

STANISLAUS COUNTY HUMAN RELATIONS

Take Your Place.

Stanislaus County

2027

EARLY RETIREE BENEFITS eGUIDE

January 1, 2027 – December 31, 2027

CLICK TO EXPLORE YOUR OPTIONS FOR 2027

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Welcome to Your Medical Benefits

We are pleased to offer medical coverage to protect your health, your family and your way of life.

This Benefits eGuide answers some of the basic questions you may have about your medical benefits. Please read it carefully, along with any supplemental materials you receive. More detailed benefits information can be found in the official plan documents, which are available on the Employee Benefits website.



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How to Use This eGuide

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Eligibility

Eligibility

Stanislaus County's Early Retiree Medical Plan is only available to StanCERA participants, and their qualifying dependents, who are not eligible for Medicare or are not enrolled in any other medical coverage. Early retirees and their dependents are eligible under the following requirements:

- You must retain continued medical coverage in order to be eligible to enroll. Proof of coverage will be required. If there is a break in your coverage, you will not be eligible to re-enroll in the Early Retiree Medical coverage in the future.
- You may not voluntarily drop your outside medical coverage to enroll in Stanislaus County's Early Retiree Medical Plan, outside of Open Enrollment. This includes the health insurance exchange or Covered California.
- Enrollment will only be allowed at the time of your retirement or COBRA expiration, during the annual Open Enrollment period or if you have a qualifying life event (see page 4).
- You have the option of two different plans. There is only one network available based on where you live.



Dependent Eligibility Verification

You must retire and be covered under Stanislaus County's Early Retiree Medical Plan before you turn 65 in order for your dependents to be covered under this plan. You must also submit recorded/certified documentation verifying your dependent's eligibility within 60 days of enrollment.

Your dependents can include*:

- Your legal spouse
- Your registered domestic partner (RDP), as defined by the State of California
- Your natural children, stepchildren, RDP's children, foster and/or adopted children up to age 26, regardless of marriage or student status

Your dependents will NOT be eligible for your coverage if the following occurs:

- If you voluntarily terminate coverage prior to Medicare eligibility
- If you do not elect coverage for them at the time of retirement or COBRA expiration unless they experience a qualifying life event while you are still enrolled in the plan
- If your dependents are not enrolled in the plan at the time of your passing, they will not be eligible for coverage

*Dependents who exceed the age limit, may be eligible if they are unmarried and primarily dependent upon you or your spouse/RDP for support and maintenance. Please refer to the Summary Plan Description for complete information.

When Your Medical Benefits Terminate

Your medical coverage will terminate:

- When a written request via letter or email is received prior to the first of the month.
- If payments are not received within 30 days of the due date. When your payment is late, you may experience an interruption in service, including termination after 30 days. Coverage will not be eligible for reinstatement.
- Automatically when you reach age 65 (for you and/or your dependents).
- On January 1 following an annual active Open Enrollment period, if a new enrollment form is not submitted by the posted due date.

Enrollment

How to Enroll

Each year, the County has Open Enrollment in order to allow you to enroll in medical coverage for you and your family. The County's Open Enrollment period occurs annually in October and information with instructions will be mailed to active participants. You must complete an Early Retiree Benefit Enrollment Form and email it to earlyretirees@stancounty.com, along with any dependent eligibility verification.

When Coverage Begins

The new plan year starts on January 1, which is when your coverage will go into effect. If you fail to enroll on time, you will NOT have benefits coverage and you must wait until the next Open Enrollment to enroll, unless you have a qualifying life event.



Making Election Changes

Due to Internal Revenue Service (IRS) regulations, you can change your benefit elections only during annual Open Enrollment or if you have a qualifying life event.

Open Enrollment

Open Enrollment occurs once per year and is your opportunity to review your medical options for the next plan year, effective January 1.

Qualifying Life Events

Benefit election changes outside of retirement, COBRA expiration or Open Enrollment may only be made if you experience a qualifying life event. Following are examples:

- Change in legal marital status, such as marriage, divorce or annulment, or dissolution of a registered domestic partnership
- Change in number of dependents, such as birth or adoption of a child, change in child custody, child reaching age 26, etc.
- Change in employment status, including the start/termination of employment for you, your spouse or dependent child
- Loss or gain of coverage under your spouse's/RDP's plan
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You or your spouse turn 65 and/or enroll in Medicare

You are responsible for notifying Employee Benefits and making your election changes within 60 days of the qualifying life event.

Changes become effective on the first of the month following the date of the qualifying life event, except when the change is due to the birth or adoption of a child. In these cases, coverage becomes effective on the date of the event.

Medical Program and Network

The County's medical program is designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury.

The medical program has two parts:

- **Part 1: you are assigned a network**
- **Part 2: you select a medical plan**

PART 1: Understanding Your Location and Network Providers

Your access to in-network medical health care providers and facilities will depend on where you live.

- **If you live in the local service area**, you will be automatically enrolled in the Health Partners of Northern California (HPNC) network. (For more information, refer to the map on page 6.)
- **If you live outside the local service area**, you will be automatically enrolled in the UnitedHealthcare (UHC) network and will only have access to those health providers and facilities.

Both health networks offer a comprehensive list of providers and access to local, regional and national medical centers that offer the best possible care for both routine and complex medical care issues. The table provides some general information on each network.

To search for providers in the HPNC network, visit www.healthpartnersnca.org. To search for providers in the UHC network, visit www.myUHC.com.

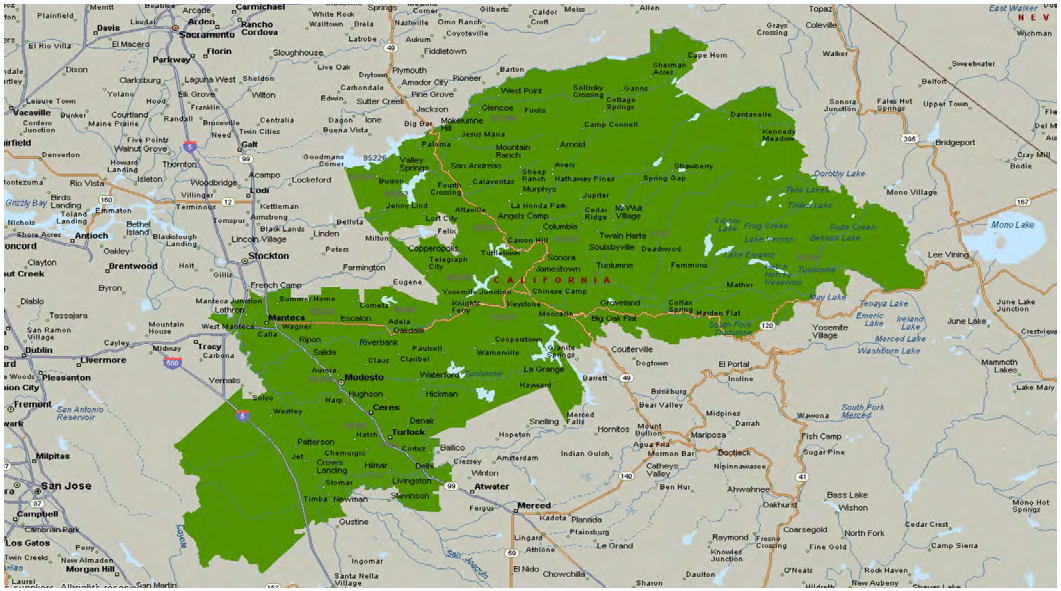
	Health Partners of Northern California (HPNC) Network	UnitedHealthcare (UHC) Network
Local Hospitals	Doctors Hospital of Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Oak Valley District Hospital Oakdale	Adventist Health Sonora Doctors Hospital of Manteca Doctors Medical Center Modesto Emanuel Medical Center Turlock Mark Twain St. Joseph Hospital Memorial Medical Center Oak Valley District Hospital Oakdale
Local Physician Panel (primary care, specialists, etc.)	Approximately 2,818	Approximately 1,761
California Regional Referral Hospitals	UCSF Valley Children's Hospital Madera	UC Davis UCSF Stanford Valley Children's Hospital Madera
Pharmacies	There are more than 68,000 participating pharmacies in the CVS Caremark retail network, including CVS retail stores.	
National Out of Area Network*	First Health Complimentary Network	UnitedHealthcare Choice Plus National Coverage

*If you live in the local service area and have a covered dependent that lives out of the area (or if you and/or an eligible participant are traveling), the National Out of Area Network (NOoAN) is available. These claims are paid at the in-network level. Please call for pre-authorization of any service in the NOoAN.

Note: In the event of an emergency, we encourage you to seek immediate care at the nearest facility. Services will be paid at the in-network level for a true emergency.

Medical Network

HPNC Local Service Area Zip Code Map



HPNC Service Area is in Green

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

HPNC Local Service Area Zip Code List

- If you live in one of the zip code areas listed below, you will automatically be enrolled in the HPNC network.
- If you do NOT live in one of the zip code areas listed below, you will automatically be enrolled in the UHC network.

95221	95250	95320	95351	95372
95222	95251	95321	95352	95373
95223	95252	95323	95353	95375
95224	95254	95324	95354	95379
95225	95255	95326	95355	95380
95226	95257	95327	95356	95381
95228	95305	95328	95357	95382
95229	95307	95329	95358	95383
95230	95309	95330	95360	95385
95232	95310	95334	95361	95386
95233	95311	95335	95363	95387
95245	95313	95336	95364	95389
95246	95314	95337	95366	95390
95247	95315	95346	95367	95397
95248	95316	95347	95368	
95249	95319	95350	95370	

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

Medical Plans

PART 2: Select Your Medical Plan

The County offers you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. All County medical plans comply with the standards provided by the Patient Protection and Affordable Care Act (federal health care reform). Following is a brief description of each plan.

High-Deductible Health Plan (HDHP) With Health Savings Account (HSA)

The HDHP HSA plan comes at a lower premium cost and includes an annual deductible. Once you reach your annual deductible, you will pay for medical expenses on a fixed copayment schedule. Preventive care services are provided at no cost under the County's health plans. The plan comes with a health savings account (HSA) through Optum Bank. See page 10 for more information about the HSA.

Here's how the HDHP HSA plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for medical and prescription drug expenses.
- **Preventive Care:** Routine preventive care services, such as annual physicals, are covered at 100% and the deductible does not apply.
- **Copays:** Once you meet the plan's annual deductible, you will pay a fixed dollar amount (copay), which is the amount you will pay out-of-pocket for each office visit, service or prescription drug.
- **Out-of-Pocket Maximum:** Once you reach the out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services and prescription drugs for the rest of the plan year.
- **Health Savings Account:** You may use your HSA funds to pay for qualified health care expenses, including your deductible and copays.

Exclusive Provider Organization Plan (EPO)

The EPO plan initially offers a higher level of benefits than the HDHP with HSA; however, the premiums are higher as well. There is no annual deductible. All benefits are based on a fixed dollar amount (copay), which is the amount you will pay out-of-pocket for each office visit, service or prescription drug. The EPO plan functions like a traditional HMO plan and may offer additional convenience for employees who are willing to pay a higher monthly premium or who are otherwise unable to participate in the HDHP with HSA option due to having other coverage including Medicare.

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

Benefit Costs

The amount will depend upon the plan you select and if you choose to cover eligible family members. Click here to view your benefit costs.



Medical Plan Highlights

Following is an overview of the medical plan benefits. For more information, including the out-of-network HDHP benefits, refer to the Summary Plan Documents on the Employee Benefits website.

Key Medical Benefits	HDHP with HSA (In-Network)	EPO (In-Network Only)
Deductible (per calendar year) Individual / Family	$1,750 / $3,500	None
Out-of-Pocket Maximum (per calendar year) Individual / Family	$3,000 / $6,000	$1,500 / $3,000
Office Visits (physician/specialist)	$20 copay*	$20 copay
Routine Preventive Care	No charge (deductible waived)	No charge
Outpatient Diagnostic (lab/X-ray)	$10 copay*	$10 copay
Complex Imaging	$25 copay for CT, MRI, PET scans*	$25 copay for CT, MRI, PET scans
Chiropractic	$15 copay* (up to 20 visits per year)	$15 copay (up to 20 visits per year)
Ambulance	$50 copay* (per occurrence)	$50 copay
Emergency Room	$75 copay* (waived if admitted)	$75 copay (waived if admitted)
Urgent Care Facility	$20 copay*	$20 copay
Inpatient Hospital Stay	$150 copay* (per admit)	$150 copay
Outpatient Surgery	$100 copay*	$100 copay (per procedure)
Prescription Drugs (Generic / Brand / Non-Formulary)		
Retail Pharmacy (30-day supply)	$10* / $25* / $25*	$10 / $25 / $25
Mail Order (90-day supply)	$20* / $50* / $50*	$20 / $50 / $50

Copay amounts shown in the above chart represent what the member is responsible for paying.
***Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.**

Pharmacy Benefits

Retail Pharmacy—Up to a 90-Day Supply

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 90-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, call **RxBenefits** at 800-334-8134 or email customercare@rxbenefits.com. Their Member Services Team is available Monday through Friday, 5 a.m.–6 p.m. PT.

Knowledgeable representatives can assist you with pharmacy-related question such as:

- Is my drug covered?
- What will it cost?
- Is my pharmacy in the network?
- Are there lower cost alternatives?
- Can you assist me with benefit questions?
- Can you help to transition my prescriptions to mail order?

Register online at:

- CVS Portal: https://www.caremark.com/digital-fast/caremark-registration-web/#/registration
- App: https://fast.caremark.com/mcontainer/v0/info-caremark-mobile/index.html
- The RxB portal is a mobile responsive website designed with a mobile-first approach. Members can use this portal to check their claims, search PA status and download copies of their ID cards at https://member.rxbenefits.com.



SAVE MONEY ON YOUR MEDICATIONS

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Telemedicine & Health Bridges

Telemedicine–Amwell

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

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

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

Practice	Member Cost-Share	
	EPO Medical Plan	HDHP Medical Plan
Service Key	SCEPO	SCHDP
Urgent Care	$20	$75
General Consultation (MD/DO, NP)	$20	$67
Therapy (Master's-level)	$20	$125
Therapy (Doctorate-level)	$20	$150
Psychiatry (initial visit)	$20	$275
Psychiatry (follow-up; low complexity)	$20	$120
Psychiatry (follow-up; low-moderate)	$20	$150
Nutrition/Registered Dietician	$20	$80
Smoking Cessation	$0	$0

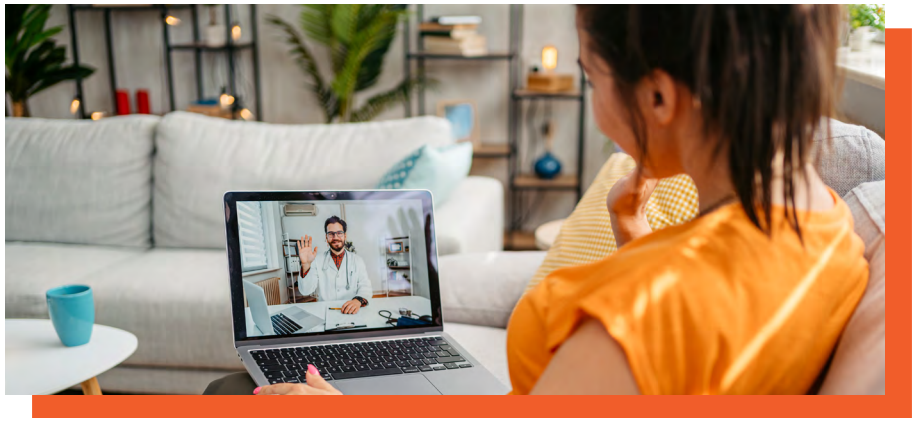
For more information, visit www.amwell.com, call 844-733-3627, or download the Amwell app from the Apple App store or Google Play and create an account. When signing up, HDHP members should use Service Key **SCHDP**, EPO members should use Service Key **SCEPO**, so the correct copays apply.

Health Bridges of Northern California

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

- Care coordinators support members with chronic conditions such as diabetes, high blood pressure, and high cholesterol, helping them stay current with provider visits, recommended screenings, and medications.
- Hospital post discharge care coordination to assist members with understanding discharge orders and coordinating follow-up care.
- Liaison services provides assistance with the following:
  - Securing appointments with in-network providers
  - Finding specialty providers and obtaining specialty referrals
  - Obtaining prior authorizations when required
  - Coordinating out of area care with centers of excellence sugh as UCSF

For more information, call 209-593-0203.



Health Savings Account

When you enroll in the HDHP medical plan, you get a health savings account (HSA) through Optum Bank. An HSA is a personal savings account that allows you to save and pay for qualified health care expenses with federally tax-free dollars–now or in the future.

How Your HSA is Funded

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

The maximum you can contribute to an HSA in 2027 is:

2027 HSA Contribution Limit	
Coverage Level	IRS Limit
Employee Only	$4,500
Employee + 1 or More	$9,000
Catch-up (age 55+)	$1,000

Using Your HSA Funds

You may use your HSA funds to pay for qualified health care expenses for yourself and your IRS tax dependents, even if they are not enrolled in the HDHP medical plan.

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

Qualified Health Care Expenses

Eligible expenses include, but are not limited to:

- Medical care, prescriptions, dental and vision care (including deductibles, coinsurance and copays)
- COBRA premiums
- Health insurance premiums while unemployed
- Long-term care insurance
- Medicare insurance premiums including A, B, C, D and Medicare Advantage products (not Medigap)

Click here for a list of qualified health care expenses.

You may also use your HSA funds for non-qualified expenses, but you will be required to pay income tax and a 20% tax penalty. (The 20% penalty doesn't apply if you become disabled or after you've reached age 65.)

HSA Eligibility Rules

You must meet all of the following criteria to open and contribute to an HSA:

- Enrolled in the HDHP medical plan and not covered by any other medical plan
- Not enrolled in a health care FSA
- Not enrolled in Medicare, TRICARE or Medicaid
- Not claimed as a dependent on another's tax return

To learn more about the HSA, visit the Employee Benefits website.

EARLY RETIREE MEDICAL PREMIUM PAYMENTS

You can self-pay directly to the County via check or money order only. Make the payments out to Stanislaus County.

You can set up a monthly auto payment arrangement through your banking institution.

Non-payment of premiums is treated as voluntary termination from the plan. If you are terminated from the plan, you will not be able to enroll again in the future.

You may have your premium deducted from your retirement check from StanCERA, as long as you receive enough pay to cover the entire monthly premium.

Medical Contact Information

Topic	Carrier	Phone #	Website/Email
Benefits, Eligibility & Claims Services	UMR	800-207-3172	www.umr.com
Onsite County Rep. Nora Garcia-Ruan	UMR	209-525-5711	nora.garcia-ruan@umr.com
Local Service Area Provider Questions	Health Partners of Northern California	877-830-7470	www.healthpartnersnca.org
Outside Local Area Service Provider Questions	UnitedHealthcare (UHC)	866-414-1959	www.myUHC.com
Prescription Coverage Administered by RxBenefits	RxBenefits / CVS Caremark	800-334-8134	www.rxbenefits.com www.caremark.com
Telemedicine	Amwell	844-733-3627	www.amwell.com
Concierge Services for Health Partners of Northern California	Health Bridges of Northern California	209-593-0203 800-318-1529	stephanie@healthbridgesofnorcal.com
Nurse Care Advocate / 24-Hour Nurse Line	UMR	877-950-5083	www.umr.com
Health Savings Account (HSA)	Optum Bank	844-326-7967	www.optumbank.com
RESCO	Rico, Pfitzer, Pires & Associates (RPP)	800-399-7473	www.rppins.com resco@rppins.com
Chief Executive Office – Employee Benefits	N/A	209-525-5717	earlyretirees@stancounty.com www.stancounty.com/personnel/eb-home-main.shtm

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Copies of the plan documents can be found on the Employee Benefits website.

ANNUAL NOTICES: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Click here to view the annual notices.

This Benefits eGuide was prepared for you by HUB International: www.hubinternational.com.