



SAN JOAQUIN COUNTY

Employee Benefits Handbook



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www.sjgov.org/hr

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San Joaquin County - Human Resources Employee Benefit Handbook

This handbook outlines your benefit options.

As a new employee of the County of San Joaquin, you have a wide variety of benefits available to you and your eligible dependents. The comprehensive benefits package includes:

- Medical, dental, vision and life insurance plans
- Flexible spending account options for dependent care and unreimbursed health care expenses
- A deferred compensation program
- An employee assistance program
- Other voluntary products such as; short term disability insurance

The Employee Benefit Handbook will provide you with valuable information on your employee benefits and how coverage is provided to you and your dependents.

In order to be enrolled you must attend a New Employee Benefits Orientation Session, conducted by the Benefits Unit of the Human Resources Division and complete the necessary enrollment forms. Benefits Orientation Sessions are offered every Monday of Pay Day week at 9:00 A.M. in the Canlis Building, room 110. Ask your supervisor to sign you up for Benefits Orientation.



Benefits Orientation is Mandatory

If you have questions regarding this document or your benefit options, please call the **Benefits Unit** at (209) 468-3379 or (209) 468-3279. We are located at 44 N. San Joaquin Street, Suite 330.

PLANS OFFERED TO YOU AND YOUR DEPENDENTS

Medical

- 1- [Premier Plan](#)
- 2- [Select Plan](#)
- 3- [Kaiser Permanente](#)

[Medical Plan Summary \(Comparison\) for Premier, Select & Kaiser](#)

Dental

- 1- [Delta Dental](#)
- 2- [Pacific Union Dental \(PUD\)](#) (A UHC company)

Vision

- 1- [Vision Service Plan \(VSP\)](#)

Premium Rates



Q. WHEN ARE MY BENEFITS EFFECTIVE?

- A.** Your benefits become effective on Monday of the first bi-weekly pay period following your hire date as long as you meet the eligibility requirements. You must be paid for at least 41 regular hours in a pay-period in order to be eligible for benefits. If you delay in completing the enrollment forms for yourself and dependent(s), you will have any premiums or contributions deducted retroactively from your paycheck.

Q. WHEN CAN I ENROLL MY DEPENDENTS?

- A.**
- When you enroll yourself as a new employee.
 - During the County's annual benefits open enrollment.

- Within 60 days of a change in status, such as; birth, adoption or marriage, even if you are on a leave of absence.
- Within 60 days of dependents' loss of another employer's group coverage (*coverage is effective Monday of the pay period after you apply for coverage*).
- Within 60 days of an employment change that affects dependents' eligibility for coverage (not a Leave of Absence or FMLA).
- To comply with a Qualified Domestic Relations Order issued by a Court.
- Within 60 days of enrollment in 9 units or more in an accredited school, for your unmarried dependent children over age 19.

Q. CAN I ADD DEPENDENTS ONLY ON MEDICAL AND NOT ON DENTAL OR VISION IF I WISH?

- A.** YES – you may add dependents to only medical, dental, vision, or any combination. The choice is yours.

Q. WHO IS CONSIDERED AN ELIGIBLE DEPENDENT?

- A.**
- Your spouse, under a legally valid marriage to a member of the opposite sex, excluding common law marriages (marriage certificates must be provided at the time of enrollment).
 - Your domestic partner under a legally valid Domestic Partnership certificate issued by the State of California (Domestic Partnership certificate must be provided at the time of enrollment).
 - Your natural or legally adopted unmarried children and step children (birth certificate or legal documentation must be provided at the time of enrollment).
 - Any other unmarried children for whom a Court has issued a Qualified Domestic Relations Order (legal documentation must be provided at the time of enrollment).



Q. WHAT ARE THE AGE LIMITS FOR DEPENDENT CHILDREN?

- A.**
- Unmarried children may be covered until their 19th birthday.
 - Unmarried children age 19 and over are eligible until their 23rd birthday if enrolled as full-time students in an accredited institution (enrolled in 9 units per semester or quarter). Proof of student status is required.
 - Unmarried children who are incapable of self-support because of mental retardation or physical incapacity, who were continuously covered prior to age 23, are eligible to continue benefits after age 23 with documentation of disability.
 - It is your responsibility to delete your over age dependent from your health insurance. To delete your dependents, you must come into the Benefits Unit in Human Resources.

Q. DO I HAVE TO PROVIDE PROOF OF STUDENT STATUS FOR DEPENDENT CHILDREN OVER AGE 19?

- A.** Yes, students who are between the age of 19 and 23 must be enrolled in 9 units per Semester or Quarter at an accredited college or university. High school graduates are covered through the summer with enrollment for the fall term. Continuing college students are covered during the summer if they were full-time students in the spring, or with the fall term enrollment. Acceptable documents for proof of full time student status (9 or more units) include: schedule of classes, enrollment forms, and grade report (for summer for continuing students). A student status verification form must accompany enrollment forms if adding dependents aged 19 to 22.



Student status verification is required every semester. If you do not provide the required verification by the deadline (you will be notified of the deadline via a letter from San Joaquin County), coverage for your dependent will be terminated. If you provide the verification after termination, coverage for your dependent will be effective the Monday of the first bi-weekly pay period *following* receipt of the required documentation. Coverage will NOT be reinstated retroactively if you fail to provide the required documentation timely. Documentation must be provided within 60 days of enrollment, otherwise you will have to wait until Open Enrollment to add your dependent.

Q. WHEN ARE MY DEPENDENTS NO LONGER ELIGIBLE FOR COVERAGE?

- A.** Children are not eligible for coverage if they marry, or if they are age 19 or older and do not meet the student and/or disability criteria. Children age 23 and above are not eligible for coverage. Spouses and stepchildren are no longer eligible for coverage if the spouse is divorced from the employee. Divorce documentation must be provided.

Q. HOW DO I DELETE DEPENDENTS WHO ARE NO LONGER ELIGIBLE?

- A.** You must complete an enrollment form for all applicable plans to delete dependents that become ineligible.

Q. WHEN CAN I DELETE MY DEPENDENTS' COVERAGE?

- A.** Dependent coverage can be terminated from Medical, Dental and Vision:

- During the County's annual benefits open enrollment
- When the dependent becomes covered by another employer's group plan (within 60 days)
- When the dependent no longer qualifies for dependent coverage under the County's Plans (see above)

Q. IF MY SPOUSE DROPS MY FAMILY FROM BENEFITS DURING THEIR OPEN ENROLLMENT, WOULD THAT BE A QUALIFYING EVENT TO ADD THEM TO MY INSURANCE?

A. Yes. You have 60 days from the date of the loss of coverage to add your dependent(s) to your insurance. We require proof of the loss of coverage showing the effective date.

Q. WHAT IF I NEED TO SEE A DOCTOR BEFORE MY HEALTH PLAN CARD ARRIVES?

A. San Joaquin Health Administrators and Kaiser will mail you an insurance card within approximately 3 weeks of enrollment. If you need to see a doctor before you receive your insurance ID card, call San Joaquin Health Administrators (SJHA) for Select and Premier or Kaiser to verify that they have record of your enrollment. If they have no record, call the Benefits Unit, and a representative will expedite your enrollment. Next, make an appointment with your doctor or provider. Pacific Union Dental (PUD) will mail you a card with your primary dentist information. Delta Dental and Vision Service Plan (VSP) do not send insurance cards. You may visit Delta and VSP websites to find participating providers.

SJHA: www.sjha-online.com KAISER: www.kaiserpermanente.org PUD: www.myuhcdental.com DELTA: www.deltadental.com VSP: www.vsp.com



Q. HOW DO I CHANGE MY PRIMARY CARE PHYSICIAN?

A. You may contact San Joaquin Health Administrators at (209) 942-6300 and request that they change your primary care physician. You may find a list of participating providers on their website at www.sjha-online.com

Q. IF I AM ENROLLED IN ONE OF THE MEDICAL PLANS, HOW DO I OBTAIN PRIOR AUTHORIZATION?

A. If you are a member of the Select or Premier medical plans, you must receive prior authorization from San Joaquin Health Administrators before a

procedure is performed. Your doctor will work with San Joaquin Health Administrators to obtain the authorization, but it is important to remember that it is the member's ultimate responsibility to be sure authorization has been obtained before the service is performed. If you are enrolled with Kaiser, your doctor will make the determination.

Q. WHAT SHOULD I DO IF I GET A BILL?

- A.** Call the provider's office (doctor, lab, hospital, etc.) and make sure they billed the correct insurance. Give the provider a copy of your current health plan card and/or billing information from your insurance card. If the correct health plan was billed, ask if the provider has received any response or payment. They may be billing you for a co-payment, deductible, or services that were not covered by your plan. If no response has been received, contact San Joaquin Health Administrators (SJHA).

Q. WHAT SHOULD I DO IF MY INSURANCE WAS BILLED, BUT NO PAYMENT, OR INCORRECT PAYMENT WAS RECEIVED?

- A.** Call the Claims Administrator. If the Claims Administrator has no record of the claim, ask your provider to resubmit the bill. If the Claims Administrator says you were not covered at the time of service, contact the Benefits Unit of the County Human Resources Division to be sure you are calling the right plan, and to correct any eligibility error. If the Claims Administrator needs additional information, provide the information requested, including but not limited to:

-Whether or not the patient had other insurance coverage (for coordination of benefits)

-If an accident occurred, and if there is another liable party; e.g. auto insurance, workers compensation, etc.

Q. WHAT SHOULD I DO IF I RECEIVE AN EXPLANATION OF BENEFITS (EOB), BUT THE CLAIM IS NOT PAID?

- A.** Read the explanation of benefits carefully. *It is not a bill.* You do not have to pay for provider discounts listed on the EOB. Return any information the Claims Administrator is requesting, such as information on other coverage or information about an accidental injury. If the EOB shows that you are responsible for some of the charges, pay your share when billed by the provider, or contact the Claims Administrator for a more detailed explanation. You are responsible for copays, annual deductible and certain expenses not paid by the Plan.

Q. WHEN CAN I MAKE CHANGES IN MY SECTION 125 FLEXIBLE BENEFITS?

- A.** IRS regulations state that you may only make any changes to your flexible spending account(s) during the County's annual open enrollment period or when a qualifying event occurs, such as: marriage, divorce, death, birth or adoption of a child, gain or loss of spouse's employment, or reduction of work hours. **Your requested election change must be consistent with and on account of your qualifying status change.** If one of these events occurs and you would like to change your elections, please contact the

Human Resources Benefits Unit. You must make all changes within 60 days of the qualifying change in status. You must re-enroll in the Section 125 Plans each year during Open Enrollment.

Q. WHEN I LEAVE COUNTY SERVICE, WHEN DO MY BENEFITS END?

A. When you leave County service, your benefits terminate on the Sunday after the last pay period for which required contributions are paid (as long as you meet the eligibility requirements – receive pay for at least 41 regular hours). For more information contact the Human Resources Benefits Office at (209) 468-3279 or 468-3379.

Q. CAN I ACCESS BENEFITS INFORMATION VIA THE INTERNET?

A. Yes, for additional information visit the following websites:

San Joaquin County Human Resources	www.sjgov.org/hr
San Joaquin Health Administrators (Select & Premier)	www.sjha-online.com
Kaiser Permanente	www.kaiserpermanente.org
Delta Dental	www.deltadental.com
Pacific Union Dental	www.myuhcdental.com
Vision Service Plan	www.vsp.com



SECTION 125 FLEXIBLE BENEFITS PLAN

1. Medical Spending Account (FSA)
2. Dependent Care Account (DCAP)

Plan Year July 1 through June 30



GENERAL PROGRAM FEATURES

- The contributions for the Section 125 Plan are made with pre-tax dollars. You **forfeit** any medical or dependent care money not spent during the period of coverage and claimed within the time allowed. Money used for this program is deducted from the gross income reported on your W2 and is not subject to income taxes.
- You must complete an enrollment form each year in order to participate in the plan. You may only enroll as a new employee and during the County's Benefits Open Enrollment each year.
- **Eligible expenses must be incurred during the Plan year (July 1 – June 30) and during the participant's coverage under the Plan.** Expenses are incurred when the participant is provided with the healthcare (FSA) or daycare (DCAP) not when the participant is billed or charged for or pays for the service or treatment.

WHAT ARE THE RESTRICTIONS?

You may enroll in any of the Section 125 Plan options. If you participate in any part of the Flexible Benefits Plan, **you cannot change** your pre-tax deductions during the Plan Year (July through June) unless there is a qualifying change in status, such as:

- The birth, death or adoption of a family member, marriage or divorce.
- Covered child reaching age 19 or 23, or changing student status.
- Employee or spouse changed work hours, shift or days.
- Employee or spouse becoming employed, losing a job or retiring.
- Family member losing group health or dental coverage.

Changing school or day care arrangements are NOT qualifying events

Your requested election change must be consistent with and on account of your qualifying status change. You must make the enrollment change within 60 days of the qualifying event.

WHERE CAN I GET MORE INFORMATION?

You may contact San Joaquin Health Administrators at (209) 942-6381 or the Benefits Division (Human Resources) at 468-3379 or 468-3279. There is also information on our website www.sjgov.org/hr Benefits: 125/Flex Spending Plan

WHERE DO I OBTAIN AND SUBMIT A CLAIM?

Claims are available in Human Resources, room 106 or online at www.sjgov.org/hr Benefits: 125/Flex Spending Plan, **Flex 125 Reimbursement Form.**

Submit your claims to:

San Joaquin Health Administrators (SJHA)

P.O. Box 31570

Stockton, CA 95213-1570

(209) 942-6381 **OR**

Route via Interoffice mail to: SJHA- FSA Admin **OR** Fax to: (209) 942-6382



Section 125 – Medical Spending Account (FSA)

How Much Can I Contribute?

You may set aside a minimum of \$260 and a maximum of \$2,080 per plan year (July through June).

How Does the Plan Work?

When you elect to participate in a medical spending account, a specified amount of pretax dollars are deducted from your paycheck each pay period for the Plan Year (which runs from July 1 through June 30). These funds are deducted from your gross earnings before taxes and placed in a reimbursement account.

Funds may be used for out-of-pocket healthcare expenses such as, deductibles and co-payments, for yourself and any dependents you may claim as dependents on your federal income tax. Funds may only be used for expenses incurred during the Plan year (July 1 – June 30) and during the time you are participating in the Plan. Funds may not be used for expenses that are paid under any insurance plan or program or to reimburse you for insurance premiums.

When you submit a claim for a qualified medical expense, you will be reimbursed from this account. Claims for reimbursement must be submitted to San Joaquin Health Administrators within one year of the end of the plan year.

What Expenses Are Eligible for Reimbursement?

A medical reimbursement plan may be used to pay many types of healthcare expenses not covered under any other plan. Qualified expenses include:

- Deductibles, co-payments and other payments you must make under your medical, dental and vision plans.
- Charges not covered under your medical, dental and vision plans other than cosmetic procedures.



Dependent Care Account (DCAP)

How Much Can I Contribute?

You may set aside a maximum of \$5,000 during each plan year (July through June).

How Does the Plan Work?

When you elect to participate in the dependent care plan, a specified amount of pretax dollars are deducted from your paycheck each pay period for the Plan Year (which runs from July 1 through June 30). These funds are deducted from your gross earnings before taxes and placed in a reimbursement account.

Funds may be used to reimburse you for care of a dependent child under age 13 or a dependent relative or household member who is physically or mentally incapable of self-care. Funds may only be used for expenses incurred during the time when you are participating in the plan (which runs from July 1 through June 30). Private school tuition is not an eligible expense but before and after-school care may be claimed. Funds may not be used to pay for your dependent insurance premiums.

When you submit a claim for a qualified dependent care expense, you will be reimbursed from this account. Claims for reimbursement must be submitted to San Joaquin Health Administrators **within 90 days** of the end of the plan year.

What Expenses Are Eligible for Reimbursement?

You may use this plan for expenses that meet the following qualifications:

- The dependent care must enable you and your spouse to be employed or attend school full-time.
- The amount eligible for reimbursement must not be greater than your spouse's income or one-half of your income, whichever is less.

- A child must be under 13 years old and must be your dependent under federal tax rules. **Note: If your child turns 13 during the plan year, reimbursements must stop. Your contributions, however, must continue throughout the plan year, so plan carefully.**
- The services may be provided in your home or another location but not by someone who is your minor child or dependent for income tax purposes (for example; an older child). Expenses of an overnight camp do not qualify for reimbursement.



- If the services are provided by a day care facility that cares for six or more children at the same time, the facility must comply with state and local day care regulations.
- Services must be for the physical care of the child, not for education, meals, etc.
- Costs for the care of a spouse or dependent that is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent).

PURCHASING BENEFITS AFTER YOUR ACTIVE COVERAGE TERMINATES COBRA



INITIAL NOTICE OF COBRA RIGHTS TO GROUP HEALTH CONTINUATION COVERAGE

On April 17, 1986, a Federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. Both you and your spouse, if any, should take the time to read this notice carefully and retain it for future reference.

If you are an employee of San Joaquin County covered by San Joaquin County group coverage, you have the right to choose continuation coverage at group rates if you lose your group health coverage because of a reduction in hours or the termination of employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by San Joaquin County group coverage, you have the right to choose continuation coverage for yourself if you lose group health coverage under the plan in which you are enrolled for *any* of the following reasons:

- The death of your spouse,
- A termination of your spouse’s employment (for reasons other than gross misconduct) or reduction in your spouse’s hours of employment;
- Divorce or legal separation from your spouse; or
- Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by San Joaquin County group coverage, he or she has the right to continuation coverage if group health coverage under San Joaquin County group coverage is lost for *any* of the following reasons:

- The death of the employee,
- A termination of the employee’s employment (for reasons other than gross misconduct) or reduction in the employee’s hours of employment with San Joaquin County;

- The employee's divorce or legal separation;
- The employee becomes entitled to Medicare; or
- The dependent child ceases to be a "dependent child" under San Joaquin County group coverage.

To Preserve Continuation Coverage Rights:

Under the law, to preserve continuation coverage rights, the employee or family member must inform San Joaquin County Human Resources of a divorce, legal separation, or a child losing dependent status under San Joaquin County within 60 days of the date of the event or the date in which coverage would end under the plan because of the event.

When San Joaquin County Human Resources is notified that one of these events has happened, the Benefits Unit will notify you that you have the right to choose continuation coverage. Under the law, you have 60 days from the date you would lose coverage because of one of the events described above to return your COBRA Election form to the Third Party COBRA Administrator. If you do not choose continuation coverage on a timely basis, your rights to continue your group health coverage will end.

If you Choose Continuation Coverage:

If you choose continuation coverage, San Joaquin County is required to give you coverage which is the same as when the employee was active (for employee and dependents). The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months. The 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as a death, divorce or legal separation) occur during that 18-month period. In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may be extended to 29 months if a qualified beneficiary is determined by the Social Security Administration to be disabled (for Social Security disability purposes) at any time during the first 60 days of COBRA coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment. To benefit from this extension, a qualified beneficiary must notify the Third-Party COBRA Administrator of that determination within 60 days and before the end of the original 18-month period. The affected individual must also notify the Third Party COBRA administrator within 30 days of any final determination that the individual is no longer disabled.



A child who is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of San Joaquin County group coverage and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Third-Party COBRA Administrator of the birth or adoption. The COBRA Administrator is [Managed Benefit Administrators](#).

Early COBRA Termination:

The law provides that continuation coverage may be cut short for *any* of the following reasons:

- San Joaquin County no longer provides group health coverage to any of its employees;
- The premium for continuation coverage is not paid on time;
- The qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition he or she may have;
- The qualified beneficiary becomes entitled to Medicare; or
- The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

Pre-existing Condition:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRA's other coverage cut-off rule with these new limits as follows:

If you become covered by another group health plan, and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated (until you reach the maximum coverage period). However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the San Joaquin County group plan may terminate your COBRA coverage.

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the San Joaquin County Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Premiums:

Under the law, you have to pay the entire premium for your continuation coverage. There is a grace period of 30 days for payment of the regularly scheduled premium. At the end of the 18, 29 or 36-month continuation coverage period, qualified beneficiaries may be allowed to enroll in an individual conversion health plan if one is provided by the plan in which they are enrolled.

If you have any questions about COBRA, please contact the Benefits Unit at (209) 468-3279 or 468-3379.

SAN JOAQUIN COUNTY DEFERRED COMPENSATION PLAN 457



What is a 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 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.

How Much Can I Contribute?

The minimum deferral is \$10 per pay period. The maximum amount you can contribute per calendar year is 100% of your includible income from the County or the following amounts:

Under age 50	\$16,500
Age 50 and over	\$22,000

If you have not contributed the maximum amount allowed during your employment with the County, there is a “catch-up” provision that may allow you to make additional contributions prior to retirement. Contact [Hartford](#) Life for more information.

When Can I Enroll and How Do I Contribute?

You can enroll in the Plan at any time. You must complete a Hartford 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.

Can I Roll Other Retirement Accounts into the Deferred Compensation Plan?

If you have an existing 457 deferred compensation or retirement plan account with a prior employer or a traditional IRA, you may transfer (rollover) that account into the Plan at any time.

Can I Stop My Contributions and Restart Later?

You may start, stop, increase or decrease your contribution. You may stop contributing at any time and start again at a later date. You must complete a Contribution Change Form (available on our website www.sjgov.org/hr Deferred Comp).

What's the Impact to My Taxes?

Your current taxable income is reduced by the amount you contribute. For example: If your annual salary is \$24,000 and you contribute \$2,000 to the Plan, your taxable income is shown as \$22,000 on your W-2 form.

What Are My Investment Choices?

The Plan offers a wide variety of investment choices to meet your needs, including a General (Declared Rate) Account which provides a credited rate of interest. You may direct your contributions into one or more of the available investment choices.

Will I Receive Regular Statements?

You will receive a comprehensive Statement of Account from Hartford each quarter. The statement will show your account balance at the beginning of the period, any activity in your account during the period, the amount of any earnings, contributions, and your account balance at the end of the period. Also included with your statement are historical investment option performance and an informative newsletter written for retirement investors.

When Can I Withdraw My Funds?

Your account assets may be withdrawn from your Deferred Compensation Plan, only under the following circumstances:

- Retirement
- Separation from County Service
- Unforeseeable emergency as defined by IRS
- Death of participant

Do I Have Toll Free Account Access?

In addition to your local representative, you can call Hartford's Account Access Line at 1-800-528-9009 for prompt, professional service. You can speak with a Customer Service Associate or utilize the automated voice or touch-tone system for a variety of account inquiries and financial transactions, including:

- Transferring assets between investment choices
- Changing the allocation of investment elections
- Obtaining information on investment choices

Can I Reach Hartford on the Web?

Hartford's secure website allows you to view your personal account, make a variety of inquiries and financial transactions, and obtain educational information. You can reach Hartford's interactive website at <http://retire.hartfordlife.com>.

Who Can I Talk To About My Account or Enrolling in Deferred Compensation?

Your local Hartford Representative, Derelle Phillips, can provide you with information to help you make informed decisions about your retirement planning strategy. You can contact the local Hartford office at 461-5540 to arrange for a one-on-one personal consultation.

TERM LIFE INSURANCE



The County provides eligible employees with life insurance according to the following schedule:

- At least one but less than three continuous years of service \$1,000
- Three but less than five continuous years of service \$3,000
- Five but less than ten continuous years of service \$5,000
- Ten or more years of continuous service \$10,000

Employees in the Exempt, Senior Management, Middle Management, Sheriff's Management, Sergeants, Deputy Sheriffs, and Confidential representation units also receive additional life insurance in accordance with their respective MOU or Resolution.

Employees may purchase additional term life insurance and accidental death and dismemberment in increments of \$25,000, to a maximum of \$100,000 or \$200,000 depending on MOU provisions. A separate application form must be completed. Evidence of good health may also be required.

Beneficiary: If you are in the retirement system, your beneficiary is the person you listed as your beneficiary for retirement, unless you file a Change Form with Human Resources designating a separate life insurance beneficiary.



EMPLOYEE ASSISTANCE PROGRAM

OPTIONS
(209) 953-8900

The County provides an Employee Assistance Program, **Options**, to all County employees free of charge. This program entitles you to receive up to 5 visits with a counselor for confidential assessment, counseling and/or referral to assist you with the following types of issues:

- Marriage and family relationships
- Parent-child communication
- Alcohol or chemical dependency
- Emotional and stress-related problems
- Emotional strain caused by financial or legal concerns

VOLUNTARY INSURANCE PRODUCTS

Chimienti & Associates

You may purchase the following types of voluntary insurance products through payroll deduction:

- Short-Term Disability Insurance and Accident Insurance
- Voluntary Group Term Life & Universal Life Insurance
- Cancer and Critical Illness Plans

If you are interested in the above voluntary products, contact Chimienti and Associates toll-free at (877) 733-1670.

CalPERS Long-Term Care Program

All California public employees and retirees are eligible to apply. County employees may purchase CalPERS Long Term Care Program through payroll deduction. Contact CalPERS at 800-266-1050 to obtain an application kit for you and your spouse, parents, parents-in-law, or adult siblings.

RETIREMENT

Retirement Benefits are administered by San Joaquin County Employees' Retirement Association ([SJCERA](#)).

CONTACTS



Insurance Providers

SELECT and PREMIER PLANS

San Joaquin Health Administrators (SJHA)
7751 S. Manthey Rd.
French Camp, CA 95231
(209) 942-6300
(209) 939-3535 (fax)

www.sjha-online.com

Select and Premier Provider Directory available at www.sjha-online.com
Interplan Provider Directory (Access all Counties for Premier providers only)
www.interplancorp.com

KAISER PERMANENTE

(Group # 16653)

7373 N. West Lane
PO Box 210005
Stockton, CA 95269-9005
(800) 777-1256
(858) 614-3344 (fax)

www.kaiserpermanente.org

DELTA DENTAL

(Group # 1747-0017)

PO Box 997330
Sacramento, CA 95899-7330
(888) 335-8227
(415) 972-8300
(415) 972-8466 (fax)

www.deltadental.com

PACIFIC UNION DENTAL (A UHC Company)

(Policy# 711877)

PO Box 4023

Concord, CA 94520-4023

(800) 999-3367

(925) 363-6099

www.myuhcdental.com

Vision Service Plan (VSP)

(Group # 103391)

PO Box 997100

Sacramento, CA 95899-7101

(800) 877-7195

(916) 851-4834 (fax)

www.vsp.com

Section 125 Flexible Benefits Plan

Medical Spending and Dependent Care

San Joaquin Health Administrators (SJHA)

7751 S. Manthey Rd.

French Camp, CA 95231

(209) 942-6381

(209) 942-6382 (fax)

COBRA

(Continuation Coverage)

Managed Benefit Administrators

PO Box 873

Sacramento, CA 95812

OR

2868 Prospect Park Dr. Suite 600

Rancho Cordova, CA 95670

(800) 888-1801

(916) 636-9791

Employee Assistance Program

OPTIONS

4545 Georgetown Plaza

Suite F-36

Stockton, CA 95207

(209) 953-8900

Deferred Compensation

Hartford Life

343 E Main, Suite E&F

10th Floor

Stockton, CA 95202

(209) 461-5540

(800) 528-9009

<http://retire.hartfordlife.com>.

Voluntary Products

Chimienti and Associates

Offers a variety of products (Life Insurance, disability insurance, etc.) thru Colonial Insurance

(877) 733-1670

CalPERS

Long Term Care

PO Box 340640

Sacramento, CA 95834-9946

(800) 266-1050

www.calpers.ca.gov

Retirement

Retirement Office (SJCERA)

6 S. El Dorado St. Suite 700

Stockton, CA 95202

(209) 468-2163

(209) 468-0480 (fax)

www.sjcera.org

San Joaquin County

Human Resources

Benefits Division

44 N. San Joaquin Street. Suite 330

Stockton, CA 95202

(209) 468-3279

(209) 468-3379

(209) 468-9734 (fax)

www.sjgov.org/hr