



Employee Benefits Guide

2016 Stanislaus County

Stanislaus County takes pride in offering a benefits program that provides flexibility for the diverse and changing needs of our employees. Stanislaus County provides eligible employees with valuable benefit options including Medical, Dental, Vision, Life, Health Savings Account, Flexible Spending Account, Accident Insurance, Critical Illness coverage, Deferred Compensation and Long Term Care program.

The purpose of this benefit guide is to help you make informed benefit choices as a new hire or during our annual open enrollment period. It highlights your options and key program features to consider when you enroll.

As a new full-time employee, you must complete a County Benefit Enrollment Form once you are acquainted with what the County has to offer you and your family. Once completed, you will return to your Department's Human Resources.

During the County's annual open enrollment period in October/November, you will be provided instructions as to when you can make your benefit changes for the following January 1st effective date. Your benefit changes will be made online using the PeopleSoft Self Service system.

The benefits described herein are offered to eligible full-time employees of Stanislaus County. All benefits are subject to change and there is no guarantee that these benefits will be continued indefinitely. The descriptions are very general and are not intended to provide complete details about any or all plans. **Exact specifications for all plans are provided in the official Plan Documents, copies of which are available on the CEO-Risk Management Division–Employee Benefits website.**

Information about Stanislaus County's Benefit Package and forms can be accessed on the County's web site:

<http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm>

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Eligibility

Employees classified as a full-time regular employee and working at least 30 hours per week, as defined by their job description in a position that includes health insurance benefits are eligible to enroll in the Health Insurance Program along with qualifying dependents/beneficiaries. This coverage will take effect the first day of the month following date of hire.

When Your Benefits Terminate

- ◆ Health Insurance benefits will terminate on the last day of the month following separation of employment (termination, resignation, retirement, reduction in hours, expiration of protected leave of absence).
- ◆ When separating from County employment, employees must work at least one full scheduled day in the month to get coverage for that month. COBRA will be offered after separation to continue health benefits.
- ◆ COBRA coverage will terminate upon expiration of benefits or if you obtain other coverage, including Medicare.

Dependent Eligibility

- ◆ Subscriber's legal spouse. *The County does not allow dual coverage for employee spouses and/or dependents.
- ◆ Your natural children, stepchildren, domestic partner's children, foster and/or adopted children up to age 26, regardless of marriage or student status. *Unless the child is being covered by another County employee (spouse or ex-spouse of employee, etc.).
- ◆ Employee's CA Registered Domestic Partner as defined by California Secretary of State under state law. If the employee and the employee's partner are of the same sex, or they are opposite sexes and one partner is at least 62 years old, then they are eligible as long as they are registered as a domestic partnership with the Secretary of State. The eligibility criteria for registration of a domestic partnership was set by the California State Legislature and signed by the Governor in 1999. During the legislative process, eligibility of opposite sex couples was limited to senior citizens. **Tax implications apply to the cost of premiums for Domestic Partner health insurance coverage. Please refer to page 12 for detailed information.**
- ◆ Dependents who exceed the age limit, may be eligible if they meet all the following requirements: they are incapable of self-sustained employment because of mental retardation or physical handicap that occurred prior to reaching the age limit for Dependents; they receive all their financial support and maintenance from Subscriber or Subscriber's Spouse/CA Registered Domestic Partner. Proof of their incapacity and dependency will be required within 30 days of request.

Dependent Eligibility Verification

All employees adding dependents must submit documentation verifying eligibility. The following chart is an easy guide to which documents must be submitted.

	Nothing Required	Marriage Certificate	Birth Certificate	State of California DP Registration	Proof of Disability from a Physician
Employee only	X				
Employee & Spouse		X			
Employee & Domestic Partner only				X	
Employee & Children up to 26 yrs of age			X		
Dependents who exceed the age limit, may be eligible if they meet all the following requirements: - Must be unmarried - Must reside with the employee - And/or must be financially dependent on the employee due to a disability.			X		X

For further clarification, please contact Employee Benefits by calling (209) 525-5717.



Life Events- Adding and Removing Dependents

You are responsible for notifying Employee Benefits of any changes in your dependent status during the plan year (Divorce, Marriage, Birth or Adoption and adding or removing dependents). All Life Event changes must be made within 30 days from the date of the event and may be processed using **PeopleSoft eBenefits Self Service**. Documentation is required (copy of marriage certificate, final divorce judgement, birth certificate or adoption papers, etc) and will need to be sent to countybenefits@stancounty.com. Failure to submit documentation to Employee Benefits in a timely manner may impact dependent eligibility and may result in you incurring liability for medical expenses for non-eligible dependents. All changes will be effective the first of the month following the qualifying event date. To view a copy of the eBenefits Self Service Tutorial- Life Events, go to the PeopleSoft Login page via the County's Intranet by clicking here: <http://intranet/>. If you do not have access to PeopleSoft eBenefits Self Service, contact your Department's Human Resources.

Exceptions For Making Plan Changes Outside Of Open Enrollment

Other than during the annual "open enrollment" period, you may not change your coverage unless you experience a qualifying event.

Qualifying events include:

- ◆ Change in legal marital status, including marriage, divorce, annulment, dissolution of domestic partnership, and death of a spouse.
- ◆ Change in number of dependents, including birth, adoption, placement for adoption, exceeding age limit, or death of a dependent child.
- ◆ Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child.
- ◆ Spouses open enrollment occurs outside of the County's open enrollment period.
- ◆ A court order resulting in a change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- ◆ You or your spouse enrolls in Medicare. Employees cannot have dual coverage if enrolled in the HDHP. However you are still eligible for coverage under the County's EPO plan which would be primary and Medicare would be secondary.

For additional information on Medicare, go to www.medicare.gov.

Annual Open Enrollment

Each year, the County has Open Enrollment to allow you to review your offerings to ensure that you are providing the best combination of health benefits for you and your family.

The Open Enrollment period begins in October which is when you will receive an email notification along with information and instructions for open enrollment. You will be able to make changes to your health benefits during these specific dates only. Changes will become effective the following January 1st.

As a result of comprehensive health care negotiations, the County offers only one medical plan to participants based on where they live. For those participants who live in the local service area, the County offers the Stanislaus County Partners in Health (SCPH) plan. **A map of the local service area with applicable zip codes is included in this guide on page 11 for your review.** Alternatively, for those participants who live outside the local service area, the County offers the Anthem Blue Cross plan. The County offers an Exclusive Provider Organization (EPO) and a High Deductible Health Plan (HDHP) for both medical insurance programs.

If you have questions regarding your benefits or would like to see an open enrollment presentation, please attend an Open Enrollment event. Please refer to the Open Enrollment Calendar located on the Open Enrollment web page: <http://www.stancounty.com/riskmgmt/risk-eb-open-enrollment-sub-main.shtm>

To assist you with Self Service, there is a tutorial available on the PeopleSoft login page. Access PeopleSoft from a County computer by navigating to: **http://intranet > PeopleSoft**

Access PeopleSoft from home or any outside computer by navigating to: **www.stancounty.com> Online Services> PeopleSoft Self Service**

If you do not have access to the PeopleSoft Self Service system from home or work, please complete a Benefit Enrollment Form located on the open enrollment web page at: <http://www.stancounty.com/riskmgmt/risk-eb-open-enrollment-sub-main.shtm>

Medical Plan

The County's medical plan is designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. The County offers one medical plan option based on where you live. If you live in the local service area, you will have the option to enroll with one of the SCPH plans and if you live outside the local service area, you will have the option to enroll with one of the Anthem Blue Cross plans. 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 which provides the best option for your needs:

Step 1

Select Your Benefit Design

You must select between a High Deductible Health Plan (HDHP) or an Exclusive Provider Organization (EPO) plan.

High Deductible Health Plan

The HDHP provides lower premiums, but has an annual deductible. This means you pay the initial medical expenses until your deductible is met. Once you reach your annual deductible, you will pay for medical expenses on a fixed co-payment schedule, similar to a traditional HMO. Your annual deductible will not apply to preventative care services, which are provided for free under the County's health plan options. Although HDHP options require you to pay the initial medical expenses through your annual deductible, the County provides additional funding to all employees who enroll in the HDHP option. Each employee enrolled in a HDHP option will automatically have an individual Health Savings Account (HSA) established with Wells Fargo. The County will place funds into your individual HSA to help pay for qualified medical expenses for you and your family, including any deductible costs. Any unused funds will be kept by the employee and will roll-over from year-to-year.

- ✓ For the 2016 plan year, the annual deductible for single employees is \$1,300. The County provides employees who are enrolled in HDHP single coverage with \$1,250 in their individual HSA account to help pay for qualified medical expenses.
- ✓ For the 2016 plan year, the annual deductible for Employee +1 and Family coverage is \$2,600. The County provides employees who are enrolled in HDHP Employee +1 or Family coverage with \$2,100 in their individual HSA account to help pay for qualified medical expenses.

Please see page 14 for more information on the Wells Fargo HSA program.

Exclusive Provider Organization Plan

The EPO plan initially offers a higher level of benefits than a HDHP; however, the premiums are higher as well. There is no annual deductible. All benefits are based on a fixed co-payment, 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 w/HSA option due to having other coverage including Medicare.

Please see page 10 for a brief summary of the HDHP and EPO plan designs.

Providers

Both medical carriers provide a comprehensive list of providers and access to local, regional and national medical centers to address routine or complex medical care issues. **If you have a covered dependent that lives out of the area while attending school, they will have access to the National Out of Area Network available with both medical carriers.**

The County's medical benefits are designed to offer similar coverage levels across both medical carriers, so your core benefits will be similar regardless of which medical plan you are eligible to enroll in. Refer to the **Zip Code list on page 11** to verify which medical carrier you are eligible to enroll with. Each medical carrier maintains a network of physicians and hospitals you will have access to. The following table provides general information on the current networks for both medical carriers. You may also visit each medical carrier's website for more detailed and up-to-date information on their individual medical provider networks.

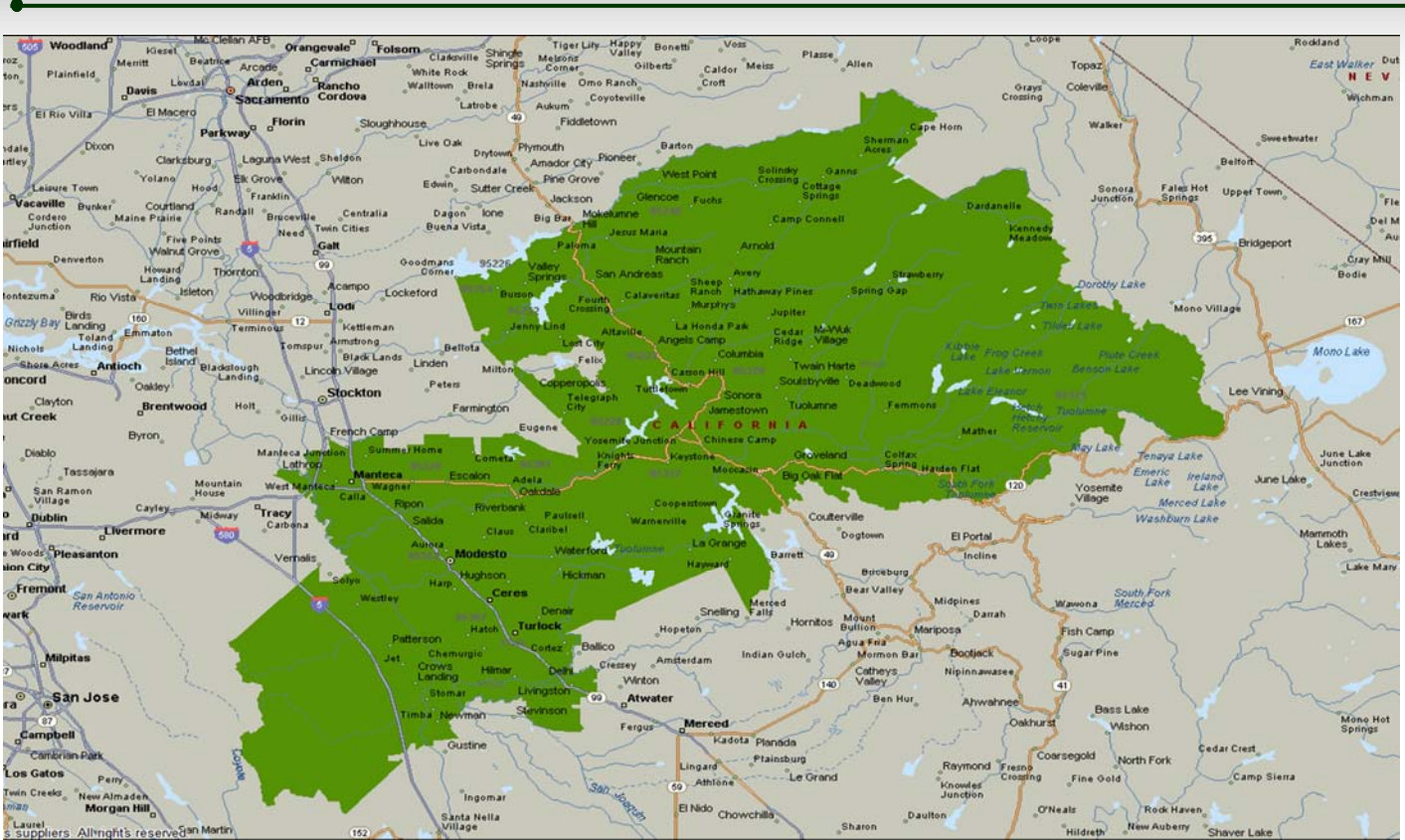
	SCPH	Anthem
Local Hospitals	Doctors Modesto Doctors Manteca Emanuel Turlock Oak Valley Oakdale	Memorial Modesto Doctors Modesto Doctors Manteca Emanuel Turlock Oak Valley Oakdale Stanislaus Surgical
Local Physician Panel (Primary Care, Specialists, etc.)	approx.: 553	approx.: 1121
California Regional Referral Hospitals	UC Davis, UCSF, Stanford	UC Davis, UCSF, Stanford
Pharmacies	approx.: 42	approx.: 44
National Out of Area Network	First Health	Anthem Blue Cross/ Blue Shield

Medical Plan — Benefits Summary

Plan Features	SCPH and Anthem Blue Cross HDHP	SCPH and Anthem Blue Cross EPO
Calendar Year Deductible Individual / Family	\$1,300 / \$2,600	N/A
Annual Out-of-Pocket Max. Individual/Family	\$3,000 / \$6,000	\$1,500 / \$3,000
Physician Office Visit	\$20 copay after deductible	\$20 copay
Specialist Office Visit	\$20 copay after deductible	\$20 copay
Lab and X-Ray and Hi-Tech/Advanced radiology	\$10 copay; \$25 copay for CT, MRI, PET scans after deductible	\$10 copay; \$25 copay for CT, MRI, PET scans
Preventive Services Adult Periodic Exams with Preventive Tests	100% covered	100% covered
Infusion Services/ Injections and non-routine immunizations	\$10 copay after deductible	\$10 copay
Skilled Nursing Facility	\$200 copay after deductible	\$200 copay
Hearing Aids	\$0 copay after deductible Max \$5,000 per year	\$0 copay Max \$5,000
Hospitalization Inpatient	\$150 copay per admit after deductible	\$150 copay per admit
Outpatient	\$100 copay per procedure after deductible	\$100 copay per procedure
Emergency Room Services & Supplies	\$75 copay after deductible (waived if admitted)	\$75 copay (waived if admitted)
Urgent Care	\$20 copay after deductible	\$20 copay
Chiropractic	\$15 copay after deductible up to 20 visits per year	\$15 copay up to 20 visits per year
Durable Medical Equipment	\$20 copay after deductible	\$20 copay
Prescription Drugs		
	Retail (30 days) / Mail-order (31 - 100 days)	
Generic	\$10 / \$20 copay (after deductible for HDHP)	
Brand Formulary	\$25 / \$50 copay (after deductible for HDHP)	
Brand Non-Formulary*	\$25 / \$50 copay (after deductible for HDHP)	

*Non-formulary drugs are covered at the “Brand Formulary” co-payment, only if determined to be medically necessary through clinical review. Otherwise, Brand Non-Formulary drugs are not covered. This is only a summary of the medical plan benefits. For more information including the Anthem Out of Network benefits, please refer to the Summary Plan Documents on the Employee Benefits website.

Local Service Area Zip Code Map and List



Service Area is in Green

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

SCPH Local Service Area Zip Code List*

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

***If you live in the zip code area listed above, you will only have the option of enrolling in one of the SCPH plans. If you do NOT live in the zip code area listed, you will only have the option of enrolling in one of the Anthem plans.**

Step 2

Select Your Coverage Level

The cost of healthcare will not only vary between the individual benefit design you select (EPO vs. HDHP), but also the coverage level. The County's contributions to your health insurance premiums are approved by the Board of Supervisors and may be established by negotiated agreements between the County and designated labor organizations for those employees who are in bargaining units represented by labor groups. For 2016, the County provides the following contributions towards your health insurance premiums:

- ◆ County contributions for employees enrolled in the HDHP option is equal to 95% of the monthly insurance premium for the lowest cost health plan option for each level of coverage (Employee Only, Employee +1 and Family coverage)
- ◆ County contributions for employees enrolled in the EPO option is equal to 80% of the monthly insurance premium for the lowest cost health plan option for each level of coverage (Employee Only, Employee +1 and Family coverage)
- ◆ Employee share of premium costs will be deducted semi-monthly, before tax, from employee paychecks.
- ◆ Employees may waive the County's coverage and not enroll in medical benefits if they provide proof of other coverage. Employees waiving medical coverage will be eligible for a waive credit of \$47.50 to \$150.00 depending upon their individual classification.

Domestic Partner Tax Implications

- ◆ Benefit coverage rendered under an employer group health plan to a Domestic Partner is treated as federal taxable income to the employee. Therefore, Stanislaus County must tax the employee on the value of the coverage (premium amount as if purchasing employee only coverage separately).

Medical Plan Premium Rates

The premiums listed below are semi-monthly out-of-pocket costs for full time employees working a 40 hour per week schedule and receiving the full County contribution.

Coverage Level	SCPH or Anthem HDHP	SCPH or Anthem EPO
Employee Only	\$15.29	\$73.12
Employee Plus One Dependent	\$30.58	\$146.24
Employee Plus Family	\$41.28	\$197.43

The premiums listed below are semi-monthly out-of-pocket costs for full time employees working a 35-39 hour per week schedule and receiving 90% of the County contribution.

Coverage Level	SCPH or Anthem HDHP	SCPH or Anthem EPO
Employee Only	\$44.34	\$102.37
Employee Plus One Dependent	\$88.67	\$204.74
Employee Plus Family	\$119.71	\$276.40

The premiums listed below are semi-monthly out-of-pocket costs for full time employees working a 30-34 hour per week schedule and receiving 75% of the County contribution.

Coverage Level	SCPH or Anthem HDHP	SCPH or Anthem EPO
Employee Only	\$87.91	\$146.24
Employee Plus One Dependent	\$175.82	\$292.49
Employee Plus Family	\$237.36	\$394.86

Health Savings Account & Flexible Spending Accounts

Health Savings Account - Wells Fargo HSA



An HSA is a tax-favored savings account that works in conjunction with a High Deductible Health Plan (HDHP) and helps you save for health care expenses. When you enroll in the HDHP, you will automatically be enrolled in the **Wells Fargo HSA**. HSA funds are used to pay for qualified medical expenses* for yourself and your IRS tax dependents.

The County helps fund your HSA with contributions based on coverage tier: \$1,250 per year for employee only and \$2,100 per year for employee + 1 and family. The employer contribution is deposited in two stages: Half of the funds in January and the other half divided into 12 semi-monthly deposits from July to December. Employee voluntary contributions can be made using pretax payroll deductions or you can make tax-deductible contributions directly to your account up to the maximum annual contribution each year.

There is a monthly service fee of \$2.65 for HSA balances less than \$2,500.

HSA ONLY- NO "USE IT OR LOSE IT" Any unused funds will be rolled over to the next plan year, to help you save for future qualified medical expenses*. The account is portable; your funds go with you even if you change employers.

Flexible Spending Accounts

The Flexible Spending Account (FSA) is a great way to use pre-tax dollars to pay for expenses paid with after tax dollars! You may enroll in either or both the Health Care Spending Account or the Dependent Care Spending Account with **POMCO**. These accounts allow you to redirect a portion of your salary on a pre-tax basis into reimbursement accounts. At enrollment, you determine the amount of money to contribute to one or both of these accounts for the plan year. The contributions are deducted pre-tax semi-monthly from your paychecks and deposited into the FSA account. You request reimbursement of qualified expenses as you incur the expenses.

HSA or Health Care FSA

You can use the funds in your HSA or FSA to pay for any qualified medical expenses*, even those not covered by your health plan. Expenses for services not covered by your health plan do not contribute to your high deductible health plan annual deductible or out-of-pocket maximum.

Note: You cannot be enrolled in the County's HDHP w/HSA and the Healthcare FSA.

Most out-of-pocket medical expenses qualify, including:

- ◆ Deductibles, co-payments and co-insurance
- ◆ Prescription medications
- ◆ Non-cosmetic dental and orthodontic services
- ◆ Glasses and LASIK eye surgery
- ◆ Hearing Aids

* See IRS Publication 502 for a complete list of Section 213(d) qualified medical expenses.

Visit www.irs.gov/publications to view or download a copy.

Flexible Spending Accounts (FSA) & Wells Fargo Health Savings Account (HSA)



Dependent Care FSA

This account will reimburse you with pre-tax dollars for daycare expenses for your child (ren) and other qualifying dependents. These include expenses for child care or dependent adult care for a member of your household.

Eligible Dependents Include:

- Children under the age of 13 who qualify as dependents on your federal tax return; and
- Children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your federal tax return. You may use the federal childcare tax credit and the Dependent Care Spending Account; however, your federal credit will be offset by any amount deferred into dependent care plan.

There is a monthly fee in the amount of \$4.00 for the FSA Health Care Account. If you enroll in both the FSA Health Care and the Dependent Care, it will be a combined fee of \$6.00

FSA ONLY- "USE IT OR LOSE IT!" Please estimate your annual contributions carefully! If you don't use all the money in your Flexible Spending Account by December 31st of the year you make your contribution, you lose the unexpended portion. Participants will have 90 days after the end of each plan year to submit claims for expenses incurred during said plan year.

Important! You must re-enroll in the FSA plans every calendar year during open enrollment.

Maximum Contribution Limits for HSA and FSA

Health Savings Account –HSA

In 2016, the maximum amount you may contribute to a Health Savings Account is \$3,350 for individuals and \$6,750 for families. For age 55 or over, a catch-up amount of \$1,000 is available. Note: Employer contribution is included in the annual contribution limit.

Health Care FSA

The maximum amount you may contribute to a Health Care Spending Account for the Plan Year is \$2,550. The deadline to incur expenses is the end of the plan year.

Dependent Care FSA

The maximum amount you may contribute to a Dependent Care Spending Account is \$5,000 a calendar year, or \$2,500 a calendar year if you are married but file separate tax returns. Unlike the Health Care FSA, your Dependent Care FSA account balance is available only as you make the contributions.

How to access your HSA or FSA funds

Wells Fargo HSA will provide you with a VISA Debit card to use at the point-of-sale or ATM.

For your Health Care FSA, POMCO will provide you with a Debit card to use at the point-of-sale for Health Care expenses.

For your Dependent Care FSA, you will need to file a claim with POMCO or use the FSA debit card. Forms can be accessed by going to www.stancounty.com/riskmgmt/risk-eb-flexible-spending-sub-main.shtm.

Dental Benefits (Administered by Delta Dental)



- ◆ **Delta Dental Core Plan and Delta Dental Buy Up Plan**– 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 the Premier networks. Participants can choose any dentist in any location inside or outside of the Delta Dental PPO or Premier networks, regardless of which dental plan.
- ◆ The Buy Up plan offers a higher calendar year maximum, \$2,000 per member, and child orthodontic coverage (50% up to \$2,000 lifetime benefit per eligible child).
- ◆ Once enrolled in the Buy Up plan, coverage must be retained for at least 3 years.
- ◆ How much you pay for dental services depends on whether you choose a participating Delta Dental dentist. If you choose a non-participating dentist, you pay the difference between the amount the dentist receives from Delta Dental (the PPO contracted rate) and the dentist's charges. If you enroll in the Buy Up Plan, claims are paid at the Premier contracted rate. However, costs are usually lower when you visit a Delta Dental PPO dentist.
- ◆ Delta Dental pays 70% of the contract allowance for covered services during the first year of eligibility and you pay the difference. The coinsurance percentage paid by Delta Dental will increase by 10% each year (to a maximum of 100%) for each individual enrollee as long as that person visits the dentist at least once during the year.
- ◆ Example of the Incentive Program:

1st year on the plan –with Dental visit	Coverage is 70%
2nd year on the plan –with Dental visit	Coverage is 80%
3rd year on the plan –with Dental visit	Coverage is 90%
4th year on the plan –with Dental visit	Coverage is 100%
After the 4th year, coverage will remain at 100% as long as you have a dental visit.	
5th year on the plan –no Dental visit	Coverage drops to 90%
Coverage % will continue to drop 10% per year if there is no Dental visit.	

- ◆ Pre-authorization from Delta Dental is recommended for charges of \$250 or more.
- ◆ More information about the Delta Dental Core and Buy Up Plans are available online at: <http://www.stancounty.com/riskmgmt/risk-eb-flexible-benefits-sub-main.shtm>.
- ◆ The County pays 80% of the Core Dental Plan premiums. The following charts represent the premium costs that employees pay.

Core Dental Plan Semi-Monthly Rates		Buy Up Dental Plan Semi-Monthly Rates	
EE Only	\$3.58	EE Only	\$13.23
EE + 1	\$7.15	EE + 1	\$26.45
Family	\$12.25	Family	\$45.32

Delta Dental Core and Buy Up Plan Summary

Dental Benefits	Delta Dental Core Plan	Delta Dental Buy Up
Calendar Year Maximum	\$1,500	\$2,000
Calendar Year Deductible	\$0	\$0
Contracted Network Discounts	PPO	PPO and Premier
<u>Diagnostic and Preventive</u> Oral Examinations X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers Specialist Consultations	70 — 100%	70 — 100%
<u>Basic Services</u> Amalgam/Composite Filings Periodontics (Gum disease) Endodontics (Root Canal) Sealants Extractions & Other Simple Oral Surgery	70 — 100%	70 — 100%
<u>Major Services</u> Crown Repair Restorative - Inlays and Crowns	70 — 100%	70 — 100%
<u>Prosthodontics</u> Bridges Partial Dentures and Full Dentures Implants	50%	50%
<u>Orthodontia</u> Covered dependent children up to age 26	Not covered	50% up to \$2,000 Lifetime benefit per eligible child
<u>Dental Accident Benefits</u>	100% (separate maximum per person per year)	

This is only a summary of the Delta Dental Plan Benefits. Please refer to the Summary Plan Document that is located on the Employee Benefits website.

Vision Service Plan (VSP)

Finding the right eyecare provider for you and your family is important for eye health and overall wellness. That's why you and your family can choose to see any eyecare provider—a VSP doctor, retail chain affiliate (including Costco or Walmart) or any other provider.

The vision plan includes benefits for eye exams, eyeglasses and contact lenses. You may visit a doctor within the VSP network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit.

The County pays 80% of Vision insurance premiums. The chart to the right represents the premium costs that employees pay.

Semi-Monthly Rates	
EE Only	\$.83
EE + 1	\$1.61
Family	\$2.27

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.

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



Vision Plan Summary

Vision Benefits	In Network Choice Plan with enhanced benefits that changed in 2015
Exam Co-pay	\$10
Single Lenses	Covered in Full
Bifocal Lenses	Covered in Full
Trifocal Lenses	Covered in Full
Contacts Fitting and Evaluation	15% Discount Not to exceed \$60- Separate from lense allowance
Contact Lenses	Up to \$150 for materials
Frames	\$150 Allowance, then 20% off amount over your allowance \$80 Costco allowance
Benefit Frequency Exam Lenses and Contacts Frames	Every 12 Months Every 12 Months Every 24 Months

You may receive benefits when using non-VSP providers by submitting your claims directly to VSP. Reimbursements will be made based on Out-of-Network schedule located on the Employee Benefits Website. Find a VSP network doctor at vsp.com or call 800-877-7195.

This is only a summary of the Vision Service Plan Benefits. Please refer to the Summary Plan Document that is located on the Employee Benefits website.



Accident Insurance

Compass Accident Insurance pays you a specified amount for specific injuries resulting from a covered accident. You can use this money in any way you like, for example: deductibles, child care, housecleaning, groceries, utilities— any purpose that can help you meet your personal, financial, or household needs.

You may select from Employee Only, Employee + Spouse, Employee + Child(ren) or Family coverages. Spouses are eligible up to age 70 and children up to age 26. Please refer to the rate grid on page 21.

Wellness Rider - The covered employee will receive a single standard annual benefit of \$150 for each covered employee and spouse who completes a health screening. The standard child benefit is 50% of the employee benefit amount, with a maximum of \$300 in child benefits payable per year.

For more information on the Accident Insurance click on the link below to view a video:

<http://voya.bentspoonvideosolution.com/presentations/g5J7y4>

Critical Illness

Compass Critical Illness Insurance with Cancer Coverage pays a one-time, lump sum benefit amount upon the diagnosis of a covered disease or illness. You can use this money 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.

You may select from Employee coverage, Spousal coverage and/or Children's coverage. Spouses are eligible up to age 70 and children up to age 26.

You, the employee, must have at least the same coverage amount for yourself in order to select dependent coverage.

Wellness Rider - The covered employee will receive a single standard annual benefit of \$100 for each covered employee and spouse who completes a health screening. The standard child benefit is 50% of the employee benefit amount, with a maximum of \$200 in child benefits payable per year.

For more information on the Critical Illness Insurance click on the link below to view a video:

<http://voya.bentspoonvideosolution.com/presentations/l2o7c7>

Employee & Dependent Supplemental Life Insurance

Premium Rates for Accident and Critical Illness Coverage

You can select from the following semi-monthly *after-tax premiums below:

Accident Coverage

Coverage Level	Semi-Monthly Rates
Employee Only	\$3.77
Employee + Spouse	\$6.25
Employee + Child(ren)	\$6.85
Family	\$9.33

Critical Illness Coverage

Employee Rates - Issue Age

Rates are per \$1,000	Semi-Monthly Rates
18-24	\$0.39
25-29	\$0.50
30-34	\$0.60
35-39	\$0.78
40-44	\$1.10
45-49	\$1.55
50-54	\$2.07
55-59	\$2.62
60-64	\$3.36
65-69	\$4.75
70+	\$6.87

Spouse Rates - Issue Age

Rates are per \$1,000	Semi-Monthly Rates
18-24	\$0.64
25-29	\$0.65
30-34	\$0.78
35-39	\$1.02
40-44	\$1.47
45-49	\$2.15
50-54	\$3.04
55-59	\$4.05
60-64	\$5.20
65-69	\$7.06
70+	\$8.84

Children Rates

Rates are per Benefit Level	Semi-Monthly
\$10,000	\$4.76

Life and Supplemental AD&D Insurance Benefits (Administered by ReliaStar / Voya)

Basic Life Insurance

Basic Life insurance provides protection for your beneficiary in the event of your death. All full-time employees automatically **receive Basic Life Insurance** coverage.

The amount of Basic Life Insurance provided depends on the employee's classification. Please refer to your benefit enrollment form for the amount of coverage.

Please remember to update your Beneficiary information whenever there is a family status change.

Supplemental Life Insurance

You make a great investment in your family. You spend time with them. You care for them. And if you're not there for them, you want them protected.

Employees are able to purchase additional Life insurance coverage through the Supplemental Life & AD&D plan.

Voluntary supplemental life insurance from ING is a simple, easy way to help protect your loved ones. It gives you the opportunity to apply for the amount of protection you need for yourself with premiums deducted directly from your paycheck. Semi-monthly premiums based on coverage amounts are available on the next page.

Supplemental Life Coverage for your Dependents

The County offers two Spousal Supplemental Life & AD&D options, \$20,000 and \$30,000 at the same rate as the employee. The County also offers a Dependent Child Supplemental Life option in the amount of \$10,000. The Child Life policy will provide \$10,000 in coverage to each dependent child in your family for only one semi-monthly premium of \$1.25. You the employee, are the beneficiary for the Spousal and Child Supplemental Life Policies. Dependent requirements apply.

Accidental Death and Dismemberment coverage is included with the employee and spousal supplemental life policies, equal to the supplemental life coverage amount. If you or your spouse die in a covered accident, this benefit pays an additional death benefit, up to the life coverage amount.

For more information on the Life Insurance benefits, please refer to the Life Insurance Policy on the Employee Benefits web site.

Employee & Dependent Supplemental Life Insurance

Employee Rates

You can elect from the following Supplemental Life amounts for the *after-tax premiums below:

Supplemental Life Amount	Semi-Monthly *After-tax Premium
Option level 1- \$20,000	\$2.25
Option level 2- \$30,000	\$3.38
Option level 3- \$50,000	\$5.63
Option level 4- \$100,000	\$11.25
Option level 5- \$150,000	\$16.88
Option level 6- \$200,000	\$22.50
Option level 7- \$250,000	\$28.13
Option level 8- \$300,000	\$33.75

In order to enroll in the spousal or dependent child Supplemental Life plans, you the employee, must be enrolled in an employee Supplemental Life plan for at least the same coverage level or greater. The County paid Basic Life insurance does not qualify as Supplemental Life coverage.

The enrollment period for employee Voluntary Supplemental Life Insurance is at time of hire or during annual open enrollment. As a new hire you must complete an Evidence of Insurability form for any amount greater than \$100,000.

The enrollment period for dependent Voluntary Supplemental Life Insurance is at time of hire, during annual open enrollment or if you acquire a new dependent due to a qualifying life event. (If adding due to a life event, employee must already have coverage, see above)

During Open Enrollment, if you apply for any increase on the employee or dependent supplemental life insurance plans, then you must provide evidence of insurability subject to approval by ReliaStar ING. If you elect Supplemental Life insurance, your semi-monthly premium rate for this plan is indicated in the table above. Premiums for this coverage will be deducted directly from your paycheck after-taxes. Premiums will only be deducted for approved amounts. Once approved by ReliaStar ING underwriting, deductions for any additional amounts will begin.

Deferred Compensation 457 Savings Plan

Employees have the option to participate in a County Sponsored Deferred Compensation Plan through Mass Mutual formerly known as The Hartford. Voluntary Contributions are taken by payroll deduction for the amount the employee indicates on their Deferred Compensation Enrollment Form. Employees may increase/decrease or stop their contributions at any time during the year by using PeopleSoft eBenefits Self Service. To view a copy of the eBenefits Self Service Tutorial, go to the PeopleSoft Log in page via the County's Intranet by clicking here: <http://intranet/>. If you do not have access to PeopleSoft eBenefits Self Service, contact your Department's Human Resources.

Deferred Compensation enrollment forms, with the exception of Investment Election Changes, must be submitted to Employee Benefits for processing and signature by the Plan Sponsor/Administrator.

All New Hire or Promoted Management & Confidential Employees must complete a Deferred Compensation Enrollment Form, as the County contributes a percentage of their salary as a benefit.

The IRS annual limit for contributions into your 457 in 2016 is \$18,000. If you are over age 50*, the 2016 Catch-Up Contribution Limit is an additional \$6,000. The Pre-Retirement** Maximum Catch-Up is \$36,000.

* Additional amount available to participants age 50 and older, not to be used concurrently with the Pre-Retirement Catch-up Provision.

** Available during the three years prior to, but not including, the year the participant will reach normal retirement age.

Mass Mutual (Formerly Hartford)

(800) 528-9009

www.retire.hartfordlife.com



Long Term Care (Administered by LTC Solutions)

Long Term Care

Stanislaus County takes pride in offering comprehensive and affordable benefits coverage to employees and eligible dependents – including Long Term Care (LTC) benefit plans that help you achieve financial security now and in the future. Stanislaus County has partnered with LTC Solutions, Inc., an expert in the long-term care insurance marketplace, and LifeSecure, a well-established carrier in the industry, to offer LTC benefits

What is LTC Insurance?

Long-term care assists you with your everyday activities. It can be received in an assisted living facility, nursing home, or in your own home. This type of care maybe needed as a result of cognitive or physical impairment, which requires assistance with two out of the six Activities of Daily Living: eating, bathing, dressing, transferring, toileting, and continence.

Some common reasons you may need this type of care are due to an accident (such as a car accident or injury), illness (such as cancer), aging, or a cognitive impairment (such as Alzheimer's, dementia, or effects of a stroke).

Eligibility

Newly-eligible or newly-hired employees working 30+ hours per week may purchase coverage with simplified underwriting during their initial 60 day eligibility enrollment period, which begins on date of hire. Simplified underwriting is a one-time opportunity that will not be offered at future open enrollments.

All other benefit eligible employees who did not enroll during the qualifying period or would like to make changes to existing coverage may enroll at any time by completing full underwriting.

Spouses of newly-eligible employees may purchase coverage with simplified underwriting during their initial 60 day eligibility enrollment period which begins on their spouses date of hire. Other eligible family members of Stanislaus County employees can apply with full underwriting.

How are Premiums Paid

Premiums payments will be payroll deducted. If you leave the County, you will have the opportunity to continue your coverage at the same rate.

For More Information

Online Benefit Guide: www.myltcguide.com/stanislauscounty

(877) 286-2852

info@ltc-solutions.com



Employee Assistance Program - EAP

Because unresolved personal issues can affect every aspect of one's life, Stanislaus County automatically provides all full-time employees and their dependents with an Employee Assistance Program (EAP) at no cost.

ComPsych EAP

Comprehensive employee assistance program with clinicians available by phone 24 hours a day, seven days a week. Provides confidential referrals to local counseling services for employees and dependents with up to five visits at no charge.

Travel Assistance

Travel planning services, emergency services (legal assistance, translation, medical referrals), and emergency transportation services.

Estate Planning

Online Will preparation services.

Financial Planning

Consultation with Certified Financial Planners and Certified Public Accountants.

Legal Support

Consultation with legal staff specializing in a variety of legal disciplines.

Funeral Planning and Concierge Service

Provides assistance researching, planning, negotiating and scheduling of funeral services.

Please visit the Employee Benefits EAP web page at <http://www.stancounty.com/riskmgmt/risk-eb-eap-sub-main.shtm> for more information on each of these benefits and for instructions on how to access the services.

Vacation Accruals Bi-Weekly

Regular Full-Time/Represented Employees (12 hour employees do not accrue Floats)

- ◆ 0 — 2 years: 3.08 hours
 - ◆ 3 — 10 years: 4.62 hours
 - ◆ 11 — 20 years: 6.16 hours
 - ◆ 21+ years: 7.7 hours
- Floats: .62 additional hours

Confidential Employees

- ◆ 0 — 2 years: 3.08 hours
 - ◆ 3 — 10 years: 4.62 hours
 - ◆ 11 — 20 years: 6.16 hours
 - ◆ 21+ years: 7.7 hours
- Floats: .62 additional hours

Management Employees

- ◆ 0 — 2 years: 3.08 hours
 - ◆ 3 — 10 years: 4.62 hours
 - ◆ 11 — 20 years: 6.16 hours
 - ◆ 21+ years: 7.7 hours
- Floats: 1.24 additional hours

Department Heads

- ◆ 0 — 1 years: 4.62 hours
 - ◆ 2 — 20 years: 6.16 hours
 - ◆ 21+ years: 7.7 hours
- Floats: 1.24 additional hours

Full-Time Nurses (Part-time and Contract Nurses do not accrue Floats)

- ◆ 0 — 2 years: 3.08 hours
 - ◆ 3 — 10 years: 4.62 hours
 - ◆ 11 — 20 years: 6.16 hours
 - ◆ 21+ years: 7.7 hours
- Floats: .93 additional hours

Accruals are prorated if work less than 80 hours base. Maximums depend on Bargaining Units. MOU provisions apply as appropriate.

Sick Leave Accruals

Regular Full-Time/Represented Employees

- ◆ 3.7 hours bi-weekly

Confidential Employees

- ◆ 3.7 hours bi-weekly

Management/Management Attorney Employees

- ◆ Total of 96.20 hours annually. Credited January 1 annually. Current year's accruals will be prorated upon termination, resignation or retirement. Prorated for new Manager.

Department Heads

- ◆ Total of 96.20 hours annually. Credited January 1 annually. Current year's accruals will be prorated upon termination, resignation or retirement. Prorated for new Department Head.

*Accruals are prorated if employees work less than 80 hours. Maximum of 96.20 hours annually.
MOU provisions apply as appropriate.*

POMCO — Anthem and SCPH	
Insurance Claims, Eligibility and Member Services	844-344-8045 www.mypomco.com
Delta Dental of California (Group #3351)	
Member Services	800-765-6003 www.deltadentalins.com
Vision Service Plan (Group #0445000)	
Member Services	800-877-7195 www.vsp.com
Wells Fargo HSA	
Member Services	866-884-7374 www.wellsfargo.com/hsa
Long Term Care	
LTC Solutions	877-286-2852 www.myltcguide.com/stanislouscounty
Compass Critical Illness and Accident Plans	
Voya Employee Benefits Customer Service	877-236-7564
Flexible Spending Account	
Member Services	844-344-8045 www.mypomco.com
Mass Mutual (Group #150163)	
Member Service	800-528-9009 www.retire.hartfordlife.com
ReliaStar/Voya Life and Supplemental Life	
Member Service	209-525-5717
CEO-Risk Management Division-Employee Benefits	
209-525-5717 CountyBenefits@stancounty.com http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm	

Oracle PeopleSoft Self Service

Employees have direct access to their own Benefits, Payroll, Personal and Training Information online using Oracle PeopleSoft Self Service. You can view and/or update the following information:

- ◆ Add and/or update your home and mailing addresses, phone numbers, non-Business email addresses, and emergency contacts
- ◆ View and print your current and past paycheck advice notices
- ◆ View and print your most recent W-2 information
- ◆ View your leave accrual balance and W-4 information
- ◆ Consent to the Affordable Care Act
- ◆ View your health insurance benefits summary
- ◆ View and update your deferred compensation voluntary contributions
- ◆ View and update your life insurance beneficiaries
- ◆ Make changes to your health insurance due to a marriage, divorce, birth or adoption life event
- ◆ Make changes to your health insurance options during open enrollment
- ◆ View your training history
- ◆ Enroll in training classes with supervisor approval
- ◆ View and accept County policies

You may access PeopleSoft from a County computer by navigating to:

<http://intranet> > [PeopleSoft](#)

New! You may now access PeopleSoft from home or any outside computer by navigating to:

www.stancounty.com > [Online Services](#) > [PeopleSoft](#)

There are Self Service Tutorials available here for your review. If you need assistance logging in, please email the SBT Help Desk during business hours at sbthelpdesk@stancounty.com or call 525-4357.

What does Healthcare Reform and the Affordable Care Act mean to you?

- As of January 1, 2014 everyone was required to have health insurance that qualifies as 'minimum essential coverage', or pay a penalty/fee.
- For 2016, the fee is 2.5% of yearly income or \$695 per person, whichever is higher. The fee for children is \$347.50 per child. The most a family would have to pay in 2016 is \$2085.
- Insurance marketplaces have been established for individuals to purchase insurance.
- Enrollment through the marketplace begins on November 1, 2016.
- You cannot be denied insurance or be charged more for pre-existing conditions.
- If you don't have health insurance or the coverage offered by your employer isn't affordable and/or doesn't provide minimum essential coverage, you may be eligible for a premium subsidy or tax credits.
- Coverage offered by Stanislaus County **IS** considered affordable and **DOES** qualify as minimum essential coverage; therefore, benefit eligible employees would unlikely be eligible for a subsidy or tax credit.

Following is a sample benefit comparison of the minimum essential coverage provided under the Bronze plan through Covered California compared to the County's benefits:

	Covered California Bronze Plan*	Stanislaus County EPO Plan	Stanislaus County HDHP
Deductible	\$6,000 for medical & Rx	None	\$1,300 for medical & Rx
Office Visit Copay	\$70 (allowed 3/year)	\$20	\$20 after deductible
ER Copay	\$300 after ded.	\$75	\$75 after deductible
Rx Copay	\$50-\$75 after ded.	\$10-\$25	\$10-\$25 after deductible

- If you are currently on COBRA, based on your income you may qualify for lower costs on your monthly premiums or out of pocket costs through the Marketplace.
- If you are a part-time employee and not currently eligible for coverage, you may qualify for a premium subsidy or tax credit through the Exchange.
- Questions regarding the Health Insurance Marketplace/Exchange or Covered California, please contact a Health Counselor at 800-444-1188. You will speak to a licensed health insurance counselor to find out whether you are eligible for government money to help you purchase health coverage or how to apply for coverage through the marketplace.
- You may also contact Covered California directly at 800-300-1506 or visit their website: <http://www.coveredca.com>.

Mandatory Annual Notices

Federal Law requires us to provide the following notices annually and/or when there have been material changes. Due to the Affordable Care Act (Health Care Reform), a number of materials changes have prompted us to provide you with written notification of these notices.

The following notices are available for you to review and print on Stanislaus County's website at <http://www.stancounty.com/riskmgmt/risk-eb-medical-benefits-sub-main.shtm>.

If you would like a paper copy of any of these documents, please contact Employee Benefits at 209-525-5717.

- **Summary of Benefits and Coverage (SBC)** – an easy to read summary of all of our health plans
Stanislaus County Partners in Health EPO and HDHP
Anthem EPO and HDHP
- **Summary Plan Description (SPD)** – detailed plan document about each of our health plans
Stanislaus County Partners in Health EPO and HDHP
Anthem EPO and HDHP
- **Health Insurance Exchange Notice** – explains what the Health Insurance Marketplace is and the options available.
- **Medicare Part D Notice** – discloses that our prescription drug benefits are considered creditable coverage, meaning they are at least as good as the coverage offered under the Medicare Part D program
- **Children's Health Insurance Program Reauthorization Act (CHIPRA)** – notification of potential opportunity for premium assistance under Medicaid or CHIP towards group health coverage
- **HIPAA Notice of Privacy Practices** – explains your privacy rights as a group health plan participant
- **Women's Health and Cancer Rights Act Notice** – notification of rights to post-mastectomy reconstruction
- **Initial COBRA Notice** – revised with information about the availability of insurance exchanges
- **Notice of Special Enrollment Rights** – describes plan procedures and rights for special enrollments
- **Newborns' and Mothers' Health Protection Act Notice (NMHPA Notice)** – notice of minimum length of hospital stay following childbirth

Note:

The information in this brochure is a general outline of the benefits offered under Stanislaus County's benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

EOC's and Plan Documents are available on the Employee Benefits website:
<http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm>

CEO-Risk Management Division
Employee Benefits
1010 10th Street, Suite 5900
Modesto, CA 95354
(209) 525-5717
Email: CountyBenefits@stancounty.com