



CHOOSE YOUR PATH

2023-2024 Benefits Guide



2023-24 Employee Benefits Guide

Effective July 1, 2023 – June 30, 2024

Active Employees



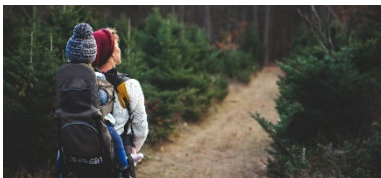
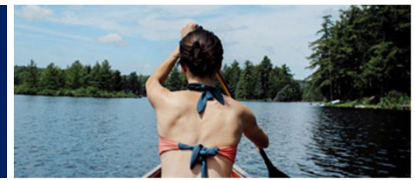


TABLE OF CONTENTS

Welcome.....	3
Eligibility.....	4
Employee Contributions.....	6
Medical & Prescription Benefits.....	7
Dental Benefits.....	9
Vision Benefits.....	10
Flexible Spending Accounts (FSAs).....	11
Income Protection Benefits.....	12
Other Valuable Benefits.....	14
Valuable Voluntary Benefits.....	15
Key Contacts.....	16
Annual Notices.....	17

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.

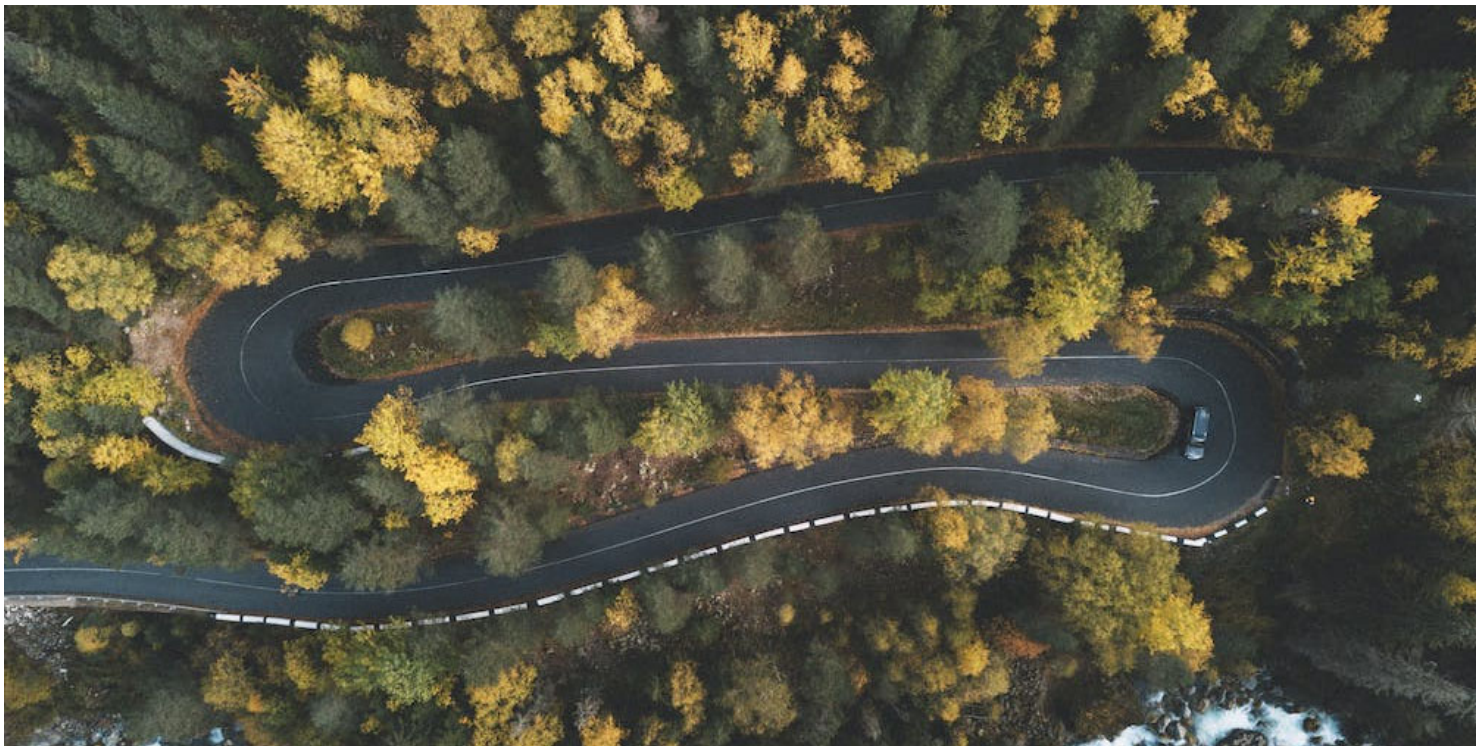
Open Enrollment for 2023 coverage – **your one chance to make changes to your benefits¹** – begins Monday, May 8th and will remain open until Friday, May 19th. The benefits you choose will become effective on the first day of the next plan year, which is July 1, 2023 to June 30, 2024.

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

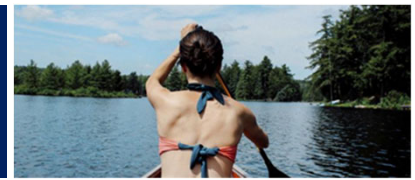
- Make changes to your medical, dental, vision or life insurance coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)

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 19, 2023.**

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 Employee Self Service website at www.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 Flexible Spending 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.

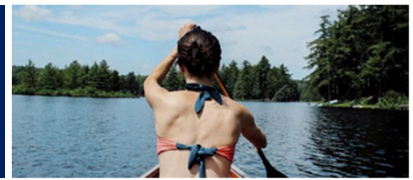
This booklet and more detailed benefit summaries will be available online at <https://pcms.plansource.com>.

- 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, you will automatically be enrolled into the Kaiser HMO plan.** You will not be able to change this election until the next 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 2023-2024 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.

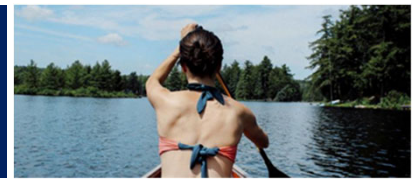
Examples of qualified status change events include (but are not limited to) a change in:

- 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).
Health maintenance organization (HMO)	A type of health insurance plan that limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO requires you to live or work in its service area to be eligible for coverage.
Preferred Provider Organization (PPO)	A type of health insurance plan in which coverage is provided to participants through a network of selected health care providers, such as hospitals and physicians. While you have the flexibility to see any doctor you choose, if you use out-of-network providers you will pay more in out-of-pocket expenses.
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.



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:

- September 29, 2023
- March 29, 2024

CONTRIBUTION SUMMARY (24 deductions/year)

Benefit	Employee Only	Employee + One Dependent	Employee + Family
Kaiser Permanente HMO	\$0	\$179.10	\$233.72
Sutter Health Plus (SHP) HMO	\$0	\$205.88	\$268.78
DeltaCare DHMO	\$0	\$8.82	\$18.44
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

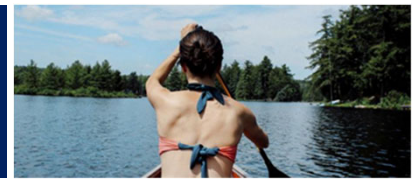
2023 PLAN CHANGES

We are happy to announce that there are once again minimal 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 Delta Dental plans, the VSP Vision plan, or to Voya Life and AD&D plans. The SHP ML54 plan is changing to ML67 – this is a change to the name only.
- There has been a slight cost increase to the Sutter Health Plus HMO & the Kaiser HMO plans.
- Flexible Spending Account (FSA)
 - The maximum allowable annual contribution has increased to **\$3,050**.
 - 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.



MEDICAL & PRESCRIPTION DRUG BENEFITS

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, your health and your covered dependents' health.

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

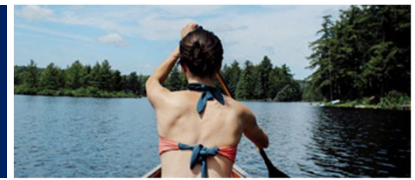
MEDICAL PLANS SUMMARY

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

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.

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. If you do not select a primary care physician 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

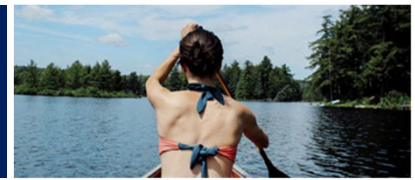
Take advantage of free preventive care, such as your annual medical and dental exams, vaccines and screenings to stay as healthy as possible – and to detect any potential risks. When you catch preventable diseases early, it can save you money and keep you well.

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 11 and 15 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.

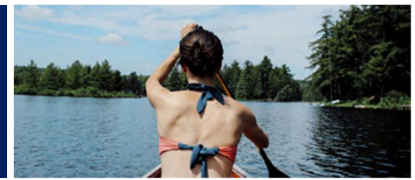
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DENTAL PLAN SUMMARY

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	



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



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

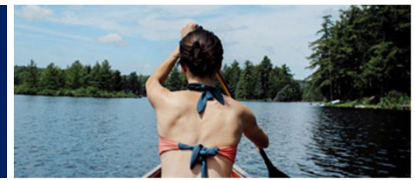
Key Features	In-Network (Choice)	Out-of-Network	Frequency
Exam	No charge after \$10 copay	Up to \$45 benefit allowance, after \$10 copay	Once every 12 months
Lenses	No charge after \$25 copay	Varies depending on lens type, after \$25 copay	Once every 12 months
Frames	Up to \$180 benefit allowance, after \$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	

Other Vision Benefits:

- 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 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.
- You also have access to a Hearing Aid Discount Program available through TruHearing, along with additional discounts on eyewear and frames, above and beyond the core benefits covered by the vision plan



Please note: This chart is just a brief overview of benefits and coverage for the vision 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 vision plan directly.



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 2023:

- Health Care FSA: \$3,050 (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.

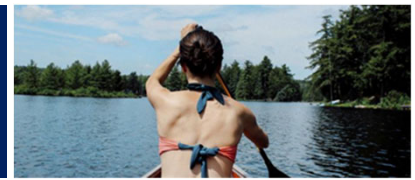
When deciding how much to contribute to an FSA, estimate your future medical and dependent care expenses to the best of your ability. Keep in mind that any unused balance at the end of the plan year will generally be forfeited.

Eligible dates of service are **July 1, 2023 through June 30, 2024**. All claims with these dates of service/receipts must be submitted to Navia by **September 30, 2024**. The Court has a Carryover provision, which means you are permitted to **carryover \$610** in unused Health Care FSA monies for the next year. Any amount greater than **\$610** will be forfeited. The Dependent Care FSA does not have a Carryover provision.

Claims are processed by Navia and can be submitted online through the FlexConnect platform, the Navia Mobile App or via email submission. Claims can also be submitted by mail but may take longer to process. For reoccurring claims, participants can make one claim submission and receive automatic reimbursements for those services. Participants also have the option to use their Navia Card to pay for qualified expenses directly from their spending account.

Direct deposit is the available as the preferred method of reimbursement, however participants can elect receive physical checks via mail. 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

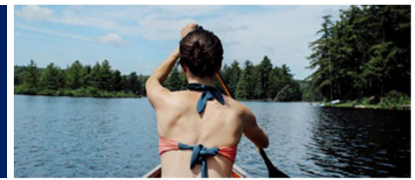
Superior Court of California, County of San Joaquin provides eligible employees who have had at least one year of continuous service with basic life and accidental death and dismemberment insurance (AD&D) equal to **\$25,000** at no cost to you. Life insurance provides some financial security for your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

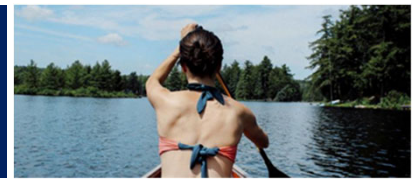
- Employee: \$5,000 increments up to \$300,000
- Spouse/Domestic Partner: \$5,000 increments up to \$300,000(not to exceed 100% of your personal amount)
- Child (birth to 6 months): \$250 total
- Child (age 6 months to 26 years): \$10,000 total

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.

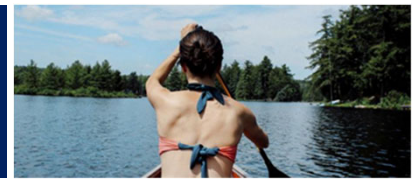
The Voya Travel Assistance benefit is provided at no additional cost to you and includes a wealth of services when traveling just 100 miles or more from home. Services are provided for both business and leisure travel. Whether you want the weather forecast for your destination or need emergency medical 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.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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 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 2023:

- Under age 50: \$22,500
- Age 50 and Over: \$30,000

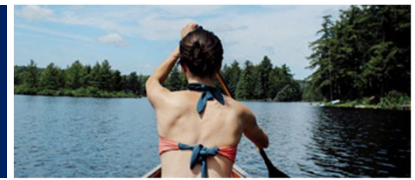
You can enroll in the plan at any time. You must complete an Empower Deferred Compensation Enrollment Form and contribute to the plan through the convenience of payroll deductions. Your pre-tax contributions and any earnings will accumulate tax deferred until withdrawn (generally at retirement), at which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

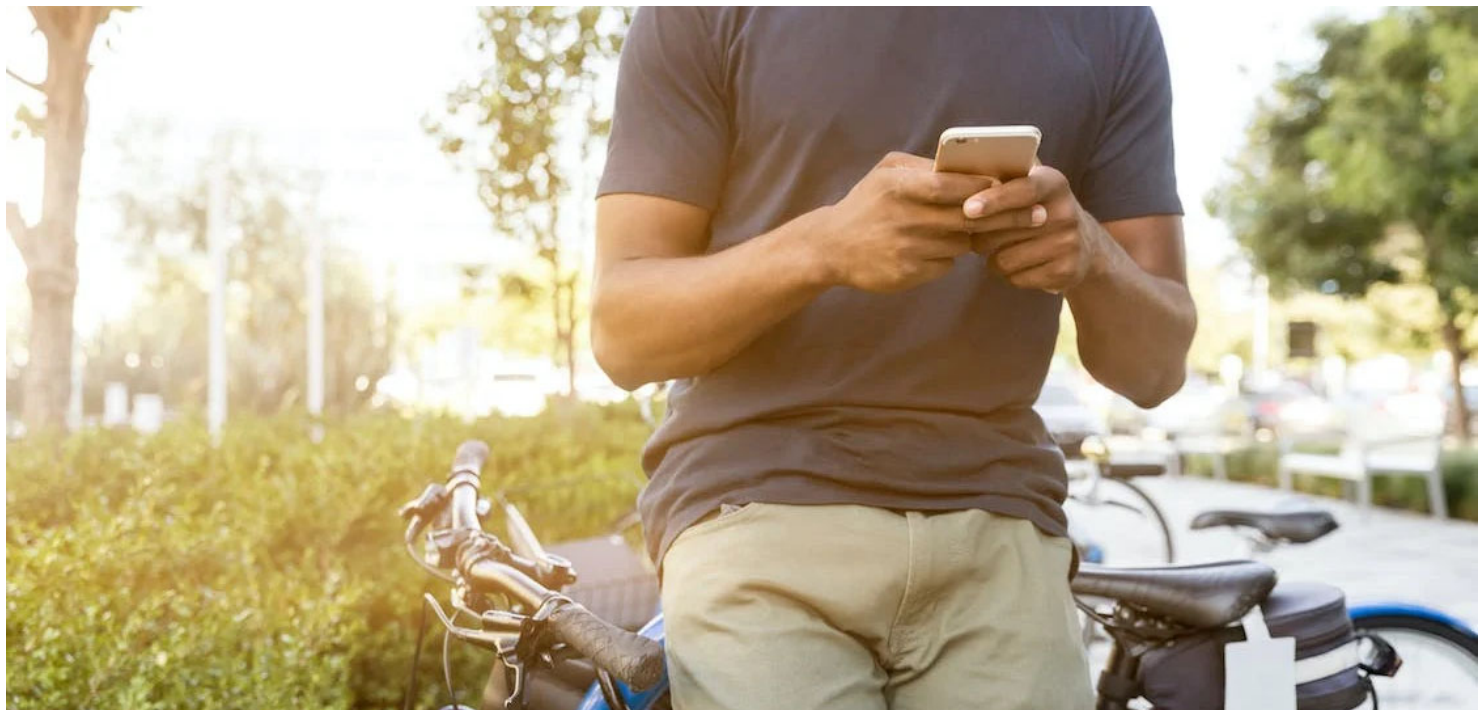
You can contact the local Empower office at (209) 666-5289 to arrange for a one-on-one personal consultation. Your local Empower Representative is David McCray.

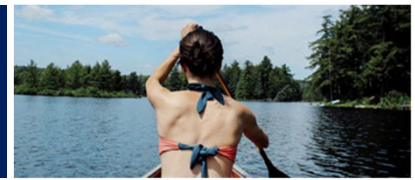




KEY CONTACTS

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)	Navia	(800) 669-3539	customerservice@naviabenefits.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	Empower Deferred Comp	(209) 666-5289	https://participant.empower-retirement.com/participant/#/login	San Joaquin Court
HR Department	San Joaquin Court	(209) 992-5699	www.sjcourts.org/general-info/human-resources HR@sjcourts.org	
Benefits Portal			https://pcms.plansource.com	Username: 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.

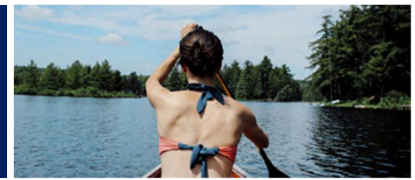
You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, 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, 2023.

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.



ANNUAL NOTICES

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.

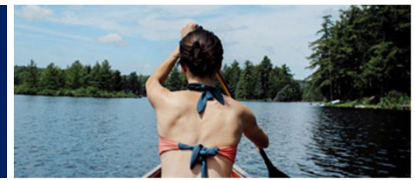
If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 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 or call **1-866-444-EBSA (3272)**.

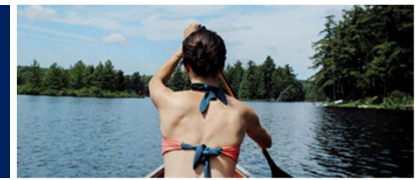
If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

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



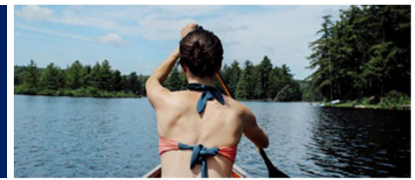
ANNUAL NOTICES

GEORGIA Medicaid	INDIANA Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
IOWA Medicaid and CHIP (Hawki)	KANSAS Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ 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: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE Medicaid	MASSACHUSETTS Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA Medicaid	MISSOURI Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA Medicaid	NEBRASKA Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>



ANNUAL NOTICES

<p>NEVADA Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>NEW JERSEY Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>OKLAHOMA Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>PENNSYLVANIA Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>
<p>SOUTH CAROLINA Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>UTAH Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>VERMONT Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>VIRGINIA Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p>WASHINGTON Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>



ANNUAL NOTICES

WISCONSIN Medicaid and CHIP	WYOMING Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

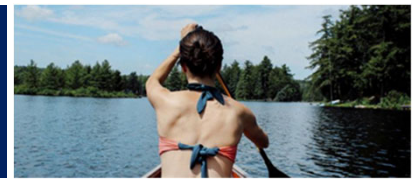
U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



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.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

Our Responsibilities

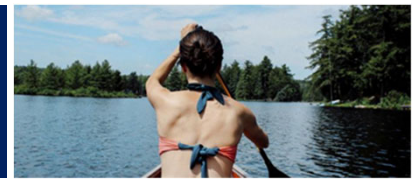
The Superior Court of CA, County of San Joaquin is required by law to:

1. Maintain the privacy of your protected health information;
2. Provide you with certain rights with respect to your protected health information;
3. Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
4. 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 protected health information 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 HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

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.



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.

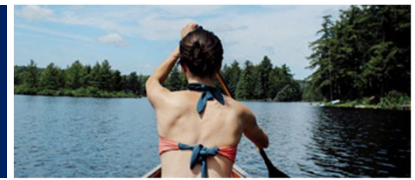
Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

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:

to prevent or control disease, injury, or disability;

1. to report births and deaths;
2. to report child abuse or neglect;
3. to report reactions to medications or problems with products;
4. to notify people of recalls of products they may be using;
5. 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;
6. 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.

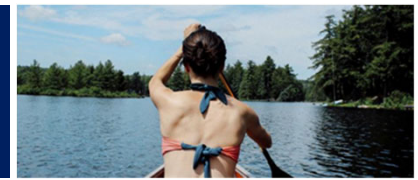
Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor 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
- about criminal conduct.

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.

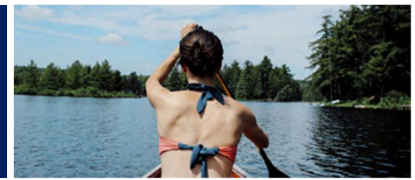
Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide 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.



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.

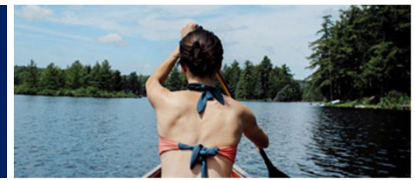
Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be 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.



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 to 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 to 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.

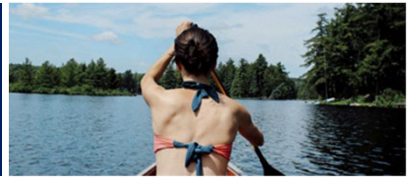
Complaints

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 to 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 Manager
The Superior Court of CA, County of San Joaquin
180 E. Weber Avenue, Suite 1301A
Stockton, CA 95202
(209) 992-5478



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