variety of life's challenges. San Joaquin County pays for the full cost of the EAP; it's 100% free to you and your household members.

County employees and their family members receive up to five, free, confidential problem-solving sessions with a counselor per issue, per year. The EAP can connect you with a professional to help you work through:

- Family issues.
- Workplace conflicts.
- Depression, anxiety, or grief.
- Substance abuse.

Additionally, the EAP can help you:

- Locate child care and elder care providers in your area.
- Connect with a financial advisor to discuss retirement planning, credit score, and budgeting.
- Find a lawyer to talk with you about civil, criminal, consumer, tax, estate, and family law issues.

For more information about your EAP benefits, visit the San Joaquin County Engage website.





TruHearing Hearing Care Program

TruHearing helps make hearing care more affordable by providing access to discounted hearing aids, hearing exams, and ongoing hearing support. San Joaquin County employees may have access to TruHearing savings through American Fidelity or through VSP, if enrolled in a VSP vision plan.

American Fidelity – TruHearing

TruHearing.com/AmericanFidelity

Employees have access to special TruHearing pricing on name-brand hearing aids, including Signia® and Widex®. Benefits include:

- Discounted hearing aids, with options starting at $599.
- Risk-free 60-day trial period.
- 80 free batteries per non-rechargeable hearing aid.
- One year of follow-up visits.
- Full 3-year manufacturer warranty.
- Access to TruHearing hearing care providers.

VSP – TruHearing

TruHearing.com/vsp

Employees enrolled in VSP have access to TruHearing as a VSP Exclusive Member Extra. Benefits include:

- Discounted hearing aids, with options starting at $499.
- Risk-free 60-day trial period.
- One year of follow-up visits for fittings, adjustments, and cleanings.
- 3-year manufacturer warranty for repairs and one-time loss and damage replacement.
- 80 free batteries per hearing aid for non-rechargeable hearing aids.
- Access to a nationwide network of more than 8,850 hearing healthcare providers.
- Savings of 30–60% on hearing aids for those unable to find their desired hearing aid within the tiered pricing options.



Other Benefits

Basic Life Insurance

County-paid basic life insurance is available to full-time and part-time premium employees based on their years of service. You are automatically enrolled in coverage after reaching one year of service, and your coverage automatically increases as you hit each new service milestone.

Years of Service	Coverage Level
1	$1,000
3 - 5	$3,000
5 - 10	$5,000
10+	$10,000

Supplemental Coverage

Employees in the Exempt, Senior Management, Middle Management, Sheriff's Management, Deputy Sheriffs, Sheriff's Sergeants, Correctional Sergeants, and Confidential units also receive additional life insurance in accordance with their respective MOU or Resolution.

Optional Term Life Insurance

Through Voya, you may purchase additional term life insurance at group rates in increments of $25,000, up to a maximum coverage of $200,000.

If you enroll in this additional life insurance and AD&D coverage within the first 30 days of working for the County, your coverage is guaranteed up to $100,000 without needing to provide evidence of insurability (EOI) or proof of good health. Otherwise, EOI is required for amounts over $100,000 and for any amount after 30 days from your date of hire.

Some notes about optional term life insurance coverage:

- Enrolling in this coverage requires an application form and authorization for payroll deduction, and possibly EOI.
- Your coverage is in force for the duration of your employment with the County, as long as premiums continue to be paid.
- Your coverage is portable or convertible if you leave County employment. You would pay Voya directly (since you would no longer have a payroll deduction).
- Your spouse and dependents cannot be enrolled in this coverage, but can be listed as beneficiaries.

For more information on rates and the forms needed to enroll, visit the San Joaquin County (SJC) Engage website or contact Voya at 1 (800) 955-7736.

Designated Beneficiary

If you are a member of the County's retirement system, your life insurance beneficiary will default to the beneficiary designated for your retirement benefits, unless you submit a Life Insurance Beneficiary Form to Human Resources Benefits naming a different beneficiary. Please ensure your beneficiary information remains current and up to date!

SJCERA

Full-time employees, as well as employees who work more than 1,560 hours in a calendar year, are eligible for pension benefits. The San Joaquin County Employees' Retirement Association (SJCERA) administers the County's retirement benefits program.

Active employees are encouraged to keep their beneficiary designations current to ensure benefits are distributed according to their wishes. SJCERA also provides a pension calculator on its website to assist with retirement planning.

For questions regarding pension benefits, retirement eligibility, or account details, employees should contact SJCERA directly at 1 (209) 468-2163 or ContactUs@sjcera.org.

Deferred Compensation Plan 457(b)

A deferred compensation plan allows you to set aside a portion of your salary through deductions and invest it on a tax-deferred basis. That means the funds you defer aren't taxed until you retire or withdraw funds. All San Joaquin County employees are eligible to participate in the deferred compensation plan.

You may contribute a minimum amount per pay period, up to the annual maximum allowed by the IRS, which may change each year. If you are age 50 or older, you may be eligible to make additional "catch-up" contributions. In certain cases, additional catch-up contributions may also be available in the years leading up to retirement. Please refer to your plan provider or current IRS guidelines for the most up-to-date contribution limits and eligibility.

Please be aware that you can enroll in or change your contributions to the plan at any time (you don't have to wait for Open Enrollment).

The County's deferred compensation plan allows a loan provision. If you wish to enroll or change your contribution amount or borrow against your account, you can access the appropriate documents and forms from the County's Deferred Compensation Plan web page.

You can find more information about this retirement savings vehicle on the County's Deferred Compensation Plan web page, or contact Nationwide at 1 (877) 677-3678.

Important to Note: This plan is separate from the County's retirement pension plan available through San Joaquin County Employees' Retirement Association (SJCERA). For more information about retirement, contact SJCERA at (209) 468-2163 or email contactus@sjcera.org.

Defined Contribution Plan 401(a)

Certain eligible employees, as defined by their MOU or Resolution, may receive a County contribution to a County-sponsored 401(a) defined contribution plan.

Employer contributions for eligible participants are deposited into this plan. Employee contributions are generally not permitted, unless specifically authorized by an applicable MOU or Resolution.

Voluntary Benefits

The County offers optional voluntary insurance plans, including Accident, Cancer, Critical Illness, and Disability. These plans are employee-paid and provide additional financial protection.

Employees may schedule a meeting with an American Fidelity representative for enrollment assistance: Jamie Barnard at 1 (405) 523-5034 and or email: Jamie.Barnard@americanfidelity.com.

For general information, enrollment support, or questions about claims, contact American Fidelity at: 1 (800) 662-1113 or visit their website americanfidelity.com/benefits/.

In-Shape Fitness Partnership

San Joaquin County is proud to partner with In-Shape Fitness to help employees stay active and support their overall wellness. Employees can take advantage of discounted membership rates and the convenience of having membership fees deducted directly from their paycheck.

With access to participating In-Shape locations, fitness equipment, group classes, and other amenities, staying active can be convenient, affordable, and easy to fit into your routine.

BMO Banking Benefits

San Joaquin County employees have access to BMO banking benefits designed to support their financial well-being. Through our relationship with BMO, employees may have access to banking products, services, and special offers that can help make managing everyday finances easier.

Whether you're looking for checking or savings options, convenient banking tools, or other financial resources, BMO is an available banking option for County employees.

REQUIRED NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, please contact the County Benefits Office at (209) 468-9987.

You and your eligible dependents may also enroll in this plan if you (or your dependents) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage, or if you and/or your dependents become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents are determined to be eligible for such assistance.

IMPORTANT REMINDER TO PROVIDE THE COUNTY BENEFITS OFFICE WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or Social Security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.
If a dependent does not yet have a Social Security number, you can go to this website to complete a form to request one: **socialsecurity.gov/online/ss-5.pdf**. Applying for an SSN is FREE.
If you have not yet provided the SSN (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the County Benefits Office at (209) 468-9987.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

The WHCRA of 1998 requires group health plans to make particular benefits available to participants who have undergone a mastectomy. A plan must offer mastectomy patients with coverage provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy
- was performed
- Surgery and reconstruction of the breast to produce a
- symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

These benefits are subject to the same deductible, copays, and
coinsurance that apply to mastectomy benefits under the plan. If you have any questions, please contact the County Benefits Office at (209) 468-9987.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) NOTICE (DOES NOT APPLY TO THE SELECT, SELECT EXCLUSIVE, OR PREMIER PLANS)

The Kaiser and Sutter Health Plus plans require the designation of a primary care provider (PCP). To select a PCP for the Kaiser health plan, visit **mydoctor.kaiserpermanente.org**. To select a PCP in the Sutter Health Plus plans, visit **sutterhealthplus.org/providersearch.** You may designate a pediatrician as the PCP for dependent children. For more information, contact the County Benefits Office at **(209) 468-9987** or email **employeebenefits@sjgov.org**. Members do not need prior authorization from their health plan or from any other person (including the PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the network of the member's plan who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of the participating Kaiser providers, visit **mydoctor.kaiserpermanente.org**. For a list of the participating Sutter Health Plus providers, visit **sutterhealthplus. org/providersearch**. For more information, contact the County Benefits Office at **(209) 468-9987** or email **employeebenefits@sjgov.org.**

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own health care information. This Health Program's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. It is available on the County's website at **sjgov.org/department/hr/programs-services/benefits.**
You may also receive a Privacy Notice from companies who offer
Plan participants insured health care services, such as the Kaiser and Sutter Health Plus plans. Each of these notices will describe your rights as it pertains to that plan option and in compliance with the Federal regulation, HIPAA. This Privacy Notice, however, pertains to your Protected Health Information related to the San Joaquin County Employee Benefits Plan (the "Plan").

IMPORTANT NOTICE FROM SAN JOAQUIN COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE 2027 Plan Year

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the health plans offered by the County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan, if eligible. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. San Joaquin County has determined that the prescription drug coverage provided by the Premier Plan, Select Plan, Select Exclusive Plan, Kaiser Plan, and Sutter Health Plus Plan, on average for all plan participants, is expected to pay out as much or more than the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan and drop your County-sponsored health plan, be aware that you and your dependents will not be able to get this coverage back. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare drug coverage in your area. In addition to your prescription drug coverage, your current coverage pays for other health expenses, and you will still be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your coverage with a County-sponsored health plan and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until next October to join.

For more information about this notice or your current prescription drug coverage, contact San Joaquin County's Human Resources Division at (209) 468-9987.

NOTE: You will receive this notice annually. You also may request a copy at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE
More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program.
- Within California, call 1-800-434-0222.
- Call 1-800-MEDICARE (1-800-633-4227).
- TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web **at socialsecurity.gov**, or call them at 1-800-772- 1213 (TTY 1-800- 325-0778).

Date:	July 1, 2027
Name of Entity/Sender:	San Joaquin County
Contact-Position/Office:	Human Resources/Benefits
Address:	44 N. San Joaquin St. Suite 330
Phone Number:	(209) 468 - 9987

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

GRANDFATHERED HEALTH PLAN UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (THE AFFORDABLE CARE ACT)

The County of San Joaquin believes this Plan C is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example,
the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan administrator at Human Resources – Benefits Division at (209) 468-9987.

Contact Information

Benefit	Plan	Group #	Member Services	Contact
Medical	Select Select Exclusive Premier	282333-M001 282333-M002 282333-M004	1 (888) 585-3309	Sjcsupport@Lucenthealth.com MyLucentHealth.com
	Kaiser HMO Kaiser HDHP	16653-20 16653-21	1 (800) 278-3296	my.kp.org/sjc
	Sutter HMO Sutter HDHP	ML55 HD29	1 (855) 315-5800	sutterhealthplus.org
Dental	Delta Dental PPO Plans UHC DHMO	01747 CA D1064	1 (800) 765-6003 1 (866) 414-1959	deltadentalins.com myuhc.com
Vision	VSP Plans	103391	1 (800) 877-7195	vsp.com
Flexible Spending Accounts (FSA) (Medical FSA & Dependent Care FSA) **Voluntary Benefits** (Accident, Critical Illness, Long-term Disability, Short-term Disability, Life)	American Fidelity Assurance (AFA)	NA	1 (800) 662-1113 Representative: Jamie Barnard 1 (405) 523-5034	americanfidelity.com Jamie.Barnard@americanfidelity.com
Health Savings Accounts (HSA)	Voya	N/A	1 (833) 232-4673	voya.com/myhealthaccounts voyasupport@voya.benstrat.com
Optional Term Life Insurance	Voya	316407 Acct #039	1 (800) 955-7736	voya.com
Deferred Compensation Plan	Nationwide	0062668001	Representative: Brenda DeVecchio 1 (877) 677-3678	devecb1@nationwide.com sanjoaquincdc.com
Employee Assistance Program (EAP)	Anthem	N/A	1 (833) 954-1067	anthem.com/eap Login PRISM
San Joaquin County Employees' Retirement Association (SJCERA)	Retirement	N/A	(209) 468-2163	ContactUs@sjcera.org https://www.sjcera.org/

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Have a Question?

If you have questions about your benefits, please contact **Human Resources – Benefits at 209-468-9987** or employeebenefits@sjgov.org. You can also find additional information online at https://sjcengage.com/employee-benefits/.