



# 2026-2027 Benefits Guide

Effective July 1, 2026 – June 30, 2027

*Active Employees*



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### Important Notice

Superior Court of California, County of San Joaquin has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. Superior Court of California, County of San Joaquin reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Superior Court of California, County of San Joaquin share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Superior Court of California, County of San Joaquin .

In accordance with ERISA, you have access to important documents relating to your benefit plans. These documents are located in the TruHu benefits site (<https://bit.ly/sjcourt>) and ADP ([www.workforcenow.adp.com](http://www.workforcenow.adp.com)) . Please review the important legal notices and detailed benefit summaries for more information on your plans. You may also request a printed copy of these documents by contacting HR at [hr@sjcourts.org](mailto:hr@sjcourts.org).



## OPEN ENROLLMENT is from May 18<sup>th</sup> to May 29<sup>th</sup>

At Superior Court of California, County of San Joaquin, we truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a Court employee, you have access to a comprehensive, quality benefits package that offers flexibility and security.

Open Enrollment is the perfect time to evaluate the best benefit options for you and your family. Be sure to consider factors such as plan costs and evaluate what type of services you anticipate needing for the upcoming year.

Open Enrollment for 2026 coverage – your one chance to make changes to your benefits<sup>1</sup> – begins Monday, May 18<sup>th</sup> and will remain open until Friday, May 29<sup>th</sup>. The benefits you choose will become effective on the first day of the next plan year, which is July 1, 2026 to June 30, 2027.

### You must participate in Open Enrollment if you wish to do any or all of the following:

- Make changes to your medical, dental, vision or life insurance coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)

If you don't enroll in benefits, you may default into the same or comparable coverage that you elected last year. However, you won't be automatically enrolled in any FSAs – you need to make an election to participate each year. All changes are due no later than 5:00pm on Friday, May 29, 2026.

Please take the time to read and understand this guide so you can discover your benefits. If after reading this guide you need more information, please contact Court Human Resources at (209) 992-5699.

## Enrolling in Benefits

There are three opportunities to enroll in or make changes to your benefits:

### AS A NEW HIRE

You can enroll in benefits effective the second pay period following your hire date and have 31 days to enroll once eligible to participate in benefits. If you miss this initial enrollment window, your next opportunity to enroll will be the annual open enrollment period.

1

### DURING OPEN ENROLLMENT

You can make changes to your benefits each year during the annual open enrollment period (normally held in May) for benefits effective July 1–June 30 of the following year.

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### QUALIFYING LIFE EVENTS

Your 2026 elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualifying life event (in accordance with Internal Revenue Code rules). You must request an election change within 31 days and may need to provide supporting documentation (such as a marriage license or birth certificate).

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<sup>1</sup> You can change your coverage during the year if you experience a "Qualified Status Change," including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.



Full-time employees are eligible to participate in the benefits in this guide the beginning of the 2<sup>nd</sup> pay period after having worked at least 41 hours in a bi-weekly period. If you enroll in coverage, your eligible dependents can also participate in Superior Court of California, County of San Joaquin benefits. Eligible dependents include:

- Your legal spouse or domestic partner <sup>1</sup>
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and they are incapable of self-support due to mental or physical disability

Review the Eligibility and Enrollment Reference Guide for additional details regarding eligibility, including the company's definition of domestic partner.

Once you become eligible to participate in benefits, you have 31 days to enroll. Elections you make generally become effective the 2<sup>nd</sup> pay period following your hire date. **If you don't enroll in coverage within 31 days of your initial eligibility, you will automatically be enrolled in the Kaiser HMO plan.**

## Proof of Dependent Eligibility

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact Human Resources at (209) 992-5699 within 31 days. Failure to provide notification may lead to discipline, termination of coverage and possible termination of employment.

## Qualifying Life Events

Once you enroll in your benefit plan, your elections remain in effect for the remainder of the calendar year. The only exception is if you have a qualifying change in status. Any benefit changes resulting from a Qualifying Life Event must be requested by the employee within 31 days of the event. These qualifying events include:

- Marriage, divorce or legal separation
- Birth, adoption, placement for adoption or custody of a child
- The death of a dependent
- A change in your spouse's employment that affects your benefits eligibility (starting a new job, leaving a job, starting or returning from an unpaid leave of absence or changing from part-time to full-time status, etc.)
- A change in your dependent's eligibility for benefits
- A change in you or your dependent's residence that affects eligibility for coverage
- Receiving a court order, such as a Qualified Medical Child Support Order

<sup>1</sup> Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Superior Court of California, County of San Joaquin on behalf of your domestic partner are generally considered taxable income to you. Contact Human Resources at (209) 992-5699 if you believe your domestic partner is exempt from federal or state taxes.

# Employee Contributions



This booklet and more detailed benefit summaries are available online at <https://bit.ly/sjcourt>.

You can review and discuss at home with your family. Hard copies will be made available through Court Human Resources. Copies will not be mailed to homes.

If you have any questions about your benefits that are not covered in the materials, or if you have other enrollment questions, please contact Court Human Resources at (209) 992-5699.

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck every other Friday. Please note, while there are 26 pay periods in a year, benefit deductions are only taken from 24 paychecks. The following paychecks will not have a benefit deduction:

- July 31, 2026
- January 29, 2027

## Contribution Summary (24 deductions/year)

Benefit	Employee Only	Employee + One Dependent	Employee + Family
Kaiser Permanente HMO	\$0	\$218.59	\$285.27
Sutter Health Plan (SHP) HMO	\$0	\$262.34	\$342.44
DeltaCare DHMO	\$0	\$9.04	\$18.90
Delta Dental PPO	\$0	\$26.99	\$44.34
VSP Vision Plan	\$0	\$2.57	\$6.79
Supplemental Life	See page 16		

# What's Changing this Year



## 2026 Plan Changes

Please review the appropriate section for additional details on the following changes:

- There are no benefit changes to the Kaiser Permanente HMO medical plan, the Delta Dental plans, VSP Vision plan or to the Voya Life and AD&D plans.
- There are various changes being mandated by Sutter Health Plan (SHP) for the available medical HMO plan. Please see the chart at the bottom of the page for details of the changes. **Please note:** this chart is not a comprehensive illustration of the plan benefits but instead focuses on the most common services.
- There has been a cost increase to the Sutter Health Plan HMO & the Kaiser Permanente HMO medical plans if covering any dependent(s).
- There has been a cost decrease to the Delta Dental PPO plan, and no cost change to the DeltaCare DHMO plan or the VSP Vision plan.
- Flexible Spending Account (FSA)
  - The maximum allowable annual contribution has increased to **\$3,400**.
  - Please note, the FSA plan requires re-enrollment each year if you wish to continue to participate.
- Even if you are not making changes to your benefit elections, you are required to log in to ADP and verify your enrollment information is correct.

### Reminder!

If you previously enrolled in Voya voluntary life insurance coverage for yourself, you may increase your coverage by \$10,000, up to the GI amount, during the Annual Open Enrollment and medical underwriting will not be required.

Plan	Benefit Type	2025-2026	2026-2027
Sutter Health Plan HMO	Office Visits Physician / Specialist	\$15 copay	Physician: \$20 copay Specialist: \$40 copay
	Room & Board Hospital Inpatient	No charge	\$250 copay per day (up to 5 day maximum)
	Outpatient Surgery	\$15 copay	\$50 copay
	X-Ray and Lab Tests	No charge	\$10 copay
	Diagnostic Imaging (MRI, CT, PET, etc.)	\$15 copay	\$50 copay
	Emergency Room Services	\$35 copay (waived if admitted)	\$200 copay (waived if admitted)
	Urgent Care Services	\$15 copay	\$40 copay
	Ambulance Services	No charge	\$100 copay
	Durable Medical Equipment	No charge	50% coinsurance
	Specialty Prescriptions	20% (up to \$100 maximum copay, 30-day supply)	10% (up to \$250 maximum copay, up to 30-day supply)
	Retail Prescriptions	\$10 T1 / \$20 T2 / \$35 T3	\$10 T1 / \$30 T2 / \$75 T3
	Mail Order Prescriptions	\$20 T1 / \$40 T3 / \$70 T3	\$20 T1 / \$60 T2 / \$150 T3

# Medical Plan Options



You have the choice of two (2) quality and comprehensive medical plans that include prescription drug coverage. Both of these medical plans is an HMO and offers in-network coverage only. When choosing your plan, consider your budget, your preferences, and the health of yourself and any covered dependents.

The information below is a summary of coverage only. For more information, visit <https://bit.ly/sjcourt>, or contact Court Human Resources at (209) 992-5699.

## Medical Plans Summary

Key Features	Kaiser Permanente HMO	Sutter Health Plan HMO
	In-Network Only	In-Network Only
<b>Calendar Year Deductible</b> <i>Individual / Family</i>	\$0	\$0
<b>Out-of-Pocket Maximum (includes deductible)</b> <i>Individual</i> <i>Family</i>	\$1,500 \$3,000	\$1,500 \$3,000
<b>Lifetime Maximum</b>	No Limit	No Limit
<b>Preventive Care</b>	Covered 100%	Covered 100%
<b>Physician Services</b> <i>Office Visit</i> <i>Specialist Visit</i>	\$15 copay \$15 copay	\$20 copay \$40 copay
<b>Lab and X-Ray Services</b>	No charge	\$10 copay
<b>Diagnostic Imaging (MRI, CT, PET, etc.)</b>	No charge	\$50 copay
<b>Chiropractic</b>	\$10 copay (up to 30 visits per calendar year) <sup>1</sup>	\$15 copay (up to 30 visits per calendar year) <sup>2</sup>
<b>Inpatient Hospital (per admission)</b>	No charge	\$250 copay per day Up to max 5 days / admit
<b>Urgent Care Copay</b>	\$15 copay	\$40 copay
<b>Emergency Room Services (waived if admitted)</b>	\$75 copay	\$200 copay
<b>Ambulance Services</b>	\$50 copay	\$100 copay

<sup>1</sup> Available through American Specialty Health Network (ASHN)

<sup>2</sup> Available through OptumHealth

Please note: This chart is just a brief overview of benefits and coverage for the medical plans. You should also look at the detailed disclosure/summary documents for each plan, available from your HR representative or online at <https://bit.ly/sjcourt>. For questions about a specific procedure, service or provider, please contact the medical plan directly.

# Prescription Drug Benefits



Each of the medical plan options include prescription drug coverage. The following chart helps illustrate the prescription benefits offered by Kaiser and Sutter Health Plan.

Key Features	Kaiser Permanente HMO	Sutter Health Plan HMO
	In-Network	In-Network
<b>Calendar Year Prescription Drug Deductible</b>		
Individual	\$0	\$0
Family	\$0	\$0
<b>RETAIL PRESCRIPTIONS</b>	<b>(UP TO 100-DAY SUPPLY)</b>	<b>(UP TO 30-DAY SUPPLY)</b>
<b>Generic/Tier 1</b>	\$10 copay	\$10 copay
<b>Preferred Brand/Tier 2</b>	\$20 copay	\$30 copay
<b>Non-preferred Brand/Tier 3</b>	N/A	\$75 copay
<b>Specialty/Tier 4</b>	20% up to \$150 max copay <sup>1</sup>	10% up to \$250 max copay
<b>MAIL-ORDER PRESCRIPTIONS</b>	<b>(UP TO 100-DAY SUPPLY)</b>	<b>(UP TO 100-DAY SUPPLY)</b>
<b>Generic/Tier 1</b>	\$10 copay	\$20 copay
<b>Preferred Brand/Tier 2</b>	\$20 copay	\$60 copay
<b>Non-preferred Brand/Tier 3</b>	N/A	\$150 copay

<sup>1</sup> With the Kaiser coverage, any prescriptions considered to be Specialty/Tier 4 are limited to a 30-day supply.

## Ways to Save on Your Prescriptions

There are many ways to save on prescriptions! Keep these in mind the next time your provider prescribes a new medication.

### Order by Mail

For maintenance medications, you can save time and money by using a mail-order service. Instead of a 30-day supply, you can have a 100-day supply shipped directly to you.



### Compare Pharmacies

Less expensive prescriptions may be offered by some pharmacies, such as those at warehouse clubs or discount stores. Call ahead to determine which pharmacy has the most competitive price.



### Check Over-The-Counter Options

Over-the-counter drugs can be an inexpensive alternative for some common ailments. Ask your pharmacist if they have any suggestions for options that serve the same purpose for less.





## Service Area Information

Kaiser and SHP are HMO plans, and services may not be available in all areas. Please keep this in mind when you have dependents enrolled in the medical plans who are planning to attend college in another state. When living or traveling outside of the service area, you will have access to Emergency Services only. Routine or follow-up care are only available within your contracted service area.

## Selecting A Primary Care Physician

Kaiser and SHP both require employees to select a Primary Care Physician (PCP) that is part of the network.

If you do not select a primary care physician when you enroll, Kaiser will assign one to you. To find a provider or to obtain additional information about your plan visit [www.kp.org](http://www.kp.org).

Employees and dependents who enroll in the Sutter Health Plan HMO can retain their current, or elect their former, Primary Care Physician (PCP) as an existing patient, even if the practice isn't accepting new patients. This will be allowed for all members who had a date of service within the past 18 months with a PCP who is in the Sutter Health Plan network. To ensure that your Sutter Health doctor is in the Sutter Health Plan network, please use the "Find Physician" tool on the Sutter Health Plan website by going to [www.sutterhealthplan.org](http://www.sutterhealthplan.org). If you do not select a PCP when you enroll, SHP will assign one to you.

## Generic Prescriptions

Each medical plan has tiered copays for prescription drugs, so it's important to know which will save you the most money for the same quality medication.

Generic and Tier 1 drugs always have the lowest copays, so when prescribed a medication, always ask your doctor if there's a generic version available. Non-formulary brand name and Tier 2/3 drugs always have the highest copays.

## Preventive Care

Take advantage of free preventive care, such as your annual medical and dental exams, vaccines and screenings to stay as healthy as possible – and to detect any potential risks. When you catch preventable diseases early, it can save you money and keep you well.

## Tax-advantaged Accounts

Superior Court of California, County of San Joaquin offers tax-advantaged accounts such as the flexible spending accounts (FSAs) and the retirement savings plans. Tax-advantaged accounts let you save pre-tax dollars for qualified expenses or for retirement. Because money is saved before taxes are taken out, you save money on what you would have paid in taxes. Please see pages 13 and 20 for more information.

## Prepare For Emergencies





Evaluate the impact of out-of-pocket expenses to prepare for emergency care if needed.

# Where to Go for Care



With so many options for care, how do you know which is best for the flu, a broken bone or physical exam?

Depending upon where you receive medical attention, the cost can vary immensely. Here's a general guideline that can help you save on health care expenses and your time.

Location of Care	Cost	Common Conditions	Time Investment
<b>Telemedicine</b> 	\$	<ul style="list-style-type: none"> <li>• Cough/cold/sinus/flu</li> <li>• Earaches/stomach pain/diarrhea</li> <li>• Rashes/allergies</li> <li>• insect bites</li> <li>• Urinary tract infections</li> <li>• Pink eye</li> </ul>	<p>Appointments typically available within an hour</p> <p>No need to leave home</p>
<b>Primary Care Physician or Retail Clinic</b> 	\$\$	<ul style="list-style-type: none"> <li>• Checkups</li> <li>• Preventive services</li> <li>• Vaccinations and screenings</li> <li>• General health management</li> <li>• Sick visits for minor conditions</li> </ul>	<p>Usually need appointment</p> <p>Short wait times</p>
<b>Urgent Care</b> 	\$\$\$	<ul style="list-style-type: none"> <li>• Severe Fever and flu symptoms</li> <li>• Sprains and strains</li> <li>• Stitches</li> <li>• Minor burns</li> <li>• Minor infections</li> <li>• Minor broken bones</li> </ul>	<p>No appointment needed</p> <p>Typically have extended hours</p>
<b>Emergency Room</b> 	\$\$\$\$	<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Heavy bleeding</li> <li>• Large open wounds</li> <li>• Spinal or head injuries</li> <li>• Major broken bones</li> <li>• Severe cuts/burns</li> <li>• Numbness or weakness</li> <li>• Sudden vision change</li> </ul>	<p>Open 24/7</p> <p>No appointment needed</p> <p>Wait times can be up to several hours.</p>

# Dental Benefits



The Superior Court of California, County of San Joaquin has two Delta Dental Plans available to employees.

The Delta Care DHMO plan is based on a fixed copay for preventive, basic and major care. You must designate a primary care dentist when you enroll in this plan. The plan utilizes a network of dentists, and you must use a dentist who is a part of the Delta Care DHMO network to receive benefits. You can look up a provider at [www.deltadentalins.com](http://www.deltadentalins.com).

The Delta Dental PPO plan gives you the freedom to choose your own dentist and receive coverage from PPO and Premier/non-Delta providers. If you go to a dentist who participates in the PPO, you qualify for a higher Calendar Year Maximum and benefit from lower contracted rates than at a Premier or non-Delta dentist. You can look up a provider at [www.deltadentalins.com](http://www.deltadentalins.com).

The information below is a summary of coverage only. The information below is a summary of coverage only. For more information visit <https://bit.ly/sjcourt> or contact Court Human Resources at (209) 992-5699.

Plan	Plan Features
DHMO	<ul style="list-style-type: none"> <li>Provides benefits only if you see an in-network dentist</li> <li>Requires you to choose a primary care dentist to coordinate all your care</li> <li>Provides benefits based on a copay schedule</li> </ul>
PPO	<ul style="list-style-type: none"> <li>Allows you to receive care from a dentist in the network or outside the network</li> <li>Pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%</li> </ul>

## Dental Plans Summary

Key Features	Delta Care DHMO	Delta Dental PPO	
	In-Network Only	PPO Dentist	Premier or Non-Delta Dentist
<b>Calendar Year Deductible</b> <i>Individual</i> <i>Family</i>	None None	None None	
<b>Preventive Services (no deductible)</b>	Various copays apply	100%	80%
<b>Basic Services</b>	Various copays apply		80%
<b>Major Services</b>	Various copays apply		80%
<b>Orthodontics (children up to age 26)</b>	Various copays apply		50%
<b>Orthodontics (Adult)</b>	Not covered		50%
<b>Orthodontics Lifetime Maximum</b>	\$1,900 max out-of-pocket		\$1,200 max lifetime benefit
<b>Annual Calendar Year Maximum</b>	None	\$3,000	\$2,000

Please note: This chart is just a brief overview of benefits and coverage for the dental plans. You should also look at the detailed disclosure/summary documents for each plan, available from your HR representative or online at <https://bit.ly/sjcourt>.

# Vision Benefits



The Superior Court of California, County of San Joaquin offers vision coverage through Vision Service Plan (VSP). VSP has the most extensive network of optometrists and vision care specialists in the country. Under this plan, you can use a VSP provider or another provider of your choice. However, when you obtain vision care through a non-VSP provider, you will receive a reduced level of benefits. You can look up providers at [www.vsp.com](http://www.vsp.com).

The information below is a summary of coverage only. The information below is a summary of coverage only. For more information, visit <https://bit.ly/sjcourt> or contact Court Human Resources at (209) 992-5699.

## Vision Plan Summary

Key Features	In-Network	Out-of-Network	Frequency
<b>Exam</b>	No charge after \$10 copay	Up to \$45 benefit allowance, after \$10 copay	Once every 12 months
<b>Lenses</b>	No charge after \$25 copay	Varies depending on lens type, after \$25 copay	
<b>Frames</b>	Up to \$200 benefit allowance, after \$25 copay	Up to \$70 benefit allowance, after \$25 copay	Once every 24 months
<b>Contact Lenses (instead of glasses)</b>	Elective: Up to \$130 benefit allowance, after \$25 copay	Elective: Up to \$105 benefit allowance, after \$25 copay	Once every 12 months
<b>Contact Lenses (instead of glasses)</b>	Medically Necessary: No charge after \$25 copay	Medically Necessary: Up to \$210 benefit allowance, after \$25 copay	

*Please note: This chart is just a brief overview of benefits and coverage for the vision plan. You should also look at the detailed disclosure/summary documents for each plan, available from your HR representative or online at <https://bit.ly/sjcourt>.*

## Other Vision Benefits:

- The VSP LightCare benefit allows you to use your frame and lens allowance toward ready-made non-prescription sunglasses or non-prescription blue light filtering glasses.
- You are also eligible for certain discounts on Lasik vision correction surgery at contracted facilities. Simply present your card at a contracted VSP provider and ask what discount may apply.
- Your VSP plan includes a \$20 Essential Medical EyeCare benefit, which includes an exam for diabetes and other medically related services related to your eyes (i.e. pink eye).
- The copay for a contact lens fitting will not exceed \$60.
- You also have access to additional discounts on eyewear and frames, above and beyond the core benefits covered by the vision plan.

# Flexible Spending Accounts (FSA)

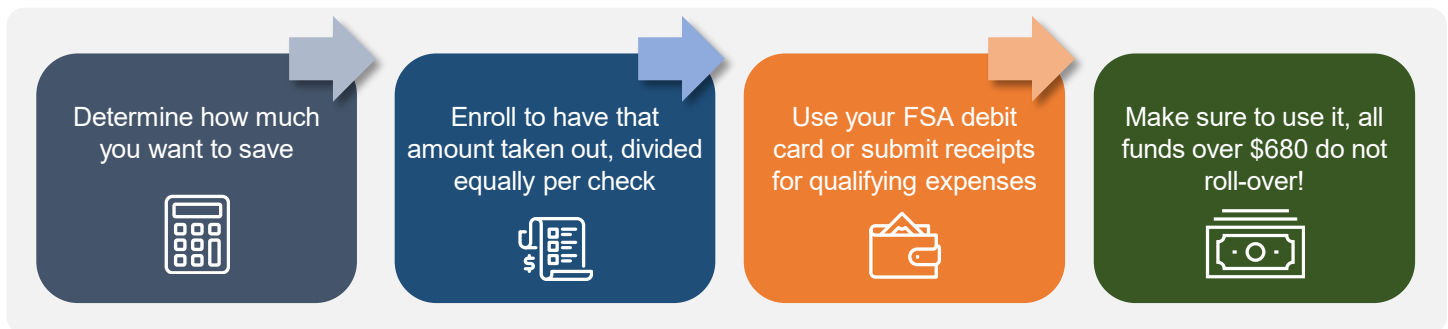


Flexible Spending Accounts (FSAs) allow you to save money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pretax contributions reduce your taxable income.

Account	What it can be used for:	Most you can contribute in 2026:
<b>Health Care FSA</b>	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. <b>NOTE:</b> If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$3,400
<b>Dependent Care FSA</b>	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time.	\$7,500, or \$3,750 if married and filing separate tax returns

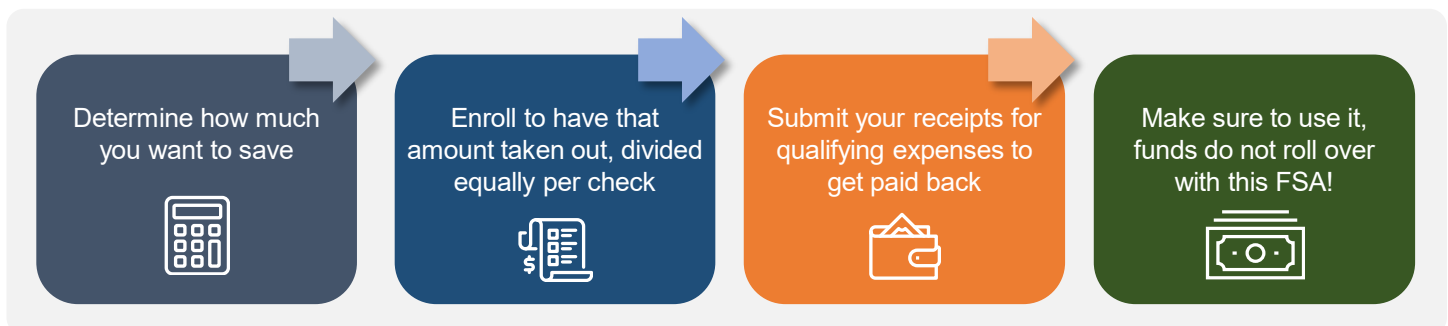
## Healthcare FSA

The Healthcare FSA lets you set aside up to \$3,400 from your paycheck for eligible medical, dental and vision expenses. If electing the Healthcare FSA, you must contribute at minimum \$10 per pay period. The Healthcare FSA offers a carryover provision which allows you to roll over a certain amount of funds into your FSA next year. For 2026, any funds over \$680 will be lost at the end of the plan year.



## Dependent Care FSA

With this FSA, you can set aside up to \$7,500, or \$3,750 if married and filing separate tax returns per year to pay for child or dependent care expenses, while you work. Use-It or Lose-It – funds do not roll over to the next year.



# Flexible Spending Accounts (FSA)



## How the FSAs Work

- Before you enroll you should estimate your annual health care expenses in 2026.
- Your contributions are deducted from your paycheck on a pretax basis in equal amounts throughout the year. Your entire account balance is available as of January 1.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for expenses out-of-pocket and submit a claim for reimbursement online or by mail.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement via mail or online.
- You choose how much to put into the account, up to the IRS limit each year ([IRS 502 Publication](#) or the [IRS 503 Publication for full details](#))
- You forfeit unused FSA funds, so estimate carefully.

## Use-It or Lose-It

- With the Health Care FSA, the Court has a Carryover provision, which means you are permitted to carryover \$680 in unused Health Care FSA monies for the next year. Any amount greater than \$680 will be forfeited.
- Eligible dates of service are July 1, 2026 through June 30, 2027. All claims with these dates of service/receipts must be submitted to Navia by **September 30, 2027**.
- The Dependent Care FSA is a Use-It or Lose-It account and does not offer a carryover provision. Any unused funds left in your account at the end of the year will be forfeited.



# Income Protection Benefits



In addition to health benefits, Superior Court of California, County of San Joaquin also offers eligible employees income protection benefits through Voya Financial. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of accident, or death.

For more information, visit <https://bit.ly/sjcourt>, or contact Court Human Resources at (209) 992-5699.

## Basic Life and AD&D

Superior Court of California, County of San Joaquin provides eligible employees who have had at least one year of continuous service with basic life and accidental death and dismemberment insurance (AD&D) equal to **\$25,000** at no cost to you. Life insurance provides some financial security for your loved ones should you pass away, and AD&D insurance provides a benefit if you suffer a qualified accident (such as loss of a limb or eyesight).

*Keep in mind: You and your eligible family members may only be covered once under life and AD&D insurance. No one may be covered as both an employee and a dependent of the company. If you and your spouse or child work for the Court, be sure to coordinate your life insurance coverage so no one is covered two times.*

## Naming Your Beneficiary

You may name anyone you wish as the beneficiary who will receive your life and AD&D benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you submit a new beneficiary designation form. You may change your beneficiary(ies) as often as you wish. Please make sure your beneficiary information on file with the Court is up to date. It is best to double check this information is up to date each year.

*\* If your Basic Life and AD&D insurance coverage exceeds \$50,000, you will be responsible for an imputed tax, in accordance with IRS requirements. This appears on your paycheck under the Taxable Benefit section as Group Term Life and is not a deduction, it is a tax calculation.*

# Income Protection Benefits



## Supplemental Life and AD&D

You may purchase supplemental (additional) life and AD&D insurance for yourself, your spouse or domestic partner, and your child(ren). Optional coverage can be purchased in the following amounts:

Voluntary Life	Employee	Spouse	Children
<b>Benefit Amount</b>	Increments of \$5,000 up to \$300,000	Increments of \$5,000 up to \$300,000, not to exceed 100% of employee election	Birth to 6 months \$250 total 6 months to 26 years \$10,000 total
<b>Guaranteed Issue Amount</b>	\$100,000	\$50,000	\$10,000

The chart below shows the monthly rate per \$1,000 of total Monthly costs are calculated based on your age. For example, if you're 35 years old and elect \$200,000 in life and AD&D insurance, your monthly cost would be \$23.60.

Age	Rate (per \$1,000 of monthly benefit)	Spouse or Domestic Partner	Child(ren)
<b>Under age 25</b>	\$0.050	Use employee's age bracket to calculate the spouse or domestic partner's rate per \$1,000 (even if age is different)	\$1.50/month regardless of the number of children covered
<b>25-29</b>	\$0.060		
<b>30-34</b>	\$0.080		
<b>35-39</b>	\$0.090		
<b>40-44</b>	\$0.110		
<b>45-49</b>	\$0.160		
<b>50-54</b>	\$0.280		
<b>55-59</b>	\$0.430		
<b>60-64</b>	\$0.670		
<b>65-69</b>	\$1.280		
<b>70-74</b>	\$2.080		
<b>75+</b>	\$2.080	AD&D is optional, but if elected must match voluntary life amount	
<b>AD&amp;D</b>	\$0.028		

**If you previously enrolled in voluntary life insurance coverage for yourself**, you may increase your coverage by \$10,000, up to the GI amount, during the Annual Open Enrollment and medical underwriting will not be required. Otherwise, any increase above the GI amount that either you or your spouse elect will be subject to underwriting approval, and an EOI form will need to be completed. The effective date of the increased amount in benefit (if approved) will be first of the month following approval by Voya Financial underwriting. Human Resources can provide a copy of an EOI form when necessary.

*Guarantee Issue (GI) is a term used to define the amount of voluntary life insurance you can elect without going through medical underwriting, or Evidence of Insurability (EOI). If you enroll as a new hire, or within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. The Guarantee Issue amount for you as an employee is \$100,000, for your spouse is \$50,000 and all child amounts up to \$10,000 are Guarantee Issue.*

# Additional Benefits



## Employee Discount Marketplace

Find ways to save big every day! Use the San Joaquin Court's Employee Discount Marketplace to find discounts, rewards, and perks on thousands of the national brands that you love.

You can browse deals, search by brand or find personalized discounts in a variety of categories, including travel, electronics, entertainment, tickets, sports & outdoors, local deals and much more!

Follow these steps to start saving:

1. Go to <https://sanjoaquincourts.benefithub.com/app/home>
2. Enter referral code OVRNJY
3. Complete your registration and start saving!

You can also download a mobile app for easier access to the discount platform! Scan the QR codes on this page to access the mobile app via the Google Play Store or Apple App Store.

Call (866) 664-4621 or email [customercare@benefithub.com](mailto:customercare@benefithub.com) with questions.

Apple Store  
Mobile App



Google Play  
Mobile App





## Travel Assistance

If you are enrolled in the Long-Term Disability coverage or the new Voluntary Accident plan through Voya, your coverage includes a Travel Assistance program, which focuses on travel, medical and safety-related services you may need while traveling. Voya Financial has partnered with International Medical Group, Inc. (IMG), to make this valuable benefit available.

The Voya Travel Assistance benefit is provided at no additional cost to you and includes a wealth of services when traveling just 100 miles or more from home. Services are provided for both business and leisure travel. Whether you want the weather forecast for your destination or need emergency medical help halfway around the world, Voya Travel Assistance has the staff and resources to provide support 24 hours a day, seven days a week. Use the services as much or as little as you need.

Visit online and register at <http://imglobal.com/member/login>. To use Voya Travel Assistance services, call 1 (317) 659-5841, and provide them with the referral code: VOYATRAVEL or send an email to [assist@imglobal.com](mailto:assist@imglobal.com).

## Employee Assistance Program (EAP)

All benefit-eligible employees are automatically enrolled in the Aetna Resources For Living EAP at no cost. Through the EAP, you and your family members may receive up to six (6) free confidential counseling sessions per issue, as well as personal assessment and referral services. The program can help address a wide array of concerns, including finding elder care, managing relationship and family issues, general stress, personal loss, financial hardship, and parenting.

The EAP counseling sessions are available face-to-face, via televideo, chat therapy or through Talkspace. Employees and the members of their household can also access these resources telephonically, online or through the Resources For Living mobile app.

Talkspace is an online therapy platform that allows you to connect with a licensed behavioral therapist to engage in a live session or through chat by sending text, video or audio messages. A live session through Talkspace is considered one of the six available counseling sessions per issue. If using Talkspace to chat with a therapist, one week of chat therapy is considered one of the six available sessions.

All aspects of the EAP services are confidential, and no information will be shared with your employer. You can access the Resources For Living EAP by calling (800) 342-8111 or visiting [www.resourcesforliving.com](http://www.resourcesforliving.com) (**Username:** SJC, **Password:** EAP)

# Voluntary Benefits



Voluntary benefits provide cash reimbursement during your time of need. Unlike traditional insurance, which covers medical costs, these benefits provide you with a cash benefit should you become ill with a critical illness, experience an accident, are hospitalized or need legal assistance. These benefits can help pay for out-of-pocket expenses not covered by other plans. You can enroll yourself and your eligible family members. Coverage for the voluntary plans is 100% employee-paid.

For more information on voluntary benefits plans through Voya call (877) 236-7564 or visit <https://presents.voya.com/ebr/SCSJ>

## Accident Insurance

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury that occurs off the job. The coverage offered through Voya pays a set benefit amount based on the type of injury you receive and the treatment you may need. The benefit is paid directly to you, to be used however you would like.

Covered injuries and expenses may include:

- Broken bones, burns and torn ligaments
- Cuts requiring stitches
- Concussions
- Emergency room treatment and hospitalization
- Outpatient surgery
- Follow-up doctor treatment(s)

You can purchase coverage for your spouse and dependent children up to age 26. To enroll your dependents, you must purchase coverage for yourself. All claims should be submitted directly to Voya online and typically take about 15 minutes to complete. Once a claim is approved, you should receive your paid benefit within 10 business days.

Participants are also eligible to receive an annual \$50 wellness benefit through the Accident Plan for receiving an eligible health screening test or experiencing a covered hospital stay. This benefit is available each year for all covered participants.

## Critical Illness

Unexpected medical conditions and diagnoses can lead to more than just medical bills. Critical Illness Insurance provides a benefit payment that can help lessen the financial impact to you and your family. The Critical Illness plan pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as childcare or mortgage payments.

Covered illnesses and conditions may include:

- Heart Attack or Stroke
- Major Organ Transplant
- Coronary Artery Bypass
- Cancer

If diagnosed with a covered illness, you will receive a percentage of your elected coverage depending upon the condition.

Participants are also eligible to receive an annual \$50 wellness benefit through the Critical Illness Plan for receiving an eligible health screening test. The wellness benefit is available each year for all covered participants and is a simple way to receive a payout for seeking preventive services such as an annual physical or mammogram screening.

**See rates and eligibility on next page.**

### Accident Insurance Cost Per Pay Period

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$2.89	\$5.77	\$6.21	\$9.09



## Critical Illness Rates

Age	Employee / Spouse Monthly Rate (per \$1,000 of monthly benefit)
<b>Under age 25</b>	\$0.30
<b>25-29</b>	\$0.45
<b>30-34</b>	\$0.54
<b>35-39</b>	\$0.69
<b>40-44</b>	\$0.99
<b>45-49</b>	\$1.27
<b>50-54</b>	\$1.59
<b>55-59</b>	\$1.88
<b>60-64</b>	\$2.41
<b>65-69</b>	\$2.89
<b>70+</b>	\$3.97
<b>Children</b>	Included at no additional cost

Who can get coverage?	
<b>You</b>	Choose from \$10,000, \$20,000, or \$30,000 of coverage
<b>Your spouse or domestic partner</b>	Choose from \$5,000, \$10,000, or \$15,000 not to exceed 50% of employee coverage
<b>Your children</b>	50% of employee coverage amount (automatically covered if you enroll)

## Deferred Compensation Plan

The Deferred Compensation plan is an easy and convenient way to prepare for your retirement. It allows you to defer a portion of your salary through payroll deductions into the plan and invest it on a tax-deferred basis. The plan is administered by Empower (formerly MassMutual Insurance) and is authorized under Section 457 of the Internal Revenue Code. It is similar to 401(k) plans that private companies offer to their employees.

The minimum deferral is \$10 per pay period. The maximum you can contribute per calendar year is 100% of your includible income for the Court of the following amounts for 2026:

- Under age 50: \$24,500
- Age 50 and Over: \$32,500

You can enroll in the plan at any time. You must complete an Empower Deferred Compensation Enrollment Form and contribute to the plan through the convenience of payroll deductions. Your pre-tax contributions and any earnings will accumulate tax deferred until withdrawn (generally at retirement), at which time withdrawals will be taxed as ordinary income.

If you have not contributed the maximum amount allowed during your employment with the Court, there is a “catch-up” provision that may allow you to make additional contributions prior to retirement.

Empower’s secure website allows you to view your personal account, make a variety of inquiries and financial transactions, and obtain educational information. You can locate Empower’s interactive website at:

<https://participant.empower-retirement.com/participant/#/login>.

You can contact Empower Participant Services at (800) 701-8255 for additional information or to arrange a personal consultation. You can also reach out to the Court’s assigned Empower Representative, Silje Normann, by emailing her at [Silje.Normann@empower.com](mailto:Silje.Normann@empower.com).



## Pet Insurance - MetLife

Get coverage for your family's pets by enrolling in Voluntary Pet Insurance provided by MetLife. By choosing to enroll in Pet Insurance coverage through the Superior Court of California, County of San Joaquin, you will receive preferred pricing and can be reimbursed for covered vet visits, accidents, illness and more. This coverage can be purchased at any time throughout the year. Benefits Include:

- Flexible coverage with up to 100% reimbursement and the freedom to visit any licensed vet in the U.S.
- Provides family plans (i.e., multiple pets covered by one policy)
- Available optional Preventive Care coverage
- 24/7 access to Telehealth Concierge Services
- Access to discounts and offers on pet care

Discounts are available for multiple pets. Premiums are unique and based on the age, breed, location and coverage amount that you select. No age or breed restrictions. All costs for this coverage will be paid by the employee to MetLife.

### How to get started:

1. Enroll by contacting MetLife directly by calling 1 (800) 438-6388 or by visiting <https://quote.metlifepetinsurance.com/pet>
2. Download the MetLife Pet Mobile App to manage your policy, access health records and locate nearby services.
3. Take your pet to receive care. Submit any claims using the mobile app and receive your reimbursement via check or direct deposit

#### Pay Your Vet

Pay for your pet's treatment at the time of service

01



#### Submit Your Claim

Mail or email our claim form along with your vet bill

02



#### Get Reimbursed!

According to your plan, after meeting the deductible (if any)

03



# Key Contacts



For Questions About	Carrier	Phone Number	Website/Email	Plan/Group #
Medical & Prescription Drug	Kaiser Permanente	(800) 464-4000	<a href="http://www.kp.org">www.kp.org</a>	602552
Chiropractic (Kaiser)	American Specialty Health	(800) 678-9133	<a href="http://www.ashlink.com/ash/kp">www.ashlink.com/ash/kp</a>	602552
Medical & Prescription Drug	Sutter Health Plan (SHP)	(855) 315-5800	<a href="http://www.sutterhealthplan.org">www.sutterhealthplan.org</a>	139902
Chiropractic & Acupuncture (SHP)	Optum Health	(800) 428-6337	<a href="http://www.myoptumhealthphysicalhealthofca.com">www.myoptumhealthphysicalhealthofca.com</a>	139902
Dental	Delta Care DHMO	(800) 422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	06453
	Delta Dental PPO	(800) 765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	11125
Vision	Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	30004464
Flexible Spending Accounts (FSAs)	Navia	(800) 669-3539	<a href="mailto:customerservice@naviabenefits.com">customerservice@naviabenefits.com</a>	
Life and AD&D Insurance	Voya Financial	(800) 955-7736	<a href="http://www.voya.com">www.voya.com</a>	705985
Accident & Critical Illness	Voya Financial	(877) 236-7564	<a href="http://www.voya.com">www.voya.com</a>	705985
Employee Assistance Program (EAP)	Aetna Resources for Living	(800) 342-8111	<a href="http://resourcesforliving.com">resourcesforliving.com</a>	Username: SJC Password: EAP
Pet Insurance	MetLife	(800) 438-6388	<a href="https://quote.metlifepetinsurance.com/pet">https://quote.metlifepetinsurance.com/pet</a>	N/A
457 Deferred Compensation	Empower Deferred Comp	Participant Services: (800) 701-8255	<a href="https://participant.empower-retirement.com/participant/#/login">https://participant.empower-retirement.com/participant/#/login</a>	San Joaquin Court
	Empower Representative: Silje Normann	Silje Normann: (925) 350-6047	<a href="mailto:Silje.Normann@empower.com">Silje.Normann@empower.com</a>	
Financial Advising	Retirement Plan Advisors David McCray	Call: (209) 640-2898 Text: (209) 600-0462	<a href="mailto:dmccray@retirementplanadvisors.com">dmccray@retirementplanadvisors.com</a>	
HR Department	San Joaquin Court	(209) 992-5699	<a href="http://www.sjcourts.org/general-info/human-resources">www.sjcourts.org/general-info/human-resources</a>	
			<a href="mailto:HR@sjcourts.org">HR@sjcourts.org</a>	
TruHU Benefits Portal			<a href="https://bit.ly/sjcourt">https://bit.ly/sjcourt</a>	



## **Women's Health and Cancer Rights Act Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

## **Newborns' and Mothers' Health Protection Act Notice**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

## **Patient Protection Notice**

Your health plan may require or allow for the designation of a primary care provider. If so, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members, including a pediatrician, as the primary care provider. Until you make this designation, the health plan may designate one for you.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.

For information on how to select a primary care provider, a list of participating primary care providers, or a list of health care professionals who specialize in obstetrics or gynecology, contact your health plan.

## **Medicare Part D Creditable Coverage Notice Important Notice from Superior Court of California, County of San Joaquin about Your Prescription Drug Coverage and Medicare**

Look for notification by October 15, 2026.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov)

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –**

ALABAMA Medicaid	ALASKA Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS Medicaid	CALIFORNIA Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

# Annual Notices



GEORGIA Medicaid	INDIANA Medicaid
<p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>                      Phone: 678-564-1162, Press 1                      GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>                      Phone: (678) 564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program                      All other Medicaid                      Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>                      Family and Social Services Administration                      Phone: 1-800-403-0864                      Member Services Phone: 1-800-457-4584</p>
IOWA Medicaid and CHIP (Hawki)	KANSAS Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>                      Medicaid Phone: 1-800-338-8366                      Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>                      Hawki Phone: 1-800-257-8563                      HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>                      HIPP Phone: 1-888-346-9562</p>	<p>Website:  <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>                      Phone: 1-800-792-4884                      HIPP Phone: 1-800-766-9012</p>
KENTUCKY Medicaid	LOUISIANA Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>                      Phone: 1-855-459-6328                      Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>                      KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>                      Phone: 1-877-524-4718                      Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Louisiana Medicaid Website:  <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a>                      Medicaid Customer Service Line: 1-888-342-6207                      Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a>                      Louisiana Health Insurance Premium Program (LaHIPP) Website:  <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a>                      LaHIPP phone: 1-877-697-6703                      LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a>                      LaHIPP fax: 1-888-716-9787                      LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE Medicaid	MASSACHUSETTS Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>                      Phone: 1-800-442-6003                      TTY: Maine relay 711                      Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740                      TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>                      Phone: 1-800-862-4840                      TTY: 711                      Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA Medicaid	MISSOURI Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>                      Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                      Phone: 573-751-2005</p>
MONTANA Medicaid	NEBRASKA Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>                      Phone: 1-800-694-3084                      Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>                      Phone: 1-855-632-7633                      Lincoln: 402-473-7000                      Omaha: 402-595-1178</p>

# Annual Notices



<p><b>NEVADA Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a>                      Medicaid Phone: 1-800-992-0900</p>	<p><b>NEW HAMPSHIRE Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                      Phone: 603-271-5218                      Toll free number for the HIPP program: 1-800-852-3345, ext. 15218                      Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<p><b>NEW JERSEY Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Phone: 1-800-356-1561                      CHIP Premium Assistance Phone: 609-631-2392                      CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p><b>NEW YORK Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                      Phone: 1-800-541-2831</p>
<p><b>NORTH CAROLINA Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>                      Phone: 919-855-4100</p>	<p><b>NORTH DAKOTA Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>                      Phone: 1-844-854-4825</p>
<p><b>OKLAHOMA Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>                      Phone: 1-888-365-3742</p>	<p><b>OREGON Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>                      Phone: 1-800-699-9075</p>
<p><b>PENNSYLVANIA Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>                      Phone: 1-800-692-7462                      CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/Childrens-Health-Insurance-Program-CHIP-(pa.gov)">Children's Health Insurance Program (CHIP) (pa.gov)</a>                      CHIP Phone: 1-800-986-KIDS (5437)</p>	<p><b>RHODE ISLAND Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>                      Phone: 1-855-697-4347, or                      401-462-0311 (Direct Rlte Share Line)</p>
<p><b>SOUTH CAROLINA Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>                      Phone: 1-888-549-0820</p>	<p><b>SOUTH DAKOTA Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>                      Phone: 1-888-828-0059</p>
<p><b>TEXAS Medicaid</b></p> <p>Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>                      Phone: 1-800-440-0493</p>	<p><b>UTAH Medicaid and CHIP</b></p> <p>Utah's Premium Partnership for Health Insurance (UPP)                      Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>                      Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>                      Phone: 1-888-222-2542                      Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>                      Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>                      CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p><b>VERMONT Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p><b>VIRGINIA Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>                      Medicaid/CHIP Phone: 1-800-432-5924</p>

# Annual Notices



WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa opr@dol.gov](mailto:ebsa opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 3/31/2026)

# Notice of HIPAA Privacy Practices



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Superior Court of CA, County of San Joaquin Health Plan (the "Plan") sponsored by Superior Court of CA, County of San Joaquin ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

## **Contact Information**

If you have any questions about this Notice or about our privacy practices, and for any correspondence or requests related to the contents of this Notice, please contact Court Human Resources at (209) 992-5699.

## **Effective Date**

This Notice is effective May 18, 2026.

## **Our Responsibilities**

We are required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices.

## **How We May Use and Disclose Your Protected Health Information**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

# Notice of HIPAA Privacy Practices



**For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. We may share or discuss your PHI with your family members or others involved in your care or payment for your care, unless you object in writing and provide the objection to the Plan's HIPAA contact listed at the end of this Notice. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In any of these cases, we will disclose only the information necessary to resolve the issue at hand.

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

**As Required by Law.** We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.



## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your protected health information for public health activities. These activities generally include the following:

1. to prevent or control disease, injury, or disability;
2. to report births and deaths;
3. to report child abuse or neglect;
4. to report reactions to medications or problems with products;
5. to notify people of recalls of products they may be using;
6. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
7. to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Law Enforcement.** We may disclose your protected health information if asked to do so by a law-enforcement official:

1. in response to a court order, subpoena, warrant, summons, or similar process;
2. to identify or locate a suspect, fugitive, material witness, or missing person;
3. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
4. about a death that we believe may be the result of criminal conduct; and
5. about criminal conduct.

# Notice of HIPAA Privacy Practices



**Coroners, Medical Examiners, and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

## Other Disclosures

**Personal Representatives.** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

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**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## Your Rights

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

**Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. is not part of the medical information kept by or for the Plan;
2. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
3. is not part of the information that you would be permitted to inspect and copy; or
4. is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

# Notice of HIPAA Privacy Practices



To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must send your request in writing the individual listed at the end of this notice.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

### HIPAA Contact

Michael Green  
Human Resources Director  
The Superior Court of CA, County of San Joaquin  
180 E. Weber Avenue, Suite 1301A  
Stockton, CA 95202  
(209) 992-5478





*Prepared By*

