EMPLOYEE BENEFITS POLICY & PROCEDURES MANUAL



CEO-RISK MANAGEMENT DIVISION 1010 10TH STREET, STE 5900, MODESTO CA 95354 (209) 525-5717

EMPLOYEE BENEFITS POLICY & PROCEDURES MANUAL

Table of Contents

- 1. Employee Benefits Contact Information
- 2. Effective Dates of Coverage
- 3. Employee Benefits Eligibility Guidelines
 - -Dependent Eligibility Requirements
 - -Local Area Zip Code List
- 4. Health Insurance Enrollment Procedures
- 5. Life Events/Enrollment Changes
- 6. Medical Plan Descriptions
 - What is a Health Savings Account (HSA)?
- 7. Dental Plan Descriptions
 - Core Plan
 - Buy Up Plan
- 8. Vision Plan Description
- 9. Basic and Supplemental Life Insurance
 - Evidence of Insurability Form
 - Life Insurance Policy
- 10. Health Insurance Premium Payment Procedures for Unpaid Leave of Absence
- 11. Termination of Health Insurance Benefits and COBRA Rights
- 12. Benefit Summaries
- 13. Mass Mutual Deferred Compensation Plan and Loan Program
- 14. Flexible Spending Accounts Dependent Care or Health Reimbursement Account
- 15. Employee Assistance Program (EAP)
- 16. Management Disability Plans- Short Term and Long Term (STD, LTD)
- 17. Death of an Employee/Retiree
- 18. PARS Public Agency Retirement System
- 19. Self Service Instructions

EMPLOYEE BENEFITS CONTACT INFO

VENDOR	GROUP#	PHONE NUMBER
STANISLAUS COUNTY PARTNERS IN HEALTH Providers and Referrals for SCPH www.scpartnersinhealth.org	CA000496	(877) 830-7470
CAPITOL ADMINISTRATORS Claims and Eligibility for SCPH	CA000496	(877) 789-8499
ANTHEM BLUE CROSS www.anthem.com/ca	275366	(800) 888-8288
DELTA DENTAL www.deltadentalins.com	3351	(800) 765-6003
VISION SERVICE PLAN www.vsp.com	4450000102	(800) 877-7195
MASS MUTUAL DEFERRED COMP www.retire.hartfordlife.com	150163	(800) 528-9009
WELLS FARGO HEALTH BENEFIT SERVICES www.wellsfargo.com/hsa	Stanislaus County	(866) 884-7374
WAGEWORKS www.takecarewageworks.com	1428	(800) 950-0105
VOYA/RELIASTAR	Policy #31640-7 #50	Contact Employee Benefits
HUMANA VOLUNTARY BENEFITS	Stanislaus County	(877) 378-1505
EAP- ComPsych- Guidance Resources www.guidanceresouces.com Web ID: MY5848i	County of Stanislaus	(877) 533-2363
PARS- Public Agency Retirement Services- ARS	Stanislaus County	(800) 540-6369 Ext 130

CEO-RISK MANAGEMENT DIVISION- EMPLOYEE BENEFITS	PHONE- 209-525-5717
1010 10 TH STREET SUITE 5900 MODESTO 95354	E-FAX- 209-567-4367
	FAX- 209-525-5779
WEBSITE- http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm	
EMAIL- countybenefits@stancounty.com	

EMPLOYEE BENEFITS EFFECTIVE DATES OF COVERAGE

NEW HIRES-

- Health Insurance benefits are effective the first of the month, following date of hire.
- ♦ Deductions will be taken, and credits will be given on the first paycheck the employee receives in their first month of coverage, and semi-monthly thereafter.
- If there is a third paycheck in the month, no deductions or credits will appear.
- If the employee does not receive two paychecks in their first month of coverage, then deductions and credits for benefits will be doubled on their first paycheck.

TERMINATIONS-

- ♦ Health Insurance benefits will terminate on the last day of the month of the event of termination, retirement, unpaid absence or covered leave (FMLA, PDL, CFRA) exhausting.
- ♦ When terminating, the employee must work at least one full scheduled day in the month to get coverage for that month.
- COBRA, if elected, will be effective the first of the month following date of termination.

LIFE EVENTS/ENROLLMENT CHANGES-

- ♦ All enrollment changes outside of open enrollment must be made within 30 days from the date of the event.
- Eligibility and premium changes due to a marriage, divorce or over age dependent will be effective the first of the month following the qualifying event date.
- Eligibility changes due to the birth of a baby are effective the date of birth, however change in premium will take effect the first of the following month.
- Eligibility changes due to an adoption are effective the date the child was placed in the home for adoption, however change in premium will take effect the first of the following month.

RETURNING FROM LEAVE OF ABSENCE/SUSPENSION-

- If health insurance premiums are being paid by the employee while on unpaid absence, County paid benefits will resume the first of the month following your return to full-time employment.
- If your health insurance was canceled due to non-payment of premiums while on an unpaid absence, County paid benefits will resume the first of the month following your return to full-time employment. There is also a possibility of an adjustment of premiums on your paycheck when you return.
- ♦ If you are enrolled in a Flexible Spending Account, you are responsible for the admin fee while on unpaid leave. If you fail to pay the admin fee while you are out, your paycheck will be adjusted accordingly when you return to paid status. There will also be an adjustment to your semi-monthly contribution to the FSA account in order to meet your Annual Pledge.

EMPLOYEE BENEFITS ELIGIBILITY GUIDELINES

-MEDICAL, DENTAL, VISION AND LIFE PLANS

STANISLAUS COUNTY PARTNERS IN HEALTH ANTHEM BLUE CROSS DELTA DENTAL CORE AND BUYUP PLANS VISION SERVICE PLAN VOYA RELIASTAR LIFE INSURANCE

Regular full-time employees as defined by their job description in a position that includes insurance benefits, are eligible to enroll in Medical, Dental, Vision and Life coverage along with their qualifying dependents. This coverage will take effect the first day of the month following their date of hire or event.

- The County provides a semi-monthly contribution towards medical, dental and vision insurance based on the employee's Standard Hours.
- A minimum of 30 hours worked per week is required to qualify for County insurance benefits.
- All employees enrolled will have a share of cost deducted from their paycheck semimonthly.
 - Regular full-time employees working 40 hours per week will receive an employer contribution equal to:

EPO medical coverage is paid at 80% of the lowest cost EPO coverage level HDHP medical coverage is paid at 95% of the lowest cost HDHP coverage level Dental and Vision coverage is paid at 80%

Basic Life is paid at 100%

No employer contribution towards Supplemental Life

 Employees working a percentage/reduced schedule will have a lower contribution toward health insurance benefits

35 - 39 hours per week = 90% of the employer contribution

30 - 34 hours per week = 75% of the employer contribution

Below 30 hours per week = 0% of the employer contribution (employee will be offered COBRA to continue health coverage at their expense)

• Employer health insurance contributions will be reduced accordingly for regular full-time employees who are paid less than 80 hours per 14 day period (employees using DOC, ATO etc.) for 3 consecutive pay periods. Employee benefit eligibility will be evaluated on a quarterly basis. If the employee's hours fall below 80 hours in 3 consecutive pay periods in a quarter, the employee's contributions will be adjusted based on the quarterly average effective the first pay period of the following quarter. Benefits will be restored at 100% effective the first pay period of the following quarter in which the employee is paid an average of 80 hours in the quarter.

- Employees enrolled in a High Deductible Health Plan (HDHP) will also be enrolled in a Health Savings Account (HSA). The County will fund the individual HSA account in the following amounts:
 - o Employee Only \$1,200 annually
 - \circ Employee + 1 \$2,000 annually
 - o Family \$2,000 annually

The County will fund 6 months of the HSA account contribution in January for any employee enrolling in an HSA plan. The remaining annual contribution will be deposited semi-monthly over the last 6 months of the year. Employees are required to pay any monthly account related fees on their individual Health Savings Account.

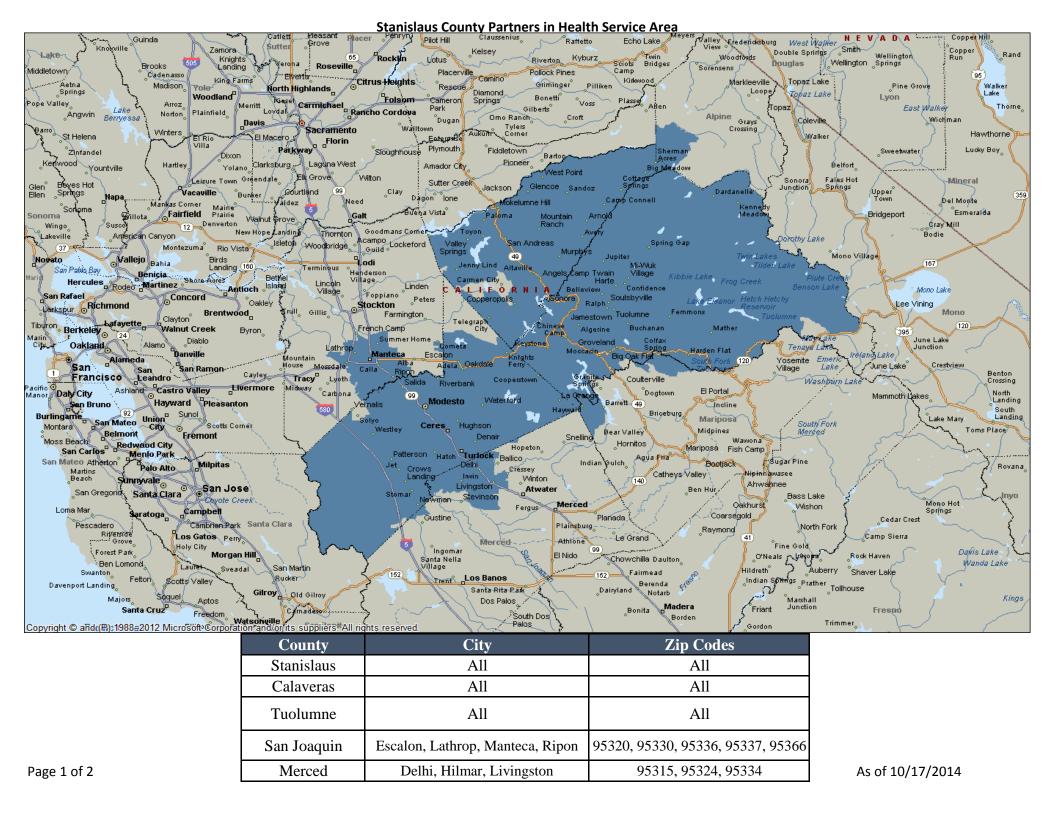
Medical Plan Carrier is determined by physical address of the main subscriber. SCPH
is only available to local area residents and Anthem BlueCross is only available to out
of area residents. Please refer to the local area zip code list.

DEPENDENT ELIGIBILITY REQUIREMENTS

MEDICAL, DENTAL, VISION AND LIFE PLANS

STANISLAUS COUNTY PARTNERS IN HEALTH HDHP AND EPO PLANS ANTHEM BLUE CROSS HDHP AND EPO PLANS DELTA DENTAL CORE AND BUYUP PLANS VISION SERVICE PLAN VOYA RELIASTAR LIFE INSURANCE

- 1. Employee's legal spouse. *Unless the spouse is a Stanislaus County employee. The County does not allow dual coverage for employee spouses and/or dependents.
- 2. Child(ren) of the employee up to the age of 26 years including those child(ren) who are adopted or there is legal guardianship. *Unless the dependent child is being covered by another County employee (spouse or ex-spouse of employee, etc).
- 3. 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 cost of premiums for Domestic Partner health insurance coverage. Please read details in Tab 4 Enrollment Procedures.
- 4. Child(ren) of the employee and/or their CA Registered Domestic Partner (see above) up to the age of 26 years including those child(ren) who are adopted or there is legal guardianship.
- 5. Dependents who exceed the age limit, may be eligible if they meet all the following requirements: they are incapable of self-sustained employment because of mental retardation or physical handicap that occurred prior to reaching the age limit for Dependents and they receive all of their financial support and maintenance from the employee or the employee's Spouse/CA Registered Domestic Partner. Proof of their incapacity and dependency will be required. Employee must request enrollment in medical coverage by calling their medical insurance carrier prior to the County's enrollment.



Stanislaus County Partners in Health Service Area Complete Zip Code List

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

Page 2 of 2 As of 10/17/2014

HEALTH INSURANCE ENROLLMENT PROCEDURES

-MEDICAL, DENTAL AND VISION PLANS

STANISLAUS COUNTY PARTNERS IN HEALTH HDHP/EPO ANTHEM BLUE CROSS HDHP/EPO DELTA DENTAL CORE AND BUYUP PLANS VISION SERVICE PLAN

Procedures to complete Health Insurance Enrollment for a new hire/rehire/part to full time:

- Forms are to be submitted electronically to CountyBenefits@stancounty.com.
- Coverage will be effective the first of the month following the employee's event date.
- ♦ Complete the County Benefit Enrollment Form selecting the options pertaining to the coverage level and plan choices along with dependent information. All dependent information must be included (DOB, SSN, relationship, gender). Medical Plan carrier is determined by physical address. Refer to the local area zip code list. SCPH is available to local area residents and Anthem is available to out of area residents only.
- For enrollment of a spouse/domestic partner, submit a copy of the marriage/domestic partnership certificate. For enrollment of a dependent child, submit a copy of the birth certificate. If the dependent child is adopted or there is a legal custody situation, submit a copy of the legal adoption and/or custody papers along with the birth certificate.
- If you choose the option of Waive for the medical plan option, indicate your other plan's information and provide proof of the coverage.
- If a new hire wants to waive their coverage or make changes to dependent enrollment after paperwork has been submitted and processed:
 - Waiving coverage or changes to dependent enrollment will be allowed up to 30 days maximum from the date of hire and must be retroactive to the effective date.
 Changing from one medical plan to another medical plan will not be allowed after the first paycheck deduction has been processed.
 - If employee has enrolled in a High Deductible Plan with a Health Savings Account that has received contributions from the County and there is a change in contribution amount, employee must agree to complete the necessary contribution correction form to allow the County to retrieve funds deposited to the HSA.
 - Employee acknowledges there may be a payroll deduction adjustment required to process the retroactive change.
- For a Life Event enrollment change (not a new hire), refer to the Life Events Tab 5.

DOMESTIC PARTNER COVERAGE 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 separately).

LIFE EVENTS/ ENROLLMENT CHANGES MEDICAL, DENTAL AND VISION PLANS

STANISLAUS COUNTY PARTNERS IN HEALTH HDHP AND EPO PLANS ANTHEM BLUE CROSS HDHP AND EPO PLANS DELTA DENTAL CORE AND BUYUP PLANS VISION SERVICE PLAN

Enrollment changes are only allowed during Open Enrollment or if the employee experiences a Life Event. A Life Event may include Divorce, Marriage, Birth or Adoption. Adding or removing dependents is the only change allowed. Medical Plan changes are only allowed during Open Enrollment and are determined by the subscriber's physical address. Exceptions to this rule are listed below.

Self Service

If an employee needs to add or remove dependents due to a Life Event, log in to PeopleSoft Self Service to enter the change. (Refer to Self Service instructions) Send backup documentation electronically to Benefits (make sure name, emplid and reason for change is on the document).

Forms

If an employee does not have access to PeopleSoft Self Service, a County Benefit Enrollment Form must be completed. **Forms need to be submitted electronically via email or fax.** Dependents that become ineligible due to their age (26th birthday) will be automatically removed by employee benefits at the end of the month following their birth date.

- ♦ All enrollment changes outside of open enrollment must be made within 30 days from the date of the event.
- ♦ A copy of the marriage/domestic partnership/birth certificate or divorce/adoption judgment will be required for this kind of change. If a new dependent is not added within 30 days, the employee must wait until the next open enrollment period.
- ♦ Eligibility and premium changes due to a marriage, divorce or over age dependent will be effective the first of the month following the qualifying event date.
- Eligibility changes due to the birth of a baby are effective the date of birth, however change in premium will take affect the first of the following month.
- ♦ Eligibility changes due to an adoption are effective the date the child was placed in the home for adoption, however change in premium will take effect the first of the following month.
- ♦ Please submit forms and/or proof of change documentation to Employee Benefits electronically via scan and e-mail to CountyBenefits@stancounty.com or via fax to 567-4367 or 525-5779.

EXCEPTIONS FOR MAKING PLAN CHANGES OUTSIDE OF OPEN ENROLLMENT

Loss of Coverage

In situations where a county employee has lost coverage while being covered under a plan other than a Stanislaus County plan, the employee and dependents will be allowed to enroll into a county plan. Applicable form must be completed and submitted to employee benefits electronically within 30 days of the loss of coverage. Proof is required.

Overlapping Open Enrollments

In situations where a County employee and his/her spouse who is employed by another entity have different open enrollment periods, the County will allow the employee and dependents to enroll/cancel during the non-county spouse's open enrollment period. Proof of the conflicting open enrollment period is required with the applicable county enrollment forms.

DENTAL PLAN

- Children not added at the time of birth may be enrolled during any open enrollment period or on their 4th birthday.
- ♦ Anytime an employee has a break in coverage, coverage will be reduced to 70% upon their reenrollment. For example, an employee who did not pay premiums while on an unpaid Leave of Absence or Military Leave.

DOMESTIC PARTNER COVERAGE 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 separately).

STANISLAUS COUNTY EPO MEDICAL BENEFITS SCHEDULE

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
No benefits will be paid for any member		
regardless of the number of participants	it takes to meet the family deducti	ble.
COPAYMENTS: One copayment per pro	vider or specialty group is char	ged per day.
Visits: If multiple visits occur on the same	day, each visit counts toward the	applicable benefit limit.
Urgent Care	\$20	Not Covered
Physician Visits	\$20	Not Covered
Specialist Visits	\$20	Not Covered
Outpatient Services/Office Visit	\$20	Not Covered
Outpatient Surgery	\$100	Not Covered
Emergency Room	\$75	\$75
The Emergency room copayment is wai	ved if the patient is admitted to the	Hospital on an emergency
basis. The utilization review administrate	or, Health Care Strategies must be	notified within 48 hours of the
admission, even if the patient is discharge	ged within 24 hours of the admissi	on.
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR (CY)		
Per Covered Person	\$1500	NA
Per Family Unit	\$3000	NA
The Plan will pay the designated percenta	ge of Covered Charges until out-o	f-pocket amounts are reached, at

which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.

The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.

- Cost containment penalties
- Copayments applied to Acupuncture
- Copayments applied to Chiropractic Care

COVERED CHARGES			
Hospital Services			
Inpatient Hospital Includes room and board for private and semi-private rooms; Acute Rehab, Inpatient Professional Services, Medically Necessary Private Duty Nursing, Ancillary Services, Supplies.	100% after \$150 copayment at Hospital's contracted rate	Not Covered	
Intensive Care Unit	100% after \$150 copayment at Hospital's contracted rate	Not Covered	
Outpatient Surgery Facility Performed in Outpatient Hospital or Ambulatory Surgery Center.	Facility's contracted rate	Not Covered	
Emergency Room Visit	100% after \$75 copayment (waived if admitted)	100% after \$75 copayment (waived if admitted)	
Urgent Care	100% after \$20 copayment	Not Covered	
Skilled Nursing Facility	100% after \$200 copayment at facility's contracted rate 100 days maximum per CY	Not Covered	
Physician Services			
Office visits	100% after \$20 copayment	Not Covered	
Specialist office visits	100% after \$20 copayment	Not Covered	
Inpatient visits	100%	Not Covered	
Outpatient Surgery	100% after \$100 copayment	Not Covered	
Inpatient Surgery	100%	Not Covered	
Allergy Office Visit	100% after \$20 copayment	Not Covered	
Allergy testing	100% after \$20 copayment	Not Covered	
Allergy Serum/Injections only	100% after \$10 copayment	Not Covered	
Allergy Injection as part of the office visit (includes serum).	100%	Not Covered	
Diagnostic Testing (X-ray, Lab)	100% after \$10 copayment	Not Covered	

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
High-tech radiology	100% after \$25 copayment	Not Covered
Hearing Aid Services	100%	Not Covered
(up to a maximum of \$5,000 of benefits in		
a Calendar Year) See coverage,		
exclusions and limitations on plan		
document		
Infertility Services (Including hospital	Not Covered	Not Covered
charges, office visits, diagnostic lab & X-		
ray, outpatient hospital or ambulatory		
surgery center). Infertility Drug Coverage	Not Covered	Not Covered
Home Health Care	100%	Not Covered
Tiome meanin date	100 visits maximum per CY	Not Covered
	3 visits maximum per day	
Infusion Services (Outpatient) Requires	100% after \$10 copayment	Not Covered
skilled or medical administration.	The formal transfer and the second	
Home Infusion Includes Infusions and	100%	Not Covered
Supplies.		
Hospice Care	100%	Not Covered
Respite Care	100%	Not Covered
	Up to 5 consecutive days for	
	each approved admission.	
Injections and Immunizations Non-routine, Includes Travel Immunizations.		
Todano, moladoo Travor minamizationo.		
Office Visit	100% after \$20 copayment	Not Covered
Provided during an Office Visit	100% after \$20 copayment	Not Covered
Injection only (Cost of administration and		
materials or Office Visit Cost Share,		Not Covered
whichever is less.		
Ambulance Service Includes Ground and		100% after \$50 copayment per
Air Ambulance.	trip	trip
Nutritionist Consultations For diagnoses of diabetes and renal disease.	100% after \$15 copayment	Not Covered
Health Education	100%	Not Covered
Includes classes for Self management of		
Asthma, Diabetes and Coronary Disease.		
House Calls	100%	Not Covered
Vision Exam (includes refraction)	100% after \$10 copayment	Not Covered
Hemodialysis		
Nephrologist Visit - Routine	100%	Not Covered
Nephrologist Visit - Non-Routine	100% after \$20 copayment	Not Covered
Cardiac Rehabilitation	100% after \$20 copayment	Not Covered
Respiratory/Pulmonary Therapy	100% after \$20 copayment	Not Covered
Chemotherapy/Radiation	100%	Not Covered
Wig After Chemotherapy	100%	Not Covered
Acupuncture (covered only for the	100% after \$20 copayment	Not Covered
treatment of nausea or chronic pain).		
Occupational Therapy	100% after \$20 copayment	Not Covered
Speech Therapy	100% after \$20 copayment	Not Covered
Physical Therapy	100% after \$20 copayment	Not Covered
Biofeedback (Medical and Mental Health	100% after \$20 copayment	Not Covered
Services)		

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Jaw Joint/TMJ		Not Covered
Office Visit	100% after \$20 copayment	
Outpatient Surgery	100% after \$100 copayment	
Inpatient Surgery	100% after \$150 copayment	
Durable Medical Equipment (including diabetic testing supplies).	100% after \$20 copayment	Not Covered
Sexual Dysfunction	40%	Not Covered
Limit:8 doses,30 days Breast Pump and Supplies	100%	Not Covered
Prosthetics /Orthotics Includes medically		Not Covered
necessary eyewear for diagnoses of aniridia and aphakia; colostomy/ostomy and urological supplies.		
Spinal Manipulation Chiropractic (Self Referred Visits).	100% after \$15 copayment 20 visits maximum per CY Appliances limited to \$50 per CY.	Not Covered
Special Oral Foods – Amino Acid modified products.	100%	Not Covered
Family Planning		
Consultations, Counseling or Diaphragm fitting	100%	Not Covered
Contraceptive devices/injections Administered by a Physician.	100%	Not Covered
Tubal Ligation	100%	Not Covered
Elective Abortion Office Visit	100% after \$20 copayment	Not Covered
Outpatient Surgery	100% after \$100 copayment	Not Covered
Inpatient Hospital	100% after \$200 copayment	Not Covered
Pregnancy		
(Including dependent daughters)	14000/ - 51 000	Not Occupat
Office Visit to confirm pregnancy	100% after \$20 copayment	Not Covered
Pre-natal Care (does not include all pregnancy-related issues) and one Post Partum visit.	100%	Not Covered
Delivery	100% after \$200 copayment	Not Covered
Mental Disorders		
Inpatient	100% after \$200 copayment	Not Covered
Intensive Outpatient/ Partial Hospitalization	100%	Not Covered
Outpatient	100% after \$20 copayment individual therapy \$10 copayment group therapy	Not Covered
Substance Abuse		
Transitional Residential Detox covered under medical benefits.	100% after \$50 copayment	Not Covered
Intensive Outpatient/Partial Hospitalization	100% after \$5 copayment per day	Not Covered

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Outpatient	100% after	Not Covered
	\$20 copayment individual	
	therapy	
	\$5 copayment group therapy	
Preventive Care		
Routine Well Adult Care (Including Well	100% deductible waived	Not Covered
Woman) Includes vision and hearing		
screenings. See Vision Exams for		
Refractions.		
Routine Well Child Care Includes vision	100% deductible waived	Not Covered
and hearing screenings.		
Immunizations (preventive) Applies to	100% deductible waived	Not Covered
Adults and Children		
Preventive screenings as recommended	100% deductible waived	Not Covered
by Centers for Disease Control and HRSA.		
Routine Well Newborn Care	100% deductible waived	Not Covered
For a complete listing of routine preventive	services, go to:	1

For a complete listing of routine preventive services, go to: https://www.healthcare.gov/what-are-my-preventive-care-benefits.

Preventive Lab and X-ray screenings not specifically listed under the Preventive Screenings section are treated the same as non-preventive Lab and X-ray Services. Frequency and Age Limits managed by Network Provider except where noted

As stated under the United States Preventive Services Task Force recommendations & HRSA (Health Resources and Services Administration.

Note: Mammograms are allowed annually for ages 40 and over

Note: Mammograms are allowed annually for ages 40 and over				
Hearing Exams are allowed annually				
Preventive Care services are not sub	Preventive Care services are not subject to the deductible			
Bariatric Surgery	Bariatric Surgery			
Office Visit	100% after \$20 copayment	Not Covered		
Outpatient Surgery	100% after \$125 copayment	Not Covered		
Inpatient Hospital	100% after \$200 copayment	Not Covered		
Travel and Lodging for Bariatric Surgery	1			
Includes coverage for recipient and compar				
50 miles away from your home for surgery.				
Transportation Limits	Maximum of \$130 for each	Not Covered		
, ,	round-trip			
actual surgery and initial post-surgical				
follow-up visit for patient (maximum 3				
trips); actual surgery and initial post-				
surgical follow-up visit for companion				
(maximum 2 trips).	Lin to C100 nor dov	Not Covered		
Limits Lodging	Up to \$100 per day	Not Covered		
Coverage includes one hotel room, double occupancy for patient/companion, up to 2				
days per trip for one pre-surgical visit and				
post-surgical follow-up visit; one hotel				
room, double occupancy, for companion,				
up to 4 days, for patient surgery.				

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	
Organ Transplants			
Office Visit	100% after \$20 copayment	Not Covered	
Outpatient Surgery	100% after \$100 copayment	Not Covered	
Inpatient Hospital	100% after \$200 copayment	Not Covered	
Travel and Lodging for Organ Transplan	nts		
Includes coverage for recipient, care-giver			
expenses include incidental expenses such			
Transportation Limits	None	Not Covered	
Lodging Limits	None	Not Covered	
Daily Expense Limits	Reimbursement up to \$50 per day per person	Not Covered	
Other Services			
Accidental Injury to Teeth Repair of sound and natural teeth directly related to an accidental injury.		Not Covered	
Office Visit Outpatient Surgery	100% after \$20 copayment 100% after \$20 copayment	Not Covered Not Covered	
Inpatient Hospital	100%	Not Covered	
Blood and Blood Products	100%	Not Covered	
Growth Hormone	=Formulary Generic/Brand	Not Covered	
Smoking Cessation (We do cover smoking cessation drugs at the generic or brand cost share (as appropriate). Effective 1/1/2012 participation in a smoking cessation program is no longer required for the Plan coverage of smoking cessation drugs and OTC products. However, Medical Groups may strongly encourage or make a clinical decision to require a Participant participate in a behavioral modification program prior to writing a prescription. This applies for all HP products including Self-Funded Accounts.)	=Formulary Generic/Brand	Not Covered	
Weight Loss	Not Covered	Not Covered	
Vision Hardware – Frames, Eyeglass Lenses and Contact Lenses.	Not Covered	Not Covered	

PRESCRIPTION DRUG BENEFIT SCHEDULE

PRESCRIPTION DRUG BENEFIT				
	PARTICIPATING	NON-PARTICIPATING		
Female Contaceptive Drugs	Female Contaceptive Drugs			
Generic and Single Source Brand Contraceptive Drugs (30, 60, or 90 day supply)	100% copayment waived	Not Covered		
Emergency Contraception*	100% copayment waived	Not Covered		
Pharmacy Option (up to 30 Da	y Supply)			
Generic Drugs (also includes syringes for diabetics)	\$10 copayment	Not Covered		
Formulary Brand Name Drugs (Prior Authorization Required)	\$25 copayment	Not Covered		
Pharmacy Option (31 to 60 Da				
Generic Drugs (also includes syringes for diabetics)		Not Covered		
Formulary Brand Name Drugs (Prior Authorization Required)	\$50 copayment	Not Covered		
Pharmacy Option (61 to 100 D				
Generic Drugs (also includes syringes for diabetics)	\$30 copayment	Not Covered		
Formulary Brand Name Drugs (Prior Authorization Required)	\$75 copayment	Not Covered		
Mail Order Option (up to 30 Da	ny Supply)			
Generic Drugs (also include syringes for diabetics)	\$10 copayment	Not Covered		
Formulary Brand Drugs (Prior Authorization Required)	\$25 copayment	Not Covered		
Mail Order Option (31 to 100 Day Supply)				
Generic Drugs (also include syringes for diabetic) (\$20 copayment	Not Covered		
Formulary Brand Drugs (Prior Authorization Required)	\$50 copayment	Not Covered		
For items or injections dispensed by Pharmacy and requiring skilled administration in the Physician's Office (Implantable contraceptives, administered meds, etc.) Office Visit Cost Share for administration may apply.				
* With prescription, no cost share. Without prescription, Participant pays retail cost				
Refer to the Prescription	Drug Section for details on the	Prescription Drug benefit.		

The following over-the-counter drugs are covered at 100% at a Participating Pharmacy when prescribed by a physician for preventive services, including:

- Aspirin to reduce the risk of heart attack
- Oral Fluoride for children to reduce the risk of tooth decay
- Folic acid for women to reduce the risk of birth defects
- Iron supplements for children to reduce the risk of anemia
- Vitamin D
- Female contraceptives that are approved by the Food and Drug Administration (FDA) and are generally available over-the-counter (spermicides, female condoms and sponges)

STANISLAUS COUNTY HDHP MEDICAL BENEFITS SCHEDULE 2015

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	
No benefits will be paid for any member of a			
number of participants it takes to meet the f		adible ride been met regardiese er me	
DEDUCTIBLE, PER CALENDAR YEAR (CY	·	ventative.	
Per Covered Person	\$1250	N/A	
Per Family Unit	\$2500	N/A	
The Emergency room copayment is waived	if the patient is admitted to the Hospit	al on an emergency basis. The	
utilization review administrator, Health Care			
patient is discharged within 24 hours of the		ŕ	
COPAYMENTS: One copayment per provid	ler or specialty group is charged pe	er day.	
Visits: If multiple visits occur on the same da	Visits: If multiple visits occur on the same day, each visit counts toward the applicable benefit limit.		
Office visits	\$20	N/A	
Inpatient	\$150	N/A	
Emergency Room visits	\$75	N/A	
Urgent Care visits	\$20	N/A	
MAXIMUM OUT-OF- POCKET, PER CALENDAR YEAR (CY)			
Per Covered Person	\$3000	N/A	
Per Family Unit	\$6000	N/A	
The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time			
the Plan will pay 100% of the remainder of Co	overed Charges for the rest of the Cale	endar Year unless stated otherwise. All	

Services except Preventive and other Services with a \$0 Cost Share apply to the Out–of Pocket Maximum.

The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.

- Cost containment penalties
- Copayments applied to Acupuncture
- Copayment applied to Chiropractic Care

COVERED CHARGES			
Hospital Services			
Inpatient Hospital Includes room and board for private and semi-private rooms; Acute Rehab, Inpatient Professional Services, Medically Necessary Private Duty Nursing, Ancillary Services, Supplies.	100% after \$150 copayment per admit and calendar year (CY) deductible (only 1 copayment per Hospital admission will apply).	Not Covered	
Intensive Care Unit	100% after \$150 copayment per admit and CY deductible (only 1 copayment per Hospital admission will apply).	Not Covered	
Outpatient Surgery Facility Performed in Outpatient Hospital or Ambulatory Surgery Center.	100% after \$100 copayment and CY deductible	Not Covered	
Emergency Room Visit	100% after \$75 copayment (waived if admitted) and CY deductible	100% after \$75 copayment and CY deductible	
Emergency Ambulance Includes Ground and Air Ambulance	100% after \$50 copayment per trip and CY deductible	100% after \$50 copayment per trip and CY deductible	
Urgent Care	100% after \$20 copayment and CY deductible	Not Covered	

eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$150 copayment and CY	
eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
eductible 00% after \$100 copayment and CY eductible 00% after \$150 copayment and CY eductible 00% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
20% after \$100 copayment and CY eductible 20% after \$150 copayment and CY eductible 20% after \$200 copayment per dmit and CY deductible, 100- days	Not Covered
20% after \$150 copayment and CY eductible 20% after \$200 copayment per dmit and CY deductible, 100- days	
dmit and CY deductible, 100- days	Not Covered
00% after \$20 copayment and CY	Not Covered
00% after \$20 copayment and CY eductible	Not Covered
00% after \$100 copayment and CY eductible	Not Covered
00% after \$20 copayment and CY eductible	Not Covered
00% after \$10 copayment and CY eductible	Not Covered
00% after \$10 copayment and CY eductible	Not Covered
00% after CY deductible	Not Covered
00% after \$25 copayment and CY eductible	Not Covered
ot Covered	Not Covered
	Not Covered
00% after CY deductible 00 visits maximum per CY visits maximum per day.	Not Covered
00000000000000000000000000000000000000	20% after \$20 copayment and CY ductible 20% after \$20 copayment and CY ductible 20% after \$100 copayment and CY ductible 20% after \$20 copayment and CY ductible 20% after \$10 copayment and CY ductible 20% after \$10 copayment and CY ductible 20% after \$10 copayment and CY ductible 21% after \$10 copayment and CY ductible 22% after \$25 copayment and CY ductible 23% after \$25 copayment and CY ductible 24% after \$25 copayment and CY ductible 25% after \$25 copayment and CY ductible 26% after \$25 copayment and CY ductible 27% after \$25 copayment and CY ductible 28% after \$25 copayment and CY ductible 39% after \$25 copayment and CY ductible 30% after \$25 copayment and CY ductible

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Infusion Services (Outpatient)	100% after \$10 copayment and CY deductible	Not Covered
Home Infusion	100% after CY deductible	Not Covered
Hospice Care	100% after CY deductible	Not Covered
Respite Care	100% after CY deductible Up to 5 consecutive days for each approved admission.	Not Covered
Injections and Immunizations Non-routine, includes travel immunizations Office Visit	100% after \$20 copayment and CY deductible	Not Covered
Provided during an office visit	100% after \$20 copayment and CY deductible	Not Covered
Injection Only (Materials and administrations)	100% after \$10 copayment and CY deductible	Not Covered
Nutritionist Consultations For diagnoses of diabetes & renal disease.	100% after \$15 copayment and CY deductible.	Not Covered
Health Education Includes classes for Self management of Asthma, Diabetes and Coronary Disease.	100% deductible waived	Not Covered
House Calls	100% after CY deductible	Not Covered
Vision Exam (includes refraction)	100% after \$10 copayment and CY deductible	Not Covered
Hemodialysis		
Nephrologist visit - Routine	100% after CY deductible	Not Covered
Nephrologist visit – Non - Routine	100% after \$20 copayment and CY deductible	Not Covered
Cardiac Rehabilitation	100% after \$20 copayment and CY deductible	Not Covered
Respiratory/Pulmonary Therapy	100% after \$20 copayment and CY deductible	Not Covered
Chemotherapy/Radiation	100% after CY deductible	Not Covered
Wig After Chemotherapy	80% after CY deductible	Not Covered
Acupuncture (covered only for the treatment of nausea or chronic pain)	100% after \$20 copayment and CY deductible	Not Covered
Occupational Therapy No visit maximum	100% after \$20 copayment and CY deductible	Not Covered
Speech Therapy No visit maximum	100% after \$20 copayment and CY deductible	Not Covered

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Physical Therapy No visit maximum	deductible	Not Covered
Biofeedback Includes Medical and Mental Health Services	100% after \$20 copayment and CY deductible	Not Covered
Jaw Joint/TMJ		
Office Visit	100% after \$20 copayment and CY deductible	Not Covered
Outpatient surgery	100% after \$100 copayment and CY deductible	Not Covered
Inpatient surgery	100% after \$150 copayment and CY deductible	Not Covered
Durable Medical Equipment (including diabetic testing supplies)	100% after \$20 copayment and CY deductible	Not Covered
Sexual Dysfunction Device Limit: 8 doses,30 days	40% after CY deductible	Not Covered
Breast Pump and Supplies	100% deductible waived	Not Covered
Prosthetics/Orthotics	100% after CY deductible	Not Covered
Includes medically necessary eyewear for diagnoses of aniridia and aphakia; colostomy/ostomy and urological supplies.		
Spinal Manipulation Chiropractic (Self Referred Visits)	100% after \$15 copayment and CY deductible (20 visit maximum per CY) Appliances limited to \$50 per CY deductible waived.	Not Covered
Special Oral Foods – Amino Acid modified products	100% after CY deductible	Not Covered
Family Planning		
Consultations or Diaphragm Fitting	100% deductible waived	Not Covered
Contraceptive devices/injections administered by a Physician	100% deductible waived	Not Covered
Tubal Ligation	100% deductible waived	Not Covered
Elective Abortion – Office	100% after \$20 copayment and CY deductible	Not Covered
Elective Abortion – Outpatient Surgery	100% after \$100 copayment and CY deductible	Not Covered
Elective Abortion – Inpatient Hospital	100% after \$200 copayment and CY deductible	Not Covered
Pregnancy (Including dependent daughters)		
	1000/ often \$20 comment and \$27	Not Covered
Office Visit to confirm pregnancy	deductible	Not Covered
Pre-natal Care (does not include all pregnancy-related issues) and one Post Partum visit	100% deductible waived	Not Covered
Delivery Hospital Inpatient Includes contracted Birthing Center if available	100% after \$200 admission copayment and CY deductible	Not Covered

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Mental Disorders		
Inpatient	100% after \$200 copayment per admission and CY deductible	Not Covered
Intensive Outpatient/Partial Hospitalization	100% after CY deductible	Not Covered
Outpatient	100% after \$20 copayment for individual therapy/ \$10 copayment for group therapy and CY deductible	Not Covered
Substance Abuse		
Transitional Residential Detox covered under-medical benefits	100% after \$50 copayment per admission and CY deductible	Not Covered
Intensive Outpatient/ Partial Hospitalization Includes all services provided during the day	100% after \$5 copayment per day and CY deductible	Not Covered
Outpatient	100% after \$20 copayment for ind. therapy/ \$5 copayment for group therapy and CY deductible	Not Covered
Preventive Care		
Routine Well Adult Care (Including Well Woman) Includes vision and hearing screenings. See Vision Exams for Refractions.	100% deductible waived	Not Covered
Routine Well Child Care Includes vision and hearing screenings.	100% deductible waived	Not Covered
Immunizations (preventive) Applies to Adults and Children	100% deductible waived	Not Covered
Preventive screenings as recommended by Centers for Disease Control and HRSA.	100% deductible waived	Not Covered
Routine Well Newborn Care	100% after CY deductible	Not Covered
For a complete listing of routing proventive as	niese se to:	

For a complete listing of routine preventive services, go to: https://www.healthcare.gov/what-are-my-preventive-care-benefits.

Preventive Lab and X-ray screenings not specifically listed under the Preventive Screenings section are treated the same as non-preventive Lab and X-ray Services. Frequency and Age Limits managed by Network Provider except where noted

As stated under the United States Preventive Services Task Force recommendations & HRSA (Health Resources and Services Administration.

Note: Mammograms are allowed annually for ages 40 and over Hearing Exams are allowed annually

Preventive Care services are not subject to the deductible

D:	-4	C	
Baria	atric	Sur	aerv

Office Visit	100% after \$20 copayment and CY	Not Covered
	deductible	
Outpatient Surgery	100% after \$125 copayment per procedure and CY deductible	Not Covered
Inpatient Hospital	100% after \$200 copayment per admit and CY deductible	Not Covered

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Travel and Lodging for Bariatric Surgery		
Includes coverage for recipient and companion	on/parent for transportation and lodging	g. Must travel more than 50 miles awa
from your home for surgery. Daily expenses f		
Transportation Limits	Maximum of \$130 for each round-trip	
Coverage includes one pre-surgical visit,		
actual surgery and initial post-surgical follow-		
up visit for patient (maximum 3 trips); actual		
surgery and initial post-surgical follow-up visit		
for companion (maximum 2 trips).		
Limits Lodging	Up to \$100 per day	Not Covered
Coverage includes one hotel room, double		
occupancy for patient/companion, up to 2		
days per trip for one pre-surgical visit and		
post-surgical follow-up visit; one hotel room,		
double occupancy, for companion, up to 4		
days, for patient surgery.		
Organ Transplants		
Office Visit	100% after \$20 copayment and CY	Not Covered
	deductible	
Outpatient Surgery	100% after \$100 copayment per	Not Covered
	procedure and CY deductible	
Inpatient Hospital	100% after \$200 copayment per	Not Covered
·	admit and CY deductible	
Travel and Lodging for Organ Transplants		
Includes coverage for recipient, care-giver an		d daily expenses. Daily expenses
include incidental expenses such as meals ar		
Transportation Limits	None	NA
Lodging Limits	None	NA
Daily Expense Limits	Reimbursement up to \$50 per day	NA
Daily Expense Limits	per person	14/1
Other Services	per perceri	
	,	
Accidental Injury to Teeth Repair of sound		
and natural teeth directly related to an		
accidental injury.		
Office Visit	Not Covered	Not Covered
Outpatient Surgery	Not Covered	Not Covered
Inpatient Hospital	Not Covered	Not Covered
Blood and Blood Products	100% after deductible	Not Covered
Growth Hormone	=Formulary Generic/Brand	Not Covered
Smoking Cessation	=Formulary Generic/Brand	Not Covered
Weight Loss	Not Covered	Not Covered
tems or Injections requiring skilled	100% after CY deductible	Not Covered
administration in the Physician's Office and	100 /6 arter OT deductible	Not Covered
· · · · · · · · · · · · · · · · · · ·		
dispensed by Pharmacy.	Not Covered	Not Covered
Vision Hardware - Frames, Eyeglass	Not Covered	Not Covered
Lenses and Contact Lenses		La disa Disastra da Coma di La Cala
For items or injections dispensed by Pharmac contraceptives, administered meds, etc.) Office		

PRESCRIPTION DRUG BENEFIT SCHEDULE

PRESCRIPTION DRUG BENEFIT			
	PARTICIPATING	NON-PARTICIPATING	
Female Contaceptive Drugs			
Generic and Single Source Brand Contraceptive Drugs (30, 60, or 90 Day Supply)	100% - deductible waived	Not Covered	
Emergency Contraception*	100% - deductible waived	Not Covered	
Pharmacy Option (up to 30 D	ay Supply)		
Generic Drugs (includes syringes for diabetics)	\$10 copayment after CY deductible	Not Covered	
Formulary Brand Name Drugs (Prior Authorization Required)	\$25 copayment after CY deductible	Not Covered	
Pharmacy Option (31 to 60 Da	ay Supply)		
Generic Drugs (also includes syringes for diabetics)	\$20 copayment after CY deductible	Not Covered	
Formulary Brand Name Drugs (Prior Authorization Required)	\$50 copayment after CY deductible	Not Covered	
Pharmacy Option (61 to 100 I			
Generic Drugs (also includes syringes for diabetics)	\$30 copayment after CY deductible	Not Covered	
Formulary Brand Name Drugs (Prior Authorization Required)	\$75 copayment after CY deductible	Not Covered	
Mail Order Option (up to 30 I	Day Supply)		
Generic Drugs	\$10 copayment after CY deductible	Not Covered	
Formulary Brand Name Drugs (Prior Authorization Required)	\$25 copayment after CY deductible	Not Covered	
Mail Order Option (31 to 100 Day Supply)			
Generic Drugs	\$20 copayment after CY deductible	Not Covered	
Formulary Brand Name Drugs (Prior Authorization Required)	\$50 copayment after CY deductible	Not Covered	
• •	nare. Without prescription, Partic rug Section for details on the P		

The following over-the-counter drugs are covered at 100% at a Participating Pharmacy when prescribed by a physician for preventive services, including:

- Aspirin to reduce the risk of heart attack
- Oral Fluoride for children to reduce the risk of tooth decay
- Folic acid for women to reduce the risk of birth defects
- Iron supplements for children to reduce the risk of anemia
- Vitamin D
- Female contraceptives that are approved by the Food and Drug Administration (FDA) and are generally available over-the-counter (spermicides, female condoms and sponges)

Health Savings Account (HSA)- 2015 Frequently Asked Questions

What is a Health Savings Account?

An HSA is a bank account with money used to pay health care costs. Participants enroll in a relatively inexpensive high deductible insurance plan. Then, a tax-deductible savings account is opened to cover current and future medical expenses. The money deposited, as well as the earnings, is tax-deferred.

Once funds are deposited into the HSA, the account can be used to pay for qualified medical expenses tax-free, even if you no longer have HDHP coverage or you leave County employment. The funds in your account roll over automatically each year and remain indefinitely until used. There is no time limit on using the funds.

Why a High Deductible Plan?

To get the benefits of an HSA, the law requires that the savings account be combined with a High Deductible Health Plan. High Deductible Health Insurance costs less than traditional low deductible or EPO/HMO coverage, because the insurance company does not have to process and pay claims for routine, low-dollar medical care.

How does a Health Savings Account Work?

You obtain coverage under a qualified high deductible health insurance plan. You are then allowed to deposit voluntary and/or employer contributions up to the IRS limits of \$3,350 for singles or \$6,650 for families into your Health Savings Account for 2015. For calendar year 2015, the County is contributing funds based on coverage level for qualified individuals, \$1,200 for single employees and \$2,000 for Employee +1 and Family coverage. Half of the deductible will be deposited into your account on January 2, 2015, the remaining half will be deposited on a semi-monthly basis beginning July 8, 2015. Employees can also add voluntary contributions to their HSA in addition to the County contributions, however the combination of employee and County contributions cannot exceed the IRS limits.

You can use the savings account to pay for your lower-dollar medical expenses, or those that are not covered by the health plan. Once you meet the deductible, the health insurance covers your medical expenses as defined in the policy.

What if you meet your deductible before the HSA account is fully funded by the County?

Most medical providers will allow you to make payments for services that may exceed your available funds. If you are required to pay for any qualifying expenses with personal funds outside of your HSA, you can withdraw available funds from your HSA to reimburse yourself as those funds become available. There is no time limit for when you can reimburse yourself for your health care expenses. You should keep legible receipts of your medical expenses, and records of when you do reimburse yourself.

When you are paying for your medical expenses from your HSA account, how does your insurance company know when you have paid up to your deductible?

If you use an in-network provider, they can file your claim for you. This is the smart way to work things, as it will ensure that you receive the company's discounted price, instead of having to pay the full price.

With a high-deductible health plan, before I meet my deductible, will I have to pay full price for doctor visits, or will I receive a discount?

Visits to a doctor in your network will be re-priced according to the discount negotiated by the qualified high deductible plan, before you are billed. This can mean substantial discounts in what you pay for your health care, even before you meet your deductible.

With a high-deductible health plan, before I meet my deductible, will I be able to purchase prescriptions anywhere, or must I use a participating pharmacy?

On Anthem Blue Cross and SCPH's deductible plans, you may purchase your prescriptions anywhere you like including online, and it will go towards your deductible. However, you may have to file a claim with the prescription vendor in order to have the expense applied to your deductible.

Other than the County's contribution, how can I make voluntary contributions to the HSA?

You may sign up at Open Enrollment for a semi-monthly payroll contribution. If you need to change or stop your semi-monthly contribution, you may do so by completing a change form and e-mailing it to County Benefits. You may also deposit contributions directly to the HSA bank account at any time throughout the year or all at once at the beginning of the year by going into a Wells Fargo bank.

You may fund your HSA with a one-time rollover from your IRA. If you can afford to fully fund your HSA without using a rollover from your IRA, you will get a full tax-deduction for your HSA contribution. However, if you do not have enough money available to fully fund your account, moving money from your IRA to your HSA is a smart move. It will protect this money from ever being taxed if it is used to pay qualified medical expenses.

Can I as the employee be enrolled with another medical insurance plan and also be enrolled on the County's High Deductible Plan with the HSA account?

No. Employees that have other coverage are not eligible for the HDHP with HSA.

Can my spouse be enrolled with another medical insurance plan and also be enrolled on my County High Deductible Plan with the HSA account?

Yes, but only if the spouse has outside coverage and is not a County employee. The County will not allow dual coverage for two married County employees.

Can my children be enrolled with another medical insurance plan and also be enrolled in the County's High Deductible Plan with the HSA account?

Yes. Due to Health Care Reform, children up to age 26 may be enrolled on any of the County's medical, dental and vision plans. However, children must be considered an IRS dependent to qualify for the Health Savings Account funds.

For what purpose can HSA funds be used?

The funds belong to you. If funds are withdrawn for reasons other than to pay for qualified medical expenses by someone under age 65, the amount withdrawn is taxable and subject to a 20% penalty by the IRS. After age 65, there is no penalty for non-qualified withdrawals but amounts are taxable.

Funds used to pay for the following are tax-free and penalty-free:

- ◆ Qualified medical expenses as defined under Section 213 of the IRS Code (See <u>IRS Publication 502:</u> <u>Medical and Dental Expenses</u>).
- ♦ COBRA insurance, qualified long-term care expenses and Health insurance premiums for individuals receiving unemployment compensation.
- Medicare and retiree health insurance premiums, but not Medicare Supplement premiums.

Funds may be used for eligible expenses for your spouse or dependents, even if they are not covered by the HDHP. But keep in mind, those expenses will not go towards your annual deductible or out-of-pocket maximum.

It is your responsibility to keep track of your own qualified-medical expenses. Individual contributions and taxable distributions should be reported on form 1040.

Important: In order for dependents to be eligible to use HSA funds they must qualify as an IRS dependent based on the quidelines. For IRS dependent eligibility, refer to page 12 of the IRS pub.501 located on the Employee Benefits website under Forms or www.IRS.gov.

What happens at age 65?

When you turn 65 you become eligible for Medicare. If you enroll in Medicare Part A or Part B, you are no longer eligible for coverage under a high-deductible health plan. You may still use tax-free HSA funds to pay for qualified medical expenses, Medicare Part D premiums, and retiree health insurance premiums. You are also entitled to take out any amount from your account for any reason, penalty free (though you must pay income taxes on the withdrawals at that time). There are no requirements laid out in the law at the present time indicating when you must start taking distributions.

What happens to my HSA if I die?

Your HSA will be treated as your surviving spouse's HSA, but only if your spouse is the named beneficiary. If there is no surviving spouse or your spouse is not the beneficiary, then the savings account will cease to be an HSA and will be included in the federal gross income of your estate or named beneficiary.

What are the guidelines around rolling over an IRA into an HSA?

- The IRA transfer is a one time event.
- The transfer amount applies to the HSA annual contribution.
- The IRA transfer must be directly from the IRA to the HSA.

What happens to employees with chronic or catastrophic illnesses or a major accident?

- The Traditional health coverage portion of the plan, which works a lot like current plans, will begin once the deductible has been satisfied.
- The Out-of-Pocket Maximum provides a "safety umbrella" from the costs associated with chronic or catastrophic illnesses.

What is the most I will ever pay in a calendar year if I'm enrolled in the HDHP program?

Your HDHPs include an annual Out-of-Pocket Maximum. Money you spend from your HSA, out-of-pocket expenses, and any coinsurance you pay all count toward this annual limit. HSA expenses outside of your medical plan (dental, eye glasses, etc.) do not count toward your annual medical plan deductible or maximum medical out-of-pocket expenses.

Out-of-Pocket Maximums \$3,000 Individual \$6,000 Family

What happens if I am enrolled in a HDHP HSA and I leave County employment?

You may choose to continue your HDHP coverage by enrolling in COBRA. You will keep what is currently in your Health Savings Account and may use those funds to even pay your COBRA premiums, however you will not receive any future employer contributions.

As long as you remain enrolled in the HDHP via COBRA, you may continue to voluntarily contribute to your HSA. If you choose not to enroll in COBRA, you will no longer be able to contribute to your HSA, however the funds belong to you.

I have a Domestic Partner on my HDHP. Can I use the money in my HSA for my domestic partner's medical expenses?

Domestic partners are eligible for the HDHP however, the law states that money in an HSA can only be used for yourself, your spouse and your tax dependents. If your domestic partner meets the IRS qualifications to be considered a tax dependent under Code section 152, you can legally use your HSA funds for his/her medical expenses. If they do not meet this qualification, you can not. You should seek advice from a qualified tax consultant.

Plan Benefit Highlights for: County of Stanislaus (Core Plan)

Group No: 03351 **Effective Date:** 01/01/2015

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage will be reduced by 10% (the percentage will never drop below 70%). If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility		Primary enrollee, spouse (includes domestic partner coverage) and eligible dependent children to the end of the month dependent turns age 26		
Deductibles	PPO-Dentists: None			
	Non-PPO-Dentists: \$10 pe	Non-PPO-Dentists: \$10 per person each calendar year		
Deductible waved for D & P?	PPO-Dentists: N/A			
Deductible waved for D & P?	Non-PPO-Dentists: Yes	Non-PPO-Dentists: Yes		
Maximums	\$1,500 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P)	70 - 100 %	70 - 100 %
Exams, cleanings and x-rays Basic Services Fillings, simple tooth extractions and sealants	70 - 100 %	70 - 100 %
Endodontics (root canals) Covered Under Basic Services	70 - 100 %	70 - 100 %
Periodontics (gum treatment) Covered Under Basic Services	70 - 100 %	70 - 100 %
Oral Surgery Covered Under Basic Services	70 - 100 %	70 - 100 %
Major Services Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
Prosthodontics Bridges, dentures and implants	50 %	50 %
Dental Accident Benefits	100% (included in calendar year maximum)	

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental of California	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Plan Benefit Highlights for: County of Stanislaus (Buy-Up Plan, Actives)

Group No: 03351 - 00003 **Effective Date:** 1/1/2015

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage will be reduced by 10% (the percentage will never drop below 70%). If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%. This plan has a 3 year minimum enrollment requirement.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	PPO Dentists: None			
	Non-PPO Dentists: \$10 per person each calendar year			
Deductibles waived for Diagnostic				
& Preventive (D & P)?	Non-PPO Dentists: Yes			
Maximums	\$2,000 per person each calendar year			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network	
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	70-100 %	70-100 %	
Basic Services Fillings, simple tooth extractions and sealants	70-100 %	70-100 %	
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100 %	
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100 %	
Oral Surgery Covered Under Basic Services	70-100 %	70-100 %	
Major Services Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %	
Prosthodontics Bridges, dentures and implants	50 %	50 %	
Orthodontic Benefits Dependent children	50 %	50 %	
Orthodontic Maximums	\$ 2,000 Lifetime (Not included in the calendar year maximum)	\$ 2,000 Lifetime (Not included in the calendar year maximum)	
Dental Accident Benefits	100 % (Included in the calendar year maximum)		

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



Your Vision Benefits Summary

Get the best in eyecare and eyewear with COUNTY OF STANISLAUS and VSP® Vision Care.

Using your VSP benefit is easy.

- · Register at vsp.com. Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you. The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider. To find a VSP provider, visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Plan Information

VSP Provider Network: VSP Choice Diabetic Eyecare Plus: \$20 Copay

Automatically get an extra \$20 to spend when you choose a featured frame brand like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com/specialoffers for details.

Benefit	Description	Copay
	Your Coverage with a VSP Provider	
WellVision Exam	Focuses on your eyes and overall wellness Every 12 months	\$10 for exam and glasses

	,		
Prescription Glasses			
Frame	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands (see 'Extra Savings' below) 20% savings on the amount over your allowance \$80 allowance at Costco® Optical Every 24 months	Combined with exam	
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Combined with exam	
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$55 \$95 - \$105 \$150 - \$175	
Contacts (instead of glasses)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	
Additional Coverage	• Diabetic Eyecare Plus Program		
	Glasses and Sunglasses • Extra \$20 to spend on featured frame bra	ands. Go to	

vsp.com/specialoffers for details.

· 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Extra Savings

Retinal Screening

· No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction

· Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider

voi notwont providor			
Exam	up to \$45	Lined Trifocal Lenses	up to \$65
Frame	up to \$70	Progressive Lenses	up to \$50
Single Vision Lenses	up to \$30	Contacts	up to \$105
Lined Bifocal Lenses	up to \$50		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

BASIC AND SUPPLEMENTAL LIFE INSURANCE INFORMATION

VOYA / RELIASTAR EMPLOYEE LIFE BASIC TERM INSURANCE

Regular full-time employees as defined by their job description in a position that includes life insurance benefits, are automatically enrolled in Basic Life Insurance coverage. This coverage will take effect the first day of the month following their date of hire or event. The amount of Basic Life Insurance provided depends on the employee's classification:

• Regular/Confidential \$10,000 Basic

Management/Dept Head
 \$30,000 Basic + \$30,000 AD&D
 Attorney
 \$50,000 Basic + \$50,000 AD&D

VOYA / RELIASTAR SUPPLEMENTAL LIFE AND AD&D INSURANCE

The County provides voluntary employee, spousal and child Supplemental Life Insurance coverage in addition to what is provided by the employee Basic Life plan. The coverage options and premiums are listed on the County Benefit Enrollment form and in the Benefit Guide. Coverage will take effect the first day of the month following date of hire or underwriting approval date.

- Employees may elect to enroll in additional Supplemental Life Insurance for the employee, spouse and/or children as a new hire or make changes during the annual Open Enrollment period only. Once enrolled, there will be a semimonthly after-tax paycheck deduction that includes the premium and administration fee. Note: In order to enroll in the spousal or child supplemental life plans, the employee must be enrolled in an employee supplemental life plan for at least the same coverage or greater.
- If a new employee elects employee Supplemental Life Insurance in excess of \$100,000, they must complete an Evidence of Insurability Form and fax directly to ReliaStar. The employee will be enrolled in \$100,000 and charged the applicable premium until approved by underwriting. At that time the employee will be enrolled in the additional amount in excess of \$100,000 and the new applicable premium will be charged.
- Any new or increase in coverage of any Supplemental Life Insurance policies
 during the annual Open Enrollment require completion of an Evidence of
 Insurability Form and the form must be faxed to ReliaStar by the employee. The
 employee will not be enrolled until approved by underwriting. At that time the
 employee will be enrolled in the new approved amount of coverage and the
 applicable premium and admin fee will be charged.
- If an employee allows their Supplemental Life insurance to lapse for 30 days or more due to an unpaid leave of absence or reduction in hours, the employee will need to re-apply and be approved by ReliaStar underwriting.

GENERAL INFORMATION

- Every regular full-time employee must designate a Primary Beneficiary for their Basic and Supplemental Life Insurance by completing the applicable area on the County Benefit Enrollment Form.
- There is also a space to designate a Contingent Beneficiary. This type of beneficiary is a back up to the Primary.
- If a minor child is designated as a beneficiary and the employee passes away, the Life Insurance proceeds will be put into a transition account until the child reaches the age of 18.
- If employees need to make changes to their beneficiary after the initial enrollment, log in to PeopleSoft Self Service and make the change at any time. Please refer to the Self Service instructions under Tab 20. If there is no PeopleSoft access available, complete the County Benefit Enrollment Form and send electronically to Employee Benefits via fax 567-4367.
- The employee is the beneficiary for the spouse and child supplemental life policies.
- The Life Insurance Policy is located in this manual as well as the Employee Benefits website.

EVIDENCE OF INSURABILITY (CA)

ReliaStar Life Insurance Company, Minneapolis, MN *A member of the Voya family of companies* PO Box 20, Mail Stop 4-S, Minneapolis, MN 55440 Phone: 612.342.7262 Fax: 612.467.8721





Use this form to apply for insurance	e coverage in addition to co	overage you n	nay already h	ave through	this plan.			
Group Number 316407 Location Cty of Stanislaus				CSAC-Exc		iran ion 4	ce Au	thority
A. EMPLOYEE INFORMATI Employee Name (First, MI, Last)						Geno	der: \square	Male Female
SSN								
Address		City				State		ZIP
Home Phone ()		Cel	I Phone ()				
Hire Date	Salary \$	Occ	cupation	D. CC	. Dl /		`	
Primary Health Practitioner		City		_ Practitione	r Phone (Ctata	_)	7ID
Practitioner Address		City				State		_ ZIP
B. INSURANCE DETAILS (Are you completing this form due to a	•	-	-	-	_		lan.)	
Coverage Type	(A) Total Amount Desired		B) Amount	Guarantee	(C) ed Issue Am	ount	(A) – (I To B	B) – (C) = Amount Be Underwritten
Employee Supplemental Life	\$	\$		\$			\$	
Spouse Supplemental Life	\$	\$		\$			\$	
Children Supplemental Life (per child)	\$	\$		\$			\$	
C. SPOUSE INFORMATION Spouse Name (First, MI, Last) SSN Home Phone () Same Primary Health Practitioner a Primary Health Practitioner Practitioner Address	Personal Email Addressas Employee (See information	Cel n above.)	l Phone ())	r Phone (. Birth	Date	
D. CHILD INFORMATION (A employee coverage. If more than	Availability of Child cover an 3 children, list informa	rage is depe ation on add	ndent on pla litional shee	an rules ar t.)	nd may also	be c	depend	lent on approve
Name <i>(F</i>	First, MI, Last)		Birth [Date	Ge	nder		Relationship
					☐ Male	□ Fe	emale	
					☐ Male	□ Fe	emale	
					☐ Male	□ F	emale	
Dependent Children Health Questio 1. Within the past 5 years, have any ADHD), diabetes, heart disorder, of the control of the	dependent children been trea cancer, asthma (requiring hos cerebral palsy, cystic fibrosis,	ated for or diag pitalization wit muscular dyst	nosed with a r hin the last 2 y rophy, develop	mental or nei rears), or che mental diso	rvous disorde emical abuse rder (includin	er (exc ? g Autis	sm and	

Employ	mployee Name SSN (Last 4 digits only.)							
E. EM	E. EMPLOYEE AND SPOUSE HEALTH QUESTIONS (Must be answered for coverage that is not Guaranteed Issue.)							
Employ Yes	/ee (EE) No	Spous Yes	No 1.	practitioner as having Within the last 5 year	AIDS (Acquired I rs have you bee	mmunodeficiency Syndron n treated for, any of the t	ne)? [*] following: in	ember of the medical profession or health isulin dependent diabetes, heart attack tic cancer, emphysema or been an organ
	ete for E	E and SP	2> 3. 4.	Employee: Height In the past 5 years have a. Any disease or about rhythm abnormality b. Any disease of the c. Non-insulin depend. Cancer or tumor, autoimmune disease bleeding or clotting e. Depression, psychester of the control of the contro	e you been diagno conormality of the laty? e lung (excluding indent diabetes, in rheumatoid arth se or any disease disorder? hosis, suicide atte disease or kidney is have you been of trouble or circulate na or other resp sease, ulcerative disorder? is disorder? is disorder?	asthma), liver (excluding hapaired glucose tolerance, ritis, connective tissue disof the blood cells or serum failure? diagnosed or treated by a pory condition? firatory disease? colitis or any other intestin eakness impacting your aby tract disorder?	epatitioner, of cluding cont epatitis A), por pre-diabe sease, neur including, be or addiction ohysician or al disease?	etes? rological disease (excluding headaches) out not limited to, anemia, polycythemia, or on? other health practitioner for:
	·	" answer,	☐ 7. ☐ 8.	Are you currently taki disorder, condition, or Within the last 5 years prescribed drugs, or b	ing any medicati disease not show s have you receiv een advised by a	vn above? ed medical treatment or co health practitioner to disco	by a physical by	cian or other health practitioner for any rithe use of alcohol or prescribed or non-
Question Number	Applicant	D	escriptio	n of Condition	Date Condition Began	Description of Treatment Received	Fully Recovered?	Health Practitioner Name, Full Address (Street, City, State, ZIP), Phone
[□EE □SP						☐ Yes ☐ No	
[□EE □SP						☐ Yes ☐ No	
[□EE □SP						☐ Yes ☐ No	
]	□EE □SP						☐ Yes	

Employee Name	SSN (Last 4 digits only.)
F. AUTHORIZATION AND ACKNOWLEDGMENT (Ple	ease read and sign below)
or reinsuring company, MIB, Inc. (MIB), any consumer reporting agence epresentative (including any consumer reporting agency) acting on its bel	cian or other medical practitioner, hospital, clinic, rehabilitation facility, insurance by to give ReliaStar Life Insurance Company (ReliaStar Life) or its authorized half ALL INFORMATION on my behalf (except as limited below). This includes but gical care or examination, or surgery, as they apply to me; and (b) any non-medical btain consumer or investigative consumer reports about me.
he purposes described in this form. I know that my medical records, in Regulations-42 CFR Part 2. I may revoke this permission as it applies to action has been taken in reliance on it. I specifically consent to the re-dis	affiliated with ReliaStar Life to obtain any and all medical record information for including any alcohol or drug abuse information, may be protected by Federal or any information protected by 42 CFR Part 2 at any time, but not to the extensic closure of medical record information as set forth in this form. In connection with have with ReliaStar Life or any of its affiliated companies, I understand that I may with ReliaStar Life.
authorize ReliaStar Life, or its reinsurers, to disclose personal health infon MIB's fraud prevention and detection programs.	ormation about me to MIB, Inc. in the form of a brief coded report for participation
	nformation described above is given, sold, transferred, or, in any way, relayed to in a form that states the new use of the information or why another party needs it.
	re, will print, or will otherwise have access to a copy of all pages of this Evidence ne original. This form will be valid for 24 months from the latest date shown below.
acknowledge that I have been given ReliaStar Life's: Consumer Privacy N	otice and Insurance Information Practices Notice.
MPORTANT! Please carefully read the next section. Then sign and of declare that <u>all</u> of the statements and answers, as they pertain to me an and true to the best of my knowledge and belief.	date below. d to my child(ren), if applicable, on <u>all pages</u> of this Evidence Form are <u>complete</u>
	sence of any pre-existing impairments and/or diseases may result in the ontested. I understand that any claim incurred prior to the approval of this will not be valid.
Employee Signature	Date
Spouse Signature	Date
•	er for fast and confidential handling via one of hods below:

Fax to: 1-612-467-8721

Or

Mail to: ReliaStar Life Insurance Company, PO Box 20, Mail Stop 4-S, Minneapolis, MN 55440

CONSUMER PRIVACY NOTICE AND INSURANCE INFORMATION PRACTICES NOTICE

ReliaStar Life Insurance Company, Minneapolis, MN ReliaStar Life Insurance Company of New York, Woodbury, NY Members of the Voya family of companies



We are pleased to provide you with information regarding your application or claim. This information is provided to you in accordance with legislation enacted in your state. You may also receive other privacy notices from us or from our affiliated companies. **Please keep this notice and a copy of the completed application or claim form for your records.**

Our Underwriting Procedures

For certain types of coverage, we underwrite your request to determine if you are eligible for the coverage you requested. We review all of the information in the application, and, if necessary, confirm or add to this information in the ways described in this notice. In the event of an adverse underwriting decision, we will provide you with the specific reason for the decision in writing.

Privacy and Information Practices Collecting Information

Your application or claim form is our main source of information. But we may:

- Ask you to have a physical exam, an EKG and/or a blood profile, etc.
- Ask physicians, hospitals, or other health care providers to confirm or add to the information you have given us. The types of information we may ask for are described on the authorization form you will be asked to sign. If you want a copy of this form, it will be given to you for your records.
- Obtain information from MIB, Inc., formerly known as the Medical Information Bureau. See "Notice Regarding MIB, Inc." below.
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request.

Notice Regarding Consumer Reports

Insurance companies commonly ask an outside source to verify and add to the information given in an application. Consumer reports are used to help us decide if you are eligible for the insurance you have applied for. The report deals with your mode of living, character, general reputation, and such personal items as your health, job, and finances. It may include information on the following: your marital status, past and present employment record, job duties, driving record, avocation, health history, use of alcohol and drugs, and hazardous sports activities. The agency may get information in these ways: from public records, and by contacting you, members of your family, business associates and employers, financial sources, friends, or others you know. This information will not be used to determine your sexual orientation. You can request that the agency interview you in connection with the preparation of the report. If the report affects your application as requested, we will notify you and provide you with the name and address of the reporting firm.

We use the report only to be sure that each application is evaluated on a fair basis. We will not reveal any of the information we obtain to your friends or associates. We may reveal the information we obtain to other companies or entities affiliated with us. The information may be kept by the consumer reporting agency; it may also later be given to others who have a legitimate need for these reports. It will be given only to the extent permitted by these laws: the Federal Fair Credit Reporting Act as amended by the Consumer Credit Reporting Reform Act of 1996; your state's Fair Credit Reporting Act, if any; or your state's Insurance Information and Privacy Protection Act, if any. If you wish, we will send you the name, address and phone number of any agency we ask to prepare a consumer report about you. The agency will give you a copy of the report if you ask for one and give proper identification.

Information Use

We will use the information only for business purposes arising from the relationship you have with us.

Information Maintenance and Disclosure

We treat the information we have about you as confidential. The authorization form that you have been asked to complete will permit us to send the information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with us or our affiliates, and to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted. In certain circumstances, the information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request it in writing, we will send you a copy of the relevant information we obtain about you in connection with your request for coverage or an adverse underwriting decision. Medical information, however, will only be disclosed through the attending licensed physician unless state law provides otherwise. If you feel that any of the information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this information to anyone. We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

Notice Regarding MIB, Inc.

We or our reinsurers may make brief reports to MIB. The reports will include the factors that affect the insurability of any person for whom coverage is being requested. MIB is a nonprofit organization of life insurance companies. It operates an information exchange for its members. If you apply to some other member company for life or health coverage, or send in a claim for benefits, MIB may supply that company with any information in its file. If you ask, MIB will arrange to disclose to you the information it has about you in its file. If you question the accuracy of the information in MIB's file, you may contact MIB and ask them to correct it as provided in the Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB's phone number is 866-692-6901 (TTY 866 346-3642). We may also release information in our files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

YOUR GROUP **LIFE INSURANCE** PLAN

For Employees of

COUNTY OF STANISLAUS

6CC000 B-7873 1-14 (E-Book)

CONTENTS

CERTIFICATION PAGE
SCHEDULE OF BENEFITS
EMPLOYEE'S INSURANCE
DEPENDENT'S INSURANCE
LIFE INSURANCE Waiver of Life Insurance Premium Disability Benefit Accelerated Death Benefit Accidental Death & Dismemberment (AD&D) Insurance Dependent's Life Insurance Dependent's Accidental Death & Dismemberment (AD&D) Insurance 15 Dependent's Accidental Death & Dismemberment (AD&D) Insurance
CONVERSION RIGHTS
CLAIM PROCEDURES
GENERAL PROVISIONS
DEFINITIONS 23

IF YOU HAVE A QUESTION ABOUT YOUR POLICY, IF YOU NEED ASSISTANCE WITH A PROBLEM, OR IF YOU HAVE QUESTIONS ABOUT A CLAIM, YOU MAY WRITE OR CALL US AT:

ReliaStar Life Insurance Company P.O. Box 20

Minneapolis, Minnesota 55440 Telephone Number: (800) 955-7736

YOU WILL NEED TO PROVIDE YOUR POLICY NUMBER WITH ANY COMMUNICATION.

IF YOU DO NOT REACH A SATISFACTORY RESOLUTION AFTER HAVING DISCUSSIONS WITH US, OR OUR AGENT OR REPRESENTATIVE, OR BOTH, YOU MAY CONTACT THE FOLLOWING UNIT WITHIN THE DEPARTMENT OF INSURANCE THAT DEALS WITH CONSUMER AFFAIRS:

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, California 90013
Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)
Los Angeles: (213) 897-8921

B-7873 (1-14)

C00TC

RELIASTAR LIFE INSURANCE COMPANY Minneapolis, Minnesota 55440

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

ReliaStar Life also certifies that the person named below is insured under the Group Policy.*

31640-7GAT CSAC Excess Insurance Authority

*If you are actively at work on the effective date. If you are not, your insurance is effective on the date you return to active work.

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

Your beneficiary is the last beneficiary you named, according to the records on file in ReliaStar Life's Home Office or on file with the Plan Administrator, if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.

Sand Lens Registrar

SCHEDULE OF BENEFITS

Basic Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance

Class County Attorneys	Amount of Life Insurance \$50,000*	Full Amount of AD&D Insurance \$50,000*
Department Heads and Management Employees	\$30,000*	\$30,000*
Confidential Employees	\$10,000*	NONE
All other active employees	\$10,000*	NONE
Early Retirees who retired prior to June 20, 2001	\$5,000**	NONE

^{*}For active employees, your amount of Basic Insurance will decrease to 50% on your 70th birthday.

Additional Contributory Supplemental Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance

Amount of	Full Amount of
Life Insurance*	AD&D Insurance*
\$20,000	\$20,000
\$30,000	\$30,000
\$50,000	\$50,000
\$100,000	\$100,000
\$150,000	\$150,000
\$200,000	\$200,000
\$250,000	\$250,000
\$300,000	\$300,000
	\$20,000 \$30,000 \$50,000 \$100,000 \$150,000 \$200,000 \$250,000

^{*}Your amount of Supplemental Insurance will decrease to 50% on your 70th birthday.

Accelerated Death Benefit

This benefit is equal to 50% of your amount of Life Insurance in force, or \$100,000, whichever is less. This benefit is available to employees only. Employees must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

Dependent Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance

Class	Amount of Life Insurance	Full Amount of AD&D Insurance
Spouse or Domestic Partner		
Option 1	\$20,000	\$20,000
Option 2	\$30,000	\$30,000
Child (each)	\$10.000	NONE

The amount of insurance for a dependent can be no more than your Life Insurance amount.

The amount of dependent's insurance on your spouse or domestic partner will decrease to 50% on your spouse's or domestic partner's 70th birthday.

^{**}For Early Retirees, your Basic insurance will terminate on your 65th birthday.

SCHEDULE OF BENEFITS

Proof of Good Health

Proof of good health is required for amounts in excess of the limits described below. Coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of the increase. For proof of good health, a completed Evidence of Insurability form must be submitted to ReliaStar Life for approval.

Employee-Basic Life Insurance

Limit without Proof

· Initial eligibility...

\$50,000

 Increases due to salary, job or class changes, that combined with existing coverage do not exceed \$50,000... Amount of the increase

Employee-Supplemental Life Insurance

Limit without Proof

 Application for new coverage within 31 days after the date you become eligible for insurance... \$100,000

 Application for new coverage more than 31 days after the date you become eligible for insurance... None. Proof of good health is required.

Application for an increase to existing supplemental coverage...

None. Proof of good health is required.

Dependent Life Insurance

Limit without Proof

 Application for new dependent coverage within 31 days after the date you become eligible for dependent's insurance... \$30,000 on your spouse or domestic partner, and \$10,000 on your child(ren).

 Application for new dependent coverage more than 31 days after the date you become eligible for dependent's insurance... None. Proof of good health is required.

 All applications for an increase to existing dependent coverage...

None. Proof of good health is required.

Supplemental Life and AD&D Insurance Continued under the Portability Option The amount of your Supplemental Life Insurance that can be continued is limited to the the amount of your Supplemental Life Insurance on the date you elect portability. You may elect to continue a lesser amount based on the amounts available to active employees.

The amount of your Supplemental AD&D Insurance that can be continued is limited to the lesser of the amount of your Supplemental Life Insurance that is continued or \$250,000. You must elect portability of your Supplemental Life Insurance in order to continue your Supplemental AD&D Insurance.

Any reductions in coverage due to age will apply to all coverage continued under the portability option.

Dependent Life and AD&D Insurance Continued under the Portability OptionThe amount of Dependent Life and AD&D Insurance that may be continued for each dependent is limited to the lesser of the amount of your Dependent Life and AD&D Insurance on the date you elect portability, or the amount of your Life and AD&D Insurance that is continued. You must elect portability of your Supplemental Life and AD&D Insurance in order to continue your Dependent Life and AD&D Insurance.

Any reductions in coverage due to age will apply to all coverage continued under the portability option.

EMPLOYEE'S INSURANCE

Eligibility

The employee is eligible on the first day of the month on or after the date the employee starts continuous service with the Participating Employer.

The employee must meet the following conditions to become insured -

- Be eligible for the insurance.
- · Be actively at work.
- · Apply for the insurance, if the employee must pay any part of the premium.
- Give to ReliaStar Life proof of good health, which it approves, as required on the Schedule of Benefits.

Effective Date of Employee's Insurance

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.
- The date ReliaStar Life approves your proof of good health, if proof is required.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on -

- the effective date of the increase, if you are actively at work on that date.
- the date you return to active work, if you are not actively at work on the date your insurance increases.
- the nonworking day on which the increase was effective, if you were actively at work on your last scheduled working day before the nonworking day.

If proof of good health is required, the increase will take effect on the later of the dates indicated above or the date ReliaStar Life approves your proof of good health.

A decrease in the amount of your insurance will take effect on the date of the decrease.

Termination of Insurance

Your insurance stops on the earliest of the following dates:

- For coverage not continued under the portability option, the last day of the month during which you were last actively at work for the Participating Employer.
- For coverage not continued under the portability option, the last day of the month during which you are no longer eligible for insurance under the Group Policy.
- For coverage not continued under the portability option, the last day of the month during which you retire. **Exception:** For Basic Life Insurance, the last day of the month during which you attain age 65 for employees less than age 65 who retired prior to June 20, 2001 on pension under a plan controlled and administered by the Participating Employer.
- For coverage continued under the portability option, the date you attain age 70.
- The date the Policyholder replaces the Supplemental Life Insurance under this plan with a similar life insurance plan through another insurance carrier, if you are actively at work for the Participating Employer on that date.
- The date the Group Policy stops.
- The date the Participating Employer stops subscribing to the agreement establishing the CSAC Excess Insurance Authority.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- For Accelerated Death Benefit, the date your Life Insurance stops.
- For AD&D Insurance, the date your Life Insurance stops or the date Life Insurance premiums are waived under the Waiver of Life Insurance Premium Disability Benefit.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

EMPLOYEE'S INSURANCE

Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

Extension of Insurance

If you are no longer eligible for insurance because you stop active work, the Policyholder may continue your insurance. Premiums must be paid. Your insurance is continued subject to all other terms of the Group Policy.

If you stop active work because of a medical or non-medical leave of absence, temporary layoff, or the Participating Employer suspending operations, the Policyholder may continue your insurance in accordance with the employer's documented personnel practices and precluding individual selection among employees.

Portability

Portability means you have the option to continue your Supplemental Life and AD&D Insurance if certain conditions are met. You must elect portability before you reach age 70.

To continue your insurance, you must elect portability within 31 days of the date your Supplemental Life and AD&D Insurance terminates due to the following:

- You retire or terminate employment with the Participating Employer, if coverage is in effect for active employees under the Group Policy; or
- The Policyholder terminates coverage for active employees under the Group Policy and does not replace it with a similar life insurance plan; or
- · You are no longer eligible for insurance under the Group Policy; or
- · All other continuation under the Group Policy ends.

In all cases, you must pay premiums directly to ReliaStar Life beginning on the first day of the month following the date you elect portability.

If your Supplemental Life and AD&D Insurance reduces due to age or a change in employment status, this is not considered a termination of insurance. Please refer to the **Conversion Rights** section for more information about conversion following reductions in coverage.

If you continued coverage under the portability option and then later become eligible for Supplemental/Optional/Voluntary Life Insurance as an active employee under a Group Policy issued by ReliaStar Life, then your amount of coverage continued under the portability option will be reduced by your amount of Supplemental/Optional/Voluntary insurance as an active employee.

Reinstatement

ReliaStar Life will reinstate your insurance not eligible for portability if you stop work and then return to work within 12 months. You will be eligible for insurance on the date you return to active work with the Participating Employer.

DEPENDENT'S INSURANCE

NOTE: YOUR DOMESTIC PARTNER AND YOUR DOMESTIC PARTNER'S CHILDREN MAY BE ELI-GIBLE FOR INSURANCE UNDER THIS PLAN, AS DEFINED UNDER DEFINITIONS OF DEPENDENT AND DOMESTIC PARTNER AND CHILD. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.

Eligibility

You are eligible for Dependent's Insurance on the later of the following dates:

- The date you are eligible for Employee's Supplemental Life Insurance.
- The date you first acquire a dependent as defined.

You must meet all of the following conditions to become insured for Dependent's Insurance:

- Be insured for Employee's Supplemental Life Insurance.
- Apply for Dependent's Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are initially eligible for Dependent's Insurance.
- Give ReliaStar Life proof of good health for your dependent, which it approves, as required on the Schedule of Benefits.

If you and your spouse or domestic partner are insured as employees under the Group Policy, either you or your spouse or domestic partner, but not both, can apply for Dependent's Insurance. If the spouse or domestic partner carrying the Dependent's Insurance stops being insured as an employee, the other spouse or domestic partner may become insured for Dependent's Insurance by applying within 31 days.

Any person eligible for insurance as an employee under the Group Policy is not considered an eligible dependent for Dependent's Insurance.

Effective Date of Dependent's Insurance

Your dependent's insurance starts on the latest of the following dates:

- The date you become eligible for Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, for any dependent, other than a newborn, who is confined at home or in such facility on the date your dependent's insurance starts.
- The date ReliaStar Life approves your dependent's proof of good health, if ReliaStar Life requires proof.
- The date you apply for Dependent's Insurance, if you have to pay any part of the premium.

If you acquire a new dependent and additional premium is required, you must apply within 31 days of acquiring the new dependent. If you acquire a new dependent while insured for Dependent's Insurance, and no additional premium is required, you should complete an enrollment form.

A newborn child will be covered from the date of eligibility. A foster or adopted child will be covered from the date of placement in the home.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your dependent's insurance, the increase will take effect on the latest of the following dates:

- The first day of the month on or after the date you are eligible to increase Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your dependent is so confined on the first day of the month on or after the date of the increase.
- The date ReliaStar Life approves your dependent's proof of good health, if proof is required.

If you elect to decrease your insured dependent's insurance, the decrease will take effect on the first day of the month on or after the date of the elected decrease. All other decreases will take effect on the date of the decrease.

Termination of Insurance

Your dependent's insurance stops on the earliest of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates.
- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make the next required contribution when due.
- The date your insurance stops.

DEPENDENT'S INSURANCE

- The date you retire.
- The date your dependent's insurance is converted under the Conversion Right.
- The last day of the month during which your insured dependent is no longer a dependent as defined.
- The date your Life Insurance premiums are waived under the Waiver of Life Insurance Premium Disability Benefit provision of the Group Policy.

ReliaStar Life stops providing a specific benefit under your dependent's insurance on the date that benefit is no longer provided under the Group Policy.

Family and Medical Leave Act of 1993

If your coverage remains in force due to a certified leave under the FMLA, then your dependents' coverage will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

Continuation of Insurance

Your insured dependent's insurance may be continued. Premiums must be paid. Your insured dependent's insurance stops at the end of the period for which the last premium was paid if the next premium is not paid on time. Your insured dependent's continuation is subject to all other terms of the Group Policy.

You Stop Active Work

If you stop active work and your insurance is being continued, your dependent's insurance will also be continued as shown in the Employee's Insurance part of this certificate.

Incapacitated Dependent Child

If your insured dependent child has an intellectual disability or physical handicap and reaches the maximum age for Dependent's Insurance, you may continue this child's insurance as long as all required premiums are paid. You must give ReliaStar Life proof that:

- The child is incapable of self-sustaining employment due to an intellectual disability or physical handicap.
- The child became incapacitated before reaching the maximum age for Dependent's Insurance.
- The child is chiefly dependent on you for support and maintenance.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. During the 2 years after the child reaches the maximum age, ReliaStar Life may ask for regular proof of the child's continued incapacity. After the 2 year period, ReliaStar Life will not ask for proof, including doctor's exams, more often than once a year.

This incapacitated child's continuation stops on the earliest of the following dates:

- The date the child becomes covered under any other group plan.
- The date the child is no longer incapacitated.
- The date you do not give ReliaStar Life proof of the child's incapacity when requested.
- The end of the period for which you paid premiums for this continuation, if you do not make the next required premium contribution when due.
- The date your Dependent's Insurance would otherwise stop under the Group Policy.

The Conversion Right will be available to your insured dependent child when all continuation is exhausted.

Portability

You may continue your Dependent Life Insurance if you elected portability of your Supplemental Life Insurance. You may continue your Dependent AD&D Insurance if Dependent Life Insurance and your Supplemental AD&D Insurance are continued under the portability option.

If you elected portability of Dependent's Insurance and then later become eligible as an active employee for Dependent's Insurance under a Group Policy issued by ReliaStar Life, then your amount of Dependent's Insurance continued under the portability option will be reduced by your amount of Dependent's Insurance as an active employee.

Employee's Life Insurance

ReliaStar Life pays a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance for your class shown on the Schedule of Benefits in effect on the date of your death.

ReliaStar Life pays the death benefit for all causes of death. However, for Supplemental Life Insurance, if you commit suicide, while sane or insane, within 2 years of the date your insurance starts, ReliaStar Life will refund the amount of premiums paid for your Supplemental Life Insurance under the Group Policy instead of paying a death benefit.

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary. The Policyholder or the Participating Employer cannot be the beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- ReliaStar Life has written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the Assignment section.

All requests are subject to the approval of ReliaStar Life. A change will take effect as of the date it is signed but will not affect any payment ReliaStar Life makes or action it takes before receiving your notice.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

- 1. Your spouse or domestic partner.
- 2. Your natural and adopted children.
- 3. Your parents.
- 4. Your estate.

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit ReliaStar Life pays when you die or when you receive a lump sum amount under the Accelerated Death Benefit. To find out more about settlement options, please contact the Policyholder.

Waiver of Life Insurance Premium Disability Benefit

ReliaStar Life waives your Life Insurance premium that becomes due while you are totally disabled. The premium will be waived if you satisfy certain conditions. When ReliaStar Life waives a premium, the amount of Life Insurance equals the amount that would have been provided if you had not become totally disabled. That amount will reduce or stop according to the Schedule of Benefits in effect on the date total disability begins.

When ReliaStar Life waives a premium it includes Life Insurance, Accelerated Death Benefit, and Waiver of Premium. It does not include AD&D Insurance, Dependent's Insurance, or any other benefits as elected under this certificate which were effective at the time of disability.

Conditions, Notice and Proof of Total Disability

ReliaStar Life requires written notice of claim and proof of total disability to waive your premium. All of the following conditions must also be met:

- · Total disability must begin before your 60th birthday.
- You are insured for the Waiver of Life Insurance Premium Disability Benefit on the date you become totally disabled.
- · You continue to be totally disabled.
- · Your insurance is in force when you suffer the sickness or accidental injury causing the total disability.
- All premiums are paid up to the date total disability begins.

ReliaStar Life needs written notice of claim before it waives any premium. This notice must be received -

- · while you are living,
- · while you are totally disabled, and
- within one year from the date the last premium payment was made.

If you cannot give ReliaStar Life notice within one year, your claim is still valid if you show you gave ReliaStar Life notice as soon as reasonably possible.

ReliaStar Life needs proof of your total disability before any premiums can be waived. ReliaStar Life may require you to have a physical exam by a doctor it chooses. ReliaStar Life pays for that exam. ReliaStar Life can only require one exam a year after premiums have been waived for 2 full years.

When ReliaStar Life approves your proof of total disability, premiums are waived as of the date you became totally disabled. ReliaStar Life refunds, to the Policyholder, any premium paid for a period during which you were totally disabled. It is the Policyholder's responsibility to refund to you any part of the premium you paid.

Termination of Waiver of Premium

ReliaStar Life stops waiving premiums on the earliest of the following dates:

- The date you are no longer totally disabled.
- The date you do not give ReliaStar Life proof of total disability when asked.
- The date you attain age 70.

If ReliaStar Life stops waiving your premiums, your Life Insurance will stay in force only if all of the following conditions are met:

- The Life Insurance under the Group Policy is still in force.
- You are eligible for Employee's Insurance under the Group Policy.
- · Your premium payments are resumed.

The amount of Life Insurance that stays in force will be the amount shown on the Schedule of Benefits in effect on the date your premium payments are resumed.

You will not be eligible to continue insurance under the portability option when ReliaStar Life stops waiving your premiums.

If you buy an individual policy under the Conversion Right of the Group Policy during the first year of your total disability, your Life Insurance may be restored. ReliaStar Life will cancel the individual policy as of its issue date if within 12 months of the date you become totally disabled you —

- file a claim under this provision and ReliaStar Life approves it, and
- surrender the individual policy without claim, except for refund of premium.

When ReliaStar Life cancels your individual policy, ReliaStar Life -

- refunds all premiums paid for the individual policy.
- restores your Life Insurance under the Group Policy.
- retains the beneficiary named under the individual policy as beneficiary under the Group Policy, unless you ask ReliaStar Life to change the beneficiary in writing.

Accelerated Death Benefit

NOTE: AT THIS TIME IT IS UNCLEAR WHETHER YOU WILL BE REQUIRED TO PAY TAX ON ACCELERATED DEATH BENEFIT PROCEEDS. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.

ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Death Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Death Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

The Accelerated Death Benefit is the amount of the Accelerated Death Benefit shown on the Schedule of Benefits in effect on the date you apply for Accelerated Death Benefit proceeds. You will not be able to increase your contributory Life Insurance benefit after the time you apply for the Accelerated Death Benefit, unless you are determined to be ineligible to receive Accelerated Death Benefit proceeds.

To receive the Accelerated Death Benefit, all of the following conditions must be met. You must:

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured as an employee for Life Insurance benefits.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.
- provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 6 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam.
- provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.

Benefit Payment

ReliaStar Life pays the Accelerated Death Benefit proceeds to you unless both of the following are true:

- It is shown, to the satisfaction of ReliaStar Life, that you are physically and mentally incapable of receiving and cashing the lump sum payment.
- · A representative appointed by the courts to act on your behalf does not make a claim for the payment.

If ReliaStar Life does not pay you because the two above conditions apply, payments instead will be made to one of the following:

- · A person who takes care of you.
- · An institution that takes care of you.
- Any other person ReliaStar Life considers entitled to receive the payments as your trustee.

Accelerated Death Benefit Exclusions

ReliaStar Life does not pay benefits for a terminal condition if either of the following apply:

- the required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.
- the terminal condition is directly or indirectly caused by attempted suicide or intentionally self-inflicted injury, whether sane or insane.

Effects on Coverage

When ReliaStar Life pays out this benefit, your coverage is affected in the following ways:

- Your total available Life Insurance benefit equals your amount of Life Insurance shown on the Schedule of Benefits at the time you apply for the Accelerated Death Benefit.
- Your Life Insurance benefit is reduced by the Accelerated Death Benefit proceeds paid out under this provision.
- Your Life Insurance benefit amount which you may convert is reduced by the Accelerated Death Benefit proceeds paid out under this provision.
- You will not be able to increase your Life Insurance benefit after ReliaStar Life approves you to receive the Accelerated Death Benefit.
- Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this Accelerated Death Benefit provision. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force.
- Your remaining Life Insurance benefit is subject to future age reductions, if any, as shown on the Schedule of Benefits.

- You will not be able to reinstate your coverage to its full amount in the event of a recovery from a terminal condition.
- Your dependents' Life Insurance coverage will be unaffected by Accelerated Death Benefit proceeds paid to you, provided all required premiums are paid.
- Your receipt of Accelerated Death Benefit proceeds does not affect your Accidental Death and Dismemberment Insurance. Thus, if you should die in an accident after receiving Accelerated Death Benefit Proceeds, your Accidental Death and Dismemberment Insurance will be based on your Life Insurance in force prior to the Accelerated Death Benefit payout, provided your premium is not being waived.

Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you suffer a covered loss due to a covered accident. All of the following conditions must be met:

- · You are covered for AD&D Insurance on the date of the accident.
- · Loss occurs within 180 days of the date of the accident.
- · The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if you suffer any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If you have a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

For:	The benefit is:
Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	1/2 Full Amount
Loss of speech	1/4 Full Amount
Loss of hearing in both ears	
Loss of thumb and index finger of same hand	1/4 Full Amount
Quadriplegia	Full Amount
Paraplegia	1/2 Full Amount
Hemiplegia	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Quadriplegia means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot or thumb and index finger.

Death benefits are paid to your beneficiary. All other benefits are paid to you.

Exposure and Disappearance Benefit

ReliaStar Life pays an Exposure benefit if:

- · the loss is from injury caused by exposure to the elements, and
- · is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident;
 and

- · a reasonable period of time, but no more than one year, has lapsed since the accident, and
- · ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

The amount payable for the Exposure benefit is contained in the table above. The amount payable for the Disappearance benefit is the AD&D benefit for loss of life. If benefits are paid for Exposure or Disappearance, no other AD&D benefits will be payable under the Group Policy.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if you were:

- · killed due to an automobile accident, and
- · wearing a properly fastened safety belt at the time of the accident.

An additional amount will be paid if you were also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

For loss of:

Life (with safety belt only)

An additional 10% of Full Amount of AD&D Insurance up to a maximum of \$25,000

Life (with safety belt and airbag)

An additional 15% of Full Amount of AD&D Insurance up to a maximum of \$40,000

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding. **Airbag** means an additional restraint system which inflates for added protection to the head and chest areas.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was in consequence of your being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor.

Safe Driver benefits are paid to your beneficiary.

Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to an accident, you are in a coma. Coma benefit payments will stop when you are no longer in a coma or when maximum benefits have been paid, whichever comes first.

Coma means that you remain unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a competent medical authority.

If you are physically and mentally incapable of receiving and cashing Coma benefit payments, then the payments instead will be made to a person legally authorized to receive the payments on your behalf.

Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if you die due to an accident. This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your death. Benefit payments will stop if either of the following is true during the preceding annual period —

- the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your eligible dependent under the definition of dependent in the policy.

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if you die due to an accident that occurs at least 75 miles from your primary residence.

Transportation benefits are paid to your beneficiary.

Child Care Benefit

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if you die due to an accident, and your dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your death. Benefit payments will stop if either of the following is true during the preceding annual period —

- vour dependent child does not attend a licensed day care center for at least 1000 hours; or
- · your dependent child is not under age 13 years for any part of that year.

Child Care benefits are paid to the person who has incurred the cost of day care expenses for your eligible dependent child.

Common Carrier Benefit

ReliaStar Life pays a **Common Carrier** benefit in addition to the AD&D benefit if you suffer a covered loss due to an accident, and the loss occurs while traveling:

- · as a fare paying passenger,
- in or on or entering into or alighting from a public conveyance, and
- the public conveyance is operated by a licensed common carrier for passenger service.

For:	The benefit is:
Common Carrier	An additional AD&D Amount equal to 50% of the AD&D amount otherwise payable for this loss up to a maximum of \$50,000

Common Carrier benefits are paid to you if living, otherwise to your beneficiary.

Occupational Assault Benefit

ReliaStar Life pays an **Occupational Assault** benefit in addition to the AD&D benefit if you suffer a covered loss due to an accident, **and:**

- the loss is due to an intentional and unlawful act of physical violence directed at you by another person,
- you are actively at work, performing assigned duties on behalf of the Participating Employer at the time of the assault, and
- a report of criminal activity has been filed on your behalf with the appropriate law enforcement authority within 48 hours of the assault.

For loss due to:

Occupational Assault

An additional AD&D Amount equal to the AD&D amount otherwise payable for this loss up to a maximum of \$10,000

Occupational Assault benefits are paid to you if living, otherwise to your beneficiary.

Brain Damage Benefit

ReliaStar Life pays a **Brain Damage** benefit if, due to an accident, you sustain an injury which, independently of all other causes, directly results in traumatic brain injury causing brain damage.

The benefit will be payable if:

- the brain damage begins within 365 days of the accident; and
- the brain damage continues for 12 consecutive months; and
- you are hospitalized for at least 7 days within the first 365 days following the accident for treatment related to the accident: and
- a qualified doctor certifies that the brain damage is permanent and irreversible at the end of the 12 consecutive months, and the certification is deemed satisfactory to ReliaStar Life.

Brain Damage means physical assault to the brain tissue to the extent that you are considered to be in a vegetative state, as determined by a competent medical authority.

Payment of this benefit, plus any other benefits payable as a result of the same accident, will not exceed the full AD&D benefit you are eligible to receive under the Group Policy.

If you are physically and mentally incapable of receiving and cashing Brain Damage benefit payments, then the payments instead will be made to a person legally authorized to receive the payments on your behalf.

Line of Duty Benefit

ReliaStar Life pays a **Line of Duty** benefit in addition to the AD&D benefit if you die or suffer a covered loss as the result of a covered accident that occurred while you were performing in your own occupation and while in the line of duty.

Line of Duty means any action that you are authorized or obligated to perform by law, rule, regulation or condition of employment or service.

For:	The benefit is:
Line of Duty	An additional 50% of the amount
•	of AD&D Insurance
	otherwise payable for this loss
	up to a maximum of \$50,000

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- · Suicide or intentionally self-inflicted injury, while sane or insane.
- · Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- · Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- · Injury which occurs when you commit or attempt to commit a felony.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

ReliaStar Life does not pay benefits for loss sustained or contracted in consequence of your being under the influence of any controlled substance unless administered on the advice of a doctor.

Dependent's Life Insurance

ReliaStar Life pays a death benefit in the amount of the Dependent's Life Insurance shown on the Schedule of Benefits. ReliaStar Life pays according to the Schedule of Benefits in effect on the date your insured dependent dies.

ReliaStar Life pays the death benefit for all causes of death. However, if your insured dependent, while sane or insane, commits suicide within 2 years from the date his or her coverage starts, ReliaStar Life will refund the amount of premiums already paid for Dependent Life Insurance instead of paying a death benefit.

ReliaStar Life requires that proof of your insured dependent's death be mailed to ReliaStar Life at its Home Office.

ReliaStar Life pays benefits for your insured dependent's death to you, if you are living on the earlier of the following:

- The date ReliaStar Life receives proof of your insured dependent's death at its Home Office.
- The tenth day after your insured dependent's death.

If you are not living on either of these dates, ReliaStar Life pays the proceeds to the following in the order listed:

- 1. Your spouse or domestic partner, if living.
- 2. Your estate.

Dependent's Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if your insured dependent suffers a covered loss due to a covered accident. All of the following conditions must be met:

- · Your insured dependent is covered for AD&D Insurance on the date of the accident.
- · Loss occurs within 180 days of the accident.
- · The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if your insured dependent suffers any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If your insured dependent has a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

For:	The benefit is:
Loss of both hands, both feet or sight of both eyes	Full Amount Full Amount Full Amount Full Amount

Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	
Loss of one hand or one foot or sight of one eye	
Loss of speech	
Loss of hearing in both ears	
Loss of thumb and index finger of same hand	
Quadriplegia	Full Amount
Paraplegia	1/2 Full Amount
ParaplegiaHemiplegia	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Quadriplegia means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot or thumb and index finger.

ReliaStar Life pays all dismemberment and paralysis benefits for your insured dependent to you.

Exposure and Disappearance Benefit

ReliaStar Life pays an Exposure benefit if:

- · your insured dependent's loss is from injury caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- your insured dependent is in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- your insured dependent disappears and your insured dependent's body is not found, and the disappearance is the result of a covered accident; and
- · a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that your insured dependent is living.

The amount payable for the Exposure benefit is contained in the table above. The amount payable for the Disappearance benefit is the AD&D benefit for loss of life. If benefits are paid for Exposure or Disappearance, no other AD&D benefits will be payable under the Group Policy.

Exposure and Disappearance benefits for your insured dependent are paid to you.

If ReliaStar Life pays the Disappearance benefit and it is later found your insured dependent is alive, the amount of benefits paid must be refunded to ReliaStar Life.

Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if your insured dependent was:

- killed due to an automobile accident, and
- · wearing a properly fastened safety belt at the time of the accident.

An additional amount will be paid if your insured dependent was also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

Your dependent must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Safe Driver benefit.

or loss of: The benefit i	s:		
fe (with safety belt only)	се		
fe (with safety belt and airbag)	се		
Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. Safety belt means a passenger restraint system properly installed in the vehicle in which your insured dependent was riding. Airbag means an additional restraint system which inflates for added protection to the head and chest areas.			
ReliaStar Life will not pay the Safe Driver benefit if the loss of life was in consequence of your insured dependent being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor.			
Coma Benefit ReliaStar Life pays a Coma benefit if, due to an accident, your insured dependent is in a coma. Coma benefit payments will stop when your insured dependent is no longer in a coma or when maximum benefits have been paid, whichever comes first. Your dependent must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Coma benefit.			
the event of: The benefit i	s:		
oma	ce hs		
Coma means that your insured dependent remains unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a competent medical authority.			
oma benefits for your insured dependent are paid to you.			
Education Benefit ReliaStar Life pays an Education benefit in addition to the AD&D benefit and subject to the conditions below if your insured dependent spouse or domestic partner dies due to an accident. This benefit will be paid at the end of each annual period following your dependent spouse's or domestic partner's death to your spouse's or domestic partner's dependent who is enrolled as a full-time student in an accredited			

post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your spouse's or domestic partner's death. Benefit payments will stop if either of the following is true during the preceding annual period -

- · the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your spouse's or domestic partner's eligible dependent under the definition of dependent in the policy.

Your dependent spouse or domestic partner must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order for the dependent student to be eligible for an Education benefit.

For:	The benefit is:
Education	An additional 5% of Full Amount
	of Dependent AD&D Insurance
	per year for up to 4 years
	to a maximum of \$3,000 per year

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if your insured dependent dies due to an accident that occurs at least 75 miles from his or her primary residence. Your dependent must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Transportation benefit.

For:	The benefit is:
Transportation	An additional 2% of Full Amount of Dependent AD&D Insurance
	up to a maximum of \$2,000

Transportation benefits for your insured dependent are paid to you.

Common Carrier Benefit

ReliaStar Life pays a **Common Carrier** benefit in addition to the AD&D benefit if your insured dependent suffers a covered loss due to an accident, and the loss occurs while traveling:

- · as a fare paying passenger,
- · in or on or entering into or alighting from a public conveyance, and
- the public conveyance is operated by a licensed common carrier for passenger service.

Common Carrier benefits for your insured dependent are paid to you.

Common Disaster Benefit

ReliaStar Life pays a **Common Disaster** benefit if, as a result of a common accident, you and your insured dependent spouse or domestic partner die within one year as a result of an accident.

In the event of:

Common Disaster

An increase in your insured dependent spouse's or domestic partner's benefit up to 100% of your AD&D amount, provided the combined amounts do not exceed \$62,500.

Common Accident means the same accident or separate accidents that occur within the same 24-hour period.

Common disaster benefits are paid to your beneficiary.

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- · Suicide or intentionally self-inflicted injury, while sane or insane.
- · Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident.
- · Riding in or descending from an aircraft as a pilot or crew member.
- · Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- · Injury which occurs when your insured dependent commits or attempts to commit a crime.
- Your insured dependent's intoxication. Intoxication means your insured dependent's blood alcohol
 content meets or exceeds the legal presumption of intoxication under the laws of the state where the
 accident occurred.

ReliaStar Life does not pay benefits for loss sustained or contracted in consequence of your insured dependent being under the influence of any controlled substance unless administered on the advice of a doctor.

CONVERSION RIGHTS

Life Insurance

You or your insured dependent may convert this insurance to an individual life insurance policy if any part of your or your insured dependent's Life Insurance under the Group Policy stops. Proof of good health is not required.

Conditions for Conversion

You or your insured dependent may convert this Life Insurance if it stops for any of the following reasons:

- For coverage not continued under the portability option, you are no longer actively at work.
- For coverage not continued under the portability option, you are no longer eligible for Employee's Insurance under the Group Policy.
- For coverage continued under the portability option, you have reached the maximum age limit under the Group Policy.
- The Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row.
- For your Life Insurance -
 - the amount of Life Insurance is reduced.
 - the premium is no longer being waived under the Waiver of Life Insurance Premium Disability Benefit, and your group Life Insurance stops.
- For your dependent's Life Insurance
 - your dependent's Life Insurance stops.
- your dependent is no longer a dependent as defined.
- your dependent's Life Insurance shown on the Schedule of Benefits is reduced.
- your Life Insurance premiums are waived because of total disability.
- if you divorce, your insured spouse may convert.
- if you terminate your domestic partnership, your insured domestic partner may convert.
- you die.

You or your insured dependent may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your or your insured dependent's insurance stops.

If you or your insured dependent are not given notice of this conversion right within 16 days after any part of this insurance stops, you or your insured dependent will have more time to apply and pay the first premium for the individual policy. This additional time period will end 25 days after you or your insured dependent is given notice of this conversion right. In no event will the additional time period extend for more than 91 days after any part of your Life Insurance or Dependent's Life Insurance stops.

ReliaStar Life or the Policyholder must be notified if you or your insured dependent wishes to convert. ReliaStar Life will supply you or your insured dependent with a conversion form to complete and return.

If your insured dependent is too young to contract for life insurance, the following people may apply in this order:

- 1. You, while living.
- 2. Your spouse or domestic partner, while living.
- 3. The court-appointed guardian of your insured dependent.

Type of Converted Policy

You or your insured dependent may purchase any individual nonparticipating policy offered by ReliaStar Life, except term insurance. The new policy must provide for a level amount of insurance and have premiums at least equal to those of ReliaStar Life's whole life plan with the lowest premium.

If your previous coverage included additional benefits such as disability, Accidental Death and Dismemberment Insurance or the Accelerated Death Benefit, the new insurance will not include these benefits.

CONVERSION RIGHTS

Amount of Conversion Coverage

If your or your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of —

- \$5,000 or
- the amount of your or your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which you or your insured dependent becomes eligible, within 31 days of the date your or your insured dependent's insurance stops.

If your or your insured dependent's Life Insurance stops for any reason other than the above, the amount of your or your insured dependent's individual policy may be any amount up to the amount of your or your insured dependent's Life Insurance that stopped.

Effective Date

The new policy takes effect 31 days after the part of your or your insured dependent's Life Insurance being converted stops.

If you or your insured dependent dies within the 31-day period allowed for making application to convert, ReliaStar Life will pay a death benefit to your or your insured dependent's beneficiary in the amount you or your insured dependent were entitled to convert. ReliaStar Life will pay the amount whether or not application was made. ReliaStar Life will return any premium paid for the individual policy to your or your insured dependent's beneficiary named under the Group Policy.

Premiums

Premiums for the new policy are based on your or your insured dependent's age on the date of conversion.

CLAIM PROCEDURES

Submitting a Claim

You, your insured dependent or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must -

- include information to identify you or your insured dependent, like your name, address and Group Policy number.
- be sent to ReliaStar Life or to the authorized administrator.
- be sent within 91 days after the loss for which claim is based has occurred or as soon as reasonably possible.

Claim Forms

ReliaStar Life or its authorized administrator will send proof of loss claim forms within 15 days after ReliaStar Life receives notice of claim.

Completed proof of loss claim forms or other written proof of loss detailing how the loss occurred must be sent to ReliaStar Life within 91 days after the loss or as soon as reasonably possible.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending ReliaStar Life written notice. This change is an absolute assignment. You cannot make an absolute assignment to the Policyholder or the Employer. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment –

- · does not change the insurance or the beneficiary.
- applies only if ReliaStar Life receives your notice.
- · takes effect from the date signed.
- does not affect any payment ReliaStar Life makes or action ReliaStar Life takes before receiving your notice.

A collateral assignment is not allowed.

ReliaStar Life assumes no responsibility for the validity of any assignment. You are responsible to see that the assignment is legal in your state and that it accomplishes the goals that you intend.

Legal Action

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

Exam and Autopsy

For AD&D Insurance, when reasonably necessary, ReliaStar Life may have you or your insured dependent examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. ReliaStar Life may have an autopsy made if you or your insured dependent dies, if not forbidden by state law.

Incontestability

Your and your dependent's insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your and your dependent's insurance because of inaccurate or false information received relating to your and your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

DEFINITIONS

Accident - an unexpected, external, violent and sudden event.

Active Work, Actively at Work – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

Child -

- · your natural or adopted child.
- a child for whom you have legal obligation for purposes of adoption.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your stepchild, your domestic partner's child, your foster child, or a child for whom you are a legal guardian.

Dependent -

- · your lawful spouse.
- · your domestic partner, as defined.
- · your child until 26 years of age.

The term "dependent" does not include -

- a spouse, domestic partner, or child living outside the United States.
- a spouse, domestic partner, or child eligible for Employee's Insurance under the Group Policy.
- a spouse, domestic partner, or child on active military duty.
- a parent of you or your spouse or domestic partner.
- a spouse, domestic partner, or child who does not give proof of good health when asked, or whose proof is not accepted.

Domestic Partner – another adult with whom you have a Declaration of Domestic Partnership registered with the California Secretary of State. A copy of the certified registration may be required as proof.

Employee – an active employee residing in the United States who is employed by the County of Stanislaus (a Participating Employer) and is regularly scheduled to work on at least a 30-hour-per-week basis. Such employees less than age 65 who retired prior to June 20, 2001 on pension under a plan controlled and administered by the Participating Employer are included for Basic Life Insurance.

Such employees of the following companies and affiliates controlled by the Participating Employer are included: Burbank-Paradise Fire Department, Hills Ferry Cemetery, Hughson Fire District, Keyes Community Services, Modesto Eastside Mosquito, Salida Sanitary District, Turlock Rural Fire, Oakdale Fire Protection, Patterson Cemetery, Waterford-Hickman Fire, and Stanislaus Council of Governments.

Temporary and seasonal employees are excluded.

Group Policy – the written group insurance contract between ReliaStar Life and the Policyholder.

Nonworking Day – a day on which the employee is not regularly scheduled to work, including time off for the following:

- · Vacations.
- · Personal holidays.
- · Weekends and holidays.
- · Approved nonmedical leave of absence.

Nonworking day does not include time off for any of the following:

- · Medical leave of absence.
- Temporary layoff.
- The Participating Employer suspending its operations, in part or total.
- Strike

Policyholder – CSAC Excess Insurance Authority. The Employer is defined as a unit of government who has subscribed to the agreement establishing the CSAC Excess Insurance Authority.

ReliaStar Life - ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

Spouse – your lawful husband or wife.

DEFINITIONS

Terminal Condition – an injury or sickness which is expected to result in your death within 6 months and from which there is no reasonable chance of recovery. ReliaStar Life, or a qualified party chosen by ReliaStar Life, will make this determination.

Total Disability, Totally Disabled – your inability, due to sickness or accidental injury, to work at or perform the material and substantial duties of any job suited to your education, training or experience.

Written, In Writing – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

You, Your - an employee insured for Employee's Insurance under the Group Policy.



HEALTH INSURANCE PREMIUM PAYMENT PROCEDURES FOR UNPAID ABSENCES

UNPAID LOA/SUSPENSION/FMLA-

Employees are responsible for the full month's payment of their health insurance premiums, on the first day of the month following the qualifying event date. These are examples of a qualifying event:

- Unpaid Leave of Absence (Personal, Administrative, etc) and does not receive a paycheck.
- ♦ Any type of covered leave time exhausts (FMLA, PDL, CFRA) and does not receive a paycheck.
- ◆ Any time in which an employee continuously works a reduced schedule (less than 30 hrs per week). Note: The first day of the reduced schedule is the qualifying event.

PREMIUM PAYMENT PROCEDURES-

♦ Employees are responsible for the total of all Health Insurance premiums effective the first of the month following the unpaid absence or approved FMLA expiration date. Whichever date is later. If the employee is covered under FMLA or on a work Suspension and they do not receive a paycheck, the County portion of benefit premiums is paid. If the County pays for it's portion of benefits at anytime, the employee must pay all out of pocket share of cost* premiums for that paycheck. Note: If the employee is covered by a protected leave, benefits are only paid on their behalf if the out of pocket share of cost has been paid.

If the unpaid LOA begins and ends within the same calendar month, and a paycheck is missed, the employee is responsible for any out of pocket share of cost only.

- ♦ The County does not prorate coverage for a month. Payments for Health Insurance premiums are due the first of the month. While the employee is on an unpaid absence and fails to make payments in a timely manner, their benefits will be canceled at the end of the month. (Refer to Effective Dates of Coverage Tab 2) Re-instatement of benefits will occur the first of the month following the return to full time status date. However, if an employee allows their Supplemental Life insurance to lapse for 30 days or more, the employee will need to re-apply to ReliaStar underwriting by completing an Evidence of Insurability form.
- ♦ If you are enrolled in a Flexible Spending Account, you are responsible for the admin fee while on unpaid absence. If you fail to pay the admin fee while you are out, your paycheck will be adjusted accordingly when you return to paid status. There will also be an adjustment to your semi-monthly contribution to the FSA account in order to meet your Annual Pledge.

Cash is not accepted. Check or money order only, made payable to: Stanislaus County Risk Mgmt and mailed to: CEO-Risk Management Division 1010 10th Street, Suite 5900, Modesto, Ca 95354.

^{*&}lt;u>Out of pocket share of cost</u> pertains to the employee's portion of the premiums for Medical, Supplemental Life Insurance or FSA Fee.

EMPLOYEE BENEFITS TERMINATION OF HEALTH INSURANCE

TERMINATIONS-

• Health Insurance benefits will terminate on the last day of the month following the event of termination (retirement, unpaid absence or FMLA exhausting). Note: employee's last day worked must be in the month of coverage.

Ex: Last day worked is April 1st, date of termination is April 2nd, therefore coverage ends April 30th. Or, last day worked March 31st, termination is April 1st, therefore coverage ends April 1st.

- ♦ When terminating employment, the County offers employees and their families covered by health insurance, the opportunity to elect a continuation of coverage called COBRA.
 - Federal COBRA law provides terminated/retired employees 18 months of continuation coverage at 102% of the County paid premium.
 - Federal COBRA law provides 36 months of continuation coverage at 102% of the County paid premium for dependents that lose coverage under an active employees plan.
 - Until COBRA is elected and the first payment is received by Employee Benefits, all
 insurance options will be canceled. When payment is received, elected options are
 reinstated retroactive to the date of termination of active coverage.
 - If a terminated/retired employee is interested in receiving Life Insurance conversion or continuation information, contact Employee Benefits within 30 days of termination.

For more information regarding continuation coverage, please refer to the following COBRA Rights Notice.

LEAVE OF ABSENCE-

- ♦ If your health insurance was canceled due to non-payment of premiums while on an unpaid absence, County paid benefits will resume the first of the month following your return to full-time employment. There is also a possibility of an adjustment of premiums on your paycheck when you return.
- If you are enrolled in a Flexible Spending Account, you are responsible for the admin fee while on unpaid leave. If you fail to pay the admin fee while you are on leave, your paycheck will be adjusted accordingly when you return to paid status. There will also be an adjustment to your semi-monthly contribution to the FSA account in order to meet your Annual Pledge.



1010 10TH Street, Suite 5900, Modesto, CA 95354 Phone: 209.525.5717 Fax: 209.567.4367

Important Health Benefit Continuation Information

- 1. If your, or your dependent's, County health benefit coverage has ended due to:
 - a. Termination
 - b. Retirement
 - c. Reduction in hours
 - d. Loss of eligibility
 - Federal COBRA law provides 18 months of continuation coverage at 102% of the County paid premium.
 - For dependents that lose coverage under an active employees plan, the law provides 36 months of COBRA coverage.
- 2. Please review your options below:
 - Employees and/or dependents not covered by any other health plan:
 - <u>COBRA-</u> Option to continue with current County Medical, Dental and/or Vision coverage.
 Must pay monthly premiums by check or money order to County Risk Management.
 - Health Insurance Marketplace- Health insurance options, that may cost less than COBRA, are available through the Marketplace. Contact Alliant 800-444-1188 for assistance with your options or visit www.healthcare.gov.
 - County Early Retiree Medical- Medical insurance options available for early retirees (pre-65 or non-Medicare), through County Risk Management, after COBRA expires. Members may be able to have monthly premium deducted from StanCERA retirement check or pay monthly premium to County Risk Management.
 - o <u>RESCO</u>- Dental and Vision insurance options are available for retirees after COBRA expires. Contact RESCO's benefits administrator, PGA at (800) 511-9065.
 - Retired employees and their dependents age 65+ or on Medicare, are not eligible for COBRA medical coverage or County Early Retiree medical coverage. RESCO offers Medicare plan supplements as well as Dental and Vision insurance. Contact RESCO's benefits administrator, PGA, for your options (800) 511-9065.
- 3. If you are continuing enrollment in Stanislaus County's medical coverage, you must stay with the same medical plan for the remainder of the current plan year. Medical plan changes are only allowed during the annual open enrollment period, which take effect January 1 of the new plan year.
- 4. Complete the **Stanislaus County COBRA or Early Retiree Enrollment Form** and return to Employee Benefits. Pre-printed COBRA Enrollment Form will not be available until after last day of employment. Coverage will be reinstated retroactively if necessary, but not until full payment is received.

- 5. Make checks payable to: Stanislaus County Risk Management, 1010 10th Street, Suite 5900, Modesto, CA 95354. The County does not offer ACH or automatic deduction. We recommend you speak with your banking institution to see if they can set your payment up on automatic bill pay. We do not accept cash. Monthly premiums may be paid in advance, but no more than one month prior to due date.
- 6. Monthly premiums are due on the 1st day of each month. Stanislaus County does allow a 30 day grace period. However, benefit eligibility for participants who do not pay their insurance premiums by the first day of each month, will be placed on a coverage hold until payment is received or the expiration of the 30-day grace period, whichever is earlier. If payments are not received in our office by the 30th day, your coverage will be permanently terminated.
- 7. If you were enrolled in the County's voluntary supplemental life insurance while employed, you may convert to an individual policy directly with ReliaStar ING. Your life insurance conversion form and proof of enrollment are enclosed. You have 30 days to enroll.
- 8. If you were enrolled in Humana's voluntary Whole Life insurance or Critical Illness coverage while employed with the County, you may convert to an individual policy with Humana. Please contact Humana at (877) 378-1505 to convert your policy within 30 days.

Please review the following pages, <u>Important Information About Your COBRA Continuation Rights</u>, and consider your options carefully before you make your decision to elect continuation coverage.

Go to our website at the link below to review detailed information regarding your health plan options: http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm.

If you have additional questions, please call Employee Benefits at (209) 525-5717 or email us at countybenefits@stancounty.com.



Important Information About Your COBRA Continuation Coverage Rights

This notice contains important information about your right to continue your health care coverage in the <u>Stanislaus County group health plan</u> (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information contained in this notice very carefully before you make your decision.

What is COBRA continuation coverage?

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee.

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. You can access the Marketplace for your state at www.HealthCare.gov or to compare your options, contact Alliant at 800-444-1188.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also terminate your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health
 plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified
 beneficiary (note: there are limitations on plans' imposing a preexisting condition exclusion and such
 exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage, for a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of COBRA continuation coverage?

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the Plan Administrator of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice and proof of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect continuation coverage?

To elect COBRA continuation coverage, you must complete the COBRA Election Form and submit with payment according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

When and how must payment for COBRA continuation coverage be made?

Each qualified beneficiary is required to pay the entire cost of continuation coverage and may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice. The premium payments for the "initial premium months" must be paid for you (the employee) and for any spouse or dependent child by the 45th day after electing continuation coverage. The initial premium months are the months that end on or before the 45th day after the election of continuation coverage is made.

Once continuation coverage is elected, the right to continue coverage is subject to timely payment of the required COBRA premiums. Coverage will not be effective for any initial premium month until that month's premium is paid within the 45-day period after the election of continuation coverage is made.

Monthly Premium Payments

All other premiums payments for health insurance coverage under COBRA are due on the 1st day of each month of coverage. Monthly premiums may be paid in advance, but no more than one month prior to the due date. COBRA regulations allow an additional 30-day grace period to make a payment for insurance coverage before terminating COBRA eligibility. However, COBRA participants are encouraged to pay monthly insurance premiums by the 1st day of each month to avoid any delay in claim payments or benefits eligibility. If payment is not received by the 1st day of the month, COBRA coverage will be placed on hold for non-payment and claims for services rendered during the 30 day grace period will be denied until such time premiums are received. If premiums are received after the first of the month, but prior to the end of the grace period, coverage will be fully reinstated retroactive to the beginning of the month.

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (PPACA) and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of you or any of your family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Administrator

The Employer is the Plan Administrator. All notices, payments and other communications regarding the Plan and COBRA must be directed to the following:

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



STANISLAUS COUNTY PERSONNEL MANUAL REGULAR FULL-TIME/REPRESENTED EMPLOYEES 2015 BENEFIT PACKAGE

ТҮРЕ	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE STANISLAUS COUNTY PARTNERS IN HEALTH (SCPH) OR ANTHEM BLUECROSS Medical Plan Carrier is based on employee's zipcode. See Employee Benefit Guide for zipcode list.	HDHP WITH HSA Employee Only \$302.74 Employee+1 \$605.48 Family \$817.41 EPO Employee Only \$361.99 Employee + 1 \$723.98 Family \$977.38 Health Savings Account (HSA) is funded by the County, \$1,200 single & \$2,000 family per year.	Employee/dependent HDHP coverage paid at 95%. Employee/dependent EPO coverage paid at 80%. Employee share will be deducted semimonthly before tax from paycheck. \$23.75 semimonthly medical waive credit provided with proof of other coverage. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hrs/wk = 75% of the employer contribution 35-39 hr/wk = 90% of the employer contribution	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$17.21 Employee + 1 \$34.42 Family \$58.97 BUYUP PLAN Employee Only \$23.94 Employee + 1 \$47.88 Family \$82.03	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$4.15 Employee + 1 \$8.03 Family \$11.33	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$20,000 - \$ 2.25 EE and SP Opt. 2 - \$30,000 - \$ 3.38 EE and SP Opt. 3 - \$50,000 - \$ 5.63 EE Only Opt. 4 - \$100,000 - \$11.25 EE Only Opt. 5 - \$150,000 - \$16.88 EE Only Opt. 6 - \$200,000 - \$22.50 EE Only Opt. 7 - \$250,000 - \$28.13 EE Only Opt. 8 - \$300,000 - \$33.75 EE Only Opt. 1 - \$10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semimonthly after tax from employees paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$10,000 - \$.43 Attorneys Basic Term Life and AD&D \$50,000 - \$2.63	County pays 100% of Basic Term and Basic Term AD&D Life insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semimonthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

ТҮРЕ	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	3.08 hours first 2 years.	80 hours—2 weeks annually	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
	4.62 hours biweekly beginning 3 rd -10 th year.	120 hours—3 weeks annually	
	6.16 hours biweekly beginning 11 th -20 th year.	160 hours—4 weeks annually	
	7.70 hours biweekly beginning at 21+ years.	200 hours—5 weeks annually	
	Prorated if work less than 80 hours base. Maximum depends on Bargaining Units. MOU provisions apply as appropriate.		
VACATION FLOATS	.62—Posted as part of per pay period vacation accrual.	16 hours total annually—additional vacation included in biweekly accruals.	Taxed when time is used. See vacation accrual. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Cash out per fiscal year contingent upon departmental budget/approval.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
		See MOU provisions for cash-out amounts.	
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE ACCRUAL	Prorated if work less than 80 hours base. 3.7 per pay period.	96.20 annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		Please check applicable MOU for cash-out provisions.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

⁹¹¹ employees, please refer to your MOU.



STANISLAUS COUNTY PERSONNEL MANUAL CONFIDENTIAL EMPLOYEES 2015 BENEFIT PACKAGE

ТҮРЕ	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE STANISLAUS COUNTY PARTNERS IN HEALTH (SCPH) OR ANTHEM BLUECROSS Medical Plan Carrier is based on employee's zipcode. See Employee Benefit Guide for zipcode list.	HDHP WITH HSA Employee Only \$302.74 Employee+1 \$605.48 Family \$817.41 EPO Employee Only \$361.99 Employee + 1 \$723.98 Family \$977.38 Health Savings Account (HSA) is funded by the County, \$1,200 single & \$2,000 family per year.	Employee/dependent HDHP coverage paid at 95%. Employee/dependent EPO coverage paid at 80%. Employee share will be deducted semimonthly before tax from paycheck. \$75.00 semimonthly medical waive credit provided with proof of other coverage. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hrs/wk = 75% of the employer contribution 35-39 hr/wk = 90% of the employer contribution.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$17.21 Employee + 1 \$34.42 Family \$58.97 BUYUP PLAN Employee Only \$23.94 Employee + 1 \$47.88 Family \$82.03	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$4.15 Employee + 1 \$8.03 Family \$11.33	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$20,000 - \$ 2.25 EE and SP Opt. 2 - \$30,000 - \$ 3.38 EE and SP Opt. 3 - \$50,000 - \$ 5.63 EE Only Opt. 4 - \$100,000 - \$11.25 EE Only Opt. 5 - \$150,000 - \$16.88 EE Only Opt. 6 - \$200,000 - \$22.50 EE Only Opt. 7 - \$250,000 - \$28.13 EE Only Opt. 8 - \$300,000 - \$33.75 EE Only Opt. 1 - \$10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semimonthly after tax from employees paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$10,000 - \$.43 Attorneys Basic Term Life and AD&D \$50,000 - \$2.63	County pays 100% of Basic Term and Basic Term AD&D Life insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semimonthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

ТУРЕ	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	3.08 hours first 2 years.	80 hours—2 weeks annually	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes
	4.62 hours biweekly beginning 3 rd -10 th year.	120 hours—3 weeks annually	Retirement Contributable—Yes
	6.16 hours biweekly beginning 11 th -20 th year.	160 hours—4 weeks annually	
	7.70 hours biweekly beginning at 21+ years. Prorated if work less than 80 hours base. Maximum depends on Bargaining Units.	200 hours—5 weeks annually	
VACATION FLOATS	.62—Posted as part of per pay period vacation accrual.	16 hours total annually—additional vacation included in biweekly accruals.	Taxed when time is used. See vacation accrual. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Cash out per fiscal year contingent upon departmental budget/approval. 40 hours with 100 hours minimum balance. 60 hours with 200 hours minimum balance.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE ACCRUAL	Prorated if work less than 80 hours base. 3.7 per pay period.	96.20 annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		0% = 0-6 years of service. 25% = 6+ years of service. 50% = Upon retirement (service or disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
DEFERRED COMPENSATION	1.0% of base wages.	County pays 1.0% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable—Yes
PROFESSIONAL DEVELOPMENT	\$200 annually. (Currently suspended.)	Reimbursement for professional educational expenses, licenses and purchase of computers and related equipment. Depends on items purchased for reimbursement. Contingent upon use of the benefit. This benefit is prorated during the first year of employment and upon retirement.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No



STANISLAUS COUNTY PERSONNEL MANUAL MANAGEMENT EMPLOYEES 2015 BENEFIT PACKAGE

ТҮРЕ	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE STANISLAUS COUNTY PARTNERS IN HEALTH	HDHP WITH HSA Employee Only \$302.74 Employee+1 \$605.48 Family \$817.41	Employee/dependent HDHP coverage paid at 95%. Employee/dependent EPO coverage paid at 80%.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
(SCPH) OR ANTHEM BLUECROSS Medical Plan Carrier is based on employee's zipcode. See Employee Benefit Guide for zipcode list.	EPO Employee Only \$361.99 Employee + 1 \$723.98 Family \$977.38 Health Savings Account (HSA) is funded by the County, \$1,200 single & \$2,000 family per year.	Employee share will be deducted semimonthly before tax from paycheck. \$75.00 semimonthly medical waive credit provided with proof of other coverage. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hrs/wk = 75% of the employer contribution 35-39 hr/wk = 90% of the employer contribution.	Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$17.21 Employee + 1 \$34.42 Family \$58.97 BUYUP PLAN Employee Only \$23.94 Employee + 1 \$47.88 Family \$82.03	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$4.15 Employee + 1 \$8.03 Family \$11.33	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$20,000 - \$ 2.25 EE and SP Opt. 2 - \$30,000 - \$ 3.38 EE and SP Opt. 3 - \$50,000 - \$ 5.63 EE Only Opt. 4 - \$100,000 - \$11.25 EE Only Opt. 5 - \$150,000 - \$16.88 EE Only Opt. 6 - \$200,000 - \$22.50 EE Only Opt. 7 - \$250,000 - \$28.13 EE Only Opt. 8 - \$300,000 - \$33.75 EE Only Opt. 1 - \$10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semimonthly after tax from employees paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	\$30,000 - \$1.58	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semimonthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

TYPE	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	3.08 hours first 2 years. 4.62 hours biweekly beginning 3 rd -10 th year. 6.16 hours biweekly beginning 11 th -20 th year. 7.70 hours biweekly beginning at 21+ years. Prorated if work less than 80 hours base. Maximum of 800 hours plus one year accruals.	80 hours—2 weeks annually 120 hours—3 weeks annually 160 hours—4 weeks annually 200 hours—5 weeks annually	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
VACATION FLOATS	1.24—Posted as part of per pay period vacation accrual.	32 hours total annually—additional vacation. Included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Twice in any 12 month period contingent upon departmental budget/approval and Ventura limitation.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
MANAGEMENT LEAVE		40 hours per year, no carry over, no cash out. Use it or lose it.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
SICK LEAVE ACCRUAL		96.20 hours annually. Credited January 1 annually. Current year's accruals will be prorated upon termination, resignation or retirement. Prorated for new Manager.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes Federal/State—Yes
TERM SICK LEAVE CASH OUT		0% = Less than one year of service. 25% = Over one year of service. 75% = Upon retirement (service or disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE CONVERSION		Convert sick leave to vacation time at open enrollment. Rate=40%. Remaining sick leave balance=500 hours.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DEFERRED COMPENSATION	1.5% of base wages.	County pays 1.5% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable—Yes
PROFESSIONAL DEVELOPMENT	\$700 annually. (Currently suspended.)	Reimbursement for professional educational expenses, licenses and purchase of computers and related equipment. Depends on items purchased for reimbursement. Contingent upon use of the benefit. This benefit is prorated during the first year of employment and upon retirement.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
SHORT TERM DISABILITY		Waiting period—30 days. On day 31 receive 50% biweekly salary for eleven months when completely disabled.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$46.15 or \$92.30 per pay period, plus mileage. Based on Department Head discretion.	\$1,200 or \$2,400 annually based on determination of Department Head.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
MOVING ALLOWANCE Management Lieutenants nlease	Recruited from out-of-County up to \$2,500. Paid by the Department.	See Personnel Policy. Tab 12.	See IRS publication 521.

Management Lieutenants, please refer to your MOU.



STANISLAUS COUNTY PERSONNEL MANUAL MANAGEMENT ATTORNEY EMPLOYEES 2015 BENEFIT PACKAGE

ТУРЕ	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE STANISLAUS COUNTY PARTNERS IN HEALTH (SCPH) OR ANTHEM BLUECROSS Medical Plan Carrier is based on employee's zipcode. See Employee Benefit Guide for zipcode list.	HDHP WITH HSA Employee Only \$302.74 Employee+1 \$605.48 Family \$817.41 EPO Employee Only \$361.99 Employee + 1 \$723.98 Family \$977.38 Health Savings Account (HSA) is funded by the County, \$1,200 single & \$2,000 family per year.	Employee/dependent HDHP coverage paid at 95%. Employee/dependent EPO coverage paid at 80%. Employee share will be deducted semimonthly before tax from paycheck. \$75.00 semimonthly medical waive credit provided with proof of other coverage. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hrs/wk = 75% of the employer contribution 35-39 hr/wk = 90% of the employer contribution.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$17.21 Employee + 1 \$34.42 Family \$58.97 BUYUP PLAN Employee Only \$23.94 Employee + 1 \$47.88 Family \$82.03	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$4.15 Employee + 1 \$8.03 Family \$11.33	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$20,000 - \$ 2.25 EE and SP Opt. 2 - \$30,000 - \$ 3.38 EE and SP Opt. 3 - \$50,000 - \$ 5.63 EE Only Opt. 4 - \$100,000 - \$1.25 EE Only Opt. 5 - \$150,000 - \$16.88 EE Only Opt. 6 - \$200,000 - \$22.50 EE Only Opt. 7 - \$250,000 - \$28.13 EE Only Opt. 8 - \$300,000 - \$33.75 EE Only Opt. 1 - \$10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semimonthly after tax from employees paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	\$30,000 - \$1.58	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semimonthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

ТҮРЕ	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	3.08 hours first 2 years.	80 hours—2 weeks annually	Taxed when time is used.
, viionillo viio olionil	4.62 hours biweekly beginning 3 rd -10 th	120 hours—3 weeks annually	Federal/State—Yes
	year. 6.16 hours biweekly beginning 11 th -	160 hours—4 weeks annually	FICA/Medicare—Yes Retirement Contributable—Yes
	20 th year.	200 hours—5 weeks annually	
	7.70 hours biweekly beginning at 21+		
	years.		
	Prorated if work less than 80 hours base. Maximum of 800 hours plus one year accruals.		
VACATION FLOATS	1.24—Posted as part of per pay period vacation accrual.	32 hours total annually—additional vacation. Included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Twice in any 12 month period contingent upon departmental budget/approval and	Federal/State—Yes FICA/Medicare—Yes
TERM VACATION CASH OUT		Ventura limitation. Balance of hours paid at termination.	Retirement Contributable—Yes Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
MANAGEMENT LEAVE		60 hours per year, no carry over, no cash out. Use it or lose it.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
SICK LEAVE ACCRUAL		96.20 hours annually. Credited January 1 annually. Current year's accruals will be prorated upon termination, resignation or retirement. Prorated for new Manager.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		0% = Less than one year of service. 25% = Over one year of service. 75% = Upon retirement (service or disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE CONVERSION		Convert sick leave to vacation time at open enrollment. Rate=40%. Remaining sick leave balance=500 hours.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DEFERRED COMPENSATION	1.5% of base wages.	County pays 1.5% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable—Yes
PROFESSIONAL DEVELOPMENT	\$700 annually.	Reimbursement for professional educational expenses, licenses and purchase of computers and related equipment. Depends	Reimbursement can be either: Taxable Federal/State—Yes
	(Currently suspended.)	on items purchased for reimbursement. Contingent upon use of the benefit. This benefit is prorated during the first year of employment and upon retirement.	FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
BAR DUES SHORT TERM DISABILITY	Applicable rate.	Paid annually by the Department. Waiting period—30 days. On day 31	Not applicable. Federal/State—Yes
SHORT TERM DISABILITY		receive 50% biweekly salary for eleven months when completely disabled.	FICA/Medicare—Yes Retirement Contributable—Yes
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$46.15 or \$92.30 per pay period, plus mileage. Based on Department Head discretion.	\$1,200 or \$2,400 based on determination of Department Head.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
MOVING ALLOWANCE	Recruited from out-of-County up to \$2,500. Paid by the Department.	See Personnel Policy. Tab 12.	See IRS publication 521.



STANISLAUS COUNTY PERSONNEL MANUAL DEPARTMENT HEADS 2015 BENEFIT PACKAGE

ТУРЕ	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE STANISLAUS COUNTY PARTNERS IN HEALTH (SCPH) OR ANTHEM BLUECROSS Medical Plan Carrier is based on employee's zipcode. See Employee Benefit Guide for zipcode list.	HDHP WITH HSA Employee Only \$302.74 Employee+1 \$605.48 Family \$817.41 EPO Employee Only \$361.99 Employee + 1 \$723.98 Family \$977.38 Health Savings Account (HSA) is funded by the County, \$1,200 single & \$2,000 family per year.	Employee/dependent HDHP coverage paid at 95%. Employee/dependent EPO coverage paid at 80%. Employee share will be deducted semimonthly before tax from paycheck. \$75.00 semimonthly medical waive credit provided with proof of other coverage. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hrs/wk = 75% of the employer contribution 35-39 hr/wk = 90% of the employer contribution.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$17.21 Employee + 1 \$34.42 Family \$58.97 BUYUP PLAN Employee Only \$23.94 Employee + 1 \$47.88 Family \$82.03	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$4.15 Employee + 1 \$8.03 Family \$11.33	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$20,000 - \$ 2.25 EE and SP Opt. 2 - \$30,000 - \$ 3.38 EE and SP Opt. 3 - \$50,000 - \$ 5.63 EE Only Opt. 4 - \$100,000 - \$1.25 EE Only Opt. 5 - \$150,000 - \$16.88 EE Only Opt. 6 - \$200,000 - \$22.50 EE Only Opt. 7 - \$250,000 - \$28.13 EE Only Opt. 8 - \$300,000 - \$33.75 EE Only Opt. 1 - \$10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semimonthly after tax from employees paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	\$30,000 - \$1.58	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semimonthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

TYPE	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	4.62 hours biweekly first year.	120 hours—3 weeks annually	Taxed when time is used. Federal/State—Yes
VACATION ACCRUAL	6.16 hours biweekly beginning 2 nd -	160 hours—4 weeks annually	Fica/Medicare—Yes
	20 th year.	200 hours—5 weeks annually	Retirement Contributable—Yes
	7.70 hours biweekly beginning at 21+		
	years.		
	Prorated if work less than 80 hours base. Maximum of 800 hours plus		
	one year accruals or their actual		
	balance on 12/15/95 if more than 800		
	hours.		
VACATION FLOATS	1.24—Posted as part of per pay period	32 hours total annually—additional	Taxed when time is used. Federal/State—Yes
	vacation accrual.	vacation. Included in biweekly accruals.	FICA/Medicare—Yes
ANNUAL VACATION CASH		Twice in any 12 month period contingent	Retirement Contributable—Yes Federal/State—Yes
OUT ALLOWANCE		upon departmental budget/approval and	FICA/Medicare—Yes
TERM VACATION CASH		Ventura limitation.	Retirement Contributable—Yes Federal/State—Yes
OUT CASH		Balance of hours paid at termination.	FICA/Medicare—Yes
			Retirement Contributable—No
MANAGEMENT LEAVE		40 hours per year, no carry over, no cash out. Use it or lose it.	Federal/State—Yes FICA/Medicare—Yes
			Retirement Contributable—Yes
SICK LEAVE ACCRUAL		96.20 hours annually. Credited January 1	Taxed when time is used.
		annually. Current year's accruals will be	Federal/State—Yes FICA/Medicare—Yes
		prorated upon termination, resignation or retirement. Prorated for new Department	Retirement Contributable—Yes
		Head.	
TERM SICK LEAVE CASH		0% = Less than one year of service. 25% = Over one year of service.	Federal/State—Yes
OUT		75% = Upon retirement (service or	FICA/Medicare—Yes
		disability) or death up to 600 hours or individual maximum set in 11/9/94 and	Retirement Contributable—No
		1/18/95. Employees receive hour for hour	
		retirement service credit for any sick leave	
		above 600 hours or their personal maximum amount.	
GYCY I FAVE CONVERGION		Convert sick leave to vacation time at open	Taxed when time is used.
SICK LEAVE CONVERSION		enrollment. Rate=40%. Remaining sick leave balance=500 hours.	Federal/State—Yes FICA/Medicare—Yes
			Retirement Contributable—Yes
DEFERRED	2.0% of base wages.	County pays 2.0% of employee's base	Federal/State—No
COMPENSATION		wages to designated deferred compensation	FICA/Medicare—No Retirement Contributable—Yes
		plan. Reimbursement for professional educational	Reimbursement can be either:
PROFESSIONAL	\$900 annually.	expenses, licenses and purchase of	Taxable
DEVELOPMENT	(Currently suspended.)	computers and related equipment. Depends on items purchased for reimbursement.	Federal/State—Yes FICA/Medicare—Yes
	(Carrenty suspended.)	Contingent upon use of the benefit. This	Retirement Contributable—No
		benefit is prorated during the first year of employment and upon retirement.	Non-Taxable Federal/State—No
		employment and upon remement.	FICA/Medicare—No Retirement Contributable—No
CHORE TERM DIC : Day 100		W	Federal/State—Yes
SHORT TERM DISABILITY		Waiting period—30 days. On day 31 receive 50% biweekly salary for eleven	FICA/Medicare—Yes
		months when completely disabled.	Retirement Contributable—Yes
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month.	Premium Federal/State—No
LONG TERM DISABILITY		Waiting period—365 days.	FICA/Medicare—Yes
			Retirement Contributable—No
CAR ALLOWANCE	\$184.62 per pay period, plus mileage.	\$4,800 annually.	Federal/State—Yes
			FICA/Medicare—Yes Retirement Contributable—Yes
MOVING ALLOWANCE	Recruited from out-of-County up to	Co- Damond Police T 1 12	C IDC11:1' 521
	\$3,000. Paid by the Department.	See Personnel Policy. Tab 12.	See IRS publication 521.



STANISLAUS COUNTY PERSONNEL MANUAL BOARD MEMBERS AND OTHER ELECTED OFFICIALS 2015 BENEFIT PACKAGE

ТҮРЕ	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE STANISLAUS COUNTY PARTNERS IN HEALTH (SCPH) OR ANTHEM BLUECROSS Medical Plan Carrier is based on employee's zipcode. See Employee Benefit Guide for zipcode list.	HDHP WITH HSA Employee Only \$302.74 Employee+1 \$605.48 Family \$817.41 EPO Employee Only \$361.99 Employee + 1 \$723.98 Family \$977.38 Health Savings Account (HSA) is funded by the County, \$1,200 single & \$2,000 family per year.	Employee/dependent HDHP coverage paid at 95%. Employee/dependent EPO coverage paid at 80%. Employee share will be deducted semimonthly before tax from paycheck. \$75.00 semimonthly medical waive credit provided with proof of other coverage.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$17.21 Employee + 1 \$34.42 Family \$58.97 BUYUP PLAN Employee Only \$23.94 Employee + 1 \$47.88 Family \$82.03	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$4.15 Employee + 1 \$8.03 Family \$11.33	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$20,000 - \$ 2.25 EE and SP Opt. 2 - \$30,000 - \$ 3.38 EE and SP Opt. 3 - \$50,000 - \$ 5.63 EE Only Opt. 4 - \$100,000 - \$11.25 EE Only Opt. 5 - \$150,000 - \$16.88 EE Only Opt. 6 - \$200,000 - \$22.50 EE Only Opt. 7 - \$250,000 - \$28.13 EE Only Opt. 8 - \$300,000 - \$33.75 EE Only Opt. 1 - \$10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semimonthly after tax from employees paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	\$30,000 - \$1.58	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semimonthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No

ТҮРЕ	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL		Not applicable.	
VACATION FLOATS		Not applicable.	
ANNUAL VACATION CASH OUT ALLOWANCE		Not applicable.	
TERM VACATION CASH OUT		Not applicable.	
MANAGEMENT LEAVE		Not applicable.	
SICK LEAVE ACCRUAL		Not applicable.	
TERM SICK LEAVE CASH OUT		Not applicable.	
SICK LEAVE CONVERSION		Not applicable.	
DEFERRED COMPENSATION	2.0% of base wages.	County pays 2.0% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable—Yes
PROFESSIONAL DEVELOPMENT	\$900 annually. (Currently suspended.)	Reimbursement for professional educational expenses, licenses and purchase of computers and related equipment. Depends on items purchased for reimbursement. Contingent upon use of the benefit. This benefit is prorated during the first year of employment and upon retirement.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
SHORT TERM DISABILITY		Not applicable.	
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$184.62 per pay period, plus mileage.	\$4,800 annually.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
MOVING ALLOWANCE	Detinos de Don Car	Not applicable.	

See Tab 23 for an explanation of Retirement Benefits.

DEFERRED COMPENSATION

Mass Mutual Deferred Compensation Plan (Formerly The Hartford)

GENERAL INFORMATION

Employees have the option to participate in a County Sponsored Deferred Compensation Plan through Mass Mutual. Voluntary Contributions are optional by completing an enrollment form at any time during the year. Deductions may be taken up to 26 pay periods per year. Employees may increase/decrease or stop their contributions at any time by using eBenefits Self Service. If Self Service is unavailable, employees must complete the Contribution Change Form and submit electronically.

The <u>Enrollment</u> form must be submitted to Employee Benefits for enrollment processing and signature by the Plan Sponsor/Administrator. If you are making an Investment Change or a Withdrawal after termination, contact Mass Mutual.

All newly Hired or Promoted Management, Confidential Employees, and Attorneys must complete a Deferred Compensation Enrollment Form as the County contributes a percentage of their salary as a benefit.

Deferred Compensation Pre-retirement Catch Up Contribution

If an employee wishes to utilize the catch up provision, by deferring amounts that were not deferred under the plan limitations during taxable years that the plan was available to them, they will need to complete a Contribution Change form and a Pre-retirement Catch-Up Notification form. Pre-retirement Catchup Provision only available during the three years prior to, but not including, the year the participant will reach normal retirement age. These forms are located on Employee Benefits website.

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

Investment Election Change/Transfer-Deferred Compensation/Withdrawals after Termination

This option must be done by contacting Mass Mutual at (800) 528-9009, or by accessing their web site @ www.retire.hartfordlife.com.

Withdrawals

Employees are eligible to withdraw their funds from Hartford only after they terminate employment. However, if an employee is experiencing a financial hardship they may qualify for a Hardship Withdrawal and must contact Mass Mutual to obtain information and forms.

Deferred Compensation Loan Process

- 1. Participant will call Mass Mutual's customer service at (800) 528-9009 and request a loan quote/loan data to be faxed or emailed directly to the participant.
 - (Mass Mutual will verify participant's account balance and loan amount available, interest rate, repayment amount & schedule.)
- 2. Participant completes loan application and sends back to Mass Mutual for processing. Do not send application to Employee Benefits.
- 3. Mass Mutual will send the loan check within approximately 7 working days to participant's address on Loan Application and notify Employee Benefits.
- 4. Employee Benefits will setup payroll loan deduction to be deducted bi-weekly from the participant's payroll check.

EARLY PAYOFF OF YOUR LOAN

If you decide to pay off your Deferred Compensation Loan early, you must contact Mass Mutual for assistance. Participants will be able to send a check directly to Mass Mutual or go online through their website and payoff the loan. You will need to call Mass Mutual or go online for the current payoff amount of the loan.

If you have any questions about the above process, please call Mass Mutual at (800) 528-9009 or go online to https://retire.hartfordlife.com.

Rev. 05/13

THE HARTFORD GROUP RETIREMENT PROGRAMS LOAN PROGRAM FAST FACTS

The following information is intended to serve as a quick reference on the features of The Hartford's Government Market loan program available for 457(b) plans.

FEATURES						
Loan Types / Loan Terms	General Purpose Loan: 1 - 5 years					
	• Primary Residence Loan: 1 - 20 years					
Loan Minimum	• \$1,000					
Loan Maximum	The loan may not exceed:					
	 50% when added to the outstanding balance of all other retirement plans sponsored by the employer and the participant's vested account value (excluding Self Directed Brokerage Account "SDBA" balance) or \$50,000 minus the highest total amount of outstanding loan balance(s) from the plan during the 12-month period to the date the loan is made. 					
	• In calculating the maximum loan amount, it is the employee's responsibility to consider any outstanding loans they may have from other retirement plans offered through their employer. The Hartford uses only information available under its group retirement plan contracts and will not be responsible for any adverse tax consequences that may result.					
Effect of Borrowing on	Proceeds of loan to be taken pro-rata from all available investment options					
Account	(except SDBA)					
	• SDBA balance, if applicable, <u>not</u> included in calculation of available loan amount					
	Before any terminations or distributions to participant or beneficiary, the account Description Descript					
Loan Interest Rate /	balance will be reduced by the amount of any outstanding loan balance					
Calculation	• Loan rate: "Prime + 1". However, a different rate may be set by the plan sponsor					
Calculation	 Rate fixed for term of loan Daily interest calculation 					
	 Daily interest calculation All interest repaid to the participant account – allocated to account per 					
	participant's current investment election					
Loan Repayment	Repayment occurs via payroll deduction					
	Frequency bi-weekly					
	110quoney or moonly					
	No partial prepayments allowed					
	Early repayment (in full) allowed; check remittance generally allowed only for					
	early payoff of loan					
	Repayments are returned to participant account according to their current					
	investment election					
Limit on Number of	One active loan at a time AND only one loan in a 12 month period					
Outstanding Loans						
Loan Fees	 One-time set up fee – \$50 Taken from participant account on a pro-rata basis from all investment options with a balance (except SDBA fund) Setup fee deducted from account in addition to principal amount of loan 					

Rev. 10/16/07 Page 1

THE HARTFORD GROUP RETIREMENT PROGRAMS LOAN PROGRAM FAST FACTS

The following information is intended to serve as a quick reference on the features of The Hartford's Government Market loan program available for 457(b), 403(b) and governmental 401(a) plans \(^1\).

FEATURES	
Documentation Applicable to Plan Sponsor or Participant	 Plan Sponsor's governing plan document must make provision for loans Plan Sponsor's Administrative Services Agreement with the Hartford (if applicable to plan) must make provision for loans Participant Loan Application & Agreement detailing terms, conditions and applicable fees Participant loan guide (included with terms & conditions) Spousal Consent for Loan Security form (if applicable)
Plan Sponsor Reporting: Plan Summary Statements, Internet	 Plan Summary Statements detail net loan activity and outstanding loan balance Internet details net loan activity and outstanding balance Sponsor notification of loan defaults
Participant Reporting: Statements, Confirms, Internet and VRU	 Loan confirm issued with check to participant Loan amortization schedule Outstanding loan(s) and recent payments detailed on statements Internet detail includes: loan balance(s), date of loan, amount borrowed, interest rate, payoff date, last payment date and loan payment amount VRU detail includes: loan balance(s), payoff amount and loan modeling
Plan Administrator's Guide	Contains Loan program overview and processing details
Hartford Customer Service	1-800-528-9009

Rev. 10/16/07 Page 2

Loan Application & Agreement - 457(b)

Mail Address: Retirement Plan Service Center Hartford Life Insurance Company PO Box 1583, Hartford, CT 06144-1583 Overnight Mail Address: Retirement Plan Service Center Hartford Life Insurance Company 1 Griffin Road North, Windsor, CT 06095-1512



Group Number:	Plan Name:	Social Security Number:
150163 Stanislaus County Employee Name: Last, First, M.I.		<i>y</i>
Employee Name. Last, 1 list, W.I.		
Address: City, State, Zip		
Home Phone:		Nork Phone/Ext.:
request a loan, or have an outstand \$\ or, i The Maximum Amount Available (loan proceeds are to be issued from	I: I hereby request to borrow from ming loan, if my benefit is in pay statudif less is available, the Maximum Am \$1,000 minimum). The Maximum An the plan. The Maximum Amount Amo	•
from my Participant's account under		payable will include a processing fee of \$50 to be deducted amount borrowed. Additionally, a maintenance fee of \$12.50 lar quarter.
		any Loan Fee will be withdrawn from my account under the Plan Account) and from each contribution source on a pro-rata basis.
☐ 1 Year ☐ 2 Years ☐ 3	o repay this loan to my account throu Years	ears
which a payment is due in accordangeriod following the date this loan is I understand that loan repayments	ce with the terms of the Promissory Nentered into or as soon as administr	yments to be made by payroll deduction for each pay period in lote and Loan Agreement, starting with the first applicable payatively practicable and continuing until the loan is repaid in full. choices under the Plan in accordance with my most current ected Brokerage Account).
B. Required to be completed by Loan Interest Rate: (Interest rate w specified.)		est Rate currently on file with The Hartford unless otherwise
'	Bi-Weekly Semi-Monthly Mo	inthly
the outstanding amount of this loan employment or termination of the F considered due and payable. My ve before any distribution to me or my be a Promissory Note. I understand and or amended except in writing and representing this loan shall constitution.	without penalty. Partial prepayments Plan prior to the full repayment of the sted account balance will be reducted account balance will be reducted eneficiary, whichever is applicable. It agrees that none of the terms or providuly executed by me and the Plante my agreement to all terms of the	n page 2 of this application. I understand that I may fully repays are not allowed. Upon my retirement, death or termination of the loan, the outstanding principal amount of the loan will be sed by the amount of outstanding principal balance of the loan understand and agree that with the loan proceeds I will receive sions of this Promissory Note may be waived, altered, modified Trustees. I further understand my endorsement of the check Promissory Note and Loan Agreement. If I return the check to fee of \$75 from my account under the Plan.
Employee's Signature Please forward this application to yo	our Plan Administrator for final review	Date and approval.
as applicable, that I have considered Participant. I hereby direct Hartford L	any other loan made from any other life to issue the loan proceeds accom	participant is true and accurate to the best of my knowledge and, plan of the employer in determining the amount available to the panied by a Promissory Note to the Participant based upon the ssed as of the date it is received in good order at Hartford Life.
Plan Administrator's Signature	Please make a conv for	Vour records Date

Loan Agreement

I agree that the following terms will apply to the Loan issued to me by the Plan.

<u>Terms of the Plan</u>: This Loan Agreement and the Loan being made to me are subject to the terms of the Plan as now in effect or later amended, including any rules made by the Plan Administrator under the authority of the Plan. The pertinent provisions and defined terms of the Plan and rules of the Plan Administrator are considered in the terms of this Agreement.

Effect of Borrowing - Limitations: I agree that the amount borrowed will be advanced from my investment accounts maintained under the Plan on my behalf in accordance with the Plan provisions. I understand that the maximum Loan amount is limited to the lesser of 50% of my vested account balance under the Plan or \$50,000 reduced by the highest outstanding balance on any loan(s) made to me from this Plan (or any other Plan sponsored by the Employer) during the twelve months period ending on the date this Loan is made.

<u>Effect of Repayment</u>: As I repay this Loan, the repayment (both principal and interest) will be credited to my Plan account and invested in accordance with the terms of the Plan. *I will be provided with a complete repayment schedule for this Loan*.

<u>Loan Terms</u>: The basic terms of the Loan are specified in the Promissory Note provided with the loan proceeds. I promise to repay this Loan in the manner and to the extent required by this Agreement and rules of the Plan Administrator.

Repayment of Loan: During any period I am employed by the Employer, I hereby authorize the Plan Administrator to deduct from my salary, or amounts paid in lieu thereof, the repayment amounts set forth in the Promissory Note. During any period of time when I am not receiving salary or amounts paid in lieu thereof (such as certain periods of layoff or leaves of absence) or my salary or other payment is insufficient to make the required repayment or if I should cancel my salary deduction authorization, I agree to make the scheduled repayment when due (or any deficiency therein) by check to the Plan Administrator

Event of Default: If any of the following events occur before this Loan plus interest is repaid in full, there shall be an event of default: (1) termination of my employment for any reason (including death); (2) a distribution is required to be made under a qualified domestic relations order affecting my account and the distribution would exceed my interest in the Plan less the amount of the Loan outstanding plus accrued but unpaid interest; or (3) my failure to repay the Loan for three consecutive months. Upon the event of default, I acknowledge that the entire balance of the Loan plus any accrued but unpaid interest shall be considered immediately due and payable. If I do not repay the Loan within 31 days of an event of default, I authorize the Plan Administrator to foreclose on the outstanding Loan by deducting the unpaid Loan balance plus accrued but unpaid interest from my account, to the extent permitted by law.

Early and Late Repayment: I have the right to repay at the end of the any month in full (but not in part) the outstanding principal balance of the Loan plus accrued but unpaid interest to the date of such repayment.

<u>Security Interest</u>: I understand that the Loan shall be secured by a lien on my interest in the Plan equal to the value of the outstanding principal plus interest. Accordingly, I grant a security interest in, and a general lien upon, the vested balance of my Plan account as security for the payment when due of the principal and interest on the Loan.

<u>Defined Terms</u>: "Plan" means the Eligible Deferred Compensation Plan funded by a Hartford Life Insurance Company investment product identified by the Group No. on this document. "Employer" means the Plan's sponsor. The term "Loan," "Plan Administrator," and "Trustee(s)" have the meaning given such terms under the Plan.

FLEXIBLE SPENDING ACCOUNTS

GENERAL INFORMATION

Flexible spending accounts allows you to use pre-tax dollars to help reduce your taxable gross and pay for certain out-of-pocket expenses.

To enroll in a Flexible Spending Account, all you have to do is estimate how much money you spend for out-of-pocket health care and/or dependent care expenses for the plan year and complete the County Benefit Enrollment Form indicating your annual pledge and semi-monthly contribution.

Employees can enroll:

- ♦ When they are hired as a full time employee
- Within 30 days of the addition of an eligible dependent
- ◆ During the County's annual Open Enrollment effective January 1st of each year.

Annual pledges must be allocated semi-monthly for 24 continuous pay periods for the plan year. The only exception to change or stop a semi-monthly deduction would be due to a qualifying event.

Any money left in an account at the end of the plan year, for which the employee does not have an eligible claim, will be forfeited pursuant to federal guidelines. Employees have 90 days after the end of the plan year to claim incurred expenses, which were incurred late in the plan year.

DEPENDENT CARE SPENDING ACCOUNT

MAXIMUM ANNUAL CONTRIBUTION - \$5,000.00 (\$2,500.00 if married filing separate)

Estimating dependent day care expenses is easy. For example if your child spends all but two weeks a year in day care and you spend \$50 per week, your expenses are \$2,500 per year (50 weeks x \$50).

You cannot claim Dependent Care Tax Credits on your income tax return if you have a Dependent Care Spending Account.

To file a claim for expenses you can either mail a claim form with copies of receipts describing the service and the amount for the service to WageWorks, or the said information can be faxed. The provider's tax ID number is required for all dependent day care claims. You may also use your Take Care Debit Card that is provided by WageWorks.

FLEXIBLE SPENDING ACCOUNT – (CONTINUED)

HEALTH CARE SPENDING ACCOUNT

MAXIMUM ANNUAL CONTRIBUTION – \$2500.00

You should estimate any out of pocket expenses for the coming plan year. Examples of covered expenses would be; office visit co-pays, medications, orthodontics, and chiropractic visits. See list of qualifying medical expenses on the WageWorks website.

Eligible expenses would also be covered for a spouse and any person who would qualify as a dependent, under federal income tax rules (even if not covered by your health insurance company).

If you should miss a paycheck due to an unpaid absence, you will be responsible for the FSA admin fee. Failure to pay the admin fee while on unpaid absence will result in an adjustment to your paycheck when you have returned to paid status. There will also be an adjustment to your semi-monthly contribution to the FSA account in order to meet the your Annual Pledge.

For further information on how a Flexible Spending Account works or how to figure your annual contribution, you can contact Employee Benefits at 525-5717 or WageWorks.

WageWorks PO Box 14054 Lexington, KY 40512 Phone: (800) 800-950-0105

Fax: (877) 782-8889

http://www.takecarewageworks.com

PERSONNEL/PAYROLL CLERKS:

Employees can obtain forms from the Employee Benefits web site,

@ http://www.stancounty.com/riskmgmt/risk-eb-forms-sub-main.shtm
or from the WageWorks web site.

EMPLOYEE ASSISTANCE PROGRAM

The County provides an Employee Assistance Program (EAP) for all full time employees and their dependents. This plan is offered through ReliaStar ING and includes several EAP options.

OPTIONS

• ComPsych Employee Assistance Program

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

• ComPsych Crisis Intervention

Crisis Intervention is designed to help organizations effectively handle a traumatic incident 24 hours a day. By providing knowledgeable and reliable crisis intervention and critical incident counseling, ComPsych helps employees and organizations recover from crises more quickly, reducing business disruption.

Crisis Intervention features:

Custom plans and preparation for emergencies

Our critical incident response programs are customized to meet the various types of critical incidents that an employee might experience.

o 24/7 worldwide access to critical incident specialists

Crisis Intervention includes a vast network of providers who meet strict credentialing requirements and conduct <u>on-site</u> counseling sessions both for groups and individuals.

o Immediate response

Our counselors can begin crisis intervention and management consultation in as little as <u>two hours</u> when necessary.

o Post-event reporting and consultation

ComPsych experts provide a management report and give recommendations, including follow-up services and planning for future crises.

Department Managers/Supervisors/HR Personnel call ComPsych at 877-533-2363

• Estate Guidance

Estate Guidance from ComPsych offers you the ease of online Will preparation.

• Financial Issues

ComPsych provides consultation with Certified Financial Planners and Certified Public Accountants if you have a concern about a financial matter.

• <u>Legal Services</u>

ComPsych provides immediate, confidential access to staff attorneys who are dedicated to providing practical and understandable information and assistance for a broad range of legal issues.

• Travel Assistance

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

• Funeral Planning and Concierge Service

ING works with Everest Funeral Planning to offer assistance researching, planning, negotiating and scheduling funeral services.

Procedures to obtain services:

Eligible employees will need to identify themselves as an employee of County of Stanislaus when calling the below phone numbers.

• For services offered by ComPsych - call 877-533-2363 or visit their website at: www.guidanceresources.com

Web ID: MY5848i

Company: County of Stanislaus

- ING Travel Assistance- call 800-859-2821 or visit their website at: www.europassistance-usa.com. User Name: ing Password: assistance
- For Funeral Planning services- call 800-456-5050 or visit their website at: www.everestfuneral.com/ing.

Fliers with general EAP information follow this page.

For EAP Policy information, please refer to the County's Personnel Manual on the Human Resources web page.







An Overview of Your ComPsych® **GuidanceResources® Program**

No matter what's going on in your life, ComPsych® GuidanceResources® is here to help.

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a no-cost, companysponsored benefit that is available to you and your dependents to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential counseling service to help address the personal issues you are facing. This service, staffed by experienced clinicians, is available by calling a tollfree phone line available 24 hours a day, seven days a week. A Guidance Consultant will refer you to a local counselor or to resources in your community. Call any time with personal concerns, including:

- > Relationships
- Job pressures
- > Problems with your children
- > Marital conflicts
- > Substance abuse
- > Grief and loss
- > Stress, anxiety or depression > Empty-nesting

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Each time you return, you will receive personalized, relevant information based on your individual life needs. You can:

- > Review in-depth HelpSheets[™] on your topics
- > Get answers to specific questions
- > Search for services and referrals
- > Use helpful planning tools
- Order pre-screened reference books

ComPsych® GuidanceResources®

Call: 877.533.2363

TDD: 800.697.0353

Online: guidanceresources.com

Enter your company Web ID: MY5848i

EB.P.DI.41 152083 v.1008

Access Your ComPsych® GuidanceResources® Program

The single source for confidential support, expert information and valuable resources, when you need it the most. Available 24 hours a day, 7 days a week.

Call: 877.533.2363 TDD: 800.697.0353

EB.P.DI.41 152083 v.1008

Online: guidanceresources.com

Company ID: MY5848i

Please detach wallet card along the dotted lines.

Access Your ComPsych® GuidanceResources® Program

The single source for confidential support, expert information and valuable resources, when you need it the most. Available 24 hours a day, 7 days a week.

Call: 877.533.2363

EB.P.DI.41 152083 v.1008

Online: guidanceresources.com

Copyright © 2008 ComPsych Corporation. All rights reserved

TDD: 800.697.0353 Company ID: MY5848i

Copyright © 2008 ComPsych Corporation. All rights reserved



How Your ComPsych® GuidanceResources® Program Can Help

EstateGuidance®

The Importance of Having a Will

There are many reasons to have one.

A will is one of the most important legal documents for you to have. It ensures that you will control who gets your property, who will be the guardian of your children and who will manage your estate when you die.

Now you have the ability to create a simple will* at no cost.

EstateGuidance is an employee benefit that offers you the ease and simplicity of online will preparation—right on your PC! Just access the site using the directions provided and supply the information at the prompts. Your will can be completed online and downloaded to your computer. In addition, you will receive instructions about how to execute your will and store it, as well as access to Web-based support.

Logon to EstateGuidance to:

- > Complete a customized will for your estate
- > Utilize an intelligent online questionnaire to guide you through the process
- > Name a guardian for your children
- > Name an executor(s) to settle your estate
- > Specify funeral and burial wishes
- > Make revisions at no cost for up to 30 days
- * A simple will does not cover credit shelter trust, printing or certain other features. These features are available at an additional cost.

ComPsych® GuidanceResources®

Your single source for confidential support, expert information and valuable resources. Available 24 hours a day, 7 days a week.

Instructions to Access EstateGuidance

Visit: www.EstateGuidance.com

Enter your company name and ID: MY5848i



How Your ComPsych® GuidanceResources® Program Can Help

Financial Issues

Even though money doesn't buy happiness, not having enough of it to pay the bills can cause a lot of unhappiness. Even if you can pay the bills, there still may not be enough money left over to reach long-term financial objectives like college and retirement. For these reasons, most of us need help with money management and financial planning from time to time.

How it works

When you call GuidanceResources® with a concern about a financial matter, a Guidance Consultant will talk to you about your specific situation and schedule a phone appointment for you with one of our staffed financial experts. ComPsych employs an in-house staff of experts, including Certified Public Accountants (CPAs), Certified Financial Planners (CFPs) and other professionals exclusively dedicated to providing telephonic information. Our experts are not associated with any financial institution and are thereby able to provide impartial information.

You can make an unlimited number of calls to our financial experts as you work to make your bank account fiscally fit.

Online Information, Tools and Services

Here are a few of the issues our financial experts can help you with:

- > Debt management
- > Family budgeting
- > Financing college
- > Tax questions
- > Retirement planning
- > Real estate
- > Investment options
- > Mortgages, loans and refinancing

ComPsych® GuidanceResources®

Your single source for confidential support, expert information and valuable resources. Available 24 hours a day, 7 days a week.

Call: **877.533.2363**

TDD: 800.697.0353

Online: guidanceresources.com

Enter your company Web ID: MY5848i



How Your ComPsych® GuidanceResources® Program Can Help

Legal Issues

In the movies we often hear a character say, "My attorney will contact you," but the reality is that few of us have our own attorney. Plus, legal matters can be complicated and often times intimidating. For these reasons, GuidanceResources® offers a legal consultation resource available to you and your dependent family members to help if you have legal questions or concerns. Best of all, it is a free and confidential service.

How it works

When you call GuidanceResources with a concern about a legal matter, a Guidance Consultant will talk to you about your specific situation and schedule a phone appointment for you with one of our staffed attorneys. If you need more immediate help, you can be put in a queue to talk to an attorney as soon as one becomes available.

If following your consultation, your legal matter requires representation, you can receive a referral to a local attorney in the GuidanceResources network whose services are available to you at a discount. How may we help you?

Here are a few issues our attorneys can help you with:

> Divorce and family law

> Wills

> Landlord-tenant issues

> Living wills

> Real estate

Living trustsName change

Credit issuesImmigration

> Prenuptial agreement

> DUI/DWI

Please note: GuidanceResources cannot help you with any employment related issues.

ComPsych® GuidanceResources®

Your single source for confidential support, expert information and valuable resources. Available 24 hours a day, 7 days a week.

Call: **877.533.2363**

TDD: 800.697.0353

Online: **guidanceresources.com**Enter your company Web ID: **MY5848i**



Security When You Travel

We live in a highly connected world where frequent domestic and international travel is the norm. ING Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependents will have toll-free or collect-call access to the ING Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world.

Covered Services

When traveling more than 100 miles from home, ING Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

Pre-Trip Information

These valuable services help you start your trip the right way. ING Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

Emergency Personal Services

In the event of an unexpected situation of a non-medical nature, ING Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

IF YOU NEED EMERGENCY OR PRE-TRIP SERVICES..

...use the contact information on the reverse and identify yourself as an eligible participant in the ING Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, ING Travel Assistance will arrange and provide the Emergency Transportation Services previously described.

Please note: Covered services are only eligible for payment through ING Travel Assistance if ING Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of

those costs if initially paid by ING Travel Assistance; ING Travel Assistance will ask for your credit card and debit your account for the required amount.





ING TRAVEL ASSISTANCE

Contact ING Travel Assistance 24 hours a day, 365 days a year for Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services

In the US, Toll Free: 800.859.2821 Worldwide, Collect: 202.296.8355 Email: ops@europassistance-usa.com Web: www.europassistance-usa.com User ID- ing Password- assistance



Medical Assistance Services Include:

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to \$10,000 with a written guarantee of reimbursement from the eligible participant.)

Emergency Transportation Services*

Should you need medical care or assistance while traveling, ING Travel Assistance can help. When deemed medically necessary by an ING Travel Assistance designated physician, evacuation and transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf. Additional transportation services include:

- · Visit of family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

How It Works

At any time before or during a trip, you may contact ING Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

* The services listed above are subject to a maximum combined single limit of \$150,000.

Exclusions and Limitations

- A. ING Travel Assistance shall not provide services enumerated if the covered service is sought as a result of your or your dependent's:
- Involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power;
- Travel against the advice of a physician;
- Travel for the purpose of obtaining medical treatment;
- Travel in any country in which the U.S. State Department issued travel restrictions;
- Commission of or attempt to commit an unlawful act;
- Being under the influence of drugs or intoxicants unless prescribed by a physician;
- Pregnancy and childbirth (except for complications of pregnancy);
- Mental or emotional disorders, unless hospitalized;
- Participation as a professional in athletics:
- Services provided for which no charge is normally made;
- Travel within 100 miles of your permanent residence, unless in a foreign country.
- B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, ING Travel Assistance may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay.

- ING Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit ING Travel Assistance to fully provide services.
- C. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by ING Travel Assistance in consultation with a local attending physician or to any condition excluded hereunder, and the Employer or Plan Sponsor agrees to be financially responsible for all expenses related to that transport, ING Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if ING Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
- D. ING Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of ING Travel Assistance's inability to reach the Employer's or Plan Sponsor's authorized Contact person for any reason beyond ING Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by ING Travel Assistance.

www.ing.com/us www.ingemployeebenefits-us.com

Products that span the financial spectrum. Distribution through customers' channel of choice. Services to help manage financial, benefits, and retirement programs. The ING family of companies in the United States provides financial solutions for individuals, organizations and companies. Through a network of wholly owned, indirect subsidiaries, we help people prepare for a financial future. Your goals are our business. Insurance products and services provided by ReliaStar Life Insurance Company. ING Travel Assistance services provided by Europ Assistance USA, 1825 K Street N.W., Suite 1000, Washington, DC 20006. Products and services may not be available in all states. © 2007 ING North America Insurance Corporation.

Funeral Planning and Concierge Service

Offered through ING Employee Benefits



The death of a family member is one of life's most stressful times. It requires grieving survivors to quickly make many decisions about funeral services, something most of us know little about.

Employees and eligible family members have access to Everest Funeral Planning and Concierge Service to assist with funeral planning and negotiation at time of need as well as pre-planning tools that can be used to research and document decisions and wishes.

Everest is an independent service that works exclusively on behalf of their clients and is not associated with any funeral home or service provider.

Services Provided by Everest

Employees eligible for Group Life coverage, their spouse/partner and children under the age of 25 are entitled to the following services at no cost:

- Unlimited use of Everest's secure, online planning tools to include personalized PriceFinder Reports that compare local funeral home prices nationwide.
- Round-the-clock, toll-free access to Everest Advisors who can answer general funeral planning questions.
- Concierge services at or near the time of death, to provide personal assistance including planning a funeral or memorial service and negotiating prices with the funeral home(s) selected by the family.

Additional Information & Access

To access this benefit go to the Everest Enrollment site to create your personal user ID and profile which can be used to enter Everest's Planning Tools Center.

www.everestfuneral.com/ing

If you do not have internet access, or would like further information or assistance, contact an Everest Service Advisor at 1-877-456-5050.

Insurance products are issued by ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York, members of the ING family of companies. Only ReliaStar Life Insurance Company of New York is admitted and its products issued, within the state of New York. Products and services may not be available in all states. Funeral Planning and Concierge Service provided by Everest Funeral Package, LLC., 1300 Post Oak Blvd., Suite 1210, Houston, TX 77056

MANAGEMENT DISABILITY PLANS

LONG TERM DISABILITY PLAN (LTD) SHORT TERM DISABILITY GUIDELINES

MANAGEMENT LONG TERM DISABILITY PLAN (LTD)

GENERAL INFORMATION

Stanislaus County offers Management/Department Head employees a Management Long Term Disability (LTD) plan through ReliaStar Life Insurance Company.

LTD, insurance provides financial protection for eligible employees by paying a portion of their income while they are disabled. Some disabilities many not be covered or may have limited coverage. The amount an individual receives is based on the amount of their monthly pre-disability earnings. In some cases, eligible employees can receive disability payments even if they work while they are disabled.

BENEFITS AT A GLANCE

Eligible Class(es):

- ◆ All Management & Department Head employees who have completed the *waiting period* and who are in *active employment* for a minimum of 25 hours per week in the employ of the *employer* (herein referred to as *employees* within the eligible classes).
- *Employees* must be citizens or residents of the United States or Canada.

Waiting Period:

- ◆ The *waiting period* is the period of time between the date of the *active employment* and the first day of the *calendar month* coincident with or next following the date of employment.
- Except that, if you are an *employee* on the date of issue and have previously satisfied the *waiting period*, there is no *waiting period*.
- ♦ If your employment ends and *you* are rehired within one year, *your* previous work while in an eligible class will apply towards the *waiting period*. All other *contract* provisions apply.

Elimination Period:

- ♦ 360 days
- Benefits begin the day after the *elimination period* is completed.

Gross Monthly Benefit:

• 60% of *monthly pre-disability* earnings to a maximum of \$6,000 per *month*.

MANAGEMENT SHORT-TERM DISABILITY GUIDELINES

Management employees who are medically unable to work due to illness or injury (other than job-related illness or injury, which is already covered by Worker's Compensation,) maybe eligible to receive 50% of their monthly salary. The Short-term Management Disability Plan (STD) is a self-insured program that provides 11 months of benefits once the 30 consecutive calendar day waiting period has been satisfied. Benefits start on the 31st day of the disability and benefits are coordinated with available accruals for maximum of 11 months per disability. Note: This plan was designed to provide managers' with short-term coverage while meeting County's fully insured Long Term Disability plan's 360 day elimination period. LTD benefits begin the day after the elimination period has been completed. (See Management LTD brochure)

Reminder: Eligible employees should be placed on Family Medical Leave if they meet eligibility requirements. See FMLA Procedures.

Procedure to Complete Management Disability Claim Statement:

- 1. The employee or Department Head must complete and sign application. Forms not fully completed will be returned.
- 2. The employee or Department Head must attach a completed and signed Attending Physician's Statement of Impairment and Function form. This form will provide medical proof that employee's illness or injury is disabling to the point where employee is unable to perform the essential functions of their position. Also, the Physician's Statement will include a expected return to work date.
- 3. Submit the signed and dated claim form with Attending Physician's Statement of Impairment and Function form to the CEO-Risk Management Division.
- 4. Employee is responsible for submitting a physician note after each physician visits or no less than quarterly throughout the 12 month short-term disability plan to CEO-Risk Management Division.
- 5. Annual sick accruals normally given to employees on January 1st will not be credited while employee is still out on disability but will be credited per pay period as appropriate.
- 6. Each new illness or injury requires employee to meet a 30 consecutive day waiting period and entitles employee to maximum of 11 months of benefits. If an employee returns to work for more than 30 days and then goes out again, they will need to file a new claim form, provide physician note and meet a new 30 consecutive day waiting period. After meeting the new waiting period for the same illness or injury, Employee will be eligible to use the remainder of their maximum of 11 months of benefits.
- 7. During 30 consecutive day waiting period, <u>100%</u> of employee's paycheck will come from employee's accruals. Beginning on 31st day, reimbursement will be 50% accruals and 50% County disability plan.

K:Benefits/Mgt Short Term Disabiltiy

Rev. 5/20/04



CHIEF EXECUTIVE OFFICE Risk Management Division

1010 10TH Street, Suite 5900, Modesto, CA 95354 P.O. Box 1723, Modesto, CA 95353-1723

Phone: 209.525.5710 Fax: 209.525.5779

Management Short Term Disability Claim Statement

One of the management employee benefits is a self-insured limited income protection plan. This plan provides that if you are temporarily unable to work due to illness or injury (other than job related illness or injury which is already covered by Workers' Compensation) the county will continue paying 50% of your monthly salary for up to twelve months starting on the 31st day of disability.

To be eligible for the benefit, an employee must file this form with Risk Mgmt. It must be completed and returned to Risk Mgmt. within 30 days of the "first day of disability". A Department Head may file a claim on behalf of an eligible employee.

The employee must attach to this claim form, medical proof that the illness or injury is disabling to the point where the employee cannot continue on the job. Medical proof in the form of a statement from a physician or psychiatrist is subject to independent verification by a county paid medical examination.

To be completed by Employee					
Full Name of employee (please print)	☐ male ☐ female	Date of Birth			
		Occupation			
Nature of sickness or injury (if due to accident, explain when, where and how it happened		for this condition			
		Date on which you were first unable to work because of this condition			
My 30 day waiting period will be from	to				
If you have recovered or returned to work, give do	ate If still totally disabled	d, when do you expect to return to work?			
Names and addresses of physician who have been	consulted because of this co	ndition			
Name	Address				
Have you been confined to a hospital for this disa	bility? ☐ Yes ☐ No I	f yes, please complete			
Name of Hospital	Address	from through			
	ny medical history or any exa	ish County of Stanislaus or its authorized representative, any mination, treatment, or prescriptions I may have received. A d as the original.			
Date Signature of Emplo	yee or / Department Head				
◆ When you have completed this form, please re	eturn to Risk Mgmt. along wi	th Attending Physician's Statement			

Attending Physician's Statement of Impairment and Function



The patient is responsible for the completion of this form without expense to the employer.

Patient Name (Please print)		Date of Birth	Sex	Social Security Number				
Patient's Full Home Address (P.O. Box Number or Street, City, State, Zip)								
DIAGNOSIS and TREATMENT INFORMATION								
Primary Diagnosis	1. 2.	List All Additional Diagnoses in Order of Severity 1. 2.						
Subjective Symptoms	3. Objective Findings Supported by Testing							
Diagnostic Tests Performed (include dates	and results)							
Procedure(s)								
Date you first saw your patient for this condition	Date you advised your patient to cease working due to this condition.			Date you last saw your patient for this condition.				
Is this condition due to an accident? If yes, is it work related?	Has your patient ever had the same or similar condition?			Has your patient been hospitalized for this condition? If yes, when? From: To: Where?				
CURRENT PLAN of TREATMENT				·				
Frequency of current visits:								
Therapy Prescribed: Physical Therapy	Occupational Thera	 py □ Speech Th	erapy	Frequency:				
Is patient compliant with therapy? Yes No Tolerance to therapy: Good Poor								
COMPETENCY								
		checks and direc	t the us	se of proceeds thereof? Yes ☐ No ☐				
PHYSICIAN REFERRAL INFORMATION								
Have you referred this patient to another Phy	/sician? Yes 🗆 No 📙	If yes, please p	rovide th	e name and address of that Physician:				
Did another Physician refer this patient to you? Yes 🗆 No 🗆 If yes, please provide the name and address of that Physician:								
SUSTAINED TOLERANCE TO: (Please circle appropriate section.)								
Indicate what accommodations would incr tolerance to any of these sections:	Sit No	ne < 1 Hour ne < 1 Hour	1–2 Hou 1–2 Hou 1–2 Hou	rs 3–4 Hours 5–6 Hours 7–8 Hours rs 3–4 Hours 5–6 Hours 7–8 Hours				

Patient's Name:					920		200 200	- v e	s	striving to be the	County	i s		
Maximum Pounds	Les	ss Than 10		10–19			20–49	t range.)	50-	F150	100 or			
Never		Pounds		Pounds			Pounds		Pounds		Pour	nds		
Occasionally														
(0-2.5 hrs/day) Frequently				Charles and the second										
(2.5–5.5 hrs/day) Continuously (5.5+ hrs/day)										m.				
PATIENT CAN USE	UPPER E	XTREMITI	ES FOR F	REPET	ITIVE	TASKS	:	L.						
20 CITES BASE OCCUPANTIAN HOLDEN STATES OF THE STATES OF T	ADDRESS ASSESSMENT OF THE PARTY	Simple 0	Graening			Pushi	ng / Pullir	ng .		Fine Ma	ninulation			
Right Hand		☐ Yes	□ No			☐ Yes		l No	Fine Manipulation					
Left Hand		□Yes	☐ No			☐ Yes		l No		☐Yes	☐ No			
Both Hands		☐ Yes	☐ No			☐ Yes		No		☐ Yes	☐ No			
PATIENT CAN USE	LOWER E	EXTREMIT	IES FOR	REPET	ΓΙΤΙVΙ	E MOVE	MENTS:	(ie. Foot	Cont	rols)				
Both Feet ☐ Yes	s □ No	F	Right Foot		J Yes	☐ No		Left Foot		☐ Yes	□ No			
PATIENT IS ABLE T	O: (Pleas	se check a	ppropriat	te colu	mn.)									
	Climb	Balance	Stoop	Knee	el	Crouch	Crawl	Read		Handle	Finger	Feel,		
Not At All														
Occasionally (0-2.5 hrs/day) Frequently														
(2.5-5.5 hrs/day)														
Continuously (5.5+ hrs/day)														
CARDIAC FUNCTIO	NAL CAP	ACITY: (if	f applicab	ole) An	neric	an Hear	Associ	ation		A				
Class 1		Class 2				Class				Class 4				
(No Limitation) (Slight Limitation)				(Marked Limitation)				(Complete Limitation)						
Height ft.	in.	Weight			lbs.	Blood	Blood Pressure			Date of Reading				
ESTIMATED RETUR	N TO WO	RK INFOF	RMATION	:										
Part Time Date: With These Physical L	imitations:	# of hours	per week:				ne Date: nese Phy	sical Limitat	ions:	- Pinner				
NO Physical Limitations: Part Time Date: # of Hours Per Week:				NO Physical Limitations: Full Time Date:										
Has this patient reache Additional Comments:	ed Maximu	m Medical Ir	nprovemer	nt?	J Yes	□ No	If No, ar	ticipated dat	te of M	IMI:				
PHYSICIAN INFORM	IATION:			1973										
Attending Physician Na	ame: (plea	se print)	34			Board Certification:								
Mailing Address:	4					Phone				Fax:		TO AND THE STATE OF THE STATE O		
City:						State:			-1-1-3712	Zip Code	ə:			

Physician's Signature: _____Specialty: _____Date: ____

Stanislaus

CONTENTS

OUTLINE OF COVERAGE .								 	1
CERTIFICATION PAGE									2
SCHEDULE OF BENEFITS .					 				3
EMPLOYEE'S INSURANCE									5
DISABILITY INCOME INSURA	NCE								7
CONVERSION RIGHTS									13
CLAIM PROCEDURES					 				14
GENERAL PROVISIONS					 				15
DEFINITIONS									17

B-8313 (8-09 DRAFT)

C00TC

CONTENTS

IF YOU HAVE A QUESTION ABOUT YOUR POLICY, IF YOU NEED ASSISTANCE WITH A PROBLEM, OR IF YOU HAVE QUESTIONS ABOUT A CLAIM, YOU MAY WRITE OR CALL US AT:

ReliaStar Life Insurance Company P.O. Box 20 Minneapolis, Minnesota 55440

Telephone Number: (800) 955-7736

YOU WILL NEED TO PROVIDE YOUR POLICY NUMBER WITH ANY COMMUNICATION.

IF YOU DO NOT REACH A SATISFACTORY RESOLUTION AFTER HAVING DISCUSSIONS WITH US, OR OUR AGENT OR REPRESENTATIVE, OR BOTH, YOU MAY CONTACT THE FOLLOWING UNIT WITHIN THE DEPARTMENT OF INSURANCE THAT DEALS WITH CONSUMER AFFAIRS:

California Department of Insurance Consumer Communications Bureau 300 South Spring Street, South Tower Los Angeles, California 90013

Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)

Los Angeles: (213) 897-8921

RELIASTAR LIFE INSURANCE COMPANY OUTLINE OF COVERAGE

This outline is only a summary of certain provisions in your certificate. You must consult the policy and certificate for contract provisions regarding coverage.

Disability Income Protection Coverage

	Section(s) of Certificate
BENEFITS	Schedule of Benefits Disability Income Insurance
EXCEPTIONS, REDUCTIONS AND LIMITATIONS	Schedule of Benefits
AND LIMITATIONS	Disability Income Insurance General Provisions
ELIGIBILITY, TERMINATION AND CONTINUATION	Employee's Insurance
PREMIUMS: Information about your perage may be obtained from the Parti	=

RELIASTAR LIFE INSURANCE COMPANY Minneapolis, Minnesota 55440

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

ReliaStar Life also certifies that the person named below is insured under the Group Policy.

31640-7DISABILITY CSAC Excess Insurance Authority

*If you are actively at work on the effective date. If you are not, your insurance is effective on the date you return to active work.

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.

Samuel Kent Registrar

SCHEDULE OF BENEFITS

Disability Income Insurance - Monthly Income Benefits

The Monthly Income Benefit is calculated as follows:

Total Disability The lesser of 60% of your Basic Monthly

Earnings or \$6,000, minus Other Income.

Partial Disability (A divided by B) times C, minus Other

Income.

A = your indexed Basic Monthly Earnings minus your current monthly earnings.

B = your indexed Basic Monthly Earnings.

C = The benefit you would receive if you were totally disabled (before Other Income is subtracted).

"Other Income" does not include sick leave benefits provided through your employer until the gross monthly benefit plus your sick leave benefits exceed 100% of your Basic Monthly Earnings.

Note: During the first 12 months of Monthly Income Benefits, your Monthly Income Benefit will not be reduced by any current monthly employment earnings until the gross monthly benefit plus your current monthly employment earnings exceed 100% of your pre-disability Basic Monthly Earnings. Your Monthly Income Benefit will then be reduced by that excess amount.

In no event will your Monthly Income Benefit plus Other Income be greater than your predisability Basic Monthly Earnings.

Basic Monthly Earnings – your monthly salary or wage on the day before the date you became disabled. It does not include bonuses, commissions or overtime pay. For Partial Disability, Basic Monthly Earnings are indexed. To determine indexed Basic Monthly Earnings, your predisability Basic Monthly Earnings are increased by 5% on the one-year anniversary of your first benefit.

Minimum Monthly Income Benefit The greater of \$100 or 15% of the Gross Monthly Income Benefit

SCHEDULE OF BENEFITS

Maximum Benefit Period

Age at disability	Maximum benefit period
 Less than age 61 	to age 65
61 but less than 62	48 months
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
• 69 and over	12 months

EMPLOYEE'S INSURANCE

Eligibility

The employee is eligible on the first day of the month on or after the date the employee starts continuous service with the Participating Employer.

The employee must meet the following conditions to become insured -

- · Be eligible for the insurance.
- Be actively at work.
- Apply for the insurance, if the employee must pay any part of the premium.
- Give ReliaStar Life proof of good health, which it approves, if the employee applies for insurance more than 31 days after becoming eligible.

Effective Date of Employee's Insurance

The employee's insurance starts on the latest of the following dates:

- The date the employee becomes eligible.
- The date the employee returns to active work if the employee is not actively at work on the date insurance would otherwise start. Exception: The employee's insurance starts on a nonworking day if the employee was actively at work on the employee's last scheduled working day before the nonworking day.
- The date the employee applies for insurance, if the employee must pay any part of the premium.
- The date ReliaStar Life approves the employee's proof of good health, if proof is required.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on $\,-\,$

- the effective date of the increase, if you are actively at work on that date.
- the date you return to active work, if you are not actively at work on the date your insurance increases.
- the nonworking day on which the increase was effective, if you were actively at work on your last scheduled working day before the nonworking day.

A decrease in the amount of your insurance will take effect on the date of the decrease.

EMPLOYEE'S INSURANCE

Termination of Insurance

Your insurance stops on the earliest of the following dates:

- The date you are no longer actively at work for the Participating Employer.
- The date you are no longer eligible for insurance under the Group Policy.
- The date the Group Policy stops.
- The date you retire.
- The date the Participating Employer stops subscribing to the agreement establishing the CSAC Excess Insurance Authority.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

Reinstatement

ReliaStar Life will reinstate your insurance if you stop work and then return to work within 12 months. You will be eligible for insurance on the date you return to active work with the Participating Employer.

Monthly Income Benefits

Qualifying for Benefits

ReliaStar Life pays benefits if you become disabled and qualify to receive benefits. The benefit payable is based on the Schedule of Benefits in effect on the date you became disabled.

To qualify for benefits, all of the following conditions must be met: You must –

- be insured on the date you become disabled and the condition causing your disability is not excluded from coverage.
- · be insured on the date the benefit waiting period begins.
- send written notice of the disability as described in the Claim Procedures Section.
- · be receiving regular and appropriate care and treatment.

Benefit Waiting Period

The benefit waiting period is the length of time you must be continuously disabled before you qualify to receive any benefits. **Exception:** You may return to work for up to 30 days during the benefit waiting period without having to begin a new benefit waiting period. The days you work do not count toward meeting the benefit waiting period. Any part of a day worked will count as a full day for purposes of this section.

The benefit waiting period begins on the first day you see a doctor and he or she states in writing that you are disabled because of sickness or accidental injury.

The benefit waiting period is shown on the Schedule of Benefits.

Benefit Payments

Monthly income benefits are paid at the end of each month for the period for which you qualified. If you are disabled for part of a month, the benefit payable is based on 1/30th of your monthly income benefit for each day you are disabled.

Monthly income benefits are determined as shown on the Schedule of Benefits. Benefits continue while you are disabled up to the maximum benefit period shown on the Schedule of Benefits. You must complete the benefit waiting period before any benefits are payable.

Other Income

Other Income is income you and your dependents are eligible to receive because of one of the following:

- your age.
- the same or related disability for which you are eligible to receive benefits under the Group Policy.

Other Income is subtracted from the benefit you would otherwise receive, as shown on the Schedule of Benefits. ReliaStar Life considers you to be eligible to receive Other Income benefits whether or not you apply for them, until you send ReliaStar Life written proof that the benefits were denied or contested. When ReliaStar Life receives written proof that Other Income benefits were denied or contested, ReliaStar Life will pay benefits you are qualified to receive. However, if the denial of Other Income benefits is not final, you must pursue the Other Income Benefits to the fullest extent possible.

Other Income includes, but is not limited to, the following:

- · Federal Social Security benefits.
- · State Disability benefits.
- · Railroad Retirement Act benefits.
- · Other government disability or retirement income.
- · Worker's Compensation benefits.
- · No fault accident wage replacement plan benefits.
- Sponsored short term or long term disability income or retirement plan benefits. Sponsored means that your past or present employer administered, paid part of the cost of, or made a payroll deduction for the plan.

Other Income also includes the following:

- Salary continuance benefits provided through your employer.
- Salary, commission, bonus or any other income you earn from any work while receiving benefits, except as explained for Partial Disability or the Rehabilitative Work Benefit.

Other income includes only the following retirement benefits:

- Early retirement benefits you are receiving that are voluntarily selected.
- Retirement benefits that are unreduced by age for which you are eligible on the later of the following:
 - the date you reach age 62.
 - normal retirement age.

ReliaStar Life considers retirement benefits received before age 62, or if later, before normal retirement age, to be voluntarily elected until you provide written proof satisfactory to ReliaStar Life that you did not elect to receive benefits voluntarily.

Exceptions: Benefits will not be reduced by -

- · retirement benefits attributable to employee contributions.
- retirement or disability benefits you receive from a past employer, if these benefits have been paid continuously to you for more than 2 years before you become eligible to receive benefits under the Group Policy.
- · benefits paid by a group or franchise creditor disability plan.
- income received from a profit sharing plan, thrift plan, individual retirement account, tax sheltered annuity, stock ownership plan, or a non-qualified plan of deferred compensation.
- disability or retirement benefits which are received under an employer's retirement plan but are rolled over or transferred to any eligible retirement plan as defined by the Internal Revenue Code.
- Federal Social Security benefits if your disability begins after age 70 and you were receiving Social Security benefits while continuing to work.
- a cost of living increase to any other income benefit after the initial other income benefit becomes payable.

Minimum Monthly Income Benefit

If you receive Other Income, it will be subtracted from the benefit you would otherwise receive. However, after you qualify for monthly income benefits, ReliaStar Life will pay you at least the minimum monthly income benefit shown on the Schedule of Benefits.

Lump Sum Payments

Other Income you receive as a lump sum will be prorated into monthly amounts. The prorated amount will be subtracted from the benefit you would otherwise receive, until the total amount subtracted equals the lump sum payment. ReliaStar Life will determine the prorated amount using the first of the following methods that applies:

- Divide the Other Income lump sum into monthly amounts based on the amount of Other Income you were receiving from the same source prior to receiving the lump sum payment.
- Divide the Other Income lump sum into monthly amounts based on the monthly amount you could have received in lieu of the lump sum payment.
- Divide the Other Income lump sum into monthly amounts over the remaining maximum benefit period.

Overpayment

If ReliaStar Life pays you a larger benefit than you should have received, ReliaStar Life may recover any overpayments it made.

ReliaStar Life will recover from you the full amount of the overpayment through one or more of the following means:

- Require you to return the overpayment in one lump sum.
- Stop payment of benefits until the full overpayment is repaid.
- · Require you to assign any Other Income to ReliaStar Life.

Any minimum monthly income benefit otherwise payable will not be paid until the overpayment is recovered.

Waiver of Premium

ReliaStar Life waives your premium during any period for which monthly income benefits are payable. If ReliaStar Life waives your premium it is the Policyholder's responsibility to refund to you any contribution you may make after qualifying for benefits.

Termination of Benefits

ReliaStar Life stops paying benefits on the earliest of the following:

- · The date you are no longer disabled.
- The end of the maximum benefit period for any one period of disability. The maximum benefit period is shown on the Schedule of Benefits.
- The date you no longer qualify for benefits under all the conditions listed.
- · The date of your death.
- The date you fail to provide written proof of disability.
- The date you cease to be under regular and appropriate care of a doctor, or unreasonably refuse to undergo an examination by a doctor of ReliaStar Life's choosing.
- The date you unreasonably refuse to receive medical treatment that is generally acknowledged by doctors to cure or improve your condition so as to reduce its disabling effect.
- The date you unreasonably refuse to work with the assistance of modifications made to your work environment, functional job elements or work schedule, or adaptive equipment or devices, that a qualified doctor has indicated will accommodate the limiting factors of your medical condition.

If the Group Policy or the Disability Income Insurance part of the Group Policy terminates after you qualify to receive benefits, ReliaStar Life continues your benefit payments. Benefits are paid as long as you continue to qualify according to the terms of the Group Policy in effect on the date you qualified.

Recurrent Disability

If you are receiving monthly income benefits, a recurrent disability is a disability due to the same cause which occurs after you have returned to full-time work for less than 6 months.

ReliaStar Life pays benefits for a recurrent disability which is a continuation of a previous disability.

A recurrent disability has -

- no additional benefit waiting period.
- · the same maximum benefit period as the previous disability.

Benefits payable under this recurrent disability provision will stop if benefits are payable to you under any other group disability policy.

Exclusions

ReliaStar Life will not pay benefits if your disability results from any of the following:

- Sickness or injury which occurs in any armed conflict, whether declared as war or not, involving any country or government.
- Sickness or injury which occurs while you are on military service for any country or government.
- Intentionally self-inflicted injury, whether you are sane or insane.
- Injury which occurs when you commit or attempt to commit a felony.
- · Injury suffered in a fight in which you are the aggressor.
- Sickness or injury which is the result of a pre-existing condition, if you become disabled during the first 12 months your insurance is in effect.
 A pre-existing condition is a sickness or accidental injury for which, during the 3 months immediately before the date your insurance started, you did one or more of these:
 - Saw a doctor for treatment.
- Received medical services or advice.
- Took prescribed drugs.

ReliaStar Life will not pay benefits for the portion of any period of disability that you are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

ReliaStar Life will not pay an additional benefit for disability caused by both sickness and accidental injury or by more than one sickness or accidental injury.

Rehabilitative Work Benefit

You may receive adjusted benefits if you qualify and engage in rehabilitative work. To qualify for adjusted benefits you must provide ReliaStar Life with proof of your earnings upon request and you must be working —

- · for pay or profit, and
- · under an approved rehabilitation program.

The amount of your adjusted benefit will be your monthly income benefit minus 50% of the income you receive from rehabilitative work.

If you are receiving monthly income benefits, your adjusted benefit will not be less than the minimum monthly income benefit shown on the Schedule of Benefits.

If the conditions listed above are met, the Rehabilitative Work Benefit will apply on the later of the following dates:

- Twelve months following the date monthly income benefits become payable.
- The date monthly income benefits for partial disability stop.

Limitation for Mental Disorder, Alcoholism or Chemical Dependency

When disability is due in whole or in part to mental disorder, alcoholism, or chemical dependency, ReliaStar Life limits monthly income benefits to a maximum of 24 months while you are not hospital confined.

This maximum applies to any and all such periods of disability during your lifetime.

If at anytime during the 24 month period, you are hospital confined for the same disability, ReliaStar Life pays benefits for as long as you remain hospital confined, up to the maximum benefit period. After your release from the hospital, ReliaStar Life continues payment of benefits for any remaining portion of the 24 months for which you are qualified to receive non-hospitalized benefits.

Survivor Benefit

ReliaStar Life pays the Survivor Benefit shown on the Schedule of Benefits if you die -

- · while receiving monthly income benefits, and
- before the end of the maximum benefit period.

ReliaStar Life pays the Survivor Benefit to your lawful spouse. If you do not have a spouse, ReliaStar Life will pay the benefit in equal shares to your eligible children, if any. If you do not have a spouse or eligible children at the time of death, ReliaStar Life will not pay a Survivor Benefit.

An eligible child is your child under age 19 or student dependent age 19 but less than 23. Child includes your –

- natural or adopted child, who is dependent on you for support and maintenance.
- child who is placed in your home for purposes of adoption.
- child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship and who is your stepchild, foster child, or a child for whom you are legal guardian.

CONVERSION RIGHTS

Disability Income Insurance (Not available to residents of FL, IN, LA, MI, NY, OR, SD or WV)

If your long term disability insurance stops under the Group Policy, you may have a Conversion Right. The Conversion Right allows you to obtain long term disability income insurance without proof of good health.

Conditions for Conversion

You may convert your long term disability insurance if coverage under the Group Policy terminates for any of the following reasons:

- · You resign.
- · You are terminated for cause.
- You are laid-off.
- · You go on a leave of absence.

You do not have to supply medical evidence of your insurability to convert your insurance. You must have been insured for at least 12 consecutive months prior to your insurance terminating under the Group Policy. The 12 months can be a combination of insurance under the Group Policy and a prior plan of group long term disability insurance, whether insured or self-funded, sponsored by the Policyholder.

You must apply for conversion of your insurance and pay the first premium within 31 days after termination of coverage under the Group Policy. If approved, your long term disability conversion insurance coverage will become effective on the day after your long term disability insurance ends under the Group Policy. The benefits and amounts of insurance under the conversion coverage may differ from those under the Group Policy. ReliaStar Life reserves the right to have your conversion coverage issued by another insurance company.

You may **not** convert your insurance under the Group Policy if your insurance terminates for any of the following reasons:

- · Termination of the Group Policy.
- The Group Policy is amended to exclude from coverage the class of employees to which you belong.
- You no longer belong to a class eligible for coverage under the Group Policy.
- · You retire.
- · You fail to pay any contributions required for your insurance.
- · You are disabled under the terms of the Group Policy.

If you become covered for long term disability benefits under another group plan within 31 days after termination of your insurance under the Group Policy, you may not convert your insurance under the Group Policy.

CLAIM PROCEDURES

Submitting a Claim

You or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must —

- include information to identify you like your name, address and Group Policy number.
- be sent to ReliaStar Life or one of its licensed agents authorized to accept claims.
- be sent within 20 days after the loss for which claim is based has occurred or as soon as reasonably possible.

Claim Forms

ReliaStar Life or its authorized agent will send proof of loss claim forms to you or to the Policyholder to give to you. ReliaStar Life will send the forms within 15 days after ReliaStar Life receives your notice of claim.

You or someone on your behalf must return the completed proof of loss claim forms to ReliaStar Life within 90 days of the loss. Even if you do not receive the forms, written proof of loss must be sent to ReliaStar Life within 90 days after the loss or as soon as reasonably possible.

Written proof of loss includes details of how the loss occurred. It also includes copies of itemized doctor, hospital and prescription drug bills or receipts.

Benefit Payments

Benefits under the Group Policy are paid when proof of loss is received.

Benefits are paid to you. Any monthly income benefit remaining unpaid at the time of your death will be paid to your survivors or your estate in the following order:

- 1. Your spouse.
- 2. Your children.
- 3. Your estate.

Time Payment of Claims

Subject to due proof of loss, all accrued benefits payable under the Group Policy will be paid at the end of each month during the period for which ReliaStar Life is liable. Any balance remaining unpaid at the end of such period will be paid as soon as possible after receipt of written proof of loss.

GENERAL PROVISIONS

Free Choice of Doctor

You have the right to choose any doctor.

Health Insurance Assignment

You may not transfer to anyone else -

- · ownership of any certificate issued under the Group Policy.
- · Disability Income Insurance under the Group Policy.

Legal Action

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

Exam

When reasonably necessary, ReliaStar Life may have you examined while you are claiming benefits. The exam will be conducted by one or more doctors of ReliaStar Life's choice. ReliaStar Life has the right to defer or suspend payment of benefits if you fail to attend an exam or fail to cooperate with the doctor. Benefits may be resumed, provided that the required exam occurs within a reasonable time and benefits are otherwise payable.

Incontestability

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your insurance because of inaccurate or false information received relating to your insurability. Only statements that are in writing and signed by you can be used to contest the insurance.

GENERAL PROVISIONS

Reimbursement

If ReliaStar Life pays disability income benefits for sickness or accidental injury caused in whole or part by the act or omission of another, you must $\,-\,$

- reimburse ReliaStar Life for the benefits paid if you recover damages for lost income by settlement, court order, judgement or otherwise.
- provide ReliaStar Life with a lien and order directing reimbursement for benefits. The lien and order may be filed with –
 - the person whose act caused the sickness or accidental injury,
 - their agent,
 - the court, or
 - your attorney.
- cooperate with ReliaStar Life, including execution, completion, and filing of any document deemed by ReliaStar Life necessary to protect its reimbursement rights.

ReliaStar Life has a first priority claim against -

- · amounts which are or may be subject to reimbursement.
- any person who is or may be obligated to pay damages for lost income. This includes any insurer of you.

ReliaStar Life will be reimbursed first before other claims against amounts recovered or recoverable from persons who are or may be obligated to pay damages for lost income, even if the amounts are not enough to reimburse ReliaStar Life in full or compensate you in full for damages sustained.

ReliaStar Life has no obligation to pay attorney's fees or other legal fees to your attorney for recovery of amounts subject to reimbursement.

ReliaStar Life will have the right to intervene in any suit or other proceedings to protect its reimbursement rights. Any settlement proceeds received by you or your attorney will be held in trust for ReliaStar Life's benefit. ReliaStar Life's rights herein are binding upon and enforceable against your legal representatives, heirs, next of kin, and successors in interest.

Accidental Injury – bodily injury resulting from a sudden, violent, unexpected and external event. ReliaStar Life considers all injuries received in one accident as one accidental injury. Infection resulting from a cut or wound caused by an accident is also an accidental injury.

Accidental injury does not include poisoning, disease or any other type of infection, except as stated above.

Active Work, Actively at Work – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

Alcoholism – a disorder of psychological and/or physiological dependence or addiction to alcohol which results in functional (physical, cognitive, mental, affective, social or behavioral) impairment.

Approved Rehabilitation Program – a process of receiving medical, psychological or vocational services intended to restore you to a condition that allows you to perform your own occupation or any occupation which you are or could reasonably become qualified to do by education, training or experience. The program must have ReliaStar Life and doctor approval for your return to work.

Chemical Dependency – a disorder of psychological and/or physiological dependence or addiction to psychoactive drugs or medications which results in functional (physical, cognitive, mental, affective, social or behavioral) impairment.

Complication of Pregnancy – a condition that requires hospital confinement and that is distinct from pregnancy, but is adversely affected or caused by pregnancy. Examples are: acute inflammation or disease of the kidney or bladder, cardiac decompensation, missed abortion, an ectopic pregnancy, nonelective caesarean section, and eclampsia. Complication of pregnancy does not include: normal delivery, elective caesarean section, miscarriage, elective abortion, false labor, occasional spotting, morning sickness, excessive vomiting, preeclampsia and other conditions associated with a difficult pregnancy.

Damages for Lost Income – any payments which in whole or part can reasonably be considered compensatory for lost income, regardless of designation.

Disability, Disabled - Partial or Total Disability as defined below.

Partial Disability, Partially Disabled – sickness or accidental injury which has caused the following:

 During the benefit waiting period and the first 24 months of disability benefits, you are able to perform at least one of the essential duties of your regular occupation on a full-time or part-time basis but you are unable to perform all of the essential duties of your regular occupation on a full-time basis and as a result you are unable to earn more than 80% of your basic monthly earnings.

Economic factors such as, but not limited to, recession, job obsolescence, paycuts, and job sharing will not be considered in determining whether you meet the requirements stated above.

Total Disability, Totally Disabled – sickness or accidental injury which has caused the following:

- During the benefit waiting period and the first 24 months of disability benefits, the inability to perform with reasonable continuity all of the essential duties of your regular occupation and as a result you are not working at all.
- After you have qualified for monthly income benefits for 24 months, the inability to perform with reasonable continuity all of the essential duties of any gainful occupation and as a result you are not working at all.

Economic factors such as, but not limited to, recession, job obsolescence, paycuts, and job sharing will not be considered in determining whether you meet the requirements stated above.

Doctor – a person who is licensed to practice medicine in the state in which treatment is received and is providing treatment or advice in accordance with the license. He or she must possess the necessary training and qualifications, according to generally accepted medical standards, to evaluate and treat your condition.

A doctor is a person other than:

- you.
- anyone related to you by blood or marriage.
- an employee of the employer.
- · anyone living with you.

Employee – an active Management Employee residing in the United States who is employed by the County of Stanislaus (a Participating Employer) and is regularly scheduled to work on at least a 25-hour-per-week basis.

Such employees of the following companies and affiliates controlled by the Participating Employer are included: Stanislaus Council of Governments

Temporary and seasonal employees are excluded.

Essential Duties – substantial and material acts necessary to pursue an occupation in the usual and customary way. If you were normally required to perform essential duties in excess of 40 hours per week or 8 hours per day prior to becoming disabled, ReliaStar Life will consider you still able to perform the essential duties if you are working or have the capacity to perform such duties at least 40 hours weekly or 8 hours daily.

Gainful Occupation – any occupation that you could reasonably be expected to perform satisfactory in light of your age, education, training, experience, station in life, and physical and mental capacity.

Gross Monthly Benefit – your monthly income benefit before other income is subtracted.

Group Policy – the written group insurance contract between ReliaStar Life and the Policyholder.

Hospital – an institution licensed as a hospital in the state in which it is located, which meets the following conditions:

- Provides, for a fee from its patients, diagnostic, medical, surgical, psychiatric or rehabilitative services for the care and treatment of people who are injured or sick.
- · Has a staff of one or more doctors available at all times.
- Has 24-hour-a-day services of R.N.'s or other nursing services reporting to the doctor in charge.
- · Has inpatient facilities.
- Is accredited by one of the following:
 - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
 - American Osteopathic Hospital Association (AOHA).
 - American Osteopathic Association (AOA).
 - Commission on Accreditation of Rehabilitation Facilities (CARF).

Hospital is not an institution that is mainly a rest home, extended care facility or home for the aged.

Mental Disorder – a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or with significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

ReliaStar Life uses standard classification manuals such as the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases to determine whether a condition should be considered a mental disorder.

Determination of a mental disorder is made regardless of its original cause.

Nonworking Day – a day on which the employee is not regularly scheduled to work, including time off for the following:

- · Vacations.
- · Personal holidays.
- · Weekends and holidays.
- · Approved nonmedical leave of absence.

Nonworking day does not include time off for any of the following:

- · Medical leave of absence.
- · Temporary layoff.
- The Participating Employer suspending its operations, in part or total.
- Strike.

Period of Disability – all periods of disability which have the same cause are considered one period of disability. A new period of disability begins when any of the following happen:

- You become disabled due to the same cause after you have been actively at work on a full-time basis with the Participating Employer continuously for at least 6 months.
- The new disability results from a cause or causes unrelated to that of any previous disability, separated by active work with the Participating Employer.

Policyholder – CSAC Excess Insurance Authority. A Participating Employer is defined as a unit of government who has subscribed to the agreement establishing the CSAC Excess Insurance Authority.

Regular and Appropriate Care - means:

- You personally visit a doctor or licensed practitioner supervised by a doctor as often as is medically required, according to generally accepted medical standards and consistent with the stated severity of your medical condition, to effectively manage and treat your sickness or injury.
- You are receiving care which conforms with generally accepted medical standards for treating your sickness or injury and is consistent with the stated severity of your medical condition.
- Care is rendered by a doctor whose specialty or experience is appropriate for your disability according to generally accepted medical standards.

Regular Occupation – the activity which, immediately prior to disability, you were regularly performing and which was your source of income from the Participating Employer.

Your regular occupation is not limited to the specific position that you held with the Participating Employer.

ReliaStar Life – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

Sickness – any physical illness, mental disorder, normal pregnancy or complication of pregnancy.

Written, In Writing – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

You, Your – an employee insured for Employee's Insurance under the Group Policy.



RELIASTAR LIFE INSURANCE COMPANY CERTIFICATE BOOKLET RIDER

CSAC Excess Insurance Authority 31640-7DISABILITY

County of Stanislaus

Your certificate has been changed as follows. Please insert this rider in your certificate. This rider is subject to all of the terms of the Group Policy.

I. DISABILITY INCOME INSURANCE

The "Survivor Benefit" provision is changed to read as follows:

Survivor Benefit

ReliaStar Life pays the Survivor Benefit shown on the Schedule of Benefits if you die -

- · while receiving monthly income benefits, and
- · before the end of the maximum benefit period.

ReliaStar Life pays the Survivor Benefit to your spouse or domestic partner. If you do not have a spouse or domestic partner, ReliaStar Life will pay the benefit in equal shares to your eligible children, if any. If you do not have a spouse or domestic partner or eligible children at the time of death, ReliaStar Life will not pay a Survivor Benefit.

An eligible child is your child under age 19 or student dependent age 19 but less than 23. Child includes your –

- natural or adopted child, who is dependent on you for support and maintenance.
- child who is placed in your home for purposes of adoption.
- child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship and who is your stepchild, domestic partner's child, foster child, or a child for whom you are legal guardian.

II. CLAIM PROCEDURES

The "Benefit Payments" provision is changed to read as follows:

Benefit Payments

Benefits under the Group Policy are paid when proof of loss is received.

For Disability Income Insurance, benefits are paid to you. Any monthly income benefit remaining unpaid at the time of your death will be paid to your survivors or your estate in the following order:

- 1. Your spouse or domestic partner.
- 2. Your natural and adopted children.
- 3. Your estate.

III. DEFINITIONS

The following definition is added:

Domestic Partner – another adult with whom you have registered your domestic partnership with the California Secretary of State. A copy of the certified registration form may be required as proof.

IV. EFFECTIVE DATE

This Certificate Booklet Rider is effective on the later of the following dates:

- January 1, 2005.
- The effective date of your insurance.

Sand Kent

Registrai

IN CASE OF THE DEATH OF A COUNTY EMPLOYEE/RETIREE

If an employee dies while at work report the death to the Chief Executive Office and the CEO-RMD as soon as practicable. This may require a mandatory report to OSHA (within 8 hours of our knowledge - see OSHA Reporting Requirements on page 2 of this document). If the employee dies during non-work hours please report the death to CEO-RMD the next business day. The following is a list of resources that may be of use to a deceased employee's family:

Employee Assistance Program

Employees and their immediate family members also have access to CompPsych available 24 hours a day, seven days a week at 877-533-2363 or on line at https://guidanceresources.com. The County's company Web ID is MY5848i.

Funeral Planning and Concierge Service

Employees with County life insurance and their e ligible family members have access to Everest Funeral Planning and Concierge Servi ce (1-877-456-5050) to assist with fu neral planning and negotiation at time of need as well as pre-pl anning tools that can be used to research and document decisions and wishes. Additional information can be found at: http://www.stancounty.com/riskmgmt/common/docs/eb-forms/eap-funeral.pdf

Retirement Benefits

Contact StanCERA at 209-525-6393. Cash-out of retirement benefits and or death benefit for the Retiree are administered by StanCERA. A copy of the death certificate is required. A copy of the marriage license may also be required. The family should call ahead to determine what documentation will be required.

Health Department

820 Scenic Drive, Modesto, (phone (209) 558-8070) Death certificates, are provided by the Health Department at a current fee of \$10.00 per copy. Families will need death certificates for many purposes related to benefits and insurance. *Note:* For confirmation of copy fee, please call the above number as prices are subject to change.

Sheriff's Office-Coroner's Division

939 Oakdale Road, Modesto, (phone (209) 525-4630). If the death is under investigation, survivors may need the assistance of this office in many matters involving the death certificate, funeral arrangements, etc.

Veterans Burial Benefits

121 Downey Ave Ste 102, Modesto, (phone (209) 558-7380) This office can assist with information regarding Veteran's burial benefits, life insurance or other relevant benefits if the employee/retiree was a veteran of the armed forces.

Social Security Administration

1521 N Carpenter Rd Ste E-1, Modesto,

(phone (209) 523-2670) Survivors should contact the Social Security Office nearest to their home to determine what Social Security benefits might be available to the employee/retiree's survivors.

ValleyFirst Credit Union

1419 J Street, Modesto, (phone (209) 549-8500). If the employee/retiree was a credit union member, information on loan payment insurance and shares is obtainable here.

PARS

Eligibility

PARS is a benefit that Stanislaus County provides to all eligible Part Time/Extra Help, Temporary or Seasonal Employees in lieu of Social Security. In general, all employees must be covered by Social Security or a qualifying alternative plan (e.g., PARS). There are special rules for Part Time/Extra Help, Temporary or Seasonal Employees. There are also some employees who are exempt from coverage.

The following categories of employees are <u>excluded</u> and not eligible for alternative plan coverage (PARS):

- An employee who is a member of a retirement system within the same state or political subdivision if working for the same employer.
- A full time employee that is a member of a retirement system.
- Rehired retirees who return to work for the same or another employer in a position covered by the same retirement system they retired under.
- Part time employees that are hired on or after the age of 59 ½.
- Elected officials earning less that \$1000 annually.
- ♦ Any employee serving on a temporary basis in case of fire, storm, earthquake, flood, or other similar emergency or an independent contractor.
- Employees not currently accruing a retirement benefit, but who, as a former participant, previously accrued sufficient deferred benefits to meet the new law's requirements.

Forms

If an employee is hired into a Part Time/Extra Help, Temporary or Seasonal Position, they must be given the following forms and information:

- Designation of Beneficiary- This form must be completed by the employee. The form is sent to CEO-Personnel and kept in their file.
- ♦ SSA-1945 Notification Cover Letter- This letter must accompany the SSA-1945 Notice.
- ◆ SSA-1945 Notice- This form must be signed by the employee. The form is sent to CEO-Personnel which will then be forwarded to PARS.
- ♦ General Information Sheet
- ♦ Plan Summary

Distribution Process

Stanislaus County notifies Phase II Systems, the PARS Trust Administrator, of the occurrence of the events mentioned below:

- Separation or Termination- 60 day waiting period for distribution.
- Retirement- 60 day waiting period or no waiting period if over 59 ½.
- Permanent and Total Disability- No waiting period.
- ◆ Changed employment status to a position covered by another retirement system (e.g., Part Time to Full Time)- 24 month waiting period.
- ♦ Death- No waiting period.

The Request for Distribution is processed by PARS, and a PARS-ARS Distribution Package is mailed to the Participant (process may take 3-4 weeks depending on the last day of service). Upon receipt of all correctly completed forms, the PARS Trustee will then process a distribution of the Participant's account (process may take up to 90 days).

Designation of Beneficiary Form Public Agency Retirement Services (PARS)

Instructions:

- 1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
- 2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding section 2) of this form and return it to:

County of Stanislaus Personnel Department P.O. Box 3404 Modesto, CA 95353-3404

Rules for <u>Designation of Beneficiary:</u>

- 1. It is your responsibility to keep your Designation of Beneficiary current.
- 2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
- 3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
- 4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
- 5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse/registered domestic partner's consent must be obtained. If you are unmarried complete Section 1 only.
- 6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
- 7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
- 8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules. Date Participant's Signature Section 1: Designating a Beneficiary Social Security #____ - ___ - ____ Participant Name: Participant Address: City:______ State:____ Zip:____ Phone #:____ Name of Beneficiary: Relationship: Beneficiary Address: City: ______ State:____ Zip:_____ Phone:_____ Participant's Signature Date Section 2: Spousal /Registered Domestic Partner Consent (Do not complete this section if you are unmarried) I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

Date

Date

Signature of Notary

Spouse/Registered Domestic Partner Signature



PARS SSA-1945 NOTIFICATION COVER LETTER

<u>Stanislaus County</u> is required to provide you this notice, *Form SSA-1945*, to read and sign at the beginning of your employment with our organization. We are required to do so under federal law, Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004.

This notice must be provided to you because you are serving in a position, in which you as employee and **Stanislaus County** as employer will not be contributing to Social Security on your behalf.

You must do the following:

- Read the notice
- Sign the notice
- Return the notice to **Department Payroll/Personnel Clerk**

What is the purpose of the notice?

The purpose of the notice is to inform you about how Social Security law may impact public employees who work in positions not covered by Social Security. This can be a complicated is sue, so we encourage you to seek out add itional information to determine whether the laws mentioned in the notice pertain to you by doing the following:

- Check the Social Security website at www.socialsecurity.gov
- Employees in a PARS, FICA Alternative Pl an can contact (800) 540-6369 for further information.
- Neither PARS nor <u>Stanislaus County</u> provides tax, accounting, or legal advice. You should see your tax consultant, accountant or attorney for advice.

Why will I not be in Social Security?

Not all employees working in government positions are required to be in Social Security. Instead of being in Social Security, **Stanislaus County** has part-time, seasonal, and temporary employees such as yourself in the PARS Plan. This p lan offers you greater flexibility, portability, and potentially higher benefits. For more information on this plan, please see http://www.stancounty.com/riskmgmt/ and click on the Employee Benefits section or contact PARS at www.parsinfo.org and (800) 540-6369.

County of Stanislaus STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY

Employee Name:	Employee ID:
become disabled, you may receive a pension are also entitled to a benefit from Social Secretary your husband or wife, or former husband or Security benefit you receive. Your Medicare	under Social Security. When you retire, or if you based on earnings from this job. If you do, and you urity based on either your own work or the work of wife, your pension may affect the amount of Social benefits, however, will not be affected. Under the Social Security benefit amount may be affected.
figured using a modified formula when you a not pay Social Security tax. As a result, you were not entitled to a pension from this job. I monthly reduction in your Social Security be amount is updated annually. This provision r	our Social Security retirement or disability benefit is are also entitled to a pension from a job where you did will receive a lower Social Security benefit than if you For example, if you are age 62 in 2005, the maximum enefit as a result of this provision is \$313.50. This reduces, but does not totally eliminate, your Social please refer to the Social Security publication,
to which you become entitled will be offset i pension based on work where you did not pa	sion, any Social Security spouse or widow(er) benefit f you also receive a Federal, State or local government y Social Security tax. The offset reduces the amount of nefit by two-thirds of the amount of your pension.
Social Security, two thirds of that amount, \$4 widow(er) benefit. If you are eligible for a \$5 month from Social Security, \$500 - \$400 = \$ offset your spouse or widow(er) Social Security	f \$600 based on earnings that are not covered under 400, is used to offset your Social Security spouse or 500 widow(er) benefit, you will receive \$100 per \$100. Even if your pension is high enough to totally rity benefit, you are still eligible for Medicare at age to the Social Security publication, "Government"
each provision, are available at www.socials	information, including information about exceptions to ecurity.gov. You may also call toll free 1-800-772-the TTY number 1-800-325-0778, or contact your
	945 that contains information about the possible ion and the Government Pension Offset Provision

Date

Signature of Employee

County of Stanislaus

Alternate Retirement System Plan Plan Information Sheet for Part-Time, Seasonal, and Tempora



AGENCY

Making retirement work for you.

for Part-Time, Seasonal, and Temporary Employees

Introduction

A federal law, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

You are enrolled in an alternate plan called the Public Agency Retirement Services Alternate Retirement System Plan (PARS ARS). PARS ARS satisfies federal requirements and provides cost savings to you and your employer when compared to Social Security. The PARS ARS plan only requires a minimum contribution of 7.5% to your retirement account.

This information is a general description of what you can expect as a participant in PARS ARS. The Plan Document provides a detailed description and contains all of the specific legal requirements of the plan. A copy of the plan document is available for review with your employer.

Enrollment in the PARS ARS Plan is automatic for eligible employees.

Effective July 5, 1995 and thereafter:

- Each pay period, 5.50% of your wages will be deducted from your pay and deposited into your PARS ARS account. Your contributions are made on a pre-tax basis.
- Each pay period, your employer will also contribute the equivalent of 2.0% of your wages to your PARS ARS account. Employer contributions are also made on a pre-tax basis.
- Investment activity will be credited to your PARS ARS account based on your monthly account activity and will accumulate tax-free until your termination form the plan and the distribution of your account balance.

Designating a Beneficiary

- 1) In the event that you pass away while contributing to the PARS ARS Plan, your account balance will be distributed to your beneficiary.
- 2) If you are married at the time of your death, your spouse/registered domestic partner is automatically your beneficiary. If you wish to designate someone other than your spouse/registered domestic partner, you may do so by submitting a Designation of Beneficiary Form.

- 3) If you are unmarried at the time of your death, your account balance will be paid to your estate unless you have designated another beneficiary.
- 4) You may obtain a Designation of Beneficiary Form from your employer or from PARS.

Becoming Eligible for a Benefit

- 1) You (or your beneficiary in the event of your death) will be eligible to receive your PARS ARS account balance when one of the following events occurs:
 - a. Termination of Employment
 - b. Retirement
 - c. Permanent and Total Disability
 - d. Death
 - e. Changed employment status to a position covered by another retirement system*

*If there have been no contributions into your PARS ARS account for two (2) years, you may be eligible for a distribution of your account.

Receiving Your Account Balance

- The County will notify PARS of your termination after a period of 250 consecutive calendar days. Upon notification from the County, appropriate forms will be sent to you by mail. Within 90 days of PARS' receipt of all correctly completed forms, the account will be distributed.
- 2) Your distribution options are:
 - a. You may elect to receive a **one-time lump-sum cash payment**. If your account balance is greater than \$200, your distribution may be subject to federal and/or state income tax withholding. If you are under age 59½, your distribution may also be subject to an excise tax withholding.
 - b. If your account balance is greater than \$200, you can defer tax withholding from your distribution by electing a **direct rollover** to a traditional IRA or to an eligible employer plan that accepts rollovers (e.g. 403(b), 457(b), 401(k), etc.).

For further information or for questions about your account, please contact PARS.

(800) 540-6369 Monday – Friday 9:00AM – 5:00PM Pacific Time •

County of Stanislaus

PARS

Alternate Retirement System

Plan Summary

For Part-Time, Seasonal and Temporary Employees

TABLE OF CONTENTS

INTRODUCTION	2
PARTICIPATION	3
YOUR PARS-ARS ACCOUNT	4
VESTING	4
DISTRIBUTION OF BENEFITS	5
DESIGNATING A BENEFICIARY	6
FOR ADDITIONAL INFORMATION	6

INTRODUCTION

Background

A federal law, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), mandates that employees of public a gencies who are not members of the employer's existing retirement system as of January 1, 1992 be covered under Social Security or an alternate plan.

The PARS Alternate Retirement Syst em (PARS-ARS) satisfies federal requirements and provides substantial cost savings compared to Social Security. Social Security requires that the equ ivalent of 12.4% of your salary be contributed each month; however, PARS-ARS requires only a 7.5% contribution to your retirement account.

The information in this packet is designed to provide a general description of what you can expect as a participant in PARS-ARS. The Plan Document contains a more detailed description and your employer has a copy which you may read. The Plan Document shall govern if this description states something different.

Plan Sponsor

PARS-ARS has been established by your employer, the County of Stanislaus (the "County").

Plan Administrator

The County appointed *Plan Administrator* is responsible for determining the provisions of the Plan, directing distributions, and establishing investment policy. The current *Plan Administrator* is Mr. David Dolenar, Deputy Executive Officer CEO-Risk Management Division. For info rmation and questions, please contact the Employee Benefits Unit at (209)525-5717.

Public Agency Retirement System (PARS)

PARS is a 401(a) tax-qualified multiple employer trust. PARS is made up of California governmental agencies such as school districts, community colleges, cities, counties, and other special districts. The County has implemented the Alternate Retirement System through PARS.

PARS Trustee

The Union Bank of California is the Trustee for PARS. The duties of the Trustee include receiving and investing Plan contributions, safeguarding Plan assets, and distributing benefits to eligible Plan participants or beneficiaries at the direction of the *Plan Administrator*.

PARS Trust Administrator

Phase II Systems is the Trust Administrator for PARS. The *PARS Trust Administrator's* functions include record keeping of individual account balanc es, Plan accounting, coordination of benefit distributions, and communication of Plan provisions.

If you have any questions regarding this Plan, please call the *PARS Trust Administrator* at (800) 540-6369.

PARTICIPATION

You are eligible to participate in PARS -ARS if you meet one of the eligibility requirements listed below.

Eligible Employees are:

- Part-time (less than 20 hours per week)
- **Seasonal** (five months or less per year)
- **Temporary** (contract of two years or less in duration)
- Not covered by another Retirement System

YOUR PARS-ARS ACCOUNT (Effective July 5, 1995)

Employee Contribution

Each pay period, 5.5% of your salary will be deducted from your wages and deposited into your PARS-ARS account. Your contributions are made on a "pretax" basis.

Employer Contribution

Each pay period, your employ er will also contribute the equiv alent of 2.0% of your salary to your PARS-ARS account. Employer contributions are also made on a "pre-tax" basis.

Investment Earnings and Administrative Expenses

Investment earnings minus plan administrat ive expenses will be credited to your PARS-ARS account based on your monthly account activity and will accumulate tax-free until termination from the plan and the distribution of your funds.

SPECIAL NOTE

A PARS-ARS account balance statement is available any time upon request from the PARS Trust Administrator (Phase II Systems) by calling (800) 540-6369.

VESTING

Vesting refers to your right to or your ownership of y our account. With PARS-ARS, you are immediately 100% vested in your account.

DISTRIBUTION OF BENEFITS

Eligibility for Distribution

You or your beneficiary will receive your PARS-ARS account balance after your employment ends for any of the following reasons:

- Termination of employment
- Retirement
- Permanent and Total Disability
- Death
- Changed employment status to a position covered by another Retirement System*

*If you become eligible for another retirement plan, your account balance must remain in PARS-ARS for twenty-four (24) months as mandated by federal law, after which you will be able to request distribution of your funds.

Receiving Your PARS-ARS Account Balance

When PARS is notified by y our employer that your employment has ended and you are eligible for distribution, appropriate distribution forms will be sent to you. It is your responsibility to complete these forms and return them to the PARS office. Within 90 days of PARS' receipt of all correctly completed forms yo u will receive your account balance in a lump-sum distribution.

You do not pay income taxes on your PAR S-ARS Account as it accumulates. When you begin to receive benefits, the f unds received become taxable income. If you choose to receive benefits before age 59½, those funds may be subject to additional federal and state excise taxes. If your account balance exceeds \$200, you may avoid excise taxes by directing PARS to transfer the balance of your PARS-ARS account to:

- an IRA
- another retirement plan that accepts rollovers
- your County 457 Deferred Compensation account

DESIGNATING A BENEFICIARY

If you die while em ployed, your account balance will be dis tributed to your beneficiary. If you are married at the ti me of your death, your spous e is automatically your beneficiary. If you wish to designate someone other than your spouse as your beneficiary, you must do so in writing and your spouse must sign a spousal consent.

To designate a beneficiary, please contact the *PARS Plan Administrator*, CEO-Risk Management Division Employee Benefits Unit at (209)525-5717, for a Designation of Beneficiary For m. You may also download this form from the Employee Benefits Website http://www.stancounty.com/riskmgmt/.

If you are unmarried at the time of your death, your account balance will be paid to your estate unless you have designated another beneficiary.

FOR ADDITIONAL INFORMATION

Additional questions about the Plan should be directed to the *PARS Trust Administrator*, Phase II Systems. Written requests should be mailed to:

PARS P.O. Box 10009 Costa Mesa, CA 92627

Participants are encouraged to call the toll-free number on week days from 9:00 a.m. to 5:00 p.m. to speak to a client services specialist:

(800) 540-6369

PARS is not licensed to provide and does not offer tax, accounting or legal advice. You are urged to consult with appropriate professionals regarding the tax, accounting and legal implications of participating in PARS-ARS.

ORACLE PEOPLESOFT SELF SERVICE

Oracle PeopleSoft Self Service gives you direct access to your own Benefits, Payroll and Training information online.

- Under Self Service Benefits Information you have the ability to view your benefits summary and change your Deferred Compensation voluntary contributions and Life Insurance Beneficiaries.
- Under Self Service **Benefits Life Events** you have the ability to make your own life event changes if you get married, divorced, or have a baby. Once you enter the information online, you only need to send us the proof. No more filling out forms!
- Under Self Service **Payroll** you have the ability to view your Paycheck information online and also print your own Paycheck Advice Notice. You also may have the ability to enter your own Time Card information online if your department is participating. This is located under **Time Reporting**.
- Under Self Service **Learning and Development** you have the ability to view your training history online. You also have access to view the list of available County training classes and after obtaining approval from your supervisor, enroll yourself with just a click of a button!

To learn how to login and use the Self Service features, go to the County's Intranet site at: http://intranet/ to access the Self Service Tutorials, which are located under the drop down menu **Resources> Self-Service Tutorials**.

The Intranet is also where you access the Oracle PeopleSoft application. It is located under the drop down menu **Applications> PeopleSoft**.

Your PeopleSoft User ID is usually your email address user name. For example:

E-mail address is: testerj@stancounty.com

PeopleSoft UserID is: **TESTERJ** (UPPERCASE)

If you have never logged in to Oracle PeopleSoft before, contact your Department's HR/Payroll Clerk to receive a temporary password. You will be required to reset your password as soon as you log in. Please follow the instructions to change your password to a combination of letters, numbers and a special character.

If you have any issues logging in to PeopleSoft, just call 525-HELP.

Now you are ready to use Self Service!