



CHOOSE YOUR PATH

2021-2022 Benefits Guide



2021 Employee Benefits Guide

Effective July 1, 2021 – June 30, 2022

Active Employees



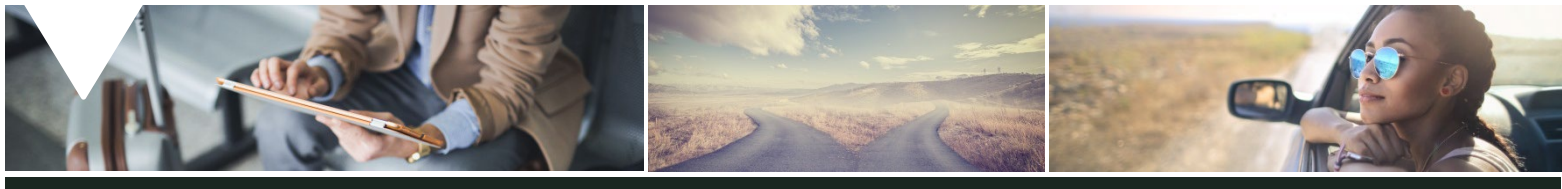


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Important Notice

Superior Court of California, County of San Joaquin has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. 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.



WELCOME

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 like plan costs and what type of services you anticipate needing for the upcoming year.

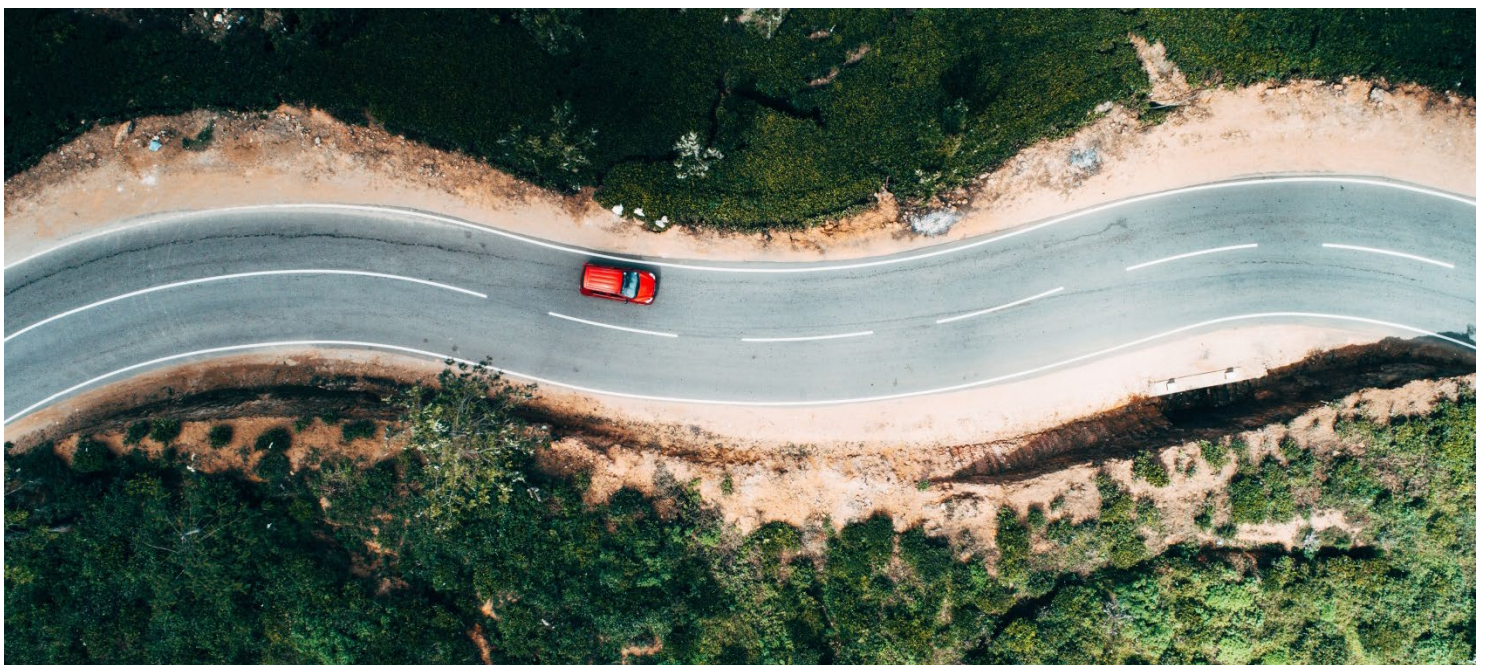
Open Enrollment for 2021 coverage – **your one chance to make changes to your benefits¹** – begins Monday, May 10th and will remain open until Friday, May 21st. The benefits you choose will become effective on the first day of the next plan year, which is July 1, 2021 to June 30, 2022.

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

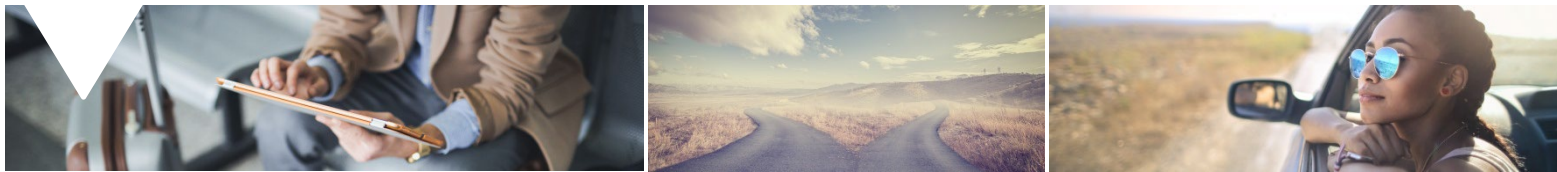
- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)
- Make changes to your income protection benefits

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 21, 2021.**

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.



¹ 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.



ELIGIBILITY

Full-time employees are eligible to participate in the benefits in this guide the beginning of the 2nd 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 spouse or registered domestic partner¹
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to 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 2nd 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 will result in disciplinary action, up to and including termination.

ENROLLMENT

If you're eligible for Superior Court of California, County of San Joaquin benefits, you can enroll or make changes by visiting ADP's Employee Self Service website at workforcenow.adp.com. Once you've logged in using your ADP User ID, the website will take you through each step of the process.

The Section 125 and Dependent Care accounts require re-enrollment each year. If either of these accounts are of interest to you, please make sure to enroll via the ADP online enrollment system. If you are currently enrolled in the Medical, Dental, Vision, and/or Life Insurance and you take no action your current elections will continue for the new plan year.

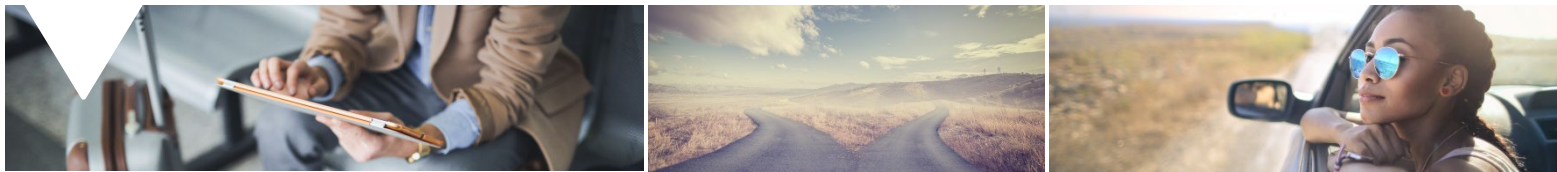
This booklet and more detailed benefit summaries will be available online at <https://pcms.plansource.com>.

- User ID: SJCourtEE (case sensitive)
- Password: benefits (case sensitive)

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.

¹ 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 Superior Court of California, County of San Joaquin if you believe your domestic partner is exempt from federal or state taxes.



MAKING CHANGES

There are three opportunities to make changes to your benefits.

AS A NEW HIRE

As a new hire, you can enroll in benefits effective the beginning of the 2nd pay period after you have worked at least 41 hours in a bi-weekly period. If you miss your initial enrollment window, your next opportunity to enroll will be the annual open enrollment period.

DURING OPEN ENROLLMENT

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

IF YOU HAVE A CHANGE IN STATUS

Your 2020-2021 elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event (in accordance with Internal Revenue Code rules). You must request an election change and submit associated forms to the Employee Benefits Department within 31 days.

Examples of qualified status change events include (but are not limited to) a change in:

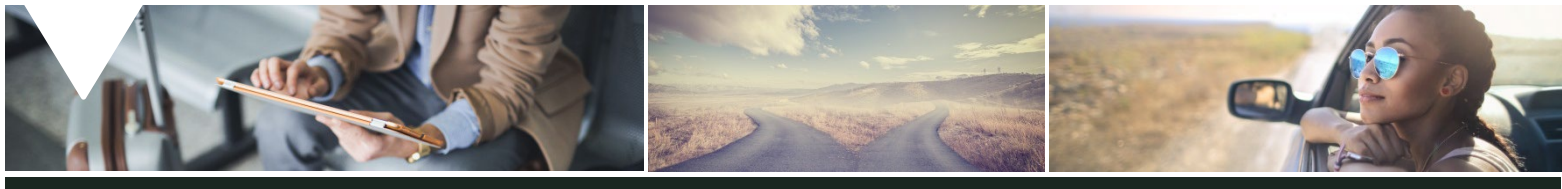
- Marital status, including marriage, death of a spouse, divorce, annulment, or legal separation
- Domestic partnership status, including establishment or termination of the partnership
- Number of your eligible children, including by birth, adoption, placement for adoption, or death
- Eligibility status of your children (e.g., due to age)

BENEFITS TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options

Plan Year	The period of time when your coverage is active (July 1 – June 30).
Premium	The amount of money that's paid for your health insurance every month. Superior Court of California, County of San Joaquin pays a portion of this amount, and you pay the rest.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Copayment (Copay)	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.

¹ 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 Superior Court of California, County of San Joaquin if you believe your domestic partner is exempt from federal or state taxes.



EMPLOYEE CONTRIBUTIONS

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:

- October 29, 2021
- April 29, 2022

CONTRIBUTION SUMMARY (24 deductions/year)

Benefit	Employee Only	Employee + One Dependent	Employee + Family
Kaiser Permanente HMO	\$0	\$159.50	\$208.15
Sutter Health Plus (SHP) HMO	\$0	\$184.34	\$240.67
DeltaCare DHMO	\$0	\$8.56	\$17.90
Delta Dental PPO	\$0	\$28.11	\$46.19
VSP Vision Plan	\$0	\$2.58	\$6.81
Voya Supplemental Life and AD&D	See page 13		

WHAT'S CHANGING THIS YEAR

2021 PLAN CHANGES

We are happy to announce that there are once again minimal plan changes this year. Please review the appropriate section for additional details on the following changes:

- There are no benefit changes to the Kaiser or Sutter Health Plus (SHP) Medical plans, the DeltaCare DHMO plan, or to Voya Life and AD&D plans. Please note, the medical costs (listed above) have increased slightly.
- There are no cost changes to the Delta Dental PPO, DeltaCare DHMO, or Voya Life and AD&D plans.
- Please note the following enhancements to your 2021 coverage:
 - Delta Dental PPO – Diagnostic & Preventative Care will now be paid at 100% for services obtained at an In-Network/PPO provider (previously 80%). Out-of-Network (Premier/Non-Delta dentist) Diagnostic & Preventative Care will remain at 80%. The cost for this plan remains the same.
 - VSP Vision – The VSP network is changing from the Signature to the **Choice** network. As part of this change, the In-Network Frame Allowance has increased from \$130 to **\$180** (every 24-months). Please note, there are also changes to some of the Out-of-Network allowances; refer to page 11 for additional details. Plan costs have changed slightly, depending on your enrollment level.
- ADP Flexible Spending Account (FSA) - The maximum allowable contribution remains at **\$2,750**.
 - 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.



MEDICAL & PRESCRIPTION DRUG BENEFITS

You have the choice of several quality and comprehensive medical plans that include prescription drug coverage. When choosing your plan, consider your budget, your preferences, your health and your covered dependents' health.

The information below is a summary of coverage only. For more information, visit <https://pcms.plansource.com>, User Name: SJCourtEE, Password: benefits (case sensitive) or contact Court Human Resources at (209) 992-5699.

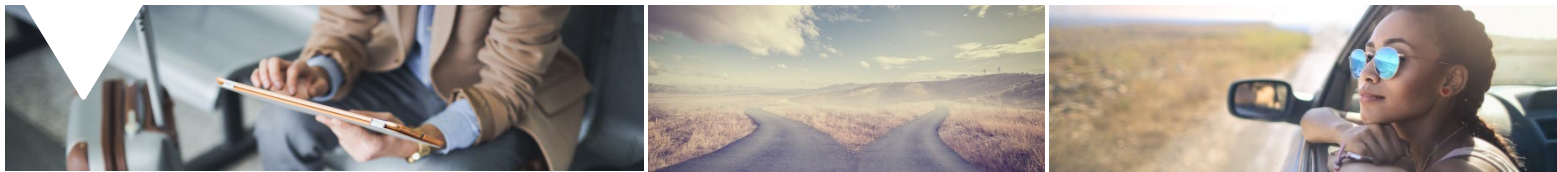
MEDICAL PLANS SUMMARY

Key Features	Kaiser Permanente HMO	Sutter Health Plus HMO
	In Network	In-Network
ANNUAL CALENDAR YEAR DEDUCTIBLE		
Individual/Family	\$0	\$0
OUT-OF-POCKET MAXIMUM		
Individual (includes deductible)	\$1,500	\$1,500
Family (includes deductible)	\$3,000	\$3,000
Lifetime Maximum	Unlimited	Unlimited
PHYSICIAN SERVICES		
Office/Specialist Visit	\$15 copay	\$15 copay
Preventative Care	No charge	No charge
Lab and X-Ray Services	No charge	No charge
Diagnostic Imaging (MRI, CT, etc.)	No charge	\$15 copay
Chiropractic	\$10 copay (up to 30 visits per calendar year) ¹	\$15 copay (up to 30 visits per calendar year) ²
HOSPITAL SERVICES		
Inpatient (per admission)	No charge	No charge
EMERGENCY TREATMENT		
Urgent Care Copay	\$15 copay	\$15 copay
Emergency Room Copay (waived if admitted)	\$75 copay	\$35 copay
Ambulance	\$50 copay	No charge
RETAIL PRESCRIPTIONS		
	UP TO 100-DAY SUPPLY	UP TO 30-DAY SUPPLY
Generic/Tier 1	\$10 copay	\$10 copay
Preferred Brand/Tier 2	\$20 copay	\$20 copay
Non-preferred Brand/Tier 3	N/A	\$35 copay
Specialty/Tier 4	20% up to \$150 max copay	20% up to \$100 max copay
MAIL-ORDER PRESCRIPTIONS		
	UP TO 100-DAY SUPPLY	UP TO 100-DAY SUPPLY
Generic/Tier 1	\$10 copay	\$20 copay
Preferred Brand/Tier 2	\$20 copay	\$40 copay
Non-preferred Brand/Tier 3	N/A	\$70 copay

¹ Available through American Specialty Health Network (ASHN)

² 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://pcms.plansource.com>, User Name: SJCourtEE, Password: benefits (case sensitive). For questions about a specific procedure, service or provider, please contact the medical plan directly.



UNDERSTANDING YOUR MEDICAL PLAN

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

SHP requires employee's to select a Primary Care Physician (PCP) that is part of the Sutter network. Employees and dependents who enroll in the Sutter Health Plus HMO can retain their current, or elect their former, Sutter primary care physician 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 primary care physician who is in the Sutter Health Plus network. To ensure that your Sutter Health doctor is in the Sutter Health Plus network, please use the "Find Physician" tool on the Sutter Health Plus website by going to www.sutterhealthplus.org.

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

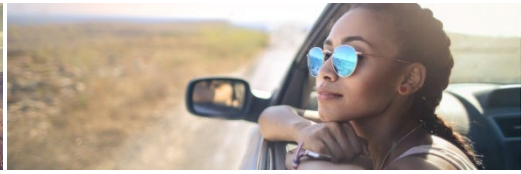
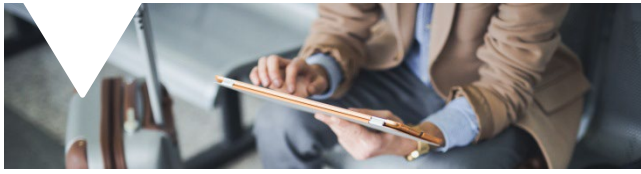
Take advantage of free preventive care, such as your annual medical and dental exams, vaccines and screenings to stay as healthy as possible – and to detect any potential risks. When you catch preventable diseases early, it can save you money and keep you well.

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 11 and 16 for more information.

PREPARE FOR EMERGENCIES

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



DENTAL BENEFITS

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.

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.

The information below is a summary of coverage only. The information below is a summary of coverage only. For more information, visit <https://pcms.plansource.com>, User Name: SJCourtEE, Password: benefits (case sensitive) or contact Court Human Resources at (209) 992-5699.

DENTAL PLAN SUMMARY

Key Features	Delta Care DHMO	Delta Dental PPO	
	In-Network	PPO Dentist	Premier or non-Delta Dentist
Annual Calendar Year Maximum	None	\$3,000	\$2,000
Calendar Year Deductible (individual / family)	None	None	
Preventive Services (no deductible)	Various Copays Apply	100%	80%
Basic Services	Various Copays Apply	80%	
Major Services	Various Copays Apply	50%	
Orthodontics (children up to age 19)	Various Copays Apply	50%	
Orthodontics (Adult)	Not Covered	50%	
Lifetime Orthodontic Benefit	\$1,900 Maximum Out-of-Pocket	\$1,200 Maximum Lifetime Benefit	





VISION BENEFITS

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.

The information below is a summary of coverage only. The information below is a summary of coverage only. For more information, visit <https://pcms.plansource.com>, User Name: SJCourtEE, Password: benefits (case sensitive) or contact Court Human Resources at (209) 992-5699.

VISION PLAN SUMMARY

Key Features	In-Network (Choice)	Out-of-Network	Frequency
Exam	No charge after \$10 copay	Up to \$45 benefit allowance, after \$10 copay	Once every 12 months
Lenses	No charge after \$25 copay	Varies depending on lens type, after \$25 copay	Once every 12 months
Frames	Up to \$180 benefit allowance, after \$25 copay	Up to \$70 benefit allowance, after \$25 copay	Once every 24 months
Contact Lenses Instead of Glasses (elective)	Up to \$130 benefit allowance, after \$25 copay	Up to \$105 benefit allowance, after \$25 copay	Once every 12 months
Contact Lenses Instead of Glasses (medically necessary)	No charge after \$25 copay	Up to \$210 benefit allowance, after \$25 copay	

You are also eligible for certain discounts on Lasik vision correction surgery at contracted facilities. Simply present your care at a contracted VSP provider and ask what discount may apply. After surgery, you can use your frame allowance to purchase sunglasses from any VSP network provider.

Your VSP plan includes a \$20 Primary 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.





FLEXIBLE SPENDING ACCOUNTS (FSAs)

You may participate in FSAs to help pay for eligible medical and dependent care expenses with pretax dollars.

- **Health Care FSA:** You may use the Health Care FSA to be reimbursed for eligible medical, dental, and vision out-of-pocket expenses, like deductibles, copayments, coinsurance, and prescription drugs (except insulin, which is covered without a prescription) as well as other qualified medical expenses that aren't covered by your health plans. **Note:** While you're enrolled in a Health Care FSA, you can't make or receive Health Savings Account (HSA) contributions.
- **Dependent Care FSA:** You may use the Dependent Care FSA to be reimbursed for eligible child and elder care expenses (such as day care) so you may work.

You may contribute up to the following in 2021:

- Health Care FSA: \$2,750 (minimum contribution is \$10 per pay period)
- Dependent Care FSA: \$5,000 (\$2,500 if you're single or married and filing separately)

HOW FSAs WORK

FSAs work like a savings account. Each pay period, a pretax payroll deduction based on your annual FSA election is deposited into your FSA. Pretax deductions allow you to lower your taxable income.

When deciding how much to contribute to an FSA, estimate your future medical and dependent care expenses to the best of your ability. Keep in mind that any unused balance at the end of the plan year will generally be forfeited.

Eligible dates of service are **July 1, 2021 through June 30, 2022**. All claims with these dates of service/receipts must be submitted to ADP by **September 30, 2022**. The Court has a Carryover provision, which means you are permitted to carryover \$500 in unused Health Care FSA monies for the next year. Any amount greater than \$500 will be forfeited. The Dependent Care FSA does not have a Carryover provision.

Claims are processed by ADP and claim forms can be obtained online at <https://myspendingaccount.adp.com/>. Direct deposit is also available to save time. Please see Court Human Resources for a copy of a direct deposit form.

For more information on eligible expenses for the health care or dependent care FSA, refer to IRS guidelines available online at www.irs.gov.





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://pcms.plansource.com>, User Name: SJCourtEE, Password: benefits (case sensitive) or contact Court Human Resources at (209) 992-5699.

BASIC LIFE AND AD&D

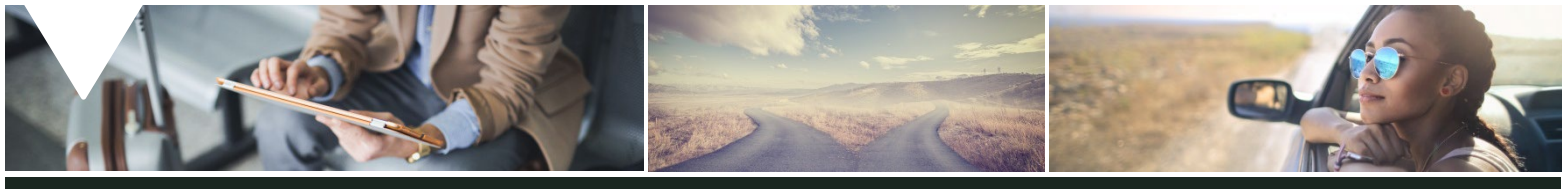
Superior Court of California, County of San Joaquin provides eligible employees who have had at least one year of continuous service with basic life and accidental death and dismemberment insurance (AD&D) equal to **\$25,000** at no cost to you. Life insurance provides some financial security for your 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.





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).

You can purchase optional coverage in the following amounts:

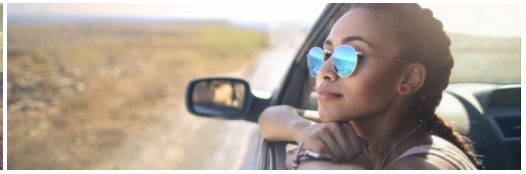
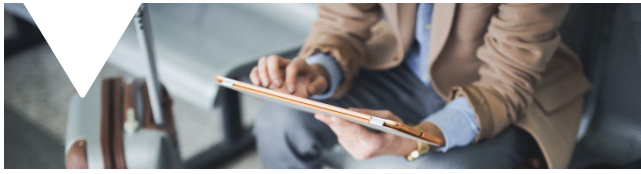
- Employee: \$5,000 increments up to \$300,000
- Spouse/Domestic Partner: \$5,000 increments up to \$300,000(not to exceed 100% of your personal amount)
- Child (birth to 6 months): \$250 total
- Child (age 6 months to 26 years): \$10,000 total

The chart below shows the monthly rate per \$1,000 of total Monthly costs are calculated based on your age. The chart below shows the monthly rate per \$1,000 of total benefit amount by 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 benefit per month)	Spouse or Domestic Partner	Child(ren)
Under age 25	\$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
25-29	\$0.060		
30-34	\$0.080		
35-39	\$0.090		
40-44	\$0.110		
45-49	\$0.160		
50-54	\$0.280		
55-59	\$0.430		
60-64	\$0.670		
65-69	\$1.280		
70-74	\$2.080		
75+	\$2.080		
AD&D	\$0.028	AD&D is optional, but if elected must match voluntary life amount	

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.



OTHER VALUABLE BENEFITS

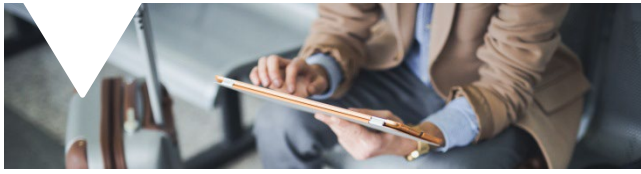
TRAVEL ASSISTANCE

As part of your employee benefits package, your Voya Financial life insurance 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 Europ Assistance USA , a worldwide leader in travel assistance, 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.

A more detailed program description is available at <https://eservices.europassistance-usa.com/sites/Voya>. To use Voya Travel Assistance services, call (800) 859-2821 or (202) 296-8355, and provide them with Group ID number N1VOY.





OTHER VALUABLE BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

All benefits-eligible employees automatically enrolled in Claremont EAP at no cost to you. Through Claremont EAP, you and your family members may receive up to five (5) free confidential counseling sessions, as well as personal assessment and referral services. The program may help with a wide array of concerns, including finding elder care, relationship and family issues, general stress, personal loss, financial hardship, and parenting. You may access Claremont EAP by calling (800) 834-3773 or visiting www.claremonteap.com.





VALUABLE VOLUNTARY BENEFITS

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 MassMutual Insurance (formerly Hartford Life) 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 2021:

- Under age 50: \$19,500
- Age 50 and Over: \$26,000

You can enroll in the plan at any time. You must complete a MassMutual 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.

MassMutual’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 MassMutual’s interactive website at: www.retiresmart.com.

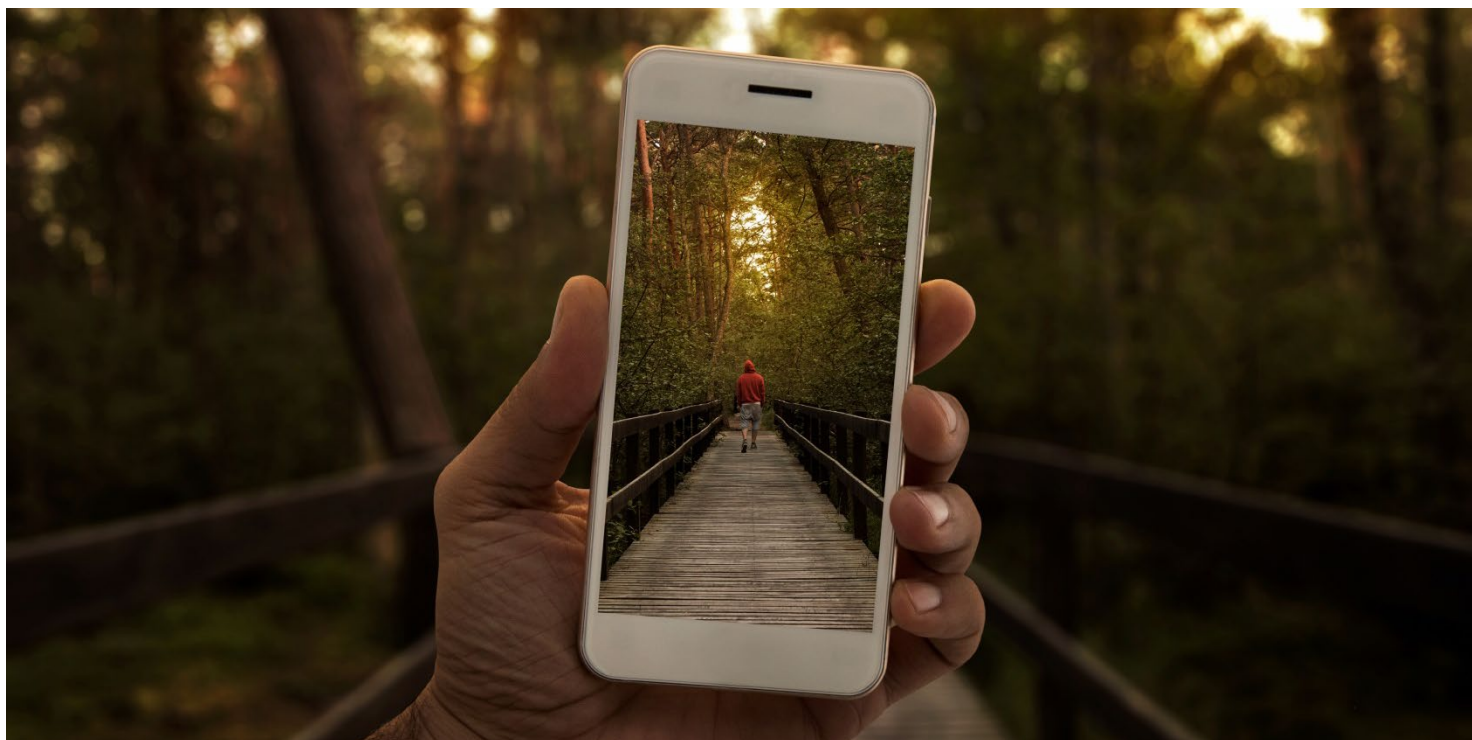
You can contact the local MassMutual office at (888) 811-4839 to arrange for a one on one personal consultation. Your local MassMutual Representative is Jason Hughes.





KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email	Plan/Group ID
Medical & Prescription Drug	Kaiser Permanente	(800) 464-4000	www.kp.org	602552
Chiropractic (Kaiser)	American Specialty Health	(800) 678-9133	www.ashlink.com/ash/kp	602552
Medical & Prescription Drug	Sutter Health Plus	(855) 315-5800	www.sutterhealthplus.org	139902
Chiropractic & Acupuncture (SHP)	OptumHealth	(800) 428-6337	www.myoptumhealthphysicalhealthofca.com	139902
Dental	Delta Care DHMO	(800) 422-4234	www.deltadentalins.com	06453
Dental	Delta Dental PPO	(800) 765-6003	www.deltadentalins.com	11125
Vision	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com	30004464
Flexible Spending Accounts (FSAs)	WageWorks	(888) 557-3156	https://myspendingaccount.adp.com	
Life and AD&D Insurance	Voya Financial	(800) 955-7736	www.voya.com	705985
Employee Assistance Program (EAP)	Claremont	(800) 834-3773	www.claremonteap.com	
457 Deferred Compensation	MassMutual Deferred Comp	(888) 811-4839	www.retiresmart.com	San Joaquin Court
HR Department	San Joaquin Court	(209) 992-5699	www.sjcourts.org	
Benefits Portal			https://pcms.plansource.com	User Name: SJCourtEE Password: benefits (case sensitive)





ANNUAL NOTICES

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, 2021.

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.

