

# Employee Benefits Guide

**For the 2025-2026 Plan Year: June 30, 2025 - June 28, 2026**







## Welcome!

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 supporting programs, tools, and resources that are 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 opportunity. 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, active employees for the 2025-2026 plan year of June 30, 2025 through June 28, 2026.

This guide and other useful information are posted on the County's website at [sjgov.org/departments/hr/programs-services/benefits](https://sjgov.org/departments/hr/programs-services/benefits). Provider contact information can be found in the back of this guide under Contacts and Resources on page 30-31.

Our County Benefits Office is also here to help you! Just call (209) 468-9987, or email [employeebenefits@sjgov.org](mailto:employeebenefits@sjgov.org). Thank you again for your continued service to our community.

With appreciation,

*Jennifer Goodman*  
Director of Human Resources

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## Documents Are Online!

Don't forget that you can find more detailed benefits information and documents online-like Summary Plan Descriptions, Summaries of Benefits and Coverage, and more. Start by visiting the County's [benefits webpage](#).

*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 tool 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 Plan, Select Plan, Select Exclusive Plan, Kaiser Plans, and 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 or are not creditable, you should review the Plan's Medicare Part D Notice of Creditable Coverage included later in this packet, beginning on **page 28**.

## What's New for 2025-2026

If you're reviewing the Benefits Guide during the May 2025-2026 Open Enrollment period and moving forward, here's a summary of *What's New* for plan year June 30, 2025 - June 28, 2026.

### Premiums:

Some bi-weekly premiums for health plans are changing

See the Health Plan Costs to review the 2025-2026 rates, as well as cafeteria plan allowance and premium supplements, if applicable.

### No Surprises Act

There are billing protections when getting true emergency care or services, like anesthesia, from an out-of-network provider. Previously, if you had health coverage and received care from an out-of-network provider, the facility could balance bill you. The No Surprises Act offers protection that prevents surprise medical bills for you and your covered dependents.

### New Infertility Treatment

Effective July 1, 2025, California's Senate Bill 729 mandates that fully insured large group health plans cover infertility diagnosis and treatment. This law broadly defines infertility and ensures non-discriminatory coverage for various fertility services, including in vitro fertilization (IVF). The coverage will be provided in accordance with the guidelines from American Society for Reproductive Medicine (ASRM) and will include a maximum of three (3) completed oocyte retrievals and unlimited embryo transfers.

## 2025 Benefits Open Enrollment



# 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)
- Basic life insurance
- Voluntary life insurance (employee-paid)
- Other benefits, such as voluntary insurance plans and our deferred compensation plan

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

### 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.

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

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



# How to Enroll or Make Changes

## Enrolling as a 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 Reminders as a New Hire

Enrollment forms are processed by Human Resources – Benefits staff every other week.

You must submit all paperwork (including supporting documents) no later than 12:00 p.m. (noon) on Friday for an effective date beginning the next pay period.

You must submit enrollment forms within 60 days of your hire date. Otherwise, you must wait until the next annual Open Enrollment period for your next opportunity, unless you have a qualifying life event during the year.

Your effective date is on a go-forward basis-there are no retroactive enrollments.

## 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.

**You must, however, re-enroll in any Flexible Spending Accounts (FSAs) each year-they do not carry over, per IRS rules. The FSA plan year is July 1 to June 30.**

### Important Dates for 2025-2026 Open Enrollment

May 5-23, 2025	Open Enrollment period. The San Joaquin County Human Resources - Benefits Office must receive all enrollment forms and documentation by 5:00 p.m. on Friday, May 23, 2025. <b>Late enrollment submissions will not be accepted.</b>
July 1, 2025	Effective date for FSA plan enrollments (Medical Flexible Spending Account and Dependent Care Flexible Spending Account)
June 30, 2025	Effective date for any medical, dental, or vision plan changes, or dependent changes. The 2025-2026 plan year for medical, dental, and vision coverage is June 30 2025, to June 28, 2026.
July 4, 2025	First paycheck deduction reflecting new 2025-2026 contribution rates
August 1, 2025	Effective date of HSA benefit (only if you're enrolling in an HDHP effective June 30, 2025)

## How to Enroll

You have several ways by which you can submit your benefits enrollment paperwork.

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

- Log in to PeopleSoft.
- Go to **Main Menu**, and click **Self Service**.
- Click **Benefits** and then **Benefits Enrollment**.
- Click **Start** to start making your enrollment decisions.
- Don't forget to hit **Submit** and print the confirmation as your proof of action.

**By mail, fax, or email:** Complete the benefits enrollment form you received in your new-hire or annual Open Enrollment packet. Submit it by the enrollment deadline, along with your supporting documents.

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

**Fax:** (209) 468-9734

**Email:** [employeebenefits@sjgov.org](mailto:employeebenefits@sjgov.org)

Please ensure you make a copy of submitted documents for your records.

## 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	Gain or loss of other coverage, such as through a spouse's employer's group health plan
Divorce or termination of registered domestic partnership	Your dependent child reaches age 26
Birth or adoption of a child, or compliance with a court-issued Qualified Medical Child Support Order	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	Proof of the qualifying life event
Required dependent documents	

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.

**Check your beneficiary information regularly!**

**It's especially important to make sure your beneficiary designation information is accurate. Update it each year during Open Enrollment or after a qualifying life event.**



# 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 first need to meet a plan-year deductible (July to June) before the plan begins to pay a majority share of the cost, and you're responsible for the remaining, smaller percentage.

San Joaquin County offers three coinsurance plans to active employees: the **Select**, **Select Exclusive**, and **Premier** plans. 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 who belong to a certain plan network of providers. Keep in mind that visiting in-network providers typically means lower costs for you, as these providers agree to negotiated, discounted rates with the plan.

### 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**.

## Your Medical Plan Options

The County offers seven 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-formulary drugs.

### 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 only, with the exception of Dignity Health St. Joseph's Hospital within 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, but members must meet a calendar-year (January to December) deductible first before the plan begins to pay

All care must be provided within the Kaiser network only, with the exception of Dignity Health St. Joseph's Hospital within 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 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**

Health Maintenance Organization 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, but members must meet a calendar-year (January to December) deductible first before the plan begins to pay

All care must be provided within Sutter Health Plus facilities, and members must remain with their selected Medical Group.

Deductible is \$1,650 per person, \$3,300 per individual in 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 Your 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						
<b>Plan Providers</b> "SJGH" refers to San Joaquin General Hospital	<b>Select:</b> Providers in Anthem Prudent Buyer network, 3 counties only: San Joaquin Sacramento Stanislaus <b>SE:</b> 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
<b>Deductibles</b>	\$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
<b>Out-of-Pocket Maximum</b>	\$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
<b>Acupuncture &amp; Chiropractic</b> (up to 20 total visits per year combined, if plan choice covers the benefit)	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	Not covered Discounts available; contact Kaiser for information	\$20 copay per visit No referral needed	Not covered Discounts available; contact Kaiser for information	<b>Acupuncture:</b> 10% coinsurance after deductible, PCP referral required (limited to treatment of nausea or as part of a comprehensive pain management program addressing chronic pain) <b>Chiropractic:</b> Not covered
<b>Ambulance</b>	No charge after deductible	No charge after deductible	No charge	No charge	10% coinsurance after deductible	No charge after deductible

\* Not available to non-CRNA employees in Unit X



	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						
<b>Doctor Visits</b> Specialists Allergy testing or treatment	\$10 copay per visit \$5 copay per visit for SJGH <i>Deductible does not apply</i>	\$5 copay per visit <i>Deductible does not apply</i>	\$10 copay per visit	\$10 copay per visit	10% coinsurance after deductible	10% coinsurance after deductible
<b>Durable Medical Equipment</b>	50% of charges after deductible	50% of charges after deductible	20% of charges	No charge	20% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency Room</b> (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
<b>Home Health Care</b>	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
<b>Hospice</b>	No charge after deductible	No charge after deductible	No charge	No charge	No charge after deductible	No charge after deductible
<b>Hospital Inpatient or Intensive Care Unit (ICU)</b>	<b>SJCH facility:</b> No charge after deductible <b>Other facility:</b> \$100 copay per admission after deductible <b>Physician or surgeon fees:</b> No charge after deductible	<b>Facility:</b> \$100 copay per admission after deductible <b>Physician or surgeon fees:</b> No charge after deductible	No charge	No charge	10% coinsurance after deductible	10% coinsurance after deductible
<b>Hospital Outpatient Surgery</b>	<b>Facility and surgeon fees:</b> No charge after deductible <b>Physician fees:</b> \$5 copay per visit after deductible <b>SJCH physician fees:</b> \$10 copay per visit after deductible	<b>Facility and surgeon fees:</b> No charge after deductible <b>Physician fees:</b> \$5 copay per visit after deductible	\$10 copay	\$10 copay	10% coinsurance after deductible	10% coinsurance after deductible

\* Not available to non-CRNA employees in Unit X

	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						
<b>Laboratory Services</b>	No charge after deductible	No charge after deductible	No charge	No charge	10% coinsurance after deductible	10% coinsurance after deductible
<b>Prescription Drugs</b>	<b>Up to 30 days:</b> \$5 generic \$15 preferred Non-preferred not covered	<b>Up to 30 days:</b> \$5 generic \$10 preferred \$30 non- preferred	<b>Up to 100 days:</b> \$10 generic \$20 preferred	<b>Up to 30 days:</b> \$10 Tier 1 drugs \$20 Tier 2 drugs \$40 Tier 3 drugs \$40 Tier 4 drugs	<b>Up to 30 days:*</b> \$10 generic \$30 preferred Specialty: 10% up to \$100	<b>Up to 30 days:*</b> \$10 Tier 1 drugs \$30 Tier 2 drugs \$60 Tier 3 drugs 10%upto\$100
	<b>Up to 90 days:</b> \$10 generic \$30 preferred Non-preferred not covered <i>Deductible does not apply</i>	<b>Up to 90 days:</b> \$10 generic \$20 preferred \$60 non- preferred <i>Deductible does not apply</i>	<b>Up to 30 days <u>only</u>:</b> \$20 specialty drugs	<b>Up to 100 days:</b> \$20 Tier 1 drugs \$40 Tier 2 drugs \$80 Tier 3 drugs N/A Tier 4 drugs	<b>Up to 100 days (mail order only):*</b> \$20 generic \$60 preferred <i>*after deductible</i>	<b>Up to 100 days:*</b> \$20 Tier 1 drugs \$60 Tier 2 drugs \$120 Tier 3 drugs N/A Tier 4 drugs <i>*after deductible</i>
<b>Preventive Care Services</b> (Affordable Care Act requirement)	No charge <i>Deductible does not apply</i>	No charge <i>Deductible does not apply</i>	No charge	No charge	No charge	No charge
<b>Rehabilitation Therapy</b> (physical, speech.and occupational)	<b>Outpatient:</b> \$10 copay per visit after deductible <b>Inpatient:</b> No charge after deductible	<b>Outpatient:</b> \$5 copay per visit after deductible <b>Inpatient:</b> No charge after deductible	\$10 copay per visit	\$10 copay per visit	10% coinsurance after deductible	10% coinsurance after deductible
<b>Urgent Care</b>	\$40 copay per visit after deductible	\$40 copay per visit after deductible	<b>\$10</b> copay per visit	\$10 copay per visit	10% coinsurance after deductible	<b>10%</b> coinsurance after deductible
<b>X-Rays</b>	No charge after deductible	No charge after deductible	No charge	No charge	10% coinsurance after deductible	10% coinsurance after deductible

*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

## Medical Plan Contacts

For more information about your medical coverage, contact the following:

Lucent Health - Third-Party Administrator (TPA)	
Select	(877) 789-8488
Select Exclusive	(209) 468-9552 - Onsite representative
Premier	<a href="mailto:SJCsupport@Lucenthealth.com">SJCsupport@Lucenthealth.com</a>
Kaiser Permanente	
Kaiser HMO	(866) 454-8855
Kaiser HDHP	<a href="http://my.kp.org/sjc">my.kp.org/sjc</a>
Sutter Health Plus	
SHP HMO	Member Services (855) 315-5800
SHP HDHP	Weekdays, 8:00 a.m.-7:00 p.m. Nurse Advice Line (855) 836-3500 24 hours, 7 days a week <a href="http://sutterhealthplus.org">sutterhealthplus.org</a>



# Dental Benefits

## Your Dental Plan Options

The County offers four dental plans in total-three Delta Dental plans and one UnitedHealthcare plan:

### 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 (DHMO)

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

No charge for exams, cleanings, and X-rays

Flat-dollar copay for services

Orthodontia benefits available

## Dental Plan Contacts

For more information about your Dental coverage, contact:

Delta Dental at (800) 765-6003 or [deltadentalins.com](https://deltadentalins.com)

UnitedHealthcare at (866) 414-1959 or [myuhc.com](https://myuhc.com)

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

## Find a Network Dentist Online

### Delta Dental

- Click on **Find a Dentist**.
- Enter your ZIP code, and select the **Delta Dental PPO** or **Delta Dental Premier** networks

### United Healthcare

- Click on **Find a Dentist**.
- Under **Select a Network**, choose the **CA Select Managed Care Direct Compensation** option.
- Under **Specialty**, select **General Dentist**. (You'll first need to see a general dentist before getting a referral to any specialist.)



# Vision Benefits

## Your 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.

### 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

### 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

## Vision Plan Contact

For more information about your Vision coverage, contact VSP at (800) 877-7195 or [vsp.com](http://vsp.com).

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



## Health Plan Costs

During Open Enrollment, your personalized Benefits Enrollment Form will be mailed to you. During the plan year, you can access the appropriate Benefits Enrollment Form online by choosing your appropriate bargaining group's forms. The form will show you the plans for which you're eligible and what your bi-weekly paycheck premium deductions would be for each plan.

The County pays a majority portion of the premiums for your health care benefits:

### **Medical:**

- The County pays up to 80% of the premium costs for the Select, Kaiser, and Sutter Health Plus plans.
- For the Premier Plan, the County pays a share equivalent to 80% of the Select Plan premium costs, and the employee pays the difference.
- The County contribution is the same percentage no matter what tier level (Employee only, Employee+ 1, or Employee+ Family) is chosen.

### **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 pays a share equivalent to 100% of the Standard Plan employee-only premium costs, and the employee pays the difference.
- The employee pays for dependent coverage.

### **Vision:**

- The County pays 100% of employee-only coverage for the Base Plan.
- For the Buy-Up Plan, the County pays a share equivalent to 100% of the Base Plan employee-only premium costs, and the employee pays the difference.
- The employee pays for dependent coverage.

### **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.

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)

<b>MEDICAL PLANS</b>	<b>County's Share</b>	<b>Employee's Share</b>	<b>Total Bi-Weekly Cost</b>
<b><i>Select and Select Exclusive Plans</i></b>	<b>2025-2026</b>	<b>2025-2026</b>	<b>2025-2026</b>
Employee Only	\$658.62	\$164.65	\$823.27
Employee + 1 Dependent	\$1,317.24	\$329.31	\$1,646.55
Employee + Family	\$1,844.14	\$461.04	\$2,305.18
<b><i>Premier Plan</i></b>			
Employee Only	\$658.62	\$233.78	\$892.40
Employee + 1 Dependent	\$1,317.24	\$467.57	\$1,784.81
Employee + Family	\$1,844.14	\$654.58	\$2,498.72
<b><i>Kaiser HMO Plan</i></b>			
Employee Only	\$367.21	\$91.80	\$459.01
Employee + 1 Dependent	\$734.42	\$183.60	\$918.02
Employee + Family	\$1,039.19	\$259.80	\$1,298.99
<b><i>Kaiser High Deductible Health Plan</i></b>			
Employee Only	\$281.00	\$70.25	\$351.25
Employee + 1 Dependent	\$562.00	\$140.50	\$702.50
Employee + Family	\$795.22	\$198.81	\$994.03
<b><i>Sutter Health Plus HMO Plan</i></b>			
Employee Only	\$370.31	\$92.58	\$462.89
Employee + 1 Dependent	\$740.63	\$185.16	\$925.79
Employee + Family	\$1,047.98	\$261.99	\$1,309.97
<b><i>Sutter Health Plus High Deductible Health Plan</i></b>			
Employee Only	278.34	69.58	347.92
Employee + 1 Dependent	\$556.68	\$139.17	\$695.85
Employee + Family	\$787.70	\$196.93	\$984.63
<b>DENTAL PLANS</b>	<b>County's Share</b>	<b>Employee's Share</b>	<b>Total Bi-Weekly Cost</b>
<b><i>Delta Dental Standard Plan</i></b>	<b>2025-2026</b>	<b>2025-2026</b>	<b>2025-2026</b>
Employee Only	\$17.12	\$0.00	\$17.12
Employee + 1 Dependent	\$17.12	\$16.26	\$33.38
Employee + Family	\$17.12	\$38.90	\$56.02
<b><i>Delta Dental Core Plan</i></b>			
Employee Only	\$16.61	\$0.00	\$16.61
Employee + 1 Dependent	\$16.61	\$15.78	\$32.39
Employee + Family	\$16.61	\$37.73	\$54.34
<b><i>Delta Dental Buy-Up Plan</i></b>			
Employee Only	\$17.12	\$0.91	\$18.03
Employee + 1 Dependent	\$17.12	\$18.05	\$35.17

Employee + Family	\$17.12	\$41.90	\$59.02
<b><i>UnitedHealthcare Dental Health Maintenance Organization (DHMO) Plan</i></b>			
Employee Only	\$13.79	\$0.00	\$13.79
Employee + 1 Dependent	\$13.79	\$12.43	\$26.22
Employee + Family	\$13.79	\$23.40	\$37.19

<b>VISION PLANS</b>	<b>County's Share</b>	<b>Employee's Share</b>	<b>Total Bi-Weekly Cost</b>
<b><i>Vision Service Plan (VSP) Standard Plan</i></b>	<b>2025-2026</b>	<b>2025-2026</b>	<b>2025-2026</b>
Employee Only	\$2.34	\$0.00	\$2.34
Employee + 1 Dependent	\$2.34	\$2.35	\$4.69
Employee + Family	\$2.34	\$6.05	\$8.39
<b><i>Vision Service Plan (VSP) Buy-Up Plan</i></b>			
Employee Only	\$2.34	\$1.80	\$4.14
Employee + 1 Dependent	\$2.34	\$5.95	\$8.29
Employee + Family	\$2.34	\$12.51	\$14.85



Cafeteria Units C (Middle Management), D (Confidential), J (Sheriff's Management), L (Sheriff Sergeants)

**HEALTH PLAN OPTIONS****2025-2026 Rates****Select and Select Exclusive Plans**

Employee Only	\$823.27
Employee + 1 Dependent	\$1,646.55
Employee + Family	\$2,305.18

**Premier Plan**

Employee Only	\$892.40
Employee + 1 Dependent	\$1,784.81
Employee + Family	\$2,498.72

**Kaiser HMO Plan**

Employee Only	\$459.01
Employee + 1 Dependent	\$918.02
Employee + Family	\$1,298.99

**Kaiser High-Deductible Health Plan**

Employee Only	\$351.25
Employee + 1 Dependent	\$702.50
Employee + Family	\$994.03

**Sutter Health Plus HMO Plan**

Employee Only	\$462.89
Employee + 1 Dependent	\$925.79
Employee + Family	\$1,309.97

**Sutter Health Plus High-Deductible Health Plan**

Employee Only	\$347.92
Employee + 1 Dependent	\$695.85
Employee + Family	\$984.63

**BI-WEEKLY CAFETERIA ALLOWANCE**

Units D	\$1,365.75
Unit C	\$1,365.75
Units J, L	\$1,365.75

**DENTAL PLANS****2025-2026 Rates****Delta Dental Standard Plan**

Employee Only	\$17.12
Employee + 1 Dependent	\$33.38
Employee + Family	\$56.02

**Delta Dental Core Plan**

Employee Only	\$16.61
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Employee + 1 Dependent	\$32.39
Employee + Family	\$54.34
<b><i>Delta Dental Buy-Up Plan</i></b>	
Employee Only	\$18.03
Employee + 1 Dependent	\$35.17
Employee + Family	\$59.02
<b><i>UnitedHealthcare Dental Health Maintenance Organization (DHMO) Plan</i></b>	
Employee Only	\$13.79
Employee + 1 Dependent	\$26.22
Employee + Family	\$37.19

<b>VISION PLANS</b>	<b>2025-2026 Rates</b>
<b><i>Vision Service Plan (VSP) – Standard/Base Plan</i></b>	
Employee Only \$2.59	\$2.34
Employee + 1 Dependent	\$4.69
Employee + Family	\$8.39
<b><i>Vision Service Plan (VSP) Buy-Up Plan</i></b>	
Employee Only	\$4.14
Employee + 1 Dependent	\$8.29
Employee + Family	\$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)

#### Units C, D, J & L

#### HEALTH PLAN OPTIONS

#### Coverage Level

#### Additional Premium Supplement

#### Per Pay Period

Select

Family

\$478.39

Select Exclusive

Premier

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**

Any Coverage Level

\$17.12

**Delta Dental Buy-Up**

**Delta Dental Core**

Any Coverage Level

\$16.61

**UnitedHealthcare DHMO**

Any Coverage Level

\$13.79

**VSP Standard**

Any Coverage Level

\$2.34

**VSP Buy-Up**

# Health Savings Accounts (HSAs)

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 you enroll, 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 2025 is **\$4,300** for employee-only coverage or **\$8,550** 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	\$4,300	\$3,600
Employee+ Dependent	\$1,400	\$8,550	\$7,150
Employee+ Family	\$1,400	\$8,550	\$7,150

*\* 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.*

Please be aware of the following:

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 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 not be active until the first of the month following enrollment in an HDHP (e.g., HDHP effective July; HSA effective August), per IRS requirements.

You can find more information about your HSA on the County's [HSA web page](#), or contact Voya by phone at **(833) 232-4673** or email at [voyasupport@voya.benstrat.com](mailto:voyasupport@voya.benstrat.com). You may access and manage your HSA through Voya's website at [voya.com/myhealthaccounts](https://voya.com/myhealthaccounts).



## Flexible Spending Accounts (FSAs)

The County's Flexible Spending Account (FSA) program is administered by American Fidelity Assurance (AFA).

FSAs allow you to set aside money from your paycheck on a pre-tax basis to cover qualified medical and/or dependent care expenses. If you enroll in an FSA, you'll receive a debit card in the mail that you can use to pay qualified expenses at the point of service and, as a result, avoid filing claims. Alternatively, you can pay out of pocket and file a claim for reimbursement later. You're not taxed on your FSA contributions or your FSA reimbursement. That means you pay less in federal and California state income tax!

San Joaquin County offers two FSA options. You may enroll in one or both FSAs, except you may not enroll in a Medical FSA if you're enrolled in one of the County's HDHP medical plans and have an [HSA](#).

Note: You must re-enroll each year for FSAs, as required by IRS rules.

### Medical FSA

Use these funds to pay for qualified medical, dental, and vision expenses—including copays and deductibles.

Contribution limit: **\$3,300** per plan year (July 1 – June 30)

You have 90 days after the new plan year to submit any claims that were incurred during the previous plan year.

If you have unused funds left over at the end of the plan year, you may carry over up to **\$660** into the next plan year. Otherwise, you forfeit any unused funds above **\$660** remaining in your account on June 30, 2026. You will also forfeit unused funds if you enroll in an HSA, as you cannot have an active HSA and FSA at the same time, per IRS rules.

### Dependent Care FSA

Use these funds to pay for day care or preschool for your child, or elder care for a dependent spouse or relative who lives with you.

Contribution limit: **\$5,000** per plan year (July 1 – June 30)

You have 90 days after the plan year to submit any claims that were incurred during the plan year.

You will forfeit any unused funds remaining in your dependent care account on June 30, 2026. Unlike the Medical FSA, you may not carry over unused funds from year to year, so it's important to carefully plan and use your contributions for the year.

You can find more information about the FSAs by [scheduling in person or virtual meeting with a AFA Representative](#): <https://enroll.americanfidelity.com/C5F62AB5>.

## Employee Assistance Program (EAP)

Anthem 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 County's

[Employee Assistance Program web page](#)



# Other Benefits

## Basic Life Insurance

County-paid basic life insurance is provided to full-time and part-time premium employees based on years of service. You're automatically enrolled in coverage once you reach one year of service, and your coverage automatically increases as you reach each new tier of service.

Years of Service	Coverage Level
1 year	\$1,000
3-5 years	\$3,000
5-10 years	\$5,000
10+ years	\$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, offered at group rates, in increments of \$25,000, up to a maximum coverage level 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 County's [Life Insurance web page](#), or contact Voya at **(800) 955-7736**.

### Your Designated Beneficiary

If you are in the County's retirement system, your beneficiary is the person you listed as your beneficiary for your retirement benefits, unless you file a Life Insurance Beneficiary Form with Human Resources designating a separate life insurance beneficiary.

Be sure to keep your beneficiary information up to date!

## Deferred Compensation Plan

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 can contribute as little as \$10 per pay period or as much as the IRS maximum of **\$23,500** per year. If you're age 50 or older, you can contribute a maximum of **\$31,500** per year. If you haven't contributed the maximum allowed amount during your employment with the County, you can also make catch-up contributions prior to your retirement.

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 (877) 677-3678.

Note: This plan is separate and apart from the County's retirement pension plan available through **SJCERA**.

If you are ages 60-63, you can contribute a maximum of **\$34,750 as of January 1, 2025**.

## Section 125 Administration and Voluntary Insurance Benefits

American Fidelity offers Section 125 administration and voluntary products.

Employees **MUST** re-enroll in MEDFSA & DCFSA. These will not auto enroll or continue from prior year. For more information on FSA/DCFSA or Voluntary products in person or virtual training are available.

## 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**.

### 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](https://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 (WHCRA) NOTICE

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](https://mydoctor.kaiserpermanente.org). To select a PCP in the Sutter Health Plus plans, visit [sutterhealthplus.org/providersearch](https://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](mailto: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 preapproved treatment plan, or procedures for making referrals. For a list of the participating Kaiser providers, visit [mydoctor.kaiserpermanente.org](https://mydoctor.kaiserpermanente.org). For a list of the participating Sutter Health Plus providers, visit [sutterhealthplus.org/providersearch](https://sutterhealthplus.org/providersearch). For more information, contact the County Benefits Office at **(209) 468-9987**, or email [employeebenefits@sjgov.org](mailto: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/departments/hr/programs-services/benefits](http://sjgov.org/departments/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 they pertain 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

### 2025-2026 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 the 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](https://www.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](https://www.socialsecurity.gov), or call them at **1-800-772-1213** (TTY 1-800-325-0778).

### 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**.

Date: July 1, 2025

Name of Entity/Sender: San Joaquin County

Contact - Position/Office: Human Resources - Benefits

Address: 44 N. San Joaquin St.  
Suite 330  
Stockton, CA 95202

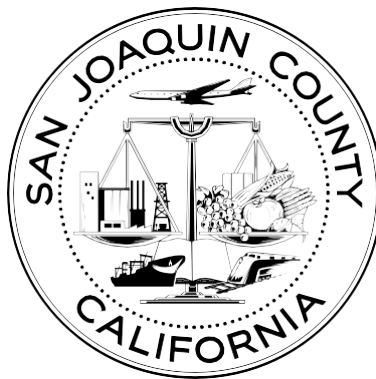
Phone Number: (209) 468-9987

**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).**

## Contacts and Resources

Need Help With	Contact	Phone, Email, Website
County Benefits Questions	San Joaquin County Human Resources - Benefits Office	Phone: <b>(209) 468-9987</b> Fax: <b>(209) 468-9734</b> Email: <a href="mailto:employeebenefits@sjgov.org">employeebenefits@sjgov.org</a> <a href="http://sjgov.org/departments/hr/programs-services/benefits">sjgov.org/departments/hr/programs-services/benefits</a>
<b>Medical Plans</b>		
Select Select Exclusive Premier	Lucent Health - Third-Party Administrator (TPA)	<b>(877) 789-8488</b> <b>(209) 468-9552</b> - Onsite representative
<b>Medical Plans</b>		
Kaiser HMO Kaiser HDHP	Kaiser Permanente	<b>(866) 454-8855</b> <a href="http://my.kp.org/sjc">my.kp.org/sjc</a>
<b>Medical Plans</b>		
SHP HMO SHP HDHP	Sutter Health Plus	Member Services <b>(855) 315-5800</b> Weekdays, 8:00 a.m.-7:00 p.m. Nurse Advice Line <b>(855) 836-3500</b> 24 hours, 7 days a week <a href="http://sutterhealthplus.org">sutterhealthplus.org</a>
<b>Dental Plans</b>		
Delta Dental Standard Delta Dental Core Delta Dental Buy-Up	Delta Dental	<b>(800) 765-6003</b> <a href="http://deltadentalins.com">deltadentalins.com</a>
<b>Dental Plan</b>		
UnitedHealthcare DHMO	UnitedHealthcare Dental	<b>(866) 414-1959</b> <a href="http://UnitedHealthcare">UnitedHealthcare</a>
<b>Vision Plans</b>		
VSP Base/Standard VSP Buy-Up	Vision Service Plan (VSP)	<b>(800) 877-7195</b> <a href="http://vsp.com">vsp.com</a>
<b>Health Savings Account (HSA)</b>		
Health Savings Account (HSA)	Voya	<b>(833) 232-4673</b> <a href="mailto:voyasupport@voya.benstrat.com">voyasupport@voya.benstrat.com</a> <a href="http://voya.com/myhealthaccounts">voya.com/myhealthaccounts</a>
<b>Flexible Spending Accounts (FSAs)</b>		
Medical FSA Dependent Care FSA	American Fidelity Assurance (AFA)	<b>(800) 662-1113</b> <b>(888) 485-1347</b> <a href="http://americanfidelity.com">americanfidelity.com</a>

Need Help With	Contact	Phone, Email, Website
Employee Assistance Program <b>(EAP)</b>	Anthem	<b>(833) 954-1067</b> <a href="http://anthemEAP.com">anthemEAP.com</a> Login: PRISM
Optional Term Life Insurance	Voya	<b>(800) 955-7736</b>
<b>Voluntary Insurance</b> (currently)	American Fidelity Assurance (AFA)	<b>(800) 662-1113</b> <b>(888) 485-1347</b> <a href="http://americanfidelity.com">americanfidelity.com</a>
Short-Term Disability		
Long-Term Disability		
Critical Illness Insurance		
Accident Insurance		
Life Insurance		
<b>Deferred Compensation Plan</b>	Nationwide	Brenda DeVecchio <b>(877) 677-3678</b> <a href="mailto:devecbl@nationwide.com">devecbl@nationwide.com</a>



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