2023-2024
EMPLOYEE BENEFITS GUIDE

Benefits for Every Step of the Way!

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SONOMA

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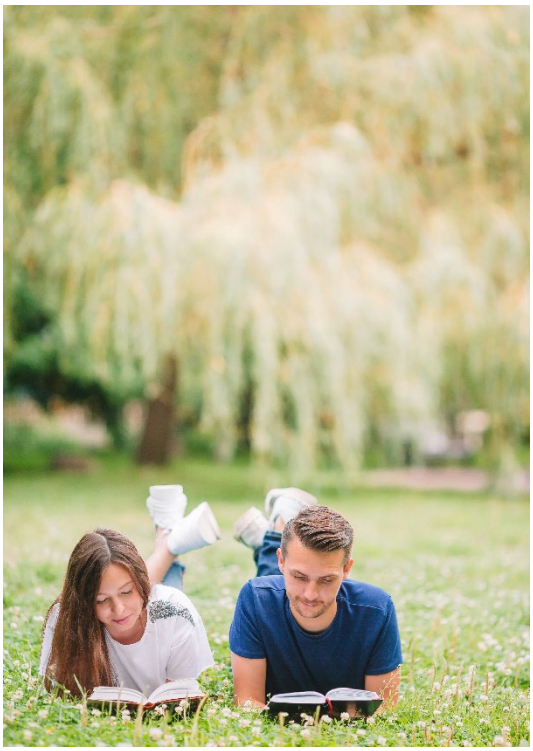

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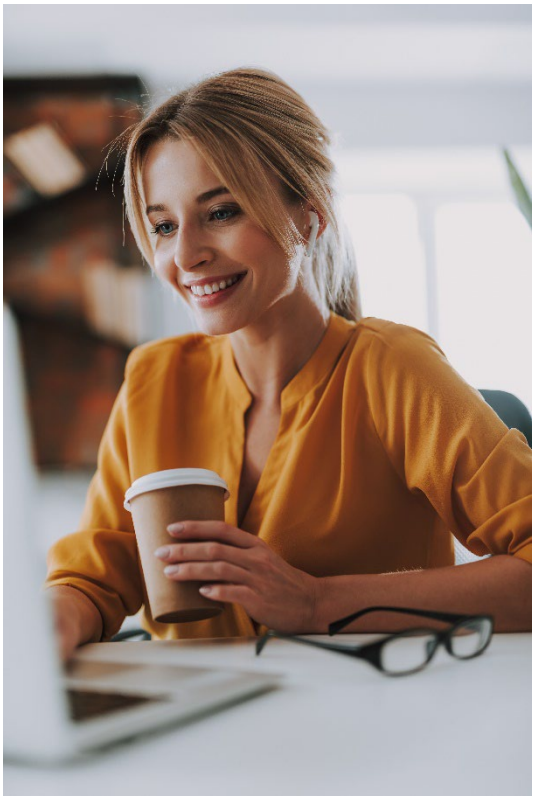


FINANCIAL WELLNESS

WELLBEING & BALANCE

IMPORTANT PLAN INFORMATION

OPEN ENROLLMENT IS
MAY 26 THROUGH JUNE 9, 2023

Benefits for Every Step of the Way!

At Superior Court of California, County of Sonoma, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason why Superior Court offers you this benefits program. We are providing you with this Guide to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided on page 56 of this Guide.

While we've made every effort to make sure that this Guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your Plan Documents (Summary of Benefits, Evidence of Coverage or Certificate booklets) which are available on the Court's intranet. The Plan Documents determine how all benefits are paid.

The benefits in this summary are effective July 1, 2023 through June 30, 2024

Premium deductions will be reflected starting on the July 5, 2023 paycheck.

WHAT'S NEW OR CHANGING?

These changes will be effective on July 1, 2023.

What's new or changing for 2023/2024?

At Superior Court of California, County of Sonoma we are committed to continuously reevaluating our benefits program to offer you and your family comprehensive and affordable option. This year we would like you to be aware of a few minor changes to your benefits:

- New Rates for 2023/2024
- HealthNet Enhancements

AB 245 Abortion Services	Per Assembly Bill 245, abortion services and abortion related services will be covered with no cost share for all non-HDHPs, and no cost share after the deductible for HDHPs. Going from deductible and 10% (in network)/ 30% (OON) coinsurance to deductible with $0 copay
Ground Ambulance	Out of network coinsurance Going from $50 + 30% coinsurance [deductible applies] to $50 + 10% coinsurance [deductible applies]
Emergency Room	Deductible will be updated from deductible applies to deductible waived for OON level.
Patient Education	Diabetes (PPO) level will go from $10 copay to $0 copay Smoking Cessation/Weight Management will go from not covered to $0 copay
Chiropractor	The new rider benefits through ASH: • In Network: $10/visit (ded. waived) • Out-of-Network: 30% after deductible New rider will no longer have a $25 max allowable payable or a $1,500 max payable per year.
Acupuncture	The new rider benefits through ASH: • In Network: $10/visit (ded. waived) • Out-of-Network: 30% after deductible New rider will no longer have a $25 max allowable payable or a $1,500 max payable per year.

- Delta Dental PPO– Diagnostic and Preventative Care is now covered at 100%.
- VSP Vision - VSP members will now have access to LightCare
- EAP—New Employee Assistance Program available through Concern EAP

Open Enrollment Calendar

May 26 – June 9, 2023

Open Enrollment Starts May 26th

Monday	Tuesday	Wednesday	Thursday	Friday
				26
				Open Enrollment
29	30	31	1	2
Memorial Day Holiday	Open Enrollment	Open Enrollment	Open Enrollment	Open Enrollment
5	6	7	8	9
Open Enrollment	Open Enrollment	Open Enrollment	Open Enrollment	Last day to log in to ADP and make benefit changes through the Employee Self Service portal

Benefits Overview Presentation Now Available

Interested in a quick video regarding your benefits available to eligible employees? Select the video below for more information!

Click to play video

Payroll & Holiday Calendar

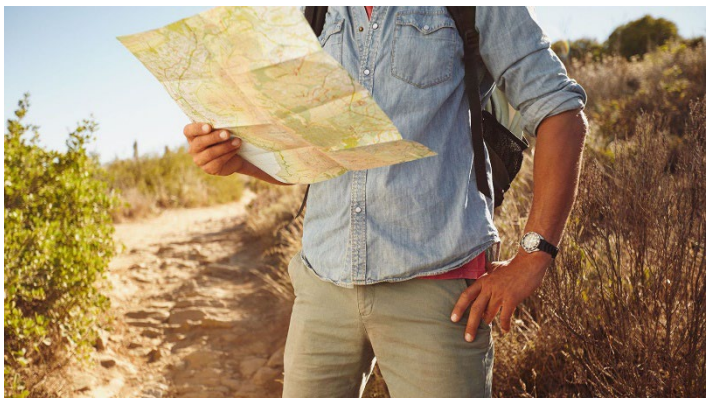
Payroll Calendar 2023

Pay Period Number	Pay Period Start Date	Pay Period End Date	Pay Date
2023-01	12/13/22	12/26/22	01/04/23
2023-02	12/27/22	01/09/23	01/18/23
2023-03	01/10/23	01/23/23	02/01/23
2023-04	01/24/23	02/06/23	02/15/23
2023-05	02/07/23	02/20/23	03/01/23
2023-06	02/21/23	03/06/23	03/15/23
2023-07	**03/07/23**	**03/20/23**	**03/29/23***
2023-08	03/21/23	04/03/23	04/12/23
2023-09	04/04/23	04/17/23	04/26/23
2023-10	04/18/23	05/01/23	05/10/23
2023-11	05/02/23	05/15/23	05/24/23
2023-12	05/16/23	05/29/23	06/07/23
2023-13	05/30/23	06/12/23	06/21/23
2023-14	06/13/23	06/26/23	07/05/23
2023-15	06/27/23	07/10/23	07/19/23
2023-16	07/11/23	07/24/23	08/02/23
2023-17	07/25/23	08/07/23	08/16/23
2023-18	**08/08/23**	**08/21/23**	**08/30/23***
2023-19	08/22/23	09/04/23	09/13/23
2023-20	09/05/23	09/18/23	09/27/23
2023-21	09/19/23	10/02/23	10/11/23
2023-22	10/03/23	10/16/23	10/25/23
2023-23	10/17/23	10/30/23	11/08/23
2023-24	10/31/23	11/13/23	11/22/23
2023-25	11/14/23	11/27/23	12/06/23
2023-26	11/28/23	12/11/23	12/20/23

***Note: pay dates 03/29/23 and 08/30/23 will not have health insurance deductions**

Holiday Calendar 2023

Monday	**01/02/23**	New Year's Day (2023)
Monday	**01/16/23**	Dr. Martin Luther King Jr Day
Monday	**02/13/23**	Lincoln's Birthday
Monday	**02/20/23**	President's Day
Friday	**03/31/23**	Cesar Chavez Day
Monday	**05/29/23**	Memorial Day
Monday	**06/19/23**	Juneteenth
Tuesday	**07/04/23**	Independence Day
Monday	**09/04/23**	Labor Day
Friday	**09/22/23**	Native American Day
Friday	**11/10/23**	Veteran's Day
Thursday	**11/23/23**	Thanksgiving Day



Message from Superior Court of California, County of Sonoma

Dear Superior Court Employee:

We are pleased to provide you with your 2023-2024 Employee Benefits Guide. Please review this guide carefully and contact Human Resources with any questions.

The purpose of this Benefits Guide is to help you make your benefit choices during the 2023-2024 annual open enrollment period. Our guide highlights your options and key program features to consider when you enroll. It also includes your share of premium costs for 2023-2024.

Important Reminders

- **If you are not making any changes to your existing benefits, NO action is necessary on your part**
- This year's open enrollment period will run from May 26 through June 9, 2023
- Enroll or make changes on or before June 9, 2023
- Benefits are effective July 1, 2023
- The employee contribution rate for medical premiums remain at 15%
- All medical plans will receive a renewal increase effective July 1, 2023.
- If you would like to change any of your benefits, please reference the ADP – Open Enrollment Employee Self Service 2023-2024 Instructions located on the Court Intranet: http://court.sonomacourt.org/intranet/

HELPFUL HINTS:

- Read through this guide to familiarize yourself with what decisions you have to make.
- Think about your current benefit plans. Are they still working for you? Have you experienced any changes or do you anticipate any changes to your health that might make a different plan more suitable?
- Select the right coverage level for life insurance and make any beneficiary changes.

2023 Open Enrollment Checklist

Use this checklist to guide you through Open Enrollment **(May 26 – June 9, 2023)**

- ❑ Action is **NOT REQUIRED** if you are not making any changes to your current health plan elections

- ❑ Action **IS REQUIRED** if you are:
  - Newly electing health plan coverage
  - Waiving health coverage
  - Changing health plans
  - Adding or removing a dependent

- ❑ If adding dependent coverage, please refer to the "Who's Eligible for Benefits?" on page 11

- ❑ If adding dependent coverage, you will be required to provide documentation verifying dependent eligibility by **June 9, 2023**. See Dependent Eligibility Verification on page 10

- ❑ To add, change, or terminate your benefits, you may call a Human Resources Representative at (707) 521-6789 or by emailing humanresources@sonomacourt.org

- ❑ Update your Life Insurance Beneficiary

- ❑ This Benefits Guide and any pertinent open enrollment forms are available on the Court's intranet site at http://court/intranet/policies/view_items.cfm?MenuID=5054&CategoryID=4

- ❑ To participate in Open Enrollment, you'll need to log in to ADP and follow the Open Enrollment Employee Self Service

Have Questions? Need Assistance with Open Enrollment?

Contact Human Resources at humanresources@sonomacourt.org

Dependent Eligibility Verification

All employees adding dependents must submit documentation to verify their dependent's eligibility and/or the Qualifying Life Event. The following chart is an easy guide to what documents must be submitted along with the 2023 Open Enrollment Form. Be sure to submit your eligibility documents as soon as reasonably possible.

Coverage	Nothing Required	Marriage Certificate	Birth Certificate/ Hospital Record	Social Security Number	Declaration of Domestic Partnership	Affidavit of Parent-Child Relationship[1]
Employee only	•					
Employee & Spouse		•		•		
Employee & Children up to age 26			•	•		
Employee & Parent-Child relationship up to age 26			•	•		•
Employee, Spouse & Children up to age 26		•	•	•		
Employee, Spouse & Parent-Child relationship up to age 26		•	•	•		•
Employee & Domestic Partner only				•	•	
Employee, Domestic Partner & Children up to age 26			•	•	•	
Employee, Domestic Partner & Parent-Child relationship[1] up to age 26			•	•	•	•

Additional supporting documentation required. Please contact Human Resources for more information.

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, it may impact dependent eligibility for health care continuation under COBRA. This may result in you incurring liability for the reimbursement of health premiums or health care services incurred during the entire ineligibility period. For further clarification, please contact Human Resources at humanresources@sonomacourt.org.

WHO'S ELIGIBLE FOR BENEFITS?

Who is Eligible?

Employees working 20 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse)
- Your registered domestic partner. (Effective January 1, 2020, under SB 30, California expands state registered domestic partnerships to include opposite-sex domestic partners under age 62). Any premiums for your registered domestic partner paid for by your employer are taxable income and will be included on your W-2. Any premiums you pay for your registered domestic partner or domestic partner's dependents will be deducted on an after-tax basis
- Your natural children, stepchildren, registered domestic partner's children, foster and/or adopted children of which the employee is the legal guardian:
    - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own
    - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support and with documented medical disability
    - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

Who is not eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings
- Any individual who is covered as an employee cannot also be covered as a dependent
- Employees who work less than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States

When can you enroll?

Coverage for new hires begins on the 1st of the month following the date of hire.

Open enrollment is the one time each year that employees can make changes to their benefit elections without a special enrollment or qualifying life event and generally during the month of May.

MEDICAL

OUR PLANS

Kaiser HMO

Kaiser HMO 25

HealthNet HMO

HealthNet PPO

All About Medical Plans

Click to play video

The Court's goal is to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. We offer a choice of medical plans through **Kaiser Permanente** and **HealthNet**.

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

Consider an HMO (Health Maintenance Organization) if:

- You want lower, predictable out-of-pocket costs
- You like having one doctor to manage your care
- You are happy with the selection of network providers
- You don't see any doctors that are out-of-network

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers

Medical Plan Options

KAISER PERMANENTE®

You always pay the deductible and copayment ($). The coinsurance (%) shows what the plan pays after the deductible.

	Kaiser HMO	Kaiser HMO 25	HealthNet HMO
	In-Network	In-Network	In-Network
Calendar Year Deductible Individual Family	 $0 $0	 $750 $1,500	 $0 $0
Calendar Year Out-of-Pocket Maximum Individual Family	 $1,500 $3,000	 $3,000 $6,000	 $1,500 $4,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Office Visit Primary Care Specialist	 $10 copay $10 copay	 $25 copay $25 copay	 $10 copay $10 copay
Preventive Services Periodic Health Exam Well Baby	 $10 copay $10 copay	 Plan pays 100% Plan pays 100%	 Plan pays 100% Plan pays 100%
Chiropractic Care	Not Covered	Not Covered	$10 copay (up to 30 visits per year)
Lab and X-ray	Plan pays 100%	$10 copay	Plan pays 100%
Inpatient Hospitalization	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%
Outpatient Surgery	$10 copay	Plan pays 80% after deductible	Plan pays 100%
Urgent Care	$10 copay	$25 Copay	$10 copay
Emergency Room	$50 copay (waived if admitted)	Plan pays 80% after deductible (waived if admitted)	$100 copay (waived if admitted)
PRESCRIPTION DRUGS			
Pharmacy Generic Preferred Brand Non-preferred Brand Supply Limit	 $5 copay then plan pays 100% $10 copay then plan pays 100% Not Covered 100 days	 $10 copay then plan pays 100% $30 copay then plan pays 100% Not Covered 100 days	 $5 copay then plan pays 100% $10 copay then plan pays 100% $35 copay then pays 100% 90 days
Mail Order Generic Preferred Brand Non-preferred Brand Supply Limit	**(888) 218-6245** $5 copay then plan pays 100% $10 copay then plan pays 100% Not Covered 100 days	**(888) 218-6245** $20 copay then plan pays 100% $40 copay then plan pays 100% Not Covered 100 days	**(888) 218-6245** $10 copay then plan pays 100% $20 copay then plan pays 100% $70 copay then plan pays 100% 90 days

*Kaiser offers reduced rates on a variety of health-related products and services through The ChooseHealthy, including 25% off of contracted chiropractor rates. To find a provider go to **kp.org/choosehealthy**. Choose your region, click the "ChooseHealthy" link, click "Find a Provider" or call 877-335-2746 for help.

Specific details and plan limitations are provided in the Summary of Benefits or Evidence of Coverage, which is based on the official Plan Documents that may include policies, contracts, and plan procedures. The Plan Documents contain all the specific provisions of the plans. In the event that the information in this summary differs from the Plan Documents, the Plan Documents will prevail.

Kaiser Formulary: https://healthy.kaiserpermanente.org/health-wellness

KAISER RESOURCES

KAISER PERMANENTE®

My Health Manager

Stay engaged with your health and simplify your busy life by using the Kaiser Permanente Website.

Kaiser Away From

Kaiser Members are covered for emergency and urgent care anywhere in the world. Whether you're traveling in the United States or a foreign country, Kaiser's travel website will explain what to do if you need emergency or urgent care during your trip.

myStrength

myStrength is designed to help navigate life's challenges, make positive changes, and support your overall well-being. The app can help you set goals and work towards them in the ways that work best for you. You can get myStrength at kp.org/selfcareapps and choose the mental health and wellness areas you want to focus on.

Calm

Try the Calm app for self-care and better sleep. Calm is an app that uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps.

ClassPass

Kaiser has teamed up with fitness industry leader ClassPass to make it easier for you to exercise from the comfort of your home or local gym/studio. Kaiser Permanente members can get on demand video workouts at no cost and reduced rates on livestream and in-person fitness classes. To get started, visit kp.org/exercise.

Medical Plan Options (continued)

You always pay the deductible and copayment ($). The coinsurance (%) shows what the plan pays after the deductible.

	HealthNet PPO	
	In-Network	**Out-of-Network**
Calendar Year Deductible Individual Family	 $0 $0	 $250 $750
Calendar Year Out-of-Pocket Maximum Individual Family	 $2,000 $6,000	 $4,000 $12,000
Lifetime Maximum	Unlimited	Unlimited
Office Visit Primary Care Specialist	 $10 copay then plan pays 100% $10 copay then plan pays 100%	 Plan pays 70% after deductible Plan pays 70% after deductible
Preventive Services	Plan pays 100%	Not Covered
Chiropractic Care	$10 copay then plan pays 100%	Plan pays 70% after deductible (in-network limitations apply; up to $25 per visit)
Lab and X-ray	Plan pays 90%	Plan pays 70% after deductible
Inpatient Hospitalization	Plan pays 90%	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 90%	Plan pays 70% after deductible
Urgent Care	$10 copay then plan pays 100%	$10 copay then plan pays 100%
Emergency Room	$100 copay then plan pays 90% (copay waived if admitted)	
PRESCRIPTION DRUGS		
Pharmacy Generic Preferred Brand Non-preferred Brand Supply Limit	 $5 copay then plan pays 100% $15 copay then plan pays 100% $35 copay then plan pays 100% 30 days	 $5 copay then plan pays 100% $15 copay then plan pays 100% $35 copay then plan pays 100% 30 days
Mail Order Generic Preferred Brand Non-preferred Brand Supply Limit	**(888) 624-1139** $10 copay then plan pays 100% $30 copay then plan pays 100% $70 copay then plan pays 100% 90 days	**(888) 624-1139** Not covered Not covered Not Covered Not applicable

Specific details and plan limitations are provided in the Summary of Benefits or Evidence of Coverage, which is based on the official Plan Documents that may include policies, contracts, and plan procedures. The Plan Documents contain all the specific provisions of the plans. In the event that the information in this summary differs from the Plan Documents, the Plan Documents will prevail.

Health Net Formulary: www.healthnet.com/static/general/unprotected/pdfs/ca/pharmacy/ca_3_tier_drug_list.pdf

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

BCC

Click to play video

ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. **Find out more**

- www.benxcel.com
  - Employer Key is **BCCSCSC**
- Eligible Expenses – now include more over-the-counter items!
- Ineligible Expenses

DO YOU PAY FOR DEPENDENT CARE?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

A separate open enrollment period for the flexible spending plans will take place in November 2023 for a January 1, 2024 effective date.

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through Benefit Coordinators Corporation (BCC).

How the BCC FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to $3,050, the 2023 annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the plan year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 01/01/2023 and 12/31/2023 and claims must be submitted for reimbursement no later than 03/31/2024. If you don't spend all the money in your account, you can rollover up to $500 to use the following year. Any additional remaining balance will be forfeited.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.
- If your employment ends, your participation in the Medical FSA Plan will cease at the end of your termination. Any balance remaining will be forfeited. However, you have the right to continue coverage through COBRA by continuing to pay for premiums and any additional administration fees.

FSA TAX SAVINGS EXAMPLE

$60,000 Annual Pay, with $1,500 FSA Contribution

$330 22% Federal income tax	**$115** 7.65% FICA tax	**$445** Annual FSA tax savings

$120,000 Annual Pay, with $2,750 FSA Contribution

$660 24% Federal income tax	**$210** 7.65% FICA tax	**$870** Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

FLEXIBLE SPENDING ACCOUNT (FSA) – BCC RESOURCES

SAVE YOUR RECEIPTS

We recommend saving itemized receipts and EOBs for tax purposes. At the end of the year, BCC will provide you with the tax forms required to file your taxes. You are responsible for reporting your FSA contributions and distributions at tax time.

My SmartCare MOBILE APP

- Check your balance and view account activity
- File a claim and upload documentation in seconds
- Report a card lost or stolen

How to set up and manage your account online

BCC makes it easy for you to manage your FSA with an online account through the My SmartCare Mobile app and online portal.

How to Register

My SmartCare Mobile App:

Download & Launch

1. Open the app store from your iOS or Android powered device
2. Search "BCC" SmartCare
3. Install the free app
4. Open the app
5. Click "REGISTER" to begin

My SmartCare Online Portal:

Visit the Website

1. Go to https://benefitcc.wealthcareportal.com/Page/Home
2. Click "REGISTER" to begin

*Use your Social Security Number as your Employee ID and your FSA Benefits Card number as your Registration ID when registering.

Features of **My SmartCare app and Portal**:

- **Full account details at your fingertips**—intuitive online access to plan details, account balances and transaction history (including prior years)
- **Self-service convenience**—check balances, submit claims and receipt documentation, pay bills, manage investments and more
- **Comprehensive decision support tools**—educational and interactive tools to help you make critical spending and saving decisions throughout the plan year
- **Communication when you need it**—manager your preferences, with access to more than 25 alerts to keep you connected to your account
- **Value-add services and offers**—to help you get the most value from your healthcare dollars

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

EVERY OPPORTUNITY TO SAVE
The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by BCC.

Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Estimate carefully! You can’t change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

If your employment ends, your participation in the Dependent Care FSA Plan will cease at the end of your termination. You may submit claims for reimbursement for dependent care expenses incurred up to your termination date, within 30 days after your date of termination, limited to the balance in your account as of the date of termination.

DENTAL

OUR PLANS

Delta Dental PPO

DID YOU KNOW?

Keeping your teeth and gums healthy isn't the only reason you should practice preventive dental care. With good dental hygiene, you can greatly reduce your risk of getting cavities, gingivitis, periodontitis, and other dental problems.

You can also reduce your risk of secondary problems caused by poor oral health such as diabetes, heart disease, osteoporosis, respiratory disease and even cancer.

The Court provides comprehensive dental coverage through Delta Dental.

Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

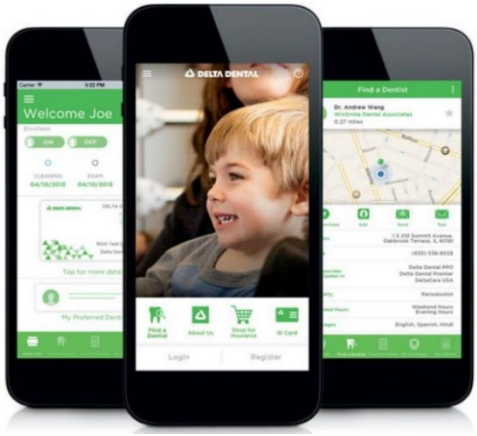
That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

PROTECT YOUR SMILE

DELTA DENTAL®



CONTACT INFORMATION

Phone: (800) 765-6003

General Website:
www.deltadentalins.com

SECURELY ACCESS YOUR BENEFITS

You must enter your username and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link on the Login page of the app.

ANDROID APP ON Google play

Available on the App Store

Your Delta Dental Benefits

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

County of Sonoma Superior Court provides you with a comprehensive coverage through Delta Dental.

DELTA DENTAL MOBILE APP

USING THE APP WITHOUT LOGGING IN

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in.

LOGGING IN TO VIEW BENEFITS

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered, there is a link on the home screen to register for an account. If you've forgotten your username or password, you can also retrieve these via Delta Dental

ONLINE SERVICES - WWW.DELTADENTALINS.COM

- Printable ID cards
- Secure login for benefits and eligibility lookup
- Claims status available to enrollees & dentists
- Dentist directory with maps & driving directions
- Extensive dental health section
- Enrollee section in Spanish
- SmileKids – an interactive site for children
- Fee Finder
- Explanation of Benefits – use it!
- Articles and Quizzes on Oral Health Dental Wire Newsletter

IMPORTANT TIPS

- Pre-Treatment estimate - Make sure you always get one so you know how much you will be paying BEFORE you get to your appointment!
- If you are having extensive dental work done
- Ensuring that a procedure is covered
- To see if you will exceed your maximum when getting orthodontics or implant coverage
- If you need to plan your payment in advance
- If you would like an advance breakdown of the charges and coverage

Delta Dental PPO

You always pay the deductible and copayment ($). The coinsurance (%) shows what the plan pays after the deductible.

	Delta Dental PPO	
	In-Network	**Out-of-Network**
Calendar Year Deductible	$0	
Calendar Year Maximum	$3,200	$3,000
Diagnostic & Preventive Oral Examinations X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers Bitewings	Plan pays 100% of PPO fee	
Basic Services Amalgam/Composite Filings Periodontics (Gum disease) Endodontics (Root Canal) Extractions & Other Simple Oral Surgery General Anesthesia Sealant	Plan pays 80% of PPO fee	
Major Services Crown Repair Restorative - Inlays and Crowns Prosthodontics Complex Oral Surgery	Plan pays 80% of PPO fee	
Orthodontia Adults & Children	Plan pays 60% of PPO Fee	Plan pays 50% of PPO fee (combined with in-network)
Ortho Lifetime Max	$3,000	

PPO Fee: The fees that participating PPO dentists have agreed to accept as payment in full, subject to any deductibles, cost sharing and benefits maximums. Covered expense for services from non-PPO providers is based on strictly limited schedule of allowances. Members must pay charges in excess of those scheduled amounts.

DELTA DENTAL VALUE-ADD PROGRAM

DELTA DENTAL®

toothpic

Get check-ups remotely with Toothpic!

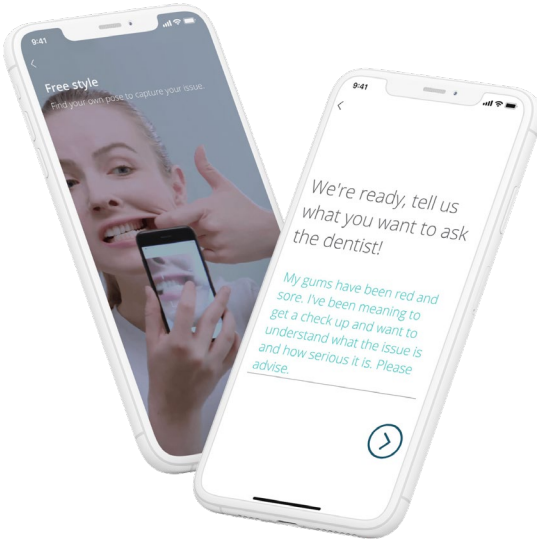
Toothpic is a photo-based teledentistry platform for Delta Dental members that offers virtual dental assessments.

Answer a few questions and take photos of your mouth from your computer, smartphone or tablet to receive a personalized dental report in under 24 hours, including:

- A diagnostic assessment from a Delta Dental dentist
- A review of your photos with issues marked for concern
- Care and treatment recommendations and access to Delta Dental's dentist directory for continued care

How it works:

1. Visit deltadental.toothpic.com to register
2. Members answer a few questions about their oral health history and reason for visit
3. The platform guides members to take six photos of their teeth, gums and areas of concern.
4. Members' profile and photos are sent securely through the HIPPA-compliant platform to the nearest available Delta Dental dentist
5. In under 24 hours, members receive a personalized diagnostic report on their results.



VISION

OUR PLANS

VSP Vision

Click to play video

Why Sign Up For Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on services like LASIK and PRK, rebates on contact lenses, and money off on hearing aids and other related services. Visit the VSP's website at www.vsp.com to check out these extra savings.

VSP Vision Plan

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	VSP Vision	
	In-Network	**Out-of-Network**
Exams Benefit Frequency	 Plan pays 100% 1 x every 12 months	 Up to $45 In-network limitations apply
Materials	Plan pays 100%	See Schedule below
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	 Plan pays 100% of basic lens allowance Plan pays 100% of basic lens allowance Plan pays 100% of basic lens allowance 1 x every 12 months	 Up to $30 Up to $50 Up to $65 In-network limitations apply
Frames Benefit Frequency	 Up to $140 allowance, up to $160 allowance for featured frame brands 20% off after $140 1 x every 24 months	 Up to $70 (combined with in-network) In-network limitations apply
Contacts (Elective) Benefit Frequency	 Up to $130 1 x every 12 months	 Up to $105 1 x every 12 months
Computer Vision Care (No approval Required)		
Examination Benefit Frequency	 Plan Pays 100% 1 x every 12 months	
Lens Single Vision Lens Bifocal Lens Trifocal Lens Occupational Lens Frequency	 Plan pays 100% of basic lens Plan pays 100% of basic lens Plan pays 100% of basic lens Plan pays 100% of basic lens 1 x every 12 months	
Examination Benefit Frequency	 Up to $105 allowance, up to $125 allowance for featured frame brands 1 x 24 months	

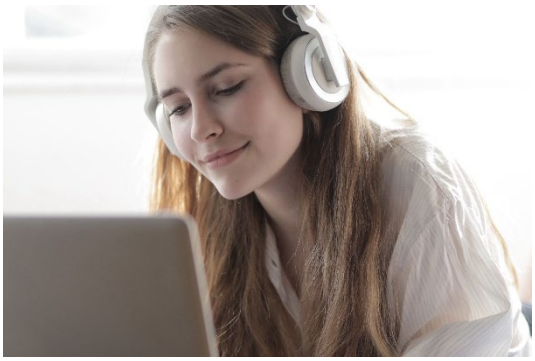
NEW FOR 2023

VSP members will now have access to LightCare and can now use the frame or contacts allowance towards ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses instead of prescription glasses or contacts.

VSP VALUE ADDS

vsp exclusive member extras

TruHearing®



CONTACT TRUHEARING

Phone

(877) 396-7194

Website

truhearing.com/vsp

TruHearing – (Re)Capture the richness of life

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than $5,000,* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

In addition to great pricing, TruHearing provides you with:

- One year of follow-up visits for fittings, adjustments,
- and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time
- loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 7,000 hearing
- healthcare providers
- Discounted pricing on a wide selection of the latest brand
- name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

Here's how it works:

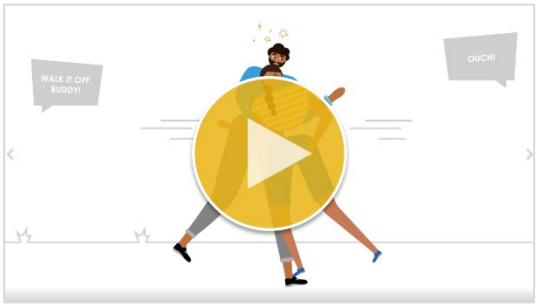
Contact TruHearing. Call (877) 396-7194. You and your family members must mention VSP.

Schedule exam. TruHearing will answer your questions and schedule a hearing exam with a local provider.

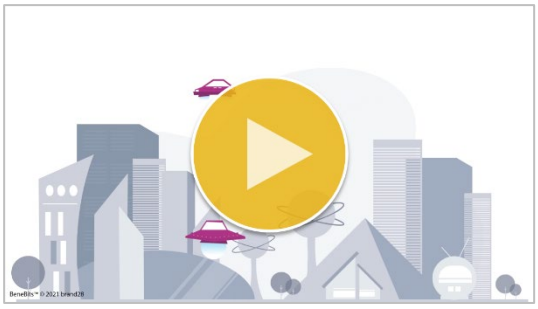
Attend appointment. The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing.

ENGAGE

Click to play video



Urgent Care vs ER



Virtual Healthcare

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Cost
Nurseline 	Quick answers from a trained nurse	▪ Identifying symptoms ▪ Decide if immediate care is needed ▪ Home treatment options and advice	24/7	**$0**
Online visit 	Many non-emergency health conditions	▪ Cold, flu, allergies ▪ Headache, migraine ▪ Skin conditions, rashes ▪ Minor injuries ▪ Mental health concerns	24/7	**$**
Office visit 	Routine medical care and overall health management	▪ Preventive care ▪ Illnesses, injuries ▪ Managing existing conditions	Office Hours	**$$**
Urgent care, walk-in clinic 	Non-life-threatening conditions requiring prompt attention	▪ Stitches ▪ Sprains ▪ Animal bites ▪ Ear-nose-throat infections	Office Hours, or up to 24/7	**$$$**
Emergency room 	Life-threatening conditions requiring immediate medical expertise	▪ Suspected heart attack or stroke ▪ Major bone breaks ▪ Excessive bleeding ▪ Severe pain ▪ Difficulty breathing	24/7	**$$$$$**

ALTERNATIVE FACILITIES

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

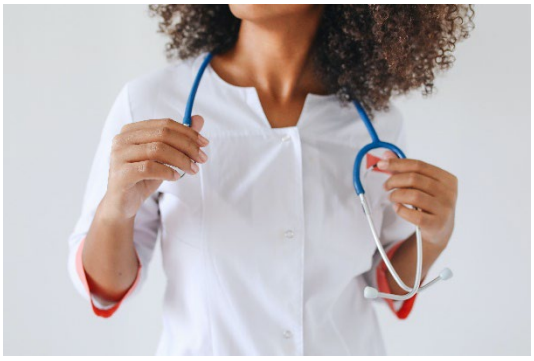
Need	Alternative	Features	Savings
Surgery 	Ambulatory Surgery Center (ASC)	▪ Specializes in same-day surgeries ▪ Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more ▪ Held to same safety standards as hospitals	Up to 50% over hospital stay*
Physical therapy 	Free-standing physical therapy center	▪ Important part of the recovery process after an injury or surgery	40 to 60% over a hospital setting*
Sleep study 	Home testing	▪ Diagnoses sleep apnea and other conditions ▪ Cost is often covered by insurance if considered medically necessary	Approx. $4,500*
Infusion therapy 	Home or outpatient infusion therapy	▪ For drugs that must be delivered by intravenous injections, or epidurals ▪ Delivered by licensed infusion therapy provider ▪ Maintain normal lifestyle and comfort of home or outpatient center	Up to 90% over hospital stay* **in-network*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, etc. on your plan's website; or call member services for assistance.

Online tools such as healthcarebluebook.com and healthgrades.com help you compare costs and doctor ratings. Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit **cdc.gov/prevention** for recommended guidelines.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video

THE FORMULARY DRUG TIERS DETERMINE YOUR COST

$	Generic Drug
$$	Brand Name Drug
$$$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and Disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide short and long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children.

BASIC AND AD&D LIFE INSURANCE (Paid by Court)

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by **Voya** and premiums are paid in full by County of Sonoma, Superior Court for employees working 60 hours per pay period.

Class		Basic Life and AD&D Amount
1 (002, 006, 052, 053, 058)	Clerical, Technical, Unrepresented, General Supervisory hired after 03/1/2011	$15,000
2 (057)	Unrepresented Confidential	1.5 X Basic Yearly Earnings up to $200,000
3 (054, 056, 059)	Administrative Management, Department Heads, Managers	2 x Basic Yearly Earnings up to $200,000
4 (096)	General Supervisory hired before 3-1-2011	1 x Basic Yearly Earnings up to $200,000
6 (055)	Commissioners	$50,000

ALL CLASSES INCLUDE:

Benefit Reduction Schedule	65% at age 65 through 69 50% at age 70 or over 30% at age 75 (Terminates at retirement)
Accelerated Death Benefit Max	50% up to $100,000
Conversion	Yes

VOYA FINANCIAL™

A NOTE ABOUT TAXES

Employer-paid life insurance coverage over $50,000 is considered a taxable benefit. The value of the benefit over $50,000 will be reported as taxable income on your annual W-2 form.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Employees have the option to purchase additional life insurance coverage through Voya, as well as coverage for a spouse/domestic partner and/or child(ren).

Eligibility	All Active Employees (Working minimum of 20 hours per week)
Guaranteed Issue Amount	Employees: $120,000 Spouse/Domestic Partner: $25,000 Child(ren): $10,000 Late Entrants: None, Evidence of Insurability (EOI) is required
Employee Voluntary Life Amount	$10,000 increments, not to exceed 5x covered annual earnings or $500,000, whichever is less. Minimum benefit is $20,000
Spouse Voluntary Life Amount	$5,000 increments, not to exceed $250,000 or 100% of the employee supplemental life benefit. Minimum benefit is $10,000
Child(ren) Voluntary Life Amount	Choice of $2,500, $5,000, $7,500 or $10,000
Benefits Reduction – Employee	65% at Age 65 50% at Age 70 30% at Age 75
Accelerated Death Benefit	Accelerated Death Benefit
Portability	Yes

IMPORTANT NOTE

Employees must elect Supplemental Life Insurance in order for dependents (spouse and children) to be eligible for Supplemental Dependent Life. Spouse Supplemental Life is capped at 100% of the Employee Supplemental Life amount.

GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

VOLUNTARY LIFE INSURANCE (continued)

VOLUNTARY LIFE OPTIONS:

You may elect from $20,000 to $500,000 of Supplemental Life insurance, in increments of $10,000. You are guaranteed coverage up to $120,000 during your initial offering. Any amount you elect above your guaranteed coverage will be subject to medical underwriting. If you elect Supplemental Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck. If you or your spouse age out of your current range, the rate will update on the following renewal date (July 1st).

Age	Monthly Cost (per $1,000 of coverage)
Under Age 30	$0.060
30-34	$0.075
35-39	$0.098
40-44	$0.143
45-49	$0.210
50-54	$0.360
55-59	$0.600
60-64	$0.915
65-69	$1.763
70 and over	$2.865

VOYA FINANCIAL™

To calculate your monthly premium:

1. Amount Elected: Write the amount of units you want. (1 unit = $1,000) Line 1: _____
2. Write your age-based rate from the table to the left. Line 2: _____
3. Multiple Line 1 by Line 2. This is your monthly premium amount. Line 3: _____

Example:

40 year old employee requesting $120,000 = 120 x $0.143= $17.16 monthly premium

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many States require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability: If you select a coverage amount above a guaranteed issue limit, you will need to submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve this higher amount of coverage.

VOLUNTARY LIFE INSURANCE (continued)

VOLUNTARY SPOUSE LIFE INSURANCE (Employee Paid):

You may elect supplemental life insurance, in increments of $5,000, for your spouse or domestic partner. Your spouse/domestic partner is guaranteed coverage for up to $25,000 during initial offering. Any amount you elect for your spouse/domestic partner above $25,000 will be subject to medical underwriting. If you elect Additional Life insurance for your spouse/domestic partner, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Age (based on age of employee)	Monthly Cost (per $1,000 of coverage)
Under Age 30	$0.060
30-34	$0.075
35-39	$0.098
40-44	$0.143
45-49	$0.210
50-54	$0.360
55-59	$0.600
60-64	$0.915
65-69	$1.763
70 and over	$2.865

To calculate your monthly premium:

1. Amount Elected: Write the amount of units you want. (1 unit = $1,000) Line 1: _____
2. Write your age-based rate from the table to the left. Line 2: _____
3. Multiple Line 1 by Line 2. This is your monthly premium amount. Line 3: _____

Example:

50 year old employee requesting $25,000 for spouse/domestic partner = 25 x $0.360= $9.00 monthly premium

VOLUNTARY CHILD(REN) LIFE INSURANCE (Employee Paid):

You may elect life insurance for your legal dependent(s) in the amount of $2,500, $5,000, $7,500 or $10,000. If you elect Life insurance for your legal dependent(s), your monthly premium rate for this coverage for eligible dependents up to age 26 will be as follows:

Coverage Levels	Monthly Cost
$2,500 each child	$0.525
$5,000 each child	$1.050
$7,500 each child	$1.575
$10,000 each child	$2.100

Premiums for this coverage will be deducted directly from your paycheck. Monthly cost is for all eligible children (you are not charged a monthly cost per child).

SHORT-TERM DISABILITY INSURANCE (STD)

EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

SUBMITTING A CLAIM

If you are disabled due to an illness or accidental injury, unable to work, and under the care of a licensed physician, you are eligible to submit a claim for benefits under this plan. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until benefits are no longer payable.

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. Superior Court of California, County of Sonoma pays the cost of this coverage. Coverage is provided by Voya.

Eligibility	All benefit eligible employees working at least 20 hours per week
Weekly Benefit Amount	Plan pays 66.67% of covered weekly earnings
Weekly Benefit Minimum Maximum	 $15 $2,819
Benefits Begin After Accident Sickness	7 calendar days of disability 7 calendar days of disability
Maximum Payment Period[1]	60 days of disability

[1]Maximum payment period is based on the first day benefits begin, not the first day you are disabled.

NOTE: **Represented Employees** must use all but 40 hours of sick leave before Disability benefits begin.
Unrepresented Employees must use all sick leave before Disability benefits begin.

LONG-TERM DISABILITY INSURANCE (LTD)

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you cannot work because of an injury or illness that prevents you from performing any of your job functions over a long time.

LTD insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Superior Court of California, County of Sonoma pays the cost of this coverage. Coverage is provided by Voya.

Voya LTD Plan

Eligibility	All benefit eligible employees working at least 20 hours per week
Monthly benefit amount	Plan pays 66.67% of covered monthly earnings
Monthly benefit Minimum Maximum	 $100 $7,000
Benefits begin Accident Sickness	 After 60 days of disability After 60 days of disability
Maximum payment period **Age at disability** Less than 67 67 but less than 69 69 and over	 36 months To age 70 12 months
Survivor Income Benefit	Lump sum payment of three months benefit to surviving spouse (or your children in equal shares if there is no surviving spouse) if you die while receiving LTD benefits
Pre-Existing Conditions	Benefits are not payable for medical conditions for which you received care during the 3 months preceding the enrollment effective date, unless you have received no treatment for that condition for 3 consecutive months from the date your coverage began, or your total disability begins on or after the last day of a 12 month period
Other Income Benefits	LTD Benefit will be reduced by other income benefits you receive or are eligible to receive
Conversion	Yes, non-retirees only

NOTE: **Represented Employees** must use all but 40 hours of sick leave before Disability benefits begin.
Unrepresented Employees must use all sick leave before Disability benefits begin.

VOYA VALUE-ADD SERVICES

CompPsych GuidanceResouces – Employee Assistance

GuidanceResources offers Confidential and Emotional Support, online or by phone. GuidanceResources highly trained clinicians will listen to your concerns and quickly refer you to in-person counseling and other resources for anxiety, depression, stress, grief, loss and life adjustments.

For more information, call **877-533-2363** or visit www.guidanceresources.com and enter Web ID: My5848i.

Travel Assistance Program—Security when you travel

We live in a highly connected world where frequent domestic and international travel is the norm. Voya Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependents will have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world. Voya Travel Assistance services are provided by Europe Assistance USA, Bethesda, MD.

For more information, check out below:

In the US, toll-free: 800.859.2821
Worldwide, collect: 202.296.8355
Email: ops@europassistance-usa.com
Visit Online: https://travelsecurity.garda.com
Contract Number: 17372020

VOYA VALUE-ADD SERVICES (Continued)

Funeral Planning, Will Prep and Concierge Services—Piece of mind when it's needed the most

Available to employees who are covered for group life insurance through Superior Court of California, County of Sonoma. Funeral Planning, Will Prep, and Concierge Services are provided by Everest Funeral Concierge.

With Everest you have access to:

Pre-planning Services

24/7 advisor assistance

- To discuss funeral planning issues

PriceFinderSM research reports

- The only nationwide database of funeral home prices
- Detailed, local funeral home price comparisons

Online planning tools

- Personal profile
- "10 key decisions" planner
- "My Wishes" planning guide
- Reference guide

Information stored and maintained in a secure data warehouse

Online Will Prep

- Online tool allows users to create customized legal documents such as a Will, Health Care Directive, Power of Attorney, and more
- Users are asked a series of easy-to-answer questions with helpful explanations and examples
- Based on responses, a customized legal document unique to the individual's situation is created

At-need Services

At-need family support

- Family assistance and plan implementation
- Communicate the personal funeral plan to the funeral home, removing the family from a sales-focused environment
- Provide 24-hour assistance throughout the funeral process
- Expedited life insurance claim process. Eligible beneficiaries may have access to a portion of the life insurance funds in as little as two business days following receipt of the claim form.

Negotiation assistance

- Gather pricing information and present it to the family in an easy-to-read format
- Negotiate funeral service pricing with local funeral homes
- Help the family compare prices of caskets and other products

FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Pathwise Group Wellness Program
- Nationwide Governmental 457 (b) Deferred Compensation Plan

PATHWISE GROUP

Nationwide®

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future.

SUPPORT WHEN YOU NEED IT

CONTACT PATHWISE

Phone

(406) 952-0096

Website

pathwisegroup.com/sonomasuperiorcourt

Pathwise Group Financial Wellness Program

Employees are eligible to receive complimentary financial wellness planning, education, and support from our partner, Pathwise Group Financial Wellness.

Pathwise offers assessments to analyze your readiness for retirement, year-round complimentary access to holistic financial planning with fiduciary advisors and ongoing financial wellness education and engagement.

Pathwise is available to all employees, their family members, and is even accessible after you retire. You can access their services year-round, during life events like a promotion or marriage, or whenever you need their support.

We hope everyone will take advantage of this great resource! Even if you aren't interested in meeting with a financial advisor now, taking the 5-minute financial wellness assessment here is a great place to get started on your financial wellness journey today.

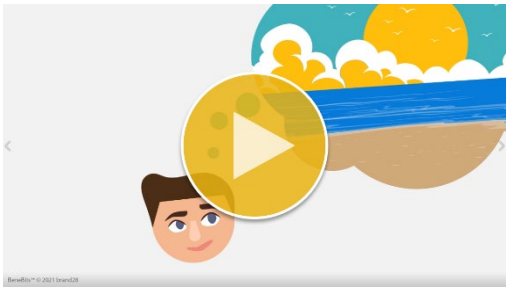
Are you ready to meet with a Pathwise financial advisor?

Click here to book an appointment with a financial professional.

SAVE NOW, ENJOY LATER

Nationwide®

Click to play video



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 457 (b) Deferred Compensation Plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

CONTACT NATIONWIDE

Phone

1-888-401-5272

Schedule an appointment online

https://retirementspecialists.myretirementappt.com/#/

For more information you can also contact the Human Resources Department!

Governmental 457 (b) Deferred Compensation Plan

A governmental 457(b) deferred compensation plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

What makes the Nationwide 457(b) plan a right choice for you?

Flexibility

- Easy enrollment over the phone, online or in-person
- Increase, decrease or stop deferrals, according to your needs
- No coordination of contributions with other qualified plan types
- Contribute up to the maximum to your 457(b) and a 403(b) or 401(k) account
- No-penalty withdrawals after separation from service, regardless of age
- Purchase pension plan service credit using 457(b) assets, if the pension plan allows
- Plan allows consolidation of outside retirement assets from qualified plans and IRAs

Interactivity

- Access your account. Anytime. Anywhere. Any device.
- My Interactive Retirement PlannerSM
- Support as you plan for retirement healthcare costs and Social Security benefits
- Web-based Learning Center to help you feel more confident about your retirement decision

Investment Options

- Fixed account offering a competitive yield
- Broad spectrum of funds selected specifically for long-term investors
- Professional managed account solution for "do it for me" participants

People

- Personal Retirement Counselors who deliver financial needs analysis
- Local Specialists present educational workshops on topics related to your needs
- Flexible Customer Service availability during the day, night and even on Saturday

NOTE: You may enroll and make changes throughout the year.

WELLBEING & BALANCE

THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT

The challenges of daily life can be hard to balance. Whether it's work,. school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.

A Happier, Healthier You

At Sonoma County Superior Court, your health and well-being are very important. You, as an individual, matter. And the benefits flow outward: A healthy "you" can translate into a happy, healthy community, inside and outside the organization – a healthy "us."

Mental well-being is especially important, of course, because it influences everything – your physical, emotional and financial health.

Studies have shown that a huge number – three out of four employees – in companies struggle with an issue that affects their mental well-being, either from time to time or on a regular basis. Despite those numbers, nearly two-thirds of people impacted don't receive care to protect their mental well-being! The lack of proper care puts us at higher risk for suffering from other chronic medical conditions, living a lower quality of life, and being less effective at everything we do.

Let's turn that around. Let's agree that asking for and seeking help is not only OK, but essential.

I invite you to get to know how our benefits programs can help you or someone you care about – whether that's a friend, family member, or coworker – live their best life.

UNDERSTANDING MENTAL HEALTH

For immediate assistance in a mental health crisis please call **9-1-1**. Or call the **National Suicide Prevention Lifeline at 1-800-273-8255** for a national network of local **crisis centers** that provides free and confidential emotional support.

Mental Health Conditions

Mental health issues can take many forms, and include Attention Deficit Hyperactive Disorder, Borderline Personality Disorder, Eating Disorders, Post-traumatic Stress Disorder and other related conditions. For the purposes of this toolkit, we will be focusing on the common mental health conditions faced in the workplace. These conditions can affect your mood, thinking, and behavior. Researchers don't know exactly what brings on mental disorders. They stem from a combination of factors including your brain and environmental stress, and even your genes. You might feel stressed when multiple competing demands are placed on you. The feeling of stress also can be triggered by an event that makes you feel frustrated or nervous. When these feelings begin to interfere with your daily life, it is time to seek professional help.

What is stress?

Whether in good times or bad, most people say that stress interferes at least moderately with their lives. Stress may weaken the part of the brain that controls coping or anxiety control. Chronic stress can affect your health, causing symptoms from headaches, high blood pressure, and chest pain to heart palpitations, skin rashes, and loss of sleep.

What is depression?

Depression is a condition in which a person feels discouraged, sad, hopeless, unmotivated, or disinterested in life in general for more than two weeks, and the feelings interfere with daily activities. Major depression is a treatable illness that affects the way a person thinks, feels, behaves, and functions. At any point in time, 3% to 5% of people suffer from major depression; the lifetime risk is about 17 percent.

What is anxiety?

It's a normal part of life to experience occasional anxiety. But you can experience anxiety that is persistent, seemingly uncontrollable, and overwhelming. If it's an excessive, irrational dread of everyday situations, it can be disabling. When anxiety interferes with daily activities, you may have an anxiety disorder. Anxiety disorders are real, serious medical conditions - just as real and serious as physical disorders such as heart disease or diabetes. Anxiety disorders are the most common and pervasive mental disorders in the United States.

UNDERSTANDING MENTAL HEALTH (continued)

Bring it up with your doctor

If you are experiencing signs and symptoms that occur for more than 2 weeks or occur on a daily basis, it may be advised to discuss with your healthcare provider. They will be able to direct you to the appropriate mental health care.

For immediate assistance in a mental health crisis please call **9-1-1**. Or call the **National Suicide Prevention Lifeline at 1-800-273-8255** for a national network of local **crisis centers** that provides free and confidential emotional support.

Recognize the signs

Are you or someone you know going through a hard time? Is someone you know feeling distressed? Everybody experiences mental health issues in different ways.

Some common signs of distress include:

- Not acting like they normally do
- Loss of interest in the things they usually enjoy
- Talking about feelings of hopelessness
- Being more reckless
- Isolating themselves

How to get support on your mental health?

Sonoma County Superior Court supports a culture of wellness where we invest in our employees' well-being. It is not taboo for you to open up about your mental health. Know that you have permission to take care of your mental fitness and have the important resources listed throughout this toolkit available to you whenever you need them.

Conversation starters

Don't know what to say to a friend in need? Sometimes mental health discussions can feel uncomfortable. Try one of these opening lines to get the conversation rolling:

- "I've noticed you been down lately. What's going on?"
- "Hey, we haven't talked in a while. How are you?"
- "I'm here for you, if you need anything."
- "Seems like you haven't been yourself lately; what's up?"

No need to be an expert. Just reach out and show that you care. It's hard to know exactly what to say to someone who is struggling with depression, anxiety, or other mental health issues.

- Ask them whether they have seen a doctor
- Listen up. Let them take the lead
- Avoid offering advice or trying to fix problems
- Let them know it's ok to feel the way they do
- Encourage them to talk to an expert
- What to do next? Keep checking in! It is one of the best ways to help someone who is struggling with mental health. If you want to help, there are plenty of ways you can be there for them.

Counseling and EAP Services

Counseling/psychotherapy is a talk-based process focused on helping you heal and learn constructive ways to deal with problems or issues within your life. The benefits of counseling include effectively treating emotional problems, reducing anxiety, increasing focus, improving self-awareness and efficacy, and promoting better mental health overall. Some people like to seek counseling in a one-on-one atmosphere. It seems less intimidating, and some people just don't like to talk about their personal problems in front of other people. That is perfectly fine. Many practitioners have private practices for that exact reason, so they can counsel people individually in a more intimate setting rather than in a larger room with many people. There are other people who actually prefer the group counseling atmosphere because they like the input that others can give them. Hearing someone else's point of view and seeing someone else's perspective on any issue is another way people find help in dealing with their problems. Group counseling can vary in size from just a few people to a larger sized group.

You can access psychotherapy through your Sonoma Court benefits in one of three ways:

1. Through your medical plan (Kaiser or Health Net). You'll see a full list of what each plan covers, including behavioral health benefits.
2. Through the employee assistance program (EAP) offered through MHN you have access to free therapy and counseling for behavioral and mental health issues.
3. You also have an additional EAP through VOYA with ComPsych. Compsych will offer you and additional free 3 in-person or virtual visits per issue.

Take Action!

Call or visit your **CONCERN EAP**:
(800) 344-4222
www.employees.concernhealth.com
Company Code: sonomacourt

Call or visit your **Compsych EAP**:
877.533.2363
www.guidanceresources.com
Company Web ID: MY5848i

If you use your medical plan to pay for counseling/psychotherapy:
You will pay $10 Copay for the Kaiser HMO, Health Net HMO, and Health Net PPO plan. You will pay a $25 Copay for the Kaiser HMO 25 plan.

If you use the EAP through MHN (Managed Health Network)
You will pay nothing for your first six sessions per issue. Depending on the case, ten psychotherapy sessions may be sufficient for treating an issue, which makes the most cost-effective choice.

If you need additional sessions for the same issue, GuidanceResource will assist you in finding qualified providers who are in your medical plan network, so that you can coordinate the cost with your medical plan starting with session seven.

IF you are dealing with multiple issues, you can use Health Advocate for up to 10 free sessions (in- person or virtual visits) per issue. Meaning, if you are having marriage issues and career issues, then you could use up to 6 sessions for each issue at no cost to you.

If you use the EAP through Compsych (VOYA)
Free confidential counseling: Benefits-eligible employees and their family members (spouse/domestic partner, dependents and parents) are eligible for up to 3 free in-person or video counseling and unlimited telephonic visits per issue with a licensed professional counselor for a full range of issues such as:

- Marriage, family, and relationship issues
- Emotional, personal, and stress-related issues
- Substance abuse
- Child and elder care resources
- Adoption resources
- Financial, legal, and credit assistance

Emotional Health Self Assessments: Are you concerned about depression, anxiety, or other mental health issues? These assessments combine your family history with information about your daily life to help predict your risk for certain conditions. The more you know, the better you can help prepare yourself.

For immediate assistance in a mental health crisis please call **9-1-1**. Or call the **National Suicide Prevention Lifeline at 1-800-273-8255** for a national network of local **crisis centers** that provides free and confidential emotional support.

Get to Know your Kaiser Plan

KAISER PERMANENTE®

In-network mental & behavioral health services

Before and after the deductible:
Kaiser HMO - $10 Copay
Kaiser HMO 25 - $25 Copay

How do you find mental health care?

Did you know that you don't need a referral for mental health services? Your personal doctor is your biggest total health advocate. If you're struggling, they can connect you with support and help you access care.
Click here to find care near you

Other Kaiser Mental Health Resources

Support: Kaiser Permanente created findyourwords.org to help people talk about mental health without fear and judgment, ask for help if they need it, and help others when they can.

Classes: Members can choose form health classes and support groups at many Kaiser facilities. Visit kp.org/classes to see what's available in your area.

Tools for Self Care: Small acts of self-care can have a big impact – these practices can help you wind down, find calm, and feel better. Visit Kaiser's Wellness Resources page.
Assessments: Learn more about what to expect during a mental health assessment or take a depression self-assessment.

Wellness Platform

Kaiser Calm App: Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality.

Kaiser myStrength: myStrength offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in the moment coping tools and more.

For immediate assistance in a mental health crisis please call **9-1-1**. Or call the **National Suicide Prevention Lifeline at 1-800-273-8255** for a national network of local **crisis centers** that provides free and confidential emotional support.

Get to Know your Health Net Plan

In-network mental & behavioral health services

HMO and PPO plans:

$10 Copay

Before your visit – get an estimate

Finding the care you need and knowing your costs ahead of time is easier than ever on www.healthnet.com or the Health Net App. In just a few simple steps, you can find a doctor, clinic, hospital or lab that meets your needs.

How do you find mental health care?

Did you know that you don't need a referral for mental health services? But your personal doctor is your biggest total health advocate. If you're struggling, they can connect you with support and help access care.

Use Your HCFSA to pay for your mental health care

To help offset the cost of care, you can use funds in your healthcare FSA to pay for eligible mental health expenses.

Click here to find care near you

Or visit **www.healthnet.com**, select "Find a Provider." Please have your HealthNet ID on hand

HealthNet Health and Wellness

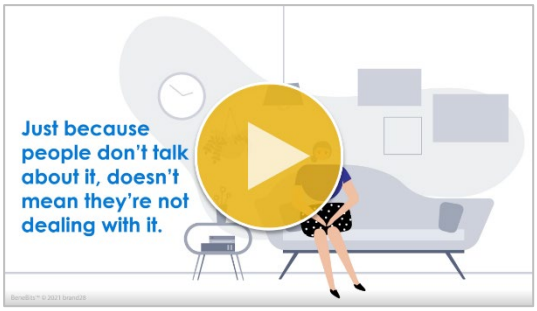
Take advantage of the plethora of mental health and wellness resources available to you through HealthNet such as MHN, ShareCare, myStrength, and our Health Library amongst other value-added benefits. Visit https://www.healthnet.com/content/healthnet/en_us/health-and-wellness.html

For immediate assistance in a mental health crisis please call **9-1-1**. Or call the **National Suicide Prevention Lifeline at 1-800-273-8255** for a national network of local **crisis centers** that provides free and confidential emotional support.

NEW! EMPLOYEE ASSISTANCE PROGRAM (EAP)

Concern
Real help, real experts, real fast.

Click to play video



THE EAP IS HERE TO HELP

If you're dealing with a little stress and anxiety or a lot; a relationship or substance abuse issue; financial worries; or the responsibility of caring for others; the Employee Assistance Program from Concern EAP can help.

CONTACT THE CONCERN EAP

Phone

(800) 344-4222

Website

www.employees.concernhealth.com

Employer Code

sonomacourt

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Concern can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 6 visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

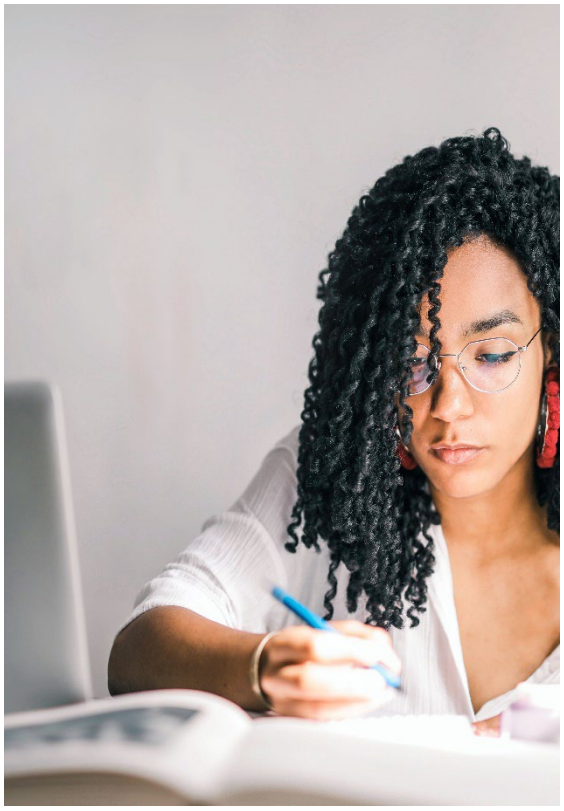
ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

IMPORTANT PLAN INFORMATION



In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit contributions for 2023/2024
- Contact information for our benefit carriers and vendors
- A Benefits Glossary to help you understand important insurance terms.

YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

MEDICAL

	Total Monthly Premium	Monthly Court Contribution	Monthly Employee Cost	Approximate Bi-Weekly Employee Cost
Kaiser HMO				
Employee Only	$1,074.11	$912.99	$161.12	$80.56
Employee + 1	$2,148.22	$1,825.99	$322.23	$161.12
Employee + 2 or more	$3,039.73	$2,583.77	$455.96	$227.98
Kaiser HMO 25				
Employee Only	$878.31	$746.56	$131.75	$65.87
Employee + 1	$1,756.62	$1,493.13	$263.49	$131.75
Employee + 2 or more	$2,485.62	$2,112.78	$372.84	$186.42
HealthNet HMO				
Employee Only	$1,775.59	$1,509.25	$266.34	$133.17
Employee + 1	$3,817.57	$3,244.93	$572.64	$286.32
Employee + 2 or more	$5,238.10	$4,452.39	$785.71	$392.86
HealthNet PPO				
Employee Only	$1,681.41	$1,429.20	$252.21	$126.11
Employee + 1	$3,615.02	$3,072.77	$542.25	$271.13
Employee + 2 or more	$4,960.14	$4,216.12	$744.02	$372.01

* Employer contribution toward the cost of employees' medical plan is currently negotiated at **85%**.
* In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Please note that registered domestic partner contributions, are regulated by the IRS and generally must be made on an after-tax basis. Similarly, the Employer's contribution toward the cost of registered domestic partner coverage and his/her dependents is taxable income to you. Contact your tax advisor for more details on how this tax treatment applies to your specific situation.

YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

DENTAL	Total Monthly Premium	Monthly Court Contribution	Monthly Employee Cost	Approximate Bi-Weekly Employee Cost
Composite Rate *	$120.40	$98.74	$21.66	$10.83

VISION	Total Monthly Premium	Monthly Court Contribution	Monthly Employee Cost	Approximate Bi-Weekly Employee Cost
Composite Rate *	$15.40	$15.40	$0.00	$0.00

*Composite rates are not changed based on your enrollment tier (Employee Only, Employee + 1, and Employee + 2 or more versus Family)

Part-Time Monthly Rates Multiplier Chart
Effective July 1, 2023

For part-time employees, you will pay the full employee cost and a pro-rated share of the employer cost, based on your FTE. Please see formula below to determine how much of the employer share you will pay.

Hours/FTE	Equates to	Multiply Employer Share by this amount
20 hours/week	0.5	0.5
24 hours/week	0.6	0.4
28 hours/week	0.7	0.3
30 hours/week	0.75	0.25
32 hours/week	0.8	0.2
36 hours/week	0.9	0.1

Employee medical contributions will be made through payroll deductions and are made on a pre-tax basis. That is, you do not pay taxes on that portion of your income that goes toward your benefit contributions. If you do not want your contributions deducted on a pre-tax basis, you must notify the Court's Human Resources Department in writing.

IRS Form 1095

Under the Affordable Care Act, starting in early 2016, employers (and in some cases insurance companies) are required to provide full-time employees, as well as other employees enrolled in a medical plan, with IRS Form 1095. The 1095 form should be provided to you by the end of March 2022.

For each month of 2022 that you were enrolled in a medical plan, this 1095 form documents that you (and any enrolled family members) met the federal requirement to have "minimum essential coverage or MEC," meaning group medical plan coverage. Having minimum essential coverage means you and your family members may not have to pay a penalty when you file your personal income taxes.

Visit Covered California at https://www.coveredca.com/individuals-and-families/getting-covered/penalty-and-exemptions/ to learn about the penalty or visit the Health Insurance Marketplace at https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/ for detailed information on the individual shared responsibility payment penalty.

Starting in 2021, California residents must either:

- Have qualifying health insurance coverage, or
- Pay a penalty when filing a state tax return, or
- Get an exemption from the requirement to have coverage.

There is no federal government penalty for being uninsured in 2022, but you still need coverage! The ACA's federal individual mandate penalty has been $0 since the start of 2019, and that will continue to be the case in 2022. However, California residents are still subject to a penalty if you do not have insurance coverage. For information about the penalty, including the amount your family could owe for not having coverage in 2022, visit the Franchise Tax Board's website at www.ftb.ca.gov.

PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy No.
Medical	Health Net HMO	800-522-0088	www.healthnet.com	Group #69143
Medical	Health Net PPO	800-676-6976	www.healthnet.com	Group #N5000, OOS #17115
Medical	Health Net Flex Net	800-638-3678	www.healthnet.com	Group #N1650A
Medical	Kaiser Permanente HMO	800-464-4000	www.kp.org	Group #603076
Dental	Delta Dental	800-765-6003	www.deltadentalins.com	Group #12215
Vision	VSP	800-877-7195	www.vsp.com	Group #12022494
Life	Voya	800-955-7736 888-238-4840 (claims)	www.voya.com	Group #31640-7
Disability	Voya	800-955-7736 888-305-0602 (claims)	www.voya.com	Group #31640-7
Flexible Spending Accounts	BCC	800-685-6100, option 3	www.benxcel.com	Group #SCSC
Travel Assistance	Europa Assistance, through VOYA	800-859-2821 (in US) 202-296-8355 (outside US, call collect)	www.europaassistance-usa.com/sites/voya UserID: N1VOY Password: 140623	N/A
Employee Assistance Program (EAP)	Concern	(800) 344-4222	**www.employees.concernhealth.com** Employer Code: sonomacourt	N/A
Governmental 457 (b) Deferred Compensation Plan	Nationwide	Jim Laffoon 415-272-5827	laffooj@nationwide.com (email)	N/A
Human Resources	Sonoma County Superior Court	707-521-6789	Humanresources@sonomacourt.org (email)	N/A

GLOSSARY

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.
After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance).

Beneficiary
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an ***aggregate*** or ***embedded*** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children underage 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)
A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of- network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance
Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE "NO SURPRISES" RULES

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located in this booklet:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Michelle's Law:** Describes right to extend dependent medical coverage during student leaves

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

Medicare Part D Notice

Important Notice from Superior Court of California, County of Sonoma About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Superior Court of California, County of Sonoma and about your options under Medicare's prescription drug coverage. 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Superior Court of California, County of Sonoma has determined that the prescription drug coverage offered by the Superior Court of California, County of Sonoma is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Superior Court of California, County of Sonoma coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. **Important Note for Retiree Plans:** Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under Superior Court of California, County of Sonoma is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Superior Court of California, County of Sonoma prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Superior Court of California, County of Sonoma and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information the Superior Court of California, County of Sonoma Human Resources department at (707) 521-6789. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Superior Court of California, County of Sonoma changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	5/1/2023
Name of Entity/Sender:	Superior Court of California, County of Sonoma
Contact-Position/Office:	Human Resources Department
Address:	600 Administration Drive, #106J, Santa Rosa CA 95403
Phone Number:	(707) 521-6789

Women's Health and Cancer Rights Act

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, call your plan administrator (707) 521-6789.

Newborns' and Mothers' Health Protection Act

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, call your plan administrator at (707) 521-6789.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Superior Court of California, County of Sonoma's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Superior Court of California, County of Sonoma's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Superior Court of California, County of Sonoma's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Superior Court of California, County of Sonoma describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Superior Court of California, County of Sonoma's Human Resources Department.

Notice of Choice of Providers

HMO plans generally require the designation of a primary care provider. 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. Until you make this designation, the HMO designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Superior Court of California, County of Sonoma 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 a list of participating health care professionals who specialize in obstetrics or gynecology, contact your insurance carrier directly.

Availability of Summary Information

As an employee, the health benefits provided by the Court represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. The Court offers a variety of benefit plans to eligible employees. The federal health care reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by the Court are available by contacting Human Resources.

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—

ALABAMA – Medicaid
Website: http://myalhipp.com/ | Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program | Website: http://myakhipp.com/ Phone: 1-866-251-4861 | Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ | Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
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

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 | State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
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
INDIANA – Medicaid
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
IOWA – Medicaid and CHIP (Hawki)
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
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ | Phone: 1-800-792-4884
KENTUCKY – Medicaid
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
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 | TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa | Phone: 1-800-862-4840 | TTY: 617-886-8102
MINNESOTA – Medicaid
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
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm | Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov | Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
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
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ | Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html | CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ | Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ | Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org | Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html | Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx | Phone: 1-800-692 7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ | Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov | Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov | Phone: 1-888-828-0059
TEXAS – Medicaid
Website: http://gethipptexas.com/ | Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ | CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid
Website: http://www.greenmountaincare.org/ | Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select or https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 | CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ | Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm | Phone: 1-800-362-3002
WYOMING – Medicaid
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

ACA DISCLAIMER

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.12% in 2023 of your modified adjusted household income.

NOTES

NOTES

SUPERIOR COURT OF CALIFORNIA

COUNTY OF SONOMA

REV. 6/9/2023