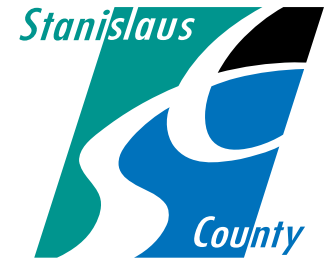




**STANISLAUS
COUNTY HUMAN
RELATIONS**

Take Your Place.



2024 BENEFITS eGUIDE

January 1, 2024 – December 31, 2024

[CLICK TO EXPLORE YOUR BENEFIT OPTIONS FOR 2024](#)



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Welcome to Your Benefits

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life.

This Benefits eGuide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive. More detailed benefits information can be found in the official plan documents on the [Employee Benefits website](#).



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Eligibility

Eligibility

You are eligible for benefits if you are classified as a full-time employee and work at least 30 hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your [CA registered domestic partner \(RDP\)](#)
- Children under age 26, including you or your spouse's/RDP's natural children, stepchildren, legally adopted children, foster children and children for whom you have legal custody
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage

Dependent Eligibility Verification

The County requires recorded/certified documentation demonstrating all covered family members meet the eligibility criteria. Proof of eligibility, such as a marriage certificate, RDP registration or birth certificate, is required at the time of enrollment and whenever requested by the County. For further clarification, please contact Employee Benefits by calling 209-525-5717.

Benefit Costs

The County pays a considerable portion of the medical, dental and vision premium costs for you and your eligible family members. The amount will depend upon the plan you select and if you choose to cover eligible family members. [Click here](#) to view your benefit costs.

Important Information

- County contributions for employees enrolled in the HDHP medical plan is equal to 95% of the plan premium.
- County contributions for employees enrolled in the EPO medical plan is equal to 80% of the plan premium.
- Employee share of premium costs is deducted semi-monthly, before tax, from employee paychecks.
- Employees may waive the County's coverage and not enroll in County medical benefits if they provide proof of other coverage. Employees waiving medical coverage and providing proof of other coverage are eligible for a monthly waive credit of \$47.50 to \$150, depending on individual classification.
- Benefit coverage under an employer group health plan for a registered domestic partner is treated as federal taxable income to the employee. The County must tax the employee on the value of the coverage.
- The County does not allow dual coverage on County plans for employee spouse and/or dependents.
- Employees cannot have other (dual) coverage, including Medicare, if enrolled in the County's HDHP medical plan.



Enrollment

How to Enroll

If you are a new hire, you must complete a County Benefit Enrollment Form and return it to your Department's Human Resources, along with any dependent eligibility verification. Any requested changes to your benefits must be made within 60 days of your hire date.

When Coverage Begins

If you enroll on time, coverage will take effect on the first day of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for County-paid benefits) and you must wait until the next Open Enrollment to enroll, unless you have a qualifying life event.



Making Election Changes

Due to Internal Revenue Service (IRS) regulations, you can change your benefit elections only during annual Open Enrollment or if you have a qualifying life event.

Open Enrollment

Open Enrollment occurs once per year and is your opportunity to review your benefit options to determine what coverage best meets your needs for the next plan year, effective January 1.

Qualifying Life Events

Benefit election changes outside of Open Enrollment may only be made if you experience a qualifying life event. Following are examples:

- Marriage or divorce
- Annulment or dissolution of CA registered domestic partnership
- Birth or adoption of a child
- Change in child custody
- Child reaching age 26
- Loss or gain of coverage under your spouse's/RDP's plan
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period

You are responsible for notifying Employee Benefits and making your election changes within 60 days of the qualifying life event.

Changes become effective on the first of the month following the date of the qualifying life event, except when the change is due to the birth or adoption of a child. In these cases, coverage becomes effective on the date of the event.

Medical Plans



The County’s medical plans are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. All County medical plans comply with the standards provided by the Patient Protection and Affordable Care Act (federal health care reform). Follow these steps for selecting the medical plan that best meets your needs.

STEP 1: Understanding Your Location and Network Providers

Your access to in-network medical health care providers and facilities will depend on where you live.

- **If you live in the local service area**, you will be automatically enrolled in the Health Partners of Northern California (HPNC) network. (For more information, refer to the map on [page 6](#).)
- **If you live outside the local service area**, you will be automatically enrolled in the UnitedHealthcare (UHC) network and will only have access to those health providers and facilities.

Both health networks offer a comprehensive list of providers and access to local, regional and national medical centers that offer the best possible care for both routine and complex medical care issues. The table provides some general information on each network.

To search for providers in the HPNC network, visit www.healthpartnersnca.org. To search for providers in the UHC network, visit www.myUHC.com.

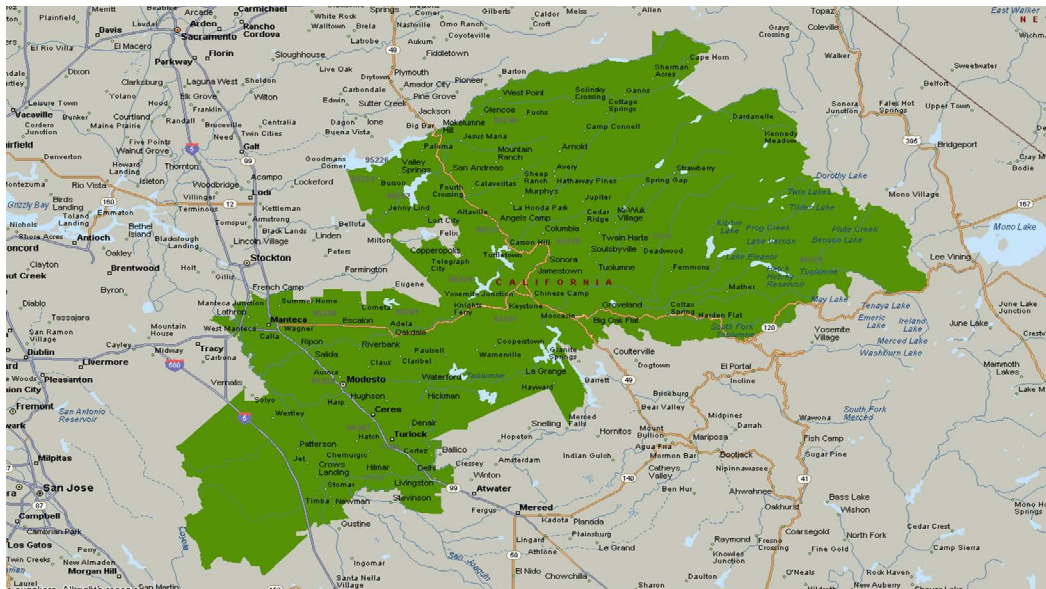
	Health Partners of Northern California (HPNC) Network	UnitedHealthcare (UHC) Network
Local Hospitals	Doctors Hospital Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Oak Valley District Hospital Oakdale Sonora Regional Medical Center Stanislaus Surgical Hospital	Adventist Health Sonora Doctors Hospital Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Mark Twain St Joseph Hospital Memorial Medical Center Oak Valley District Hospital Oakdale Stanislaus Surgical Hospital
Local Physician Panel (Primary Care, Specialists, etc.)	Approximately 2,818	Approximately 2,061
California Regional Referral Hospitals	UCSF Valley Children’s Hospital Madera	UC Davis UCSF Stanford Valley Children’s Hospital Madera
Pharmacies	You may choose any of the 63,000 CVS network pharmacies across the U.S.	
National Out of Area Network*	First Health	UnitedHealthcare Choice Plus National Coverage

*If you live in the local service area and have a covered dependent that lives out of the area (or if you and/or an eligible participant are traveling), the National Out of Area Network (NOoAN) is available. These claims are paid at the in-network level. Please call for pre-authorization of any service in the NOoAN.

Note: In the event of an emergency, we encourage you to seek immediate care at the nearest facility. Services will be paid at the in-network level for a true emergency.

Medical Plans

HPNC Local Service Area Zip Code Map



HPNC Service Area is in Green

County	City
Stanislaus	All
Calaveras	All
Tuolumne	All
San Joaquin	Escalon, Lathrop, Manteca, Ripon
Merced	Delhi, Hilmar, Livingston

HPNC Local Service Area Zip Code List

- If you live in one of the zip code areas listed below, you will automatically be enrolled in the HPNC network.
- If you do NOT live in one of the zip code areas listed below, you will automatically be enrolled in the UHC network.

95221	95250	95320	95351	95372
95222	95251	95321	95352	95373
95223	95252	95323	95353	95375
95224	95254	95324	95354	95379
95225	95255	95326	95355	95380
95226	95257	95327	95356	95381
95228	95305	95328	95357	95382
95229	95307	95329	95358	95383
95230	95309	95330	95360	95385
95232	95310	95334	95361	95386
95233	95311	95335	95363	95387
95245	95313	95336	95364	95389
95246	95314	95337	95366	95390
95247	95315	95346	95367	95397
95248	95316	95347	95368	
95249	95319	95350	95370	

It is important for you to report your address changes to Employee Benefits in a timely manner.



Medical Plans

STEP 2: Select Your Medical Plan

The County offers you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP HSA plan comes at a lower premium cost and includes an annual deductible. The highlight of the plan is that it comes with a health savings account (HSA) through Optum Bank that is partially funded by the County. An HSA is a personal savings account that allows you to save and pay for qualified health care expenses with federally tax-free dollars*—now or in the future. See [page 12](#) for more information about the HSA.

Here’s how the HDHP HSA plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for medical and prescription drug expenses.
- **Preventive Care:** Routine preventive care services, such as annual physicals, are covered at 100% and the deductible does not apply.
- **Copays:** Once you meet the plan’s annual deductible, you will pay a fixed dollar amount (copay), which is the amount you will pay out-of-pocket for each office visit, service or prescription drug.
- **Out-of-Pocket Maximum:** Once you reach the out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services and prescription drugs for the rest of the plan year.
- **Health Savings Account:** You may use your HSA funds to pay for qualified health care expenses, including your deductible and copays.

Exclusive Provider Organization Plan (EPO)

The EPO plan initially offers a higher level of benefits than the HDHP with HSA; however, the premiums are higher as well. There is no annual deductible. All benefits are based on a fixed dollar amount (copay), which is the amount you will pay out-of-pocket for each office visit, service or prescription drug. The EPO plan functions like a traditional HMO plan and may offer additional convenience for employees who are willing to pay a higher monthly premium or who are otherwise unable to participate in the HDHP with HSA option due to having other coverage including Medicare.

It is important to remember, medical providers who are not in-network or contracted with Health Partners of Northern California or UnitedHealthcare will not be covered under the EPO plan.



*Tax free under federal tax law; state taxation rules apply in California.



Medical Plan Highlights

Following is an overview of the medical plan benefits. For more information, including the out-of-network HDHP benefits, refer to the Summary Plan Documents on the [Employee Benefits website](#).

Key Medical Benefits	HDHP with HSA (In-Network)	EPO (In-Network Only)
Deductible (per calendar year) Individual / Family	\$1,600 / \$3,200	None
Out-of-Pocket Maximum (per calendar year) Individual / Family	\$3,000 / \$6,000	\$1,500 / \$3,000
County Annual Contribution to HSA Individual / Family	\$1,350 / \$2,500 (per calendar year; prorated for new hires)	N/A
Office Visits (physician/specialist)	\$20 copay*	\$20 copay
Routine Preventive Care	No charge (deductible waived)	No charge
Outpatient Diagnostic (lab/X-ray)	\$10 copay*	\$10 copay
Complex Imaging	\$25 copay for CT, MRI, PET scans*	\$25 copay for CT, MRI, PET scans
Chiropractic	\$15 copay* (up to 20 visits per year)	\$15 copay (up to 20 visits per year)
Ambulance	\$50 copay* (per occurrence)	\$50 copay
Emergency Room	\$75 copay* (waived if admitted)	\$75 copay (waived if admitted)
Urgent Care Facility	\$20 copay*	\$20 copay
Inpatient Hospital Stay	\$150 copay* (per admit)	\$150 copay
Outpatient Surgery	\$100 copay*	\$100 copay (per procedure)
Prescription Drugs (Generic / Brand / Non-Formulary)		
Retail Pharmacy (30-day supply)	\$10* / \$25* / \$25*	\$10 / \$25 / \$25
Mail Order (90-day supply)	\$20* / \$50* / \$50*	\$20 / \$50 / \$50

Copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

Telemedicine & Health Bridges

Telemedicine - Amwell

To provide more convenient and timely access to medical care for County plan participants, the County is happy to offer Amwell, our telemedicine partner. This benefit is available for all HPNC and UHC health plan participants.

The County's telemedicine services allow you to be seen by board-certified practitioners, 24/7/365, from anywhere, using a smartphone, tablet or standard telephone. Telemedicine physicians can treat a variety of less-complex conditions such as colds, flu, allergies and infections as well as prescribe medications for the treatment of these conditions (limitations apply). Additional services include Behavioral Health (therapy and psychiatry), nutritional counseling and smoking cessation.

The cost varies by services obtained but is comparable to an in-office visit. Charges for telemedicine visits (and related prescriptions) will be applied to HDHP members' deductibles. Pharmacy charges will be treated as if you went to your usual physician.

Practice	Member Cost-Share	
	EPO Medical Plan	HDHP Medical Plan
Service Key	SCEPO	SCHDP
Urgent Care	\$20	\$67
General Consultation (MD/DO, NP)	\$20	\$67
Therapy (Master's-level)	\$20	\$96
Therapy (Doctorate-level)	\$20	\$122
Psychiatry (initial visit) 45 min	\$20	\$263
Psychiatry (follow-up visit) 15 min	\$20	\$98
Psychiatry (follow-up visit) 30 min	\$20	\$145
Nutrition/Registered Dietician	\$20	\$68
Smoking Cessation	\$0	\$0

For more information, visit www.amwell.com, call 844-733-3627 or search the Apple App Store or Google Play for "Amwell" to download the app and create your account.

Health Bridges of Northern California

Health Bridges of Northern California's primary mission is to provide health plan members a health BRIDGE to better health. Staff assists members navigate the health care maze with compassion and clarity so they can return to a place of better health. They are ready to assist you with:

- Chronic care management services for members experiencing chronic conditions such as diabetes, high blood pressure and high cholesterol
- Hospital post discharge care management to assist members in understanding discharge orders and coordinate follow-up care visits
- Nurse care managers to answer questions about diagnosis and treatment plans
- Member liaison services to:
 - Secure member appointments with in-network providers
 - Assist with finding specialty providers and obtain specialty referrals
 - Obtain prior authorizations for surgeries and durable medical equipment
 - Arrange second opinion or transfer to a level 1 facility, such as UCSF

For more information, visit www.healthbridgesofnorcal.com or call 209-996-1296.



Dental Plans

The County offers you a choice between two dental plans through Delta Dental. Both plans allow you to visit the dentist of your choice; however, you will maximize your benefits and reduce your out-of-pocket costs when you visit a provider in the plan's contracted network.

- The **Core plan** offers discounted dental services provided through the Delta Dental PPO network.
- The **Buy-Up plan** offers discounted dental services provided through the Delta Dental PPO and Premier networks; however, costs are usually lower when you visit a PPO dentist. The plan also offers a higher calendar year benefit maximum and orthodontia coverage for children. Once enrolled in the Buy-Up plan, coverage must be **retained for at least three years**.

For more information on Delta Dental or to review a list of network providers, visit www.deltadentalins.com or call 800-765-6003.

Dental Incentive Program

For your first year on the dental plan, Delta Dental will pay 70% of the cost for covered services. The amount Delta Dental pays will increase by 10% each year (to a maximum of 100%) for each individual enrolled in the plan, as long as that person visits the dentist at least once during the plan year. Below is an example of the Incentive Program:

1 st year on the plan (with dental visit):	Coverage is 70%
2 nd year on the plan (with dental visit):	Coverage is 80%
3 rd year on the plan (with dental visit):	Coverage is 90%
4 th year on the plan* (with dental visit):	Coverage is 100%
5 th year on the plan - no dental visit:	Coverage drops to 90%

Note: The coverage percentage paid by Delta Dental will continue to drop 10% per year if there is no dental visit.

*After the fourth year, your coverage will remain at 100% as long as you continue your annual dental visit.



Following is an overview of the dental plan benefits. For more information, refer to the Summary Plan Documents on the [Employee Benefits website](#).

Key Dental Benefits	Core Plan	Buy-Up Plan ¹
Contracted Network	PPO ²	PPO and Premier ³
Calendar Year Deductible		
In-Network / Out-of-Network	\$0 /\$10 per person	\$0 /\$10 per person
Calendar Year Benefit Maximum (preventive, basic and major services combined)		
Per Individual	\$1,500	\$2,000
Covered Services		
Preventive Services	70% - 100%	70% - 100%
Basic Services	70% - 100%	70% - 100%
Major Services	70% - 100%	70% - 100%
Orthodontia	Not covered	50% (\$2,000 lifetime benefit per eligible child)

Coinsurance percentages shown in the above table represent what the plan pays.

¹ Buy-Up coverage must be retained for at least three years.

² Claims are paid based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

³ Claims are paid based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Vision Plan

The County offers you a vision plan through VSP.

The VSP vision plan gives you access to one of the largest networks of eye care specialists. You will receive the highest level of benefits and greatest cost savings when you see a VSP Choice network provider. If you receive services from an out-of-network provider, you will pay all expenses at the time of service and submit a claim for reimbursement up to the amount allowed by the plan.

For more information on VSP or to review a list of network providers, visit www.vsp.com or call 800-877-7195.



Following is an overview of the vision plan benefits. For more information, refer to the Summary Plan Documents on the [Employee Benefits website](#).

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	up to \$45
Lenses (once every 12 months) Single / Bifocal / Trifocal	No charge after exam copay	up to \$30 / \$50 / \$65
Frames (once every 24 months)	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco frame allowance 	up to \$70
Contact Lenses (once every 12 months; instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts Up to \$60 copay for contact lens exam (fitting and evaluation) 	up to \$105

Optical Diabetic Eyecare Plus Program — VSP members with Type 1 diabetes have access to the Diabetic Eyecare Program. This program provides coverage for additional eyecare services to help diabetic participants manage their condition better.

Special Discounts — VSP offers discounts on a number of non-covered services, such as additional pairs of glasses, special lens options and LASIK surgery.



Health Savings Account

When you enroll in the HDHP medical plan, you get a health savings account (HSA) through Optum Bank. An HSA is a personal savings account that allows you to save and pay for qualified health care expenses with federally tax-free dollars—now or in the future. *Note: If you and your spouse both work for the County, you cannot be enrolled in separate HSAs.*

How Your HSA is Funded

The County helps fund your HSA with a generous contribution based on your medical plan coverage level (see table below). You may also make voluntary contributions into your HSA through convenient payroll deductions. IRS rules allow you to contribute to your HSA on a pre-tax basis, meaning you pay less taxes per paycheck. Your contributions, when combined with any contributions from the County, may not exceed the IRS annual limits listed below.

2024 HSA Contribution Limit			
Coverage Level	County*	You	IRS Limit
Employee Only	\$1,350	\$2,800	\$4,150
Employee + 1 or More	\$2,500	\$5,800	\$8,300
Catch-up (age 55+)	N/A	\$1,000	\$1,000

*County contributions are deposited in two stages: half of the funds in January and the other half divided into 12 semi-monthly deposits from July to December. If two employees who are married together enroll in the HSA, they will receive one County-provided HSA contribution.

Using Your HSA Funds

You may use your HSA funds to pay for qualified health care expenses for yourself and your IRS tax dependents, even if they are not enrolled in the HDHP medical plan.

- Optum Bank will provide you with a MasterCard debit card to use at the point-of-sale or ATM
- Pay bills online at www.optumbank.com

Qualified Health Care Expenses

Eligible expenses include, but are not limited to:

- Medical care, prescriptions, dental and vision care (including deductibles, coinsurance and copays)
- COBRA premiums
- Health insurance premiums while unemployed
- Long-term care insurance
- Medicare insurance premiums including A, B, C, D and Medicare Advantage products (not Medigap)

[Click here](#) for a list of qualified health care expenses.

You may also use your HSA funds for non-qualified expenses, but you will be required to pay income tax and a 20% tax penalty. (The 20% penalty doesn't apply if you become disabled or after you've reached age 65.)

HSA Eligibility Rules

You must meet all of the following criteria to open and contribute to an HSA:

- Enrolled in the HDHP medical plan and not covered by any other medical plan
- Not enrolled in the health care FSA
- Not enrolled in Medicare, TRICARE or Medicaid
- Not claimed as a dependent on another's tax return



ADVANTAGES OF AN HSA

Triple tax-advantaged.*

1. Tax-free contributions made through payroll.
2. Tax-free growth on interest and investment earnings.
3. Tax free if used for eligible health care expenses.

*Tax free under federal tax law; state taxation rules apply in California.

No use-it-or-lose-it rule.

Your unused HSA funds roll over year-to-year.

You own the money.

You can take it with you if you retire or change employers.

Long-term savings.

Unused funds can grow through interest and investment earnings.

To learn more about the HSA, visit the [Employee Benefits website](#).

Flexible Spending Accounts

The County offers two flexible spending accounts (FSAs) administered through P&A Group. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you lower your taxable income and increase your take-home pay.

Health Care FSA	
Eligible Expenses	Deductibles, copays and coinsurance for medical, dental and vision care, eyeglasses, contact lenses and supplies, prescription medications, laser eye surgery (LASIK), menstrual care products and over-the-counter (OTC) medications. Click here for a list of eligible expenses. Employees enrolled in the HDHP with HSA medical plan are NOT eligible to enroll in the health care FSA.
Use the Money For	Yourself, your spouse and your children under age 26.
2024 Maximum Annual Contribution	<ul style="list-style-type: none"> \$3,200 The entire amount you set aside is available to use on your coverage effective date
Dependent Care FSA	
Eligible Expenses	Qualified dependent care, such as babysitters, day care centers, nursery school/preschool, after school care programs and elder care.
Use the Money For	Your tax-dependent children under age 13, your dependents of any age who are incapable of caring for themselves and who regularly spend at least eight hours a day in your home.
2024 Maximum Annual Contribution	<ul style="list-style-type: none"> \$5,000 (or \$2,500 if married and filing separate tax returns) Dependent care funds are available up to your current account balance only



IMPORTANT FSA RULES

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **USE IT OR LOSE IT:** Unused funds will NOT be returned to you or carried over to the following year.
- You can incur expenses through December 31, 2024, and must file all claims by March 31, 2025.
- **Save your receipts!** P&A Group may request itemized receipts to substantiate a claim.
- **You must enroll each year during Open Enrollment to participate.**
- You cannot stop or change your contributions unless you experience certain qualifying life events.

To learn more about the FSAs, visit the [Employee Benefits website](#).



Deferred Compensation 457 Savings Plan

Stanislaus County maintains a deferred compensation program to provide voluntary retirement savings opportunities for full-time employees to supplement the County's defined benefit retirement program that is administered through the Stanislaus County Employees' Retirement Association (StanCERA). The County's 457(b) Deferred Compensation program provides eligible employees with the opportunity to make both voluntary pre-tax and post-tax contributions to a variety of investment options.

Nationwide Retirement Solutions (Nationwide) is the administrator for our 457(b) Deferred Compensation benefit plan. Nationwide has been helping America's workers prepare for and live in retirement for more than 40 years. More than 8,000 employers and two million public employees have entrusted Nationwide with their retirement assets. This means you can rely on them to be there for you with the education and services you need.

Nationwide offers planning tools, education and guidance for all plan participants, including:

- Enhanced investment options lineup.
- Professionally managed account investing options.
- A mobile responsive website so you can view your account any day, anytime and on any device.
- Online retirement planning tools, including My Interactive Retirement Planner, a tool that allows you to input your information (just once - it always saves your last entered information and results) and see your potential retirement gap. This tool gives you a Retirement Readiness Report. If you have ever asked, "How much should I be saving?", this tool will help you find those answers.
- Responsive, local plan service.

To learn more, contact our Nationwide Retirement Specialist, Brenda DeVecchio at devecb1@nationwide.com or 209-337-4574; you can also contact the home office Retirement Resource Group at nrsforu@nationwide.com or 888-401-5272.



Life/AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event you pass away. Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that you pass away due to a covered accident, both the life and the AD&D benefit would be payable.

Following is an overview of the life/AD&D benefits. For more information, refer to the Summary Plan Documents on the [Employee Benefits website](#).



Basic Life/AD&D (County-paid)

This benefit is provided at **NO COST** to you through Voya (Reliastar). The County pays 100% of the cost.

Benefit Amount	The amount of basic life insurance provided depends on the employee's job classification. Please refer to your Benefit Enrollment Form for the amount of coverage.
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Voya (Reliastar) for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	Minimum of \$20,000 up to \$300,000	\$100,000
Spouse/RDP	\$20,000 or \$30,000 ^{1,2}	\$30,000
Child(ren)	Under age 26 - \$10,000 ^{1,2}	\$10,000

¹ You must maintain coverage for yourself in order to have coverage for your spouse/RDP and children.

² Not to exceed the employee's coverage amount.

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



NAMING YOUR BENEFICIARY(IES)

Your beneficiaries are the people you name to receive your life and AD&D benefit in the event you pass away. You should regularly review and, if necessary, update your beneficiary designations.

You can update your beneficiary at any time during the year on [PeopleSoft Self-Service](#).



Voluntary Benefits

Our voluntary benefits through Voya (Reliastar) are designed to complement your health care coverage and allow you to customize your benefits to you and your family's needs. Coverage is also available for your spouse/RDP and children when you enroll. The plans pay cash benefits that you can use for any purpose you like. For example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Accident Insurance

This coverage pays cash benefits directly to you when you have a covered accident. It also pays benefits for the care of specific injuries resulting from a covered accident, including emergency room care, ambulance rides and hospital stays.

Accident insurance pays \$150 per calendar year for each covered employee and spouse who receives a covered health screening such as a pap test, cholesterol test, mammography, colonoscopy or stress test. The child benefit is 50% of the employee's wellness benefit amount, to a maximum of \$300 for all children.

- Watch a [short video](#) to learn more about accident insurance.

Critical Illness Insurance

This coverage pays a one-time, lump sum cash benefit amount upon the diagnosis of a covered disease or illness.

Critical illness insurance pays \$100 per calendar year for each covered employee and spouse who receives a covered health screening such as a pap test, cholesterol test, mammography, colonoscopy or stress test. The child benefit is 50% of the employee's wellness benefit amount, to a maximum of \$200 for all children.

- Watch a [short video](#) to learn more about critical illness insurance.

To learn more about voluntary benefits, visit the [Employee Benefits website](#).





Valuable Extras

Employee Assistance Program (EAP)

The ComPsych GuidanceResources EAP offers someone to talk to and resources to consult whenever and wherever you need them. This **confidential** program is provided at **NO COST** to you. The County pays 100% of the cost. The EAP can help with the following issues, among others:

- Stress, anxiety, depression
- Relationship, family, parenting issues
- Substance abuse
- Grief, loss and life adjustments
- Child and elder care referrals
- Financial and legal issues

EAP Benefits

- Up to five in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access
- Online resources and tools

To access the EAP, call 877-533-2363, or visit www.guidanceresources.com and enter your company Web ID: **MY5848i**.

Funeral Planning and Concierge Service

Provides assistance researching, planning, negotiating and scheduling of funeral services. Contact Everest at 877-456-5050 or visit www.stancounty.com/riskmgmt/docs/eb-forms/eap-funeral.pdf.

Travel Assistance

Travel planning services, emergency services (legal assistance, translation, medical referrals) and emergency transportation services. Contact ING Travel Assistance 24 hours a day, 365 days a year at 800-859-2821 or visit www.stancounty.com/riskmgmt/docs/eb-forms/eap-travel.pdf.

For more information on each of these benefits and for further instructions on how to access the services, please visit the [Employee Benefits website](#).





Medical Contact Information

Topic	Carrier	Phone #	Website/Email
Benefits, Eligibility & Claims Services	UMR	800-207-3172	www.umar.com
Onsite County Rep. Nora Garcia-Ruan	UMR	209-525-5711	nora.garcia-ruan@umar.com
Local Service Area Provider Questions	Health Partners of Northern California	877-830-7470	www.healthpartnersna.org
Outside Local Area Service Provider Questions	UnitedHealthcare (UHC)	866-414-1959	www.myUHC.com
Prescription Coverage	CVS/Caremark	800-334-8134	www.caremark.com
Telemedicine	Amwell	844-733-3627	www.amwell.com
Concierge Services for Health Partners of Northern California	Health Bridges of Northern California	209-996-1296	www.healthbridgesofnorcal.com
Nurse Care Advocate / 24-Hour Nurse Line	UMR	877-950-5083	www.umar.com

Benefits Contact Information

Topic	Carrier	Phone #	Website/Email
Dental	Delta Dental	800-765-6003	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Account (HSA)	Optum Bank	844-326-7967	www.optumbank.com
Flexible Spending Accounts (FSAs)	P&A Group	800-688-2611	www.padmin.com
Life/AD&D	Voya (Reliastar)	209-525-5717	countybenefits@stancounty.com
Employee Assistance Program (EAP)	ComPsych	877-533-2363	www.guidanceresources.com
Voluntary Health Benefits	Voya (Reliastar)	209-525-5717	countybenefits@stancounty.com
PeopleSoft Self-Service	N/A	N/A	http://www.stancounty.com/selfservice/
Chief Executive Office – Employee Benefits	N/A	209-525-5717	countybenefits@stancounty.com www.stancounty.com/riskmgmt/risk-eb-home-main.shtm

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Copies of the plan documents can be found on the [Employee Benefits website](#).

ANNUAL NOTICES: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. [Click here](#) to view the annual notices.

This Benefits eGuide was prepared for you by HUB International: www.hubinternational.com.

