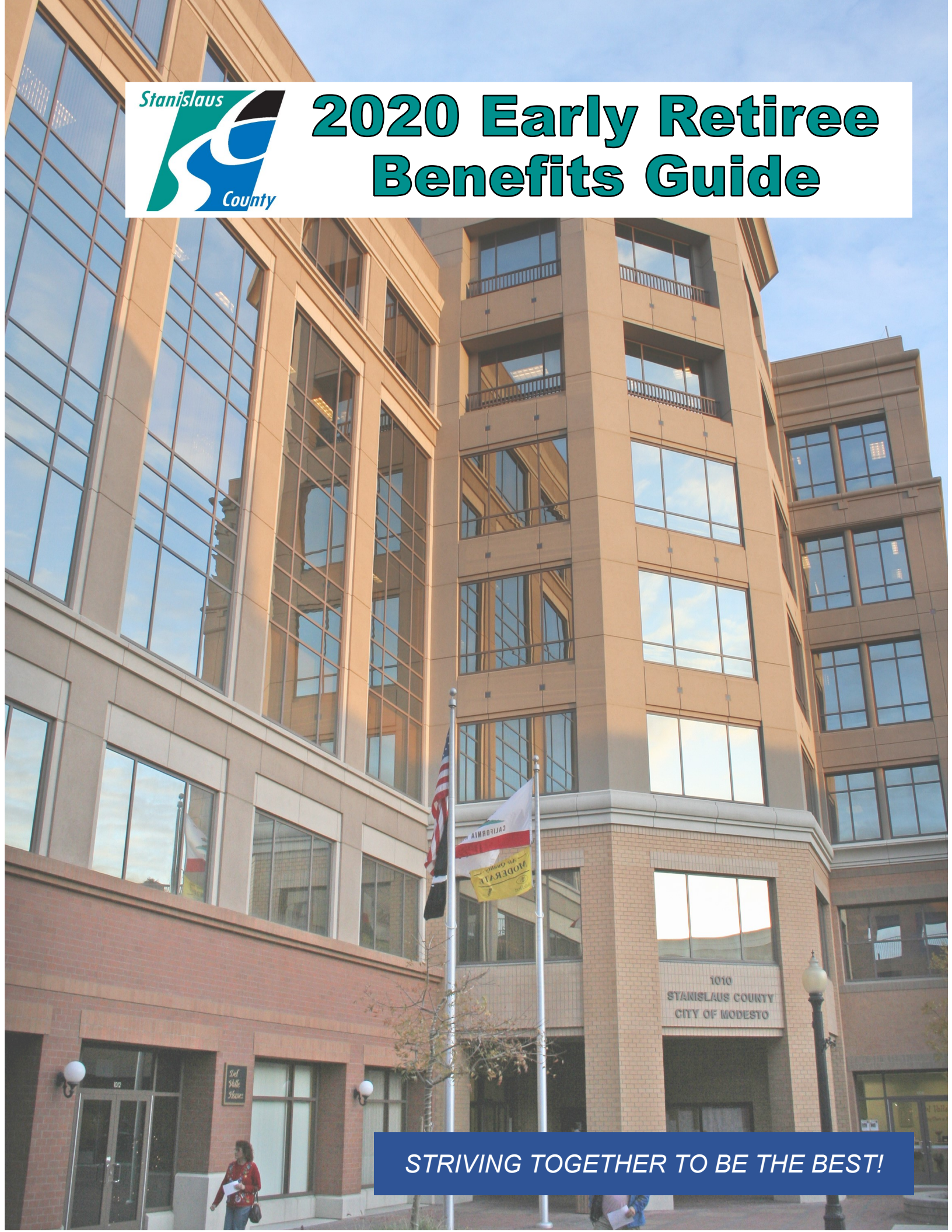




2020 Early Retiree Benefits Guide



STRIVING TOGETHER TO BE THE BEST!

Stanislaus County takes pride in offering a benefits program that provides flexibility for the diverse and changing needs of our employees and pre-Medicare retirees.

The purpose of this benefit guide is to help you make your medical benefit choices as a newly eligible pre-Medicare retiree or during our annual Open Enrollment period. It highlights your options and key program features to consider when you enroll.

During our annual Open Enrollment period in October you will be instructed when to make your medical benefit election for the following January 1st effective date.

The benefits described herein are offered to eligible pre-Medicare retirees 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.

This guide is intended to provide an overview of the current administrative procedures for participating in the Early Retiree Medical Program. Administrative procedures and plan participation rules are subject to change. Nothing in this guide shall imply continued participation in the program or any vested benefits for any members.

Information about Stanislaus County's Pre-Medicare Retiree Benefit Package and forms can be accessed on the County's website:

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

Message from Employee Benefits	2
Eligibility for Medical Plan Benefits	4
Dependent Eligibility	4
Dependent Documentation.....	5
When Your Medical Benefits Terminate	5
Qualifying Life Events - Adding/Removing Dependents.....	6
Annual Open Enrollment	7
Medical Plan Benefits	8
Provider Summary	8
Local Service Area Zip Code Map and List.....	9
Medical Plan Benefit Summary—HDHP	11
Medical Plan Benefit Summary—EPO.....	12
Medical Plan Premiums and Payment Options.....	13
Amwell Telemedicine	14
Health Bridges of Northern California	15
Retirement Reminders	16
Frequently Asked Questions	17
Health Care Reform and Mandatory Annual Notices	18
Contact Information.....	19

Eligibility for Medical Insurance Benefits

Eligibility

- ◆ Stanislaus County's Early Retiree Medical Plan is only available to StanCERA participants, and their qualifying dependents, that are not eligible for Medicare or are not enrolled in any other medical coverage.
- ◆ Early retirees and their dependents must retain continued medical coverage in order to be eligible to enroll. Proof of coverage will be required. If there is a break in coverage, you will not be eligible to re-enroll in the Early Retiree Medical coverage in the future.
- ◆ Early retirees and their dependents may not voluntarily drop their outside medical coverage to enroll in Stanislaus County's Early Retiree Medical Plan, outside of Open Enrollment. This includes the health insurance exchange or *Covered California*.
- ◆ Enrollment will only be allowed at time of retirement or COBRA expiration, during the annual Open Enrollment period, or if there is a Qualifying Life Event (see page 6).
- ◆ There is only one medical plan available based on where you live.

Dependent Eligibility

- ◆ You must retire and be covered under Stanislaus County's Early Retiree Medical Plan before you turn 65 in order for your dependents (including your legal spouse) to be covered under this plan. If your retirement date is after your 65th birthday, your dependents (including your legal spouse) will not be eligible for this coverage.
- ◆ Pre-Medicare retiree's legal spouse.
- ◆ Pre-Medicare retiree's natural children, stepchildren, CA Registered domestic partner's children, foster and/or adopted children up to age 26, regardless of marriage or student status.
- ◆ Pre-Medicare retiree's CA Registered Domestic Partner as defined by the State of California.
- ◆ Dependents who exceed the age limit, may be eligible if they are totally disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Subscriber or Subscriber's Spouse/CA Registered Domestic Partner for support and maintenance, and are unmarried. Please refer to the Summary Plan Description for complete information. Proof of their incapacity and dependency will be required within 60 days of request.
- ◆ In the event an early retiree voluntarily terminates coverage prior to Medicare eligibility, the retiree's dependents will no longer be eligible for coverage under the Early Retiree Medical plan and coverage will end on the same date. This will not be considered a COBRA qualifying event.
- ◆ In the event an early retiree does not elect coverage for his/her dependents at the time of retirement or COBRA expiration, the retiree's dependents will not be eligible for coverage under the Early Retiree Medical plan, unless they experience a Qualifying Life Event at a later date while the early retiree is still enrolled in the Early Retiree Medical Plan.
- ◆ In the event an early retiree becomes deceased and his/her dependents were not enrolled at the time, the retiree's dependents will not be eligible for coverage under the Early Retiree Medical plan.

Dependent Documentation

- ♦ All pre-Medicare retirees adding dependents to their medical plan must submit **recorded/certified** documentation verifying eligibility within **60 days** of enrollment. Failure to provide adequate documentation will result in the denial of dependent enrollment. The following chart is an easy guide to documents that must be submitted.

	Nothing Required	Recorded Marriage Certificate	Recorded Birth Certificate	State of California DP Registration	Proof of Disability from a Physician
Pre-Medicare Retiree Only	X				
Pre-Medicare Retiree and Spouse		X			
Pre-Medicare Retiree and CA Registered Domestic Partner				X	
Pre-Medicare Retiree and Children to 26 Years of Age			X		
Children who exceed the age limit, may be eligible if they meet all the following requirements: - Must be totally disabled - Must be incapable of self-sustaining employment by reason of mental or physical handicap - Must be primarily dependent upon the Subscriber for support and maintenance - Must be unmarried			X		X

When Your Medical Benefits Terminate

- ♦ Coverage will terminate when a written request via letter or email is received prior to the 1st of the month.
- ♦ Coverage will terminate if payments are not received within 30 days of the due date. Payments are due by the 1st of the month. If payment is not received by the due date, you may experience an interruption in service, including termination after 30 days. Coverage will not be eligible for reinstatement.
- ♦ Coverage will automatically terminate at age 65 for participants and/or their dependents.
- ♦ Coverage will terminate January 1st following an annual "active" Open Enrollment period if a new enrollment form is not submitted by the posted due date. 2020 Open Enrollment will be a "passive" Open Enrollment meaning you are only required to submit enrollment documentation if you are making a change to your elections for the 2020 plan year.

Qualifying Life Events - Adding and Removing Dependents

- ◆ You are responsible for notifying Stanislaus County Employee Benefits of any changes in your dependent status during the plan year (divorce, marriage, birth or adoption, and adding or removing dependents).
- ◆ **All Qualifying Life Event changes must be made within 60 days from the date of the event** and may be processed by submitting a change request to Employee Benefits.
- ◆ **Recorded/certified documentation is required** (copy of marriage certificate, final divorce judgement, birth certificate or adoption papers, etc.) along with a completed County Benefit Enrollment form and will need to be submitted by mail to Stanislaus County Employee Benefits or via email to earlyretirees@stancounty.com.
- ◆ Failure to submit documentation to Stanislaus County 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 Life Event date, except for birth or adoption of a child. The effective date for the birth or adoption of a child will be the date of the event.

Exceptions For Making Plan Changes Outside Of Open Enrollment

Other than retirement, COBRA expiration, or during the annual Open Enrollment period, you may enroll in medical coverage only if you experience a Qualifying Life Event. Qualifying Life Events allow for a new enrollment or adding/removing a dependent.

Qualifying Life Events include (supporting documentation is required):

- ◆ Change in legal marital status, including marriage, divorce, annulment, dissolution of CA 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.
- ◆ Spouse's Open Enrollment occurs outside of the County's Open Enrollment period.
- ◆ Involuntary loss of coverage.
- ◆ 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 turn 65 and/or enrolls in Medicare. For additional information on Medicare, go to www.medicare.gov.
- ◆ You or your dependents enroll in other medical coverage.

All enrollment changes requested must be consistent with the Qualifying Life Event experienced.

Annual Open Enrollment

Each year, the County has Open Enrollment in order to allow you to enroll in medical coverage for you and your family.

The County's Open Enrollment period occurs annually in October and information with instructions will be mailed to active participants. You will be able to make changes to your health benefits during these specific dates only. Changes will become effective the following January 1st.

For Plan Year 2020, Open Enrollment will be "passive" for Early Retirees, meaning the benefits you currently have will continue into 2020. If you want to make a change in your elections for 2020, you will be required to complete and sign an Early Retiree Benefit Enrollment form and submit it along with supporting documentation by the Open Enrollment deadline.

The completed Benefit Enrollment Form and supporting documentation can be e-mailed to earlyretirees@stancounty.com or mailed to:

Stanislaus County
Chief Executive Office
Employee Benefits
1010 10th Street, Suite 5900
Modesto, CA 95354

Note: Early retirees and their dependents must retain continued medical coverage in order to be eligible to enroll. **Proof of coverage will be required.** If there is a break in coverage, you will not be eligible to re-enroll in the Early Retiree Medical coverage.

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. 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

Understand Your Location and Network Providers

Depending on where you live, you will have access to medical health care providers and facilities participating in either the Health Partners of Northern California (HPNC) or the UnitedHealthcare (UHC) network. If you live in the local service area, you will be automatically enrolled in the local HPNC network. All members who live outside the local service area will be automatically enrolled in the UHC network and only have access to those health providers and facilities participating in that network. Please refer to the map on Page 9.

Both health networks offer a comprehensive list of providers and access to local, regional and national medical centers to address routine or complex issues of medical care. The following table provides general information on the current networks. You may also visit each carrier's website for more detailed and up-to-date information on their individual provider networks.

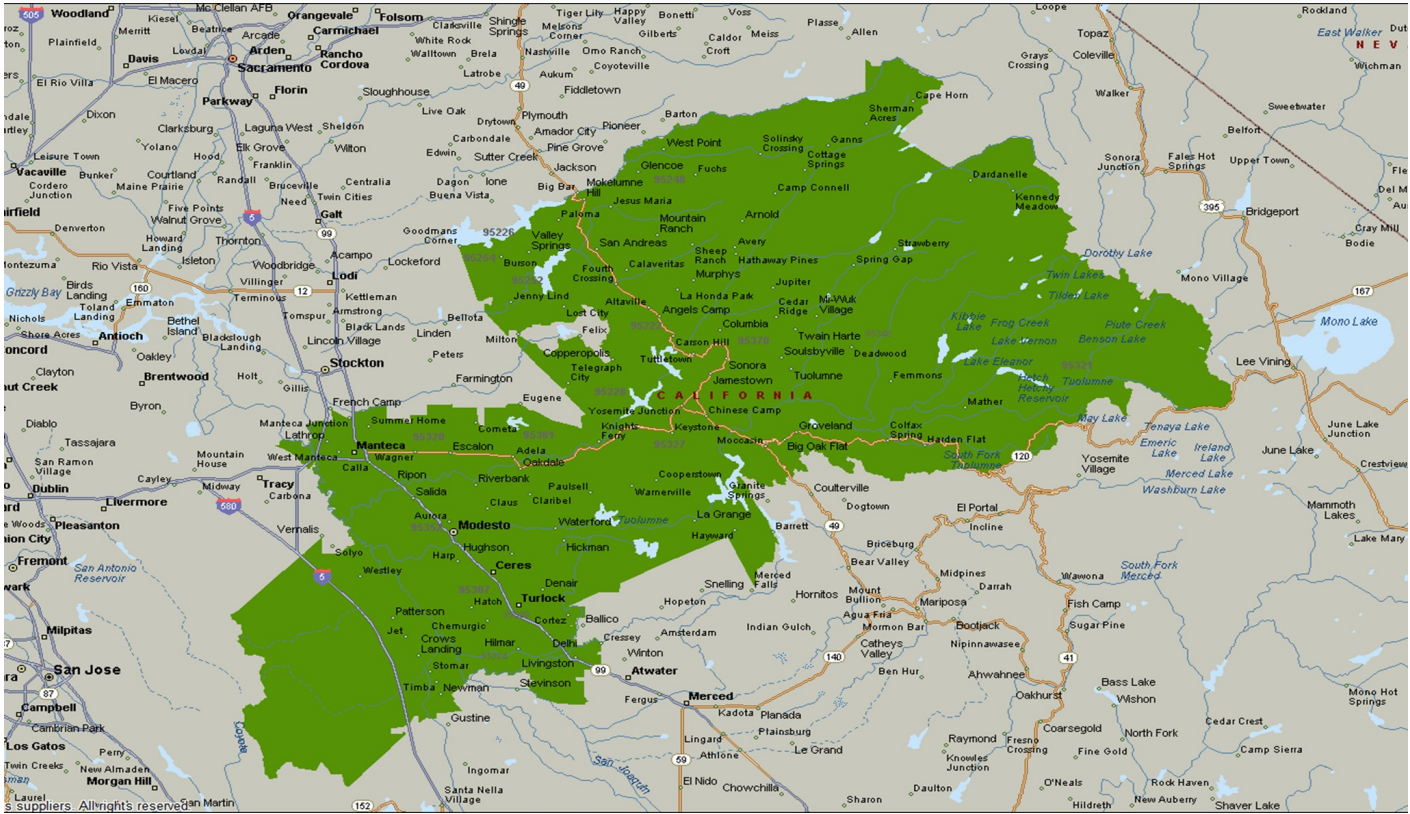
	HPNC	UHC
Local Hospitals	Doctors Hospital Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Mark Twain Medical Center San Andreas Oak Valley District Hospital Oakdale Sonora Regional Medical Center	Adventist Health Sonora Doctors Hospital Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Mark Twain St Joseph Hospital Memorial Medical Center Oak Valley District Hospital Oakdale Stanislaus Surgical Hospital
Local Physician Panel (Primary Care, Specialists, etc.)	Approximately 2,251	Approximately 2,105
California Regional Referral Hospitals	UCSF Valley Children's Hospital Madera	UC Davis UCSF Stanford Valley Children's Hospital Madera
Pharmacies	Approximately 127	Approximately 44
National Out of Area Network	First Health	UnitedHealthcare Choice Plus National Coverage

If you live in the local service area and have a covered dependent that lives out of the local service area (or if you and/or an eligible participant are traveling), access through the National Out of Area Network (NOoAN) is available. Please call for pre-authorization of any service in the NOoAN. These claims are paid at the in-network level. In the event of an emergency, members are encouraged to seek care at the nearest medical facility and services will be paid at the in-network level for a true emergency.

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

Local Service Area Zip Code Map and List

HPNC Service Area is in Green



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

HPNC Local Service Area Zip Code List*

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 HPNC plans. If you do NOT live in the zip code area listed, you will only have the option of enrolling in one of the UHC plans.

Step 2 **Select Your Benefit Plan**

The County offers a choice of a High Deductible Health Plan (HDHP) with Health Savings Account (HSA) or an Exclusive Provider Organization (EPO) plan. You must select between the HDHP with HSA or an EPO plan.

High Deductible Health Plan (HDHP)

The HDHP provides lower monthly premiums, but has an annual deductible. This means you pay the initial medical expenses including pharmacy costs 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 preventive care services, which are provided at no cost under the County's health plan options.

- ◆ For the 2020 plan year, the annual deductible for a single subscriber is \$1,400.
- ◆ For the 2020 plan year, the annual deductible for Subscriber +1 and Subscriber +2 or more is \$2,800.

The HDHP offered by the County is considered a qualified plan and may be offered alongside an Health Savings Account (HSA). An HSA is a tax-favored savings account that works in conjunction with an HDHP and helps you save for health care expenses. If you retire from the County mid-year and you were already enrolled in an HDHP, you will keep the HSA account the County had set up for you. If you have not previously enrolled in an HDHP, you may open an individual HSA account. **The County does not contribute funds into Early Retiree HSA accounts.**

Exclusive Provider Organization Plan (EPO)

The EPO plan option offers a higher level of benefits than an 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. EPO plans function like a traditional HMO plan and may offer additional convenience for pre-Medicare retirees who are willing to pay higher monthly premiums.

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

Please see Pages 11-12 for a summary of the HDHP and EPO plan designs.

Please reference the Health Benefit Summary Plan Description for detailed information regarding the plan benefits and networks.

Medical Plan — HDHP Benefit Summary

HDHP - Plan Features	In-Network HPNC and UHC	Out-of-Network UHC Only
Calendar Year Deductible Individual/Family	\$1,400 / \$2,800	\$1,400 / \$2,800
Annual Out-of-Pocket Maximum Individual/Family	\$3,000 / \$6,000	\$5,000 / \$10,000
Physician Office Visit	\$20 copay after deductible	70% after deductible
Specialist Office Visit	\$20 copay after deductible	70% after deductible
Lab and X-Ray and Hi-Tech/Advanced Radiology	\$10 copay; \$25 copay for CT, MRI, PET scans after deductible	70% after deductible
Preventive Services Adult Periodic Exams with Preventive Tests	100% deductible waived	70% after deductible
Infusion Services/Injections and Non-Routine Immunizations	\$10 copay after deductible	70% after deductible
Skilled Nursing Facility	\$200 copay after deductible	70% after deductible
Hearing Aids	\$0 copay after deductible Max \$5,000 per year	70% after deductible
Hospitalization Inpatient Outpatient	\$150 copay per admit after deductible \$100 copay per procedure after deductible	70% after deductible
Emergency Room Services	\$75 copay after deductible (waived if admitted)	90% after deductible
Emergency Medical Transportation	\$50 copay after deductible	90% after deductible
Urgent Care	\$20 copay after deductible	70% after deductible
Chiropractic	\$15 copay after deductible up to 20 visits per year	70% after deductible up to 24 visits per year
Mental/Behavioral Health Outpatient Services	Individual Therapy: \$20 copay after deductible Group Therapy: \$10 copay after deductible	Not covered
Mental/Behavioral Health Inpatient Services	General Hospital or Private Proprietary Psychiatric Facility: \$150 copay after deductible	Not covered
Durable Medical Equipment	\$20 copay after deductible	70% after deductible
Prescription Drugs	Retail (30 days) / Mail-order (31 - 100 days)	
Generic	\$10 / \$20 copay after deductible	
Brand Formulary	\$25 / \$50 copay after deductible	
Brand Non-Formulary	\$25 / \$50 copay after deductible	

Medical Plan — EPO Benefit Summary

EPO - Plan Features	In-Network HPNC and UHC*
Calendar Year Deductible Individual/Family	N/A
Annual Out-of-Pocket Maximum Individual/Family	\$1,500 / \$3,000
Physician Office Visit	\$20 copay
Specialist Office Visit	\$20 copay
Lab and X-Ray and Hi-Tech/Advanced Radiology	\$10 copay; \$25 copay for CT, MRI, PET scans
Preventive Services Adult Periodic Exams with Preventive Tests	100% covered
Infusion Services/Injections and Non-Routine Immunizations	\$10 copay
Skilled Nursing Facility	\$200 copay
Hearing Aids	\$0 copay Max \$5,000 per year
Hospitalization Inpatient Outpatient	\$150 copay per admit \$100 copay per procedure
Emergency Room Services	\$75 copay (waived if admitted)
Emergency Medical Transportation	\$50 copay
Urgent Care	\$20 copay
Chiropractic	\$15 copay up to 20 visits per year
Mental/Behavioral Health Outpatient Services	Individual Therapy: \$20 copay Group Therapy: \$10 copay
Mental/Behavioral Health Inpatient Services	General Hospital or Private Proprietary Psychiatric Facility: \$150 copay
Durable Medical Equipment	\$20 copay
Prescription Drugs	Retail (30 days) / Mail-order (31 - 100 days)
Generic	\$10 copay / \$20 copay
Brand Formulary	\$25 copay / \$50 copay
Brand Non-Formulary	\$25 copay / \$50 copay

*Medical providers who are not in-network or contracted with HPNC or UHC will not be covered under the EPO plan.

Medical Plan Premiums and Payment Options

Step 3

Select Your Coverage Level

The cost of healthcare will not only vary between the individual benefit design you select (HDHP vs. EPO), but also the coverage level. Please review the premium grid below to compare the rate difference between the plan designs and coverage levels. These rates include a 2% administrative fee, identical to the COBRA administrative fee.

2020 Monthly Premium Rates

Coverage Level	HDHP HPNC or UHC	EPO HPNC or UHC
Subscriber Only	\$747.70	\$894.50
Subscriber Plus One Dependent	\$1,496.30	\$1,789.10
Subscriber Plus Family	\$2,019.60	\$2,414.30

Step 4

Complete the Early Retiree Benefit Enrollment Form and Submit

Complete, sign and submit the Early Retiree Benefit Enrollment Form and the appropriate supporting documentation as described on Page 5 via e-mail to earlyretirees@stancounty.com or mail to:

Stanislaus County
Chief Executive Office
Employee Benefits
1010 10th Street, Suite 5900
Modesto, CA 95354

Premium Payment Options

- ♦ Early retiree premiums may be deducted from your retirement check through StanCERA. StanCERA will only process complete payments. If your retirement pay is not enough to cover the full monthly premium, you will be responsible for submitting full payment on a monthly self-pay basis to the County by the first day of the month. Medical insurance will be terminated if you do not pay your monthly premium within 30 days of the due date. You may experience interruptions in service any time you do not make your payment by the due date on the first day of the month.
- ♦ For self-pay accounts, the County will send a monthly billing statement via e-mail or postal mail before premiums are due.
- ♦ For self-pay accounts, the County can only accept payments made up to one month in advance and payments must be made to Stanislaus County Risk Management by check or money order only. You may have the option to setup a monthly auto-payment arrangement through your banking institution.
- ♦ Please remember, non-payment of premiums is treated as voluntary termination from the plan. Once you are terminated for non-payment, you will not be allowed to enroll again in the future.

Amwell—Telemedicine Partner

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

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

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

PRACTICE	MEMBER COST-SHARE	
	EPO	HDHP
Service Key	SCEPO	SCHDP
General Consultation/Urgent Care	\$20	\$54
Therapy	\$20	\$85
Psychiatry	\$20	\$95
Nutrition	\$0	\$65
Smoking Cessation*	\$0	\$0
*You are allowed 2 quit attempts per year t \$0. Use Coupon Code QUIT at checkout		

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

Health Bridges of Northern California

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

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

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

Health Benefits

- COBRA is available for Medical, Dental and Vision
 - Must enroll in same plan until next Open Enrollment Period
 - COBRA premiums include 2% administrative fee
 - Can use HSA funds to pay COBRA premiums
 - Payments to Risk Management via check or money order
- Early Retiree Medical for pre-65 or non-Medicare
 - Medical only – can make change in benefit plan
 - Early Retiree Medical premium includes 2% administrative fee
 - Full monthly premium can be taken from StanCERA pension check or self-pay to Risk Management via check or money order
- RESCO offers Medicare supplements, Dental and Vision plans
- Health Insurance Marketplace

Health Savings Account (HSA)

- **Cannot** use HSA funds to pay for **Early Retiree Medical Premiums** (IRS Rules)
- **Can** use HSA funds to pay for **COBRA** and Medicare Premiums (IRS Rules)
- County no longer contributes to HSA
- To take full advantage of the maximum allowable employee contribution to HSA during last year of employment, you must remain in the High Deductible Health Plan (HDHP) for the entire year. If you will not remain in the HDHP, you are only eligible to contribute a prorated amount to your HSA
- Post-employment contributions would be after-tax
- IRS regulations must be followed when using HSA funds, consult your tax professional or the IRS for details

Other Important Reminders

- COBRA enrollment paperwork is processed and mailed approximately 2 weeks after the last day of employment, after termination is processed by payroll
- You must retain continuous medical coverage and provide proof of coverage to re-enroll in Early Retiree Medical Plan. If there is a break in medical coverage, you will not be eligible to re-enroll in the Plan
- COBRA and Early Retiree Medical Coverage will terminate if payment is not received within 30 days of due date – payment is due 1st of the month
- Early Retiree Medical coverage will automatically terminate the first day of the month in which you turn age 65, prior notification will be sent
- Limited enrollment opportunities include: Time of retirement, COBRA expiration, Annual Open Enrollment, and Qualifying Life Event changes reported within 60 days of the event
- Always notify Employee Benefits of address, phone number and email address changes

FAQ's

- ♦ ***I am retiring in March and I am not Medicare eligible, what happens to my health benefits?***

The County will send you a COBRA packet after you retire. This packet will automatically be sent to you and includes health insurance continuation information and your COBRA enrollment form. You also have the option of enrolling directly in the Early Retiree Medical plan.

- ♦ ***Do I have to enroll in COBRA?***

If you are enrolling in COBRA for the County's dental and vision coverage you are encouraged to also enroll in COBRA for medical for up to 18 months. Once your COBRA expires, you will be given the option to continue your medical coverage under the Early Retiree Medical plan until you become Medicare eligible. You will need to contact RESCO or another outside vendor for dental and vision coverage at that time.

- ♦ ***Can I use my Health Savings Account (HSA) funds to pay for monthly premiums?***

Generally, the IRS tax code does not allow you to use your HSA funds to pay for health insurance premiums so you are not able to use these funds for the Early Retiree Medical plan premiums. The exceptions include paying for long-term care premiums, COBRA health care continuation premiums, Medicare premiums and out of pocket expenses for Part A, B, C and D. IRS regulations must be followed when using HSA funds so you should consult your tax professional or the IRS for more details.

- ♦ ***Can I have my monthly premium deducted from my retirement check?***

Yes, only if you are enrolled in the Early Retiree Medical plan. If you enroll in COBRA upon retirement, you will have to pay the County directly for your medical, dental and vision benefits for the first 18 months by check or money order.

- ♦ ***What if my retirement check isn't enough to cover the monthly medical insurance premium?***

You will not be able to deduct your premium from your retirement check because StanCERA will not take partial deductions. If you do not receive enough retirement income to cover the entire monthly medical premium, you must pay the County directly by the 1st of every month. The County only accepts a check or money order, no cash or credit cards are accepted.

- ♦ ***What happens when I become Medicare eligible?***

When you or your spouse turns 65, the County will notify you of your medical coverage cancellation and provide information on where you may obtain a Medicare supplement. However, if you or your spouse become Medicare eligible prior to turning 65, it is your responsibility to notify the County as soon as possible.

- ♦ ***What if I turn 65, but my spouse is not?***

If you and your spouse are enrolled in the Early Retiree Medical plan when you turn 65, your spouse is eligible to remain enrolled in the Early Retiree Medical plan. The County will notify you of your medical coverage cancellation and supply an enrollment form for your spouse to enroll as the main subscriber.

- ♦ ***If I enroll in the Health Insurance Exchange and decide I don't like it, can I come back?***

You must retain continued medical coverage to be eligible to re-enroll in the County's Early Retiree Medical plan. With the exception of Open Enrollment, you may not voluntarily drop your outside medical coverage to enroll, which includes the Health Insurance Exchange or *Covered California*. The only time you may come back to the County's Early Retiree Medical plan is during Open Enrollment, or when you experience a Qualifying Life Event. You will be required to provide documentation of continued medical coverage to re-enroll.

Healthcare Reform and Mandatory Annual Notices

What is Healthcare Reform and the Affordable Care Act?

- ♦ As of January 1, 2014 everyone is required to have health insurance that qualifies as minimum essential coverage, or pay a penalty/fee.
- ♦ Insurance marketplaces have been established for individuals to purchase insurance.
- ♦ Open Enrollment through the marketplace begins on October 19, 2019.
- ♦ You cannot be denied insurance or charged more for pre-existing conditions.
- ♦ As a pre-Medicare retiree, you may qualify for a premium subsidy or tax credit through the Exchange/Marketplace, with reduced medical insurance premiums or out of pocket costs.
- ♦ For questions regarding the Health Insurance Marketplace/Exchange or Covered California, you may contact Covered California directly at 800-300-1506 or visit their website at <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 material 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 <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 and one will be provided to you at no cost.

- ♦ **Marketplace/Exchange Notice** – notification of the availability of insurance exchanges
- ♦ **Summary of Benefits and Coverage (SBC)** – an easy to read summary of all of our medical plans
- ♦ **Summary Plan Description (SPD)** – detailed plan document about each of our medical plans
- ♦ **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** – 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

Medical Benefits, Eligibility & Claim Services	
UMR	800-207-3172 www.umar.com
Onsite County UMR Representative	
Nora Garcia-Ruan	209-525-5711 nora.garcia-ruan@umar.com
Local Service Area Provider Questions	
Health Partners of Northern California	877-830-7470 www.healthpartnersnca.org
Outside Local Service Area Provider Questions	
UnitedHealthcare	866-414-1959 www.myUHC.com
Prescription Coverage	
CVS/caremark	800-334-8134 www.caremark.com
Nurse Care Advocate / 24-Hour Nurse Line	
855-279-1545	
Amwell	
Telemedicine	844-733-3627 www.amwell.com
Health Bridges of Northern California	
Concierge Service for HPNC	209-996-1296 www.healthbridgesofnorcal.com
Optum Bank HSA	
Member Services	844-326-7967 www.optumbank.com
RESCO / PGA (Pacific Group Agencies)	
800-511-9065 Insurance@RescoToday.org http://rescotoday.org	
Chief Executive Office—Employee Benefits	
209-525-5717 earlyretirees@stancounty.com http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm	

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>