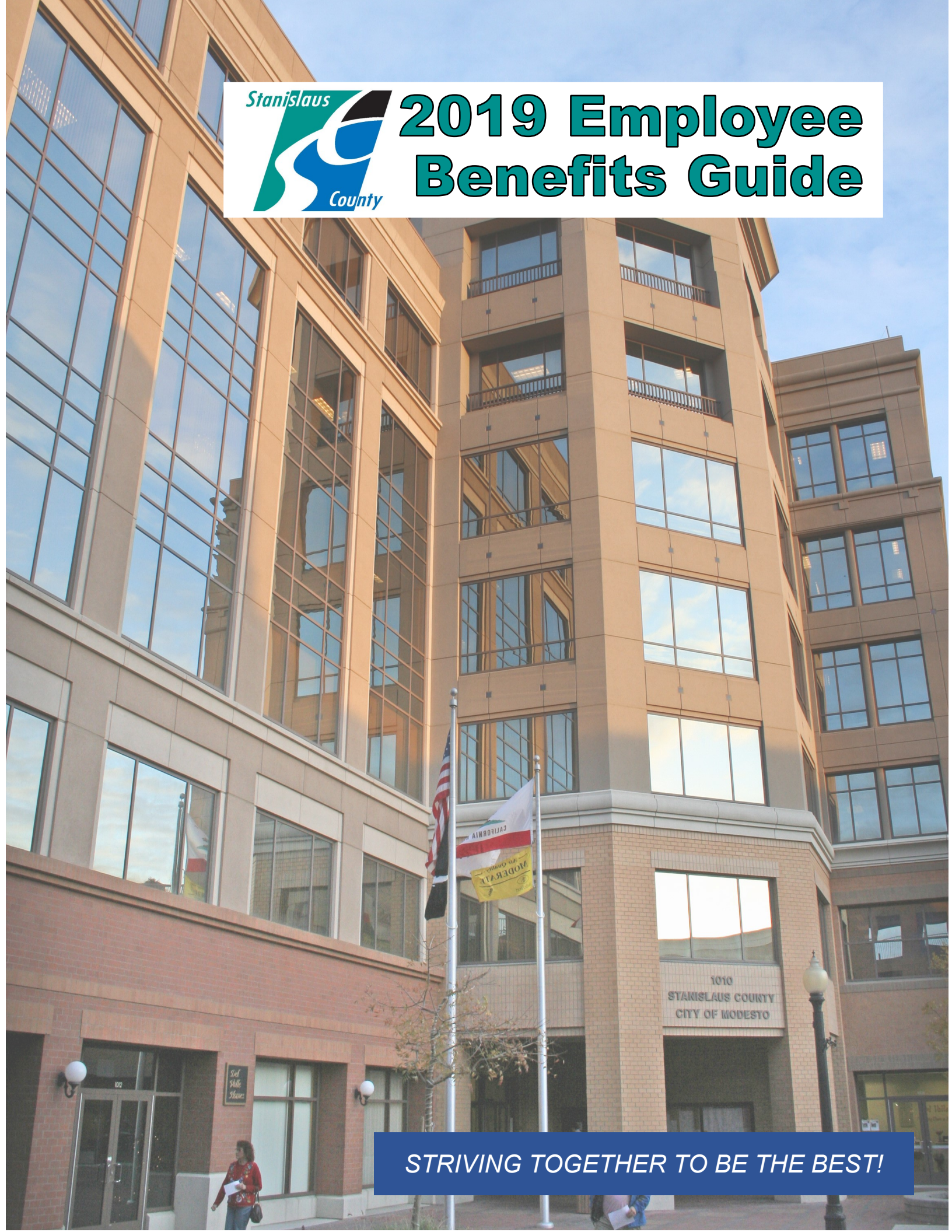




2019 Employee Benefits Guide



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. Stanislaus County provides eligible employees with valuable benefit options including Medical, Dental, Vision, Life, Health Savings Account, Flexible Spending Account, Accident Insurance, Critical Illness, Deferred Compensation and Long Term Care programs.

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 it to your Department's Human Resources.

During the County's annual Open Enrollment period in October you will be provided instructions as to when you can make your benefit changes for the following January 1st effective date. Your benefit changes to your enrollment for the 2019 plan year must 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 website:

<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 as long as you submit your applications and supporting documentation within 60 days from your 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, if you obtain other coverage, including Medicare, or if you fail to make timely payments of your premiums.
- ◆ When you retire, you must be covered under Stanislaus County's Early Retiree Medical Plan in order for your dependents (including your legal spouse) to be covered under the Early Retiree Medical Plan. If your retirement date is after your 65th birthday your dependents (including your legal spouse) will not be eligible for any early retiree medical coverage sponsored by the County.

Dependent Eligibility

- ◆ Subscriber's legal spouse. The County does not allow dual coverage on County plans for employee spouses and/or dependents.
- ◆ Your natural children, stepchildren, CA registered 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 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.

Dependent Eligibility Verification

All employees adding dependents must submit documentation verifying eligibility within 60 days of 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
Employee Only	X				
Employee and Spouse		X			
Employee and CA Registered Domestic Partner				X	
Employee and Children up 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

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

Qualifying Life Events – Adding and Removing Dependents

Qualifying 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 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.
- ◆ Documentation is required (copy of recorded marriage certificate, final divorce judgement, recorded birth certificate or adoption papers, etc.) along with a completed County Benefit Enrollment form and will need to be sent to via email 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 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 during the annual Open Enrollment period, you may not change your coverage unless you experience a Qualifying Life Event.

Qualifying Life Events include:

- ◆ 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.
- ◆ 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 County's 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.

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

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.

The County offers medical plan selections to eligible participants based on where they live. For those participants who live in the local service area, the County offers the Health Partners of Northern California (HPNC) 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 United Healthcare (UHC) 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, please be sure to attend a Wellness Connect event to meet face to face with a vendor representative or County Benefits Staff. For a schedule of events, 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>

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 Health Partners of Northern California (HPNC) plans and if you live outside the local service area, you will have the option to enroll with one of the UnitedHealthcare 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 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.

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 Optum Bank. The County will deposit 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 2019 plan year, the annual deductible for single employees is \$1,350. 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 2019 plan year, the annual deductible for Employee +1 and Family coverage is \$2,700. 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.
- ◆ The County will only provide one County-provided HSA contribution to two employees who are married together. Therefore, if two employees who are married together want separate medical plans, only one employee may choose a HDHP plan.
- ◆ Please see page 14 for more information on the Optum Bank 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 with HSA option due to having other coverage including Medicare. It is important to remember, medical providers who are not in-network or contracted with Health Partners of Northern California or UnitedHealthcare will not be covered under the EPO plan.

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, or you or an eligible participant are traveling, access through the National Out of Area Network is available.

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.

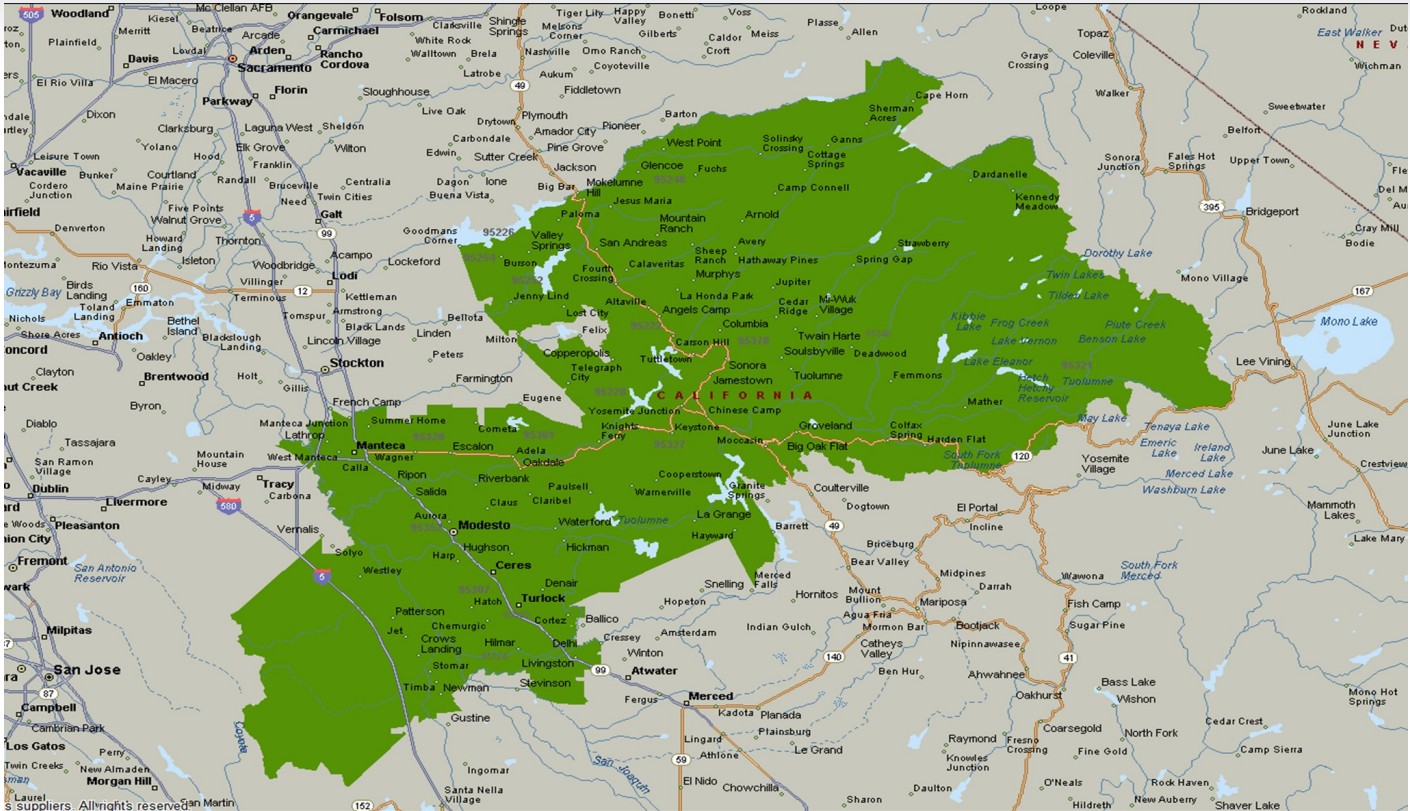
	HPNC	UHC
Local Hospitals	Doctors Hospital Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Oak Valley District Hospital Oakdale	Adventist Health Sonora Doctors Hospital of Manteca Doctors Medical Center of Modesto Emanuel Medical Center Turlock Mark Twain St Joseph Hospital Memorial Medical Center Oak Valley District Hospital Oakdale Stanislaus Surgical Hospital
Local Physician Panel (Primary Care, Specialists, etc.)	Approximately 2,090	Approximately 2,105
California Regional Referral Hospitals	UCSF, Stanford	UC Davis, UCSF, Stanford
Pharmacies	Approximately 42	Approximately 44
National Out of Area Network	First Health	UnitedHealthcare Choice Plus National Coverage

Medical Plan — Benefits Summary

Plan Features	HPNC and UHC In-Network HDHP	HPNC and UHC EPO
Calendar Year Deductible Individual/Family	\$1,350 / \$2,700	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 Outpatient	\$150 copay per admit after deductible \$100 copay per procedure after deductible	\$150 copay per admit \$100 copay per procedure
Emergency Room Services	\$75 copay after deductible (waived if admitted)	\$75 copay (waived if admitted)
Emergency Medical Transportation	\$50 copay after deductible	\$50 copay
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
Mental/Behavioral Health Outpatient Services	Individual Therapy: \$20 copay after deductible Group Therapy: \$10 copay after deductible	Individual Therapy: \$20 copay Group Therapy: \$10 copay
Mental/Behavioral Health Inpatient Services	General Hospital or Private Proprietary Psychiatric Facility: \$150 copay after deductible	General Hospital or Private Proprietary Psychiatric Facility: \$150 copay
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)	
*Brand 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 Out of Network HDHP benefits, please refer to the Summary Plan Documents on the Employee Benefits website.

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, above you will only have the option of enrolling in one of the UHC plans.**

Step 2 **Select Your Coverage Level**

The cost of health care 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 2019, 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 HDHP plan premium 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 EPO plan premium 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 County medical benefits if they provide proof of other coverage. Employees waiving medical coverage will be eligible for a monthly 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	HPNC or UHC HDHP	HPNC or UHC EPO
Employee Only	\$17.80	\$85.13
Employee Plus One Dependent	\$35.60	\$170.26
Employee Plus Family	\$48.06	\$229.85

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

Coverage Level	HPNC or UHC HDHP	HPNC or UHC EPO
Employee Only	\$51.62	\$119.18
Employee Plus One Dependent	\$103.23	\$238.36
Employee Plus Family	\$139.37	\$321.80

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

Coverage Level	HPNC or UHC HDHP	HPNC or UHC EPO
Employee Only	\$102.34	\$170.26
Employee Plus One Dependent	\$204.69	\$340.52
Employee Plus Family	\$276.33	\$459.71

Health Savings Account - Optum Bank

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 **Optum Bank 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 level: \$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 of \$3,500 for Employee Only or \$7,000 for Employee +1 or Family for the 2019 plan year. For age 55 or over, a catch-up amount of \$1,000 is available. There is a monthly account service fee of \$2.65 for HSA balances less than \$2,500.

Note: Employer contributions are included in the annual contribution limit.

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.

Important! If you wish to make voluntary contributions using pretax payroll deductions, you should review your election every calendar year during Open Enrollment to verify that the contribution level is appropriate.

Qualified Medical Expenses

You can use the funds in your HSA 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. 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

Note: You cannot be enrolled in the County's HDHP with HSA and the Health Care Flexible Spending Account.

Access to Your HSA Funds

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

*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.

**HSA contributions are not pretax for the State of California.

Flexible Spending Accounts

The Flexible Spending Account (FSA) is a great way to use pretax dollars to pay for expenses paid with aftertax dollars! You may enroll in either or both the Health Care Flexible Spending Account or the Dependent Care Flexible Spending Account with **P&A Group**. These accounts allow you to redirect a portion of your salary on a pretax 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 pretax semi-monthly from your paychecks and deposited into the FSA accounts. You request reimbursement of qualified expenses as you incur the expenses.

There is a semi-monthly fee in the amount of \$2.13 to have an FSA account.

Health Care FSA

Covers qualified medical expenses* that are only partially covered or not covered at all by your insurance. Eligible expenses would also be covered for a spouse and any person who would qualify as a dependent, under federal income tax rules. You should estimate any out of pocket expenses for the coming plan year and plan carefully before enrolling in this plan.

Qualified Medical Expenses

You can use the funds in your 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 out-of-pocket maximum. 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

Dependent Care FSA

This account helps offset the cost of daycare, after-school, or elder care programs for your qualified dependents. Eligible expenses are defined as those that enable you and your spouse to work.

Eligible Dependents Include:

- ◆ Children under the age of 13 who qualify as dependents for income tax purposes
- ◆ A spouse who is physically or mentally unable to care for himself or herself
- ◆ A parent who is unable to care for himself or herself and who qualifies as a dependent for income tax purposes
- ◆ A child who is not under age 13 but mentally or physically incapable of self-care

*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.

Maximum Contribution Limits for FSA

Health Care FSA

The 2018 maximum amount you may contribute to a Health Care Flexible Spending Account is \$2,650, which may be adjusted per the IRS for 2019. The deadline to incur expenses is the end of the plan year.

Dependent Care FSA

The 2018 maximum amount you may contribute to a Dependent Care Spending Account is \$5,000 or \$2,500 a calendar year if you are married but file separate tax returns, which may be adjusted per the IRS for 2019. Unlike the Health Care FSA, your Dependent Care FSA account balance is available only as you make the contributions.

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.

How to access your FSA funds

- ◆ For your Health Care FSA, P&A Group 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 P&A Group by logging into their website at www.padmin.com.

Amwell—Telemedicine Partner

In order to enhance the value of the County's health benefit plan and 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 program provides convenient access, 24 hours a day, seven days a week, to a licensed physician using a smart phone, a tablet (such as an iPad) 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).

Amwell charges a nominal fee of \$54 for those HDHP members who have not met their deductible, or \$20 for EPO members and HDHP members who have met their deductible amount. 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.

For additional information about Amwell, visit www.amwell.com, or search the App Store or Google Play for "Amwell" to download the app and create your account. A service key is required to access services—for HDHP participants use SCHDP and for EPO participants use SCEPO.

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 is committed to assisting members navigate the health care maze with compassion and clarity so they can return to a place of better health. Their team is 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
 - Coordinate with HPNC to obtain expedited MRI's, CT's and the like
 - Obtain prior authorizations for surgeries and durable medical equipment
 - Arrange second opinion or transfer to a level 1 facility such as UCSF or Stanford

For additional information about Health Bridges visit www.healthbridgesofnorcal.com or call 209-996-1296.

Medical Plan Directory

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	
	209-996-1296 www.healthbridgesofnorcal.com

Delta Dental Core and Buy-Up Plans

The Core Plan offers discounted dental services provided through the Delta Dental PPO network. The Buy-Up Plan offers discounted dental services provided through the Delta Dental PPO and Premier networks. Participants can choose any dentist in any location inside or outside of the Delta Dental PPO or Premier networks, regardless of 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.
- ◆ The County pays 80% of the Core Dental Plan premiums. The premiums listed below are semi-monthly out-of-pocket costs for full-time employees working a 40 hour week schedule and receiving the full County contribution.

COVERAGE LEVEL	CORE PLAN	BUY-UP PLAN
Employee Only	\$3.37	\$15.71
Employee Plus One Dependent	\$6.75	\$31.42
Employee Plus Family	\$11.56	\$53.82

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

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 In Network Out-of Network	\$0 \$10 per person	\$0 \$10 per person
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
Dental Accident Benefits	100% (separate maximum per person per year)	

*Coverage must be retained for at least 3 years.

This is only a summary of the Delta Dental Plan Benefits. For more information, please refer to the Summary Plan Document that is located on the Employee Benefits website.

Vision Benefits Administered by Vision Service Plan

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

Coverage Level	
Employee Only	\$0.83
Employee Plus One Dependent	\$1.60
Employee Plus Family	\$2.27

You may receive benefits when using non-VSP providers by submitting your claims directly to VSP. Reimbursements will be made based on the Out-of-Network schedule located on the Employee Benefits website.

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

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.

Vision Plan Summary

Vision Benefits	In Network Choice Plan
Exam Co-pay	\$10
Single Lenses	Covered in Full
Bifocal Lenses	Covered in Full
Trifocal Lenses	Covered in Full
Contact Lens Fitting and Evaluation	15% Discount Not to exceed \$60 Separate from lens 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

This is only a summary of the Vision Service Plan Benefits. For more information, please refer to the Summary Plan Document that is located on the Employee Benefits website.

Life and Supplemental AD&D Insurance Benefits

Administered by Voya (Reliastar)

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 job 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 and AD&D plan.

Voluntary supplemental life insurance from Voya (Reliastar) 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 and 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 website.

Employee & Dependent Supplemental Life Insurance Premium Rates

Employee Rates

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

Supplemental Life Amount	Semi-Monthly Aftertax 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 electing coverage due to a Qualifying 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 Voya (Reliastar). 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-tax. Premiums will only be deducted for approved amounts. Once increased coverage is approved by Voya (Reliastar) underwriting, premium deductions for additional amounts will begin.

Accident and Critical Illness Benefits

Administered by Voya (Reliastar)

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 coverage. Spouses are eligible up to age 70 and children up to age 26. Please refer to the rate grid on page 26.

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 Accident Insurance, click [here](#) to view a video.

Critical Illness

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 Critical Illness Insurance, click [here](#) to view a video.

Accident and Critical Illness Benefit Premium Rates

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 - Rates are per \$1,000	
Issue Age	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 - Rates are per \$1,000	
Issue Age	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

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 may be 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 or more 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 the employee's date of hire. Other eligible family members of Stanislaus County employees can apply with full underwriting.

For rates and to apply for long term care coverage, you must complete the online application by visiting www.ltcsemployer-live.azurewebsites.net/employer/stanislaus.

How are Premiums Paid

Premium payments will be payroll deducted once underwriting approval has been received. If you leave the County, you will have the opportunity to continue your coverage at the same rate.

For More Information

LTC Solutions, Inc.

(877) 286-2852

info@ltc-solutions.com

Deferred Compensation 457 Savings Plan

Employees have the option to participate in a County-sponsored Deferred Compensation Plan through Mass Mutual. 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 Self Service. To view a copy of the Self Service Tutorial, go to the PeopleSoft landing page via the County's Intranet at <http://intranet.co.stanislaus.ca.us/applications/peoplesoft> and choose the Benefits/Disability/RM menu. If you do not have access to PeopleSoft 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 Management and Confidential employees must complete a Deferred Compensation Enrollment Form at time of hire or promotion, as the County contributes a percentage of their salary as a benefit.

The 2019 IRS annual limit for contributions into your 457 Savings Plan is \$19,000. If you are over age 50*, the 2019 Catch-Up Contribution Limit is an additional \$6,000. The Pre-Retirement** Maximum Catch-Up is \$38,000.

*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.

For More Information

Mass Mutual

(800) 528-9009

www.massmutual.com/serve

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.

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.

Contact ComPsych GuidanceResources to access the above benefits at: (877) 533-2363 or guidanceresources.com and enter your company Web ID: MY5848i

Funeral Planning and Concierge Service

Provides assistance researching, planning, negotiating and scheduling of funeral services. These services are provided by Everest at (877) 456-5050 or www.everestfuneral.com/ing.

Travel Assistance

Travel planning services, emergency services (legal assistance, translation, medical referrals), and emergency transportation services. Contact ING Travel Assistance 24 hours a day, 365 days a year at (800) 859-2821 or www.europassistance-usa.com.

Please visit the Employee Benefits EAP website at <http://www.stancounty.com/riskmgmt/risk-eb-eap-sub-main.shtm> for more information on each of these benefits and for further 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 years3.08 hours
- ♦ 3 - 10 years4.62 hours
- ♦ 11 - 20 years.....6.16 hours
- ♦ 21+ years7.70 hours
- ♦ Floats0.62 additional hours

Confidential Employees

- ♦ 0 - 2 years3.08 hours
- ♦ 3 - 10 years4.62 hours
- ♦ 11 - 20 years.....6.16 hours
- ♦ 21+ years7.70 hours
- ♦ Floats0.62 additional hours

Management Employees

- ♦ 0 - 2 years3.08 hours
- ♦ 3 - 10 years4.62 hours
- ♦ 11 - 20 years.....6.16 hours
- ♦ 21+ years7.70 hours
- ♦ Floats1.24 additional hours

Department Heads

- ♦ 0 - 1 years4.62 hours
- ♦ 2 - 20 years6.16 hours
- ♦ 21+ years7.70 hours
- ♦ Floats1.24 additional hours

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

- ♦ 0 - 2 years3.08 hours
- ♦ 3 - 10 years4.62 hours
- ♦ 11 - 20 years.....6.16 hours
- ♦ 21+ years7.70 hours
- ♦ Floats0.93 additional hours

Accruals are prorated if employee works less than 80 hours. 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

- ♦ 3.7 hours bi-weekly

Department Heads

- ♦ 3.7 hours bi-weekly

Accruals are prorated if employee works less than 80 hours. Maximum of 96.20 hours annually. MOU provisions apply as appropriate.

UMR — HPNC and UHC	
Insurance Claims, Eligibility and Member Services	800-207-3172 www.umar.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
Health Savings Account—Optum Bank	
Member Services	844-326-7967 www.optumbank.com
Long Term Care	
LTC Solutions	877-286-2852 www.ltcsemployer-live.azurewebsites.net/employer/stanislus
Critical Illness and Accident Plans	
Voya Employee Benefits Customer Service	877-236-7564
Flexible Spending Accounts—P&A Group	
Member Services	800-688-2611 www.padmin.com
Mass Mutual (Group #150163)	
Member Services	800-528-9009 www.massmutual.com/serve
Voya (ReliaStar) Life and Supplemental Life	
Member Services	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	

PeopleSoft Self Service

Employees have direct access to their own Benefits, Payroll, Personal and Training Information online using 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 W-4 information
- ◆ Consent to receive your W-2 and 1095-C (Affordable Care Act) documents electronically
- ◆ View your leave accrual balances
- ◆ View your health insurance benefits summary
- ◆ View and update your deferred compensation voluntary contributions
- ◆ View and update your life insurance beneficiaries
- ◆ View your training history
- ◆ Enroll in training classes with supervisor approval
- ◆ View and accept County policies

You may access PeopleSoft from a County computer via the County's Intranet at <http://intranet.co.stanislaus.ca.us/applications/peoplesoft>. You will also find Benefits Self Service Tutorials on the PeopleSoft landing page via the Intranet on the Benefits/Disability/RM menu.

You may also access PeopleSoft from home or any outside computer if you know your login credentials at: <http://www.stancounty.com/selfservice/>

If you need assistance logging in to PeopleSoft, please email the SBT Help Desk during regular business hours at sbthelphdesk@stancounty.com or call (209) 525-4357.

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 Employee Benefits 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 and one will be provided to you at no cost.

Summary of Benefits and Coverage (SBC) – an easy to read summary of all of our health plans
Health Partners of Northern California EPO and HDHP
UnitedHealthcare EPO and HDHP

Summary Plan Description (SPD) – detailed plan document about each of our health plans
Health Partners of Northern California EPO and HDHP
UnitedHealthcare 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 – 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 Stanislaus County's Employee Benefits website:

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

Stanislaus County Chief Executive Office
Risk Management Division
Employee Benefits
1010 10th Street, Suite 5900
Modesto, CA 95354
(209) 525-5717
Email: countybenefits@stancounty.com