

QUESTION AND ANSWER FORM

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
1	Why are you going out to bid at this time?		To ensure compliance with public agency procurement policies and procedures.
2	Who is your current Benefits Broker/Consultant?		EPIC
3	How long has the current Broker been your partner?		Over 10 years.
4	Are you satisfied with the services and relationship with your current Broker/Consultant?		Yes
5	What top 3 qualities do you value most in working with a Broker/Consultant?		Accessibility, furnishing accurate advice, commitment to finding the best possible rates and benefits outcomes for our employees.
6	What are the top 3 health & welfare goals of the Court?		Offering our employees options to help with the stress of their jobs, including exercise classes, yoga, and incentives to get moving and be healthier.

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
7	Do you pay cash-in-lieu to employees that waive medical coverage? If so, what is the amount?		<p>Yes.</p> <p>If you decline all medical coverage, and elect no coverage, you will receive a monthly stipend of: \$500.</p> <p>If you decline family coverage, and elect single coverage, you will receive a monthly stipend of \$375.</p> <p>If you decline family coverage, and elect 2-Party coverage, you will receive a monthly stipend of \$250.</p> <p>If you decline 2-Party coverage, and elect single coverage, you will receive a monthly stipend of \$250.</p>

Demographic/Population Questions (8-12)

8	Do you offer retirees benefits? If so, what coverages are they eligible for?		No.
9	How many early retirees (pre-65/pre-Medicare) do you have?		n/a
10	How many Medicare retirees (65+) do you have?		n/a
11	Census Template Attached – can you please complete so we can provide analysis?		The census template will be completed and posted at a later date

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
12	<p>How many collectively bargained groups/units are represented?</p> <p>i. Are any contracts coming up for renewal/negotiation?</p> <p>ii. Is the relationship between management and unions in good standing?</p>		<p>We have four unions. About 600 of our approximately 730 employees are represented by a union.</p> <p>None of our contracts are immediately coming up for renegotiation.</p> <p>We have a cooperative and communicative relationship with our unions.</p>

Medical Questions (13-26)

13	<p>Are your medical coverages purchased through a Pool or Purchasing Program? Or direct from the market? Or CalPERS?</p> <p>i. If direct, are any of your medical plans self-funded?</p>		<p>We do not purchase our medical coverage through a pool or CalPERS. We do not have any self-funded medical plans.</p>
14	<p>Who are your current carriers?</p>		<p>Kaiser Permanente HMO, Kaiser Operating Engineers (union plan), Blue Cross Operating Engineers (union plan) and Sutter Health.</p>
15	<p>What is your current contribution arrangement?</p>		<p>The Court pays 100% of the lowest cost plan.</p>
16	<p>What is the current enrolment by plan?</p>		<p>Kaiser Permanente HMO – 389 Sutter Health Plus HMO – 135 Kaiser Operating Engineers – 49 Blue Cross Operating Engineers - 12</p>

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
17	What are your current rates by plan?		See attachment starting on page 13.
18	How many employees waive the Court's health plan?		111
19	Do you contribute into either a Health FSA or HSA on behalf of employees?		Yes
20	When was the last time a medical marketing/RFP was conducted?		Over 10 years ago.
21	What is your current monthly or annual premium by plan/carrier?		See attached.
22	What commission amounts are built in to your plans?		Kaiser – 1% Sutter Health - unknown
23	Are you happy with your medical carriers?		Yes, but we are open to options.
24	Do you utilize any point solution vendors for your medical plans, like 2nd opinion services, virtual care, etc.? If so, please describe.		No
25	Has the Court conducted a dependent audit? If so, when?		2019
26	Can you please provide your plan summaries or Employee Guide with plan designs?		See attached.

Dental Questions (27-39)

27	How many dental plan options do you offer?		3
28	Who is your Dental Carrier(s)?		Delta Dental

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
29	Do you offer dental to retirees? Please describe.		n/a
30	Is your dental purchased through a pool/special program or direct from the market?		No
31	Are any of your dental plans self-funded? Please describe		No
32	What is your contribution strategy for dental?		Court pays 100% of the premium
33	What is the current enrolment by plan?		Delta Dental PPO – 578 Deltacare USA (DHMO) – 29 Operating Engineers Delta Dental (union plan) - 61
34	What are the current rates by plan?		See attached.
35	What is your current monthly or annual premium?		See attached.
36	How many employees waive your dental coverage?		24
37	What commission amounts are built into your plans?		3%
38	Are you happy with your dental carrier?		Yes
39	Can you please provide your plan summaries or Employee Guide with plan designs?		See attached.

Vision Questions (40-48)

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
40	How many Vision plans do you offer?		1
41	Who is your Vision carrier?		VSP
42	Is your Vision plan(s) self-funded or fully-insured?		Fully insured
43	Is your Vision plan purchased through a purchasing pool/program or direct from the market?		No
44	What's is the Courts contribution for Vision?		\$0
45	What is your current monthly or annual vision premium?		See attached.
46	How many employees waive Vision coverage?		321
47	Are you happy with your Vision carrier?		Yes
48	Can you please provide your plan summaries or Employee Guide with plan designs?		See attached.

Life & Disability Questions (49-65)

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
49	Who is your Life Insurance carrier? i. Do you offer supplemental/voluntary life insurance with the same carrier? ii. If so, when was the last special open enrolment for employees? iii. What is your current Guarantee Issue amount?		The Standard. i. Yes ii. 2019 iii. \$200,000 for employee, \$50,000 for spouse, up to \$10,000 for children
50	Who is your disability carrier? Same as life?		The Hartford
60	Are your Life/Disability plans purchased through a purchasing pool/program or direct from market?		Direct from market
61	When was the last time your Life/Disability plans were marketed?		Unknown
62	What is your annual or monthly Life insurance premium?		See attached.
63	What is your annual or monthly Disability premium?		See attached.
64	Are you happy with your current carrier?		Yes
65	What commissions are built into your life/disability plans?		5%
<u>EAP Questions (66-73)</u>			
66	Do you have a standalone EAP plan?		Yes

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
67	If so, is the EAP plan purchased through a pool/program or direct market?		Direct market
68	If so, who is your EAP carrier?		Claremont EAP
69	How many face-to-face sessions do you provide?		3 per employee/eligible family member
70	Does the court have high EAP utilization?		We have healthy utilization.
71	What is the current cost – monthly/quarterly billed amount or current PEPM (per employee per month charge)?		\$2.20 PEPM
72	Are you satisfied with your current EAP carrier/vendor?		Yes
73	When was the last time an EAP marketing was conducted?		5 + years ago

FSA/HSA/COBRA Questions (74-77)

74	<p>Who is your current FSA vendor?</p> <p>i. What is the current admin fee?</p> <p>ii. How many employees participate in Health FSA?</p> <p>iii. How many employees participate in dependent Care FSA?</p> <p>iv. Do you have employees enrolled in a limited purpose FSA? If so, how many?</p>		<p>Basic Pacific</p> <p>i. \$5.00 per person</p> <p>ii. 148</p> <p>iii. 30</p> <p>iv. 0</p>
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Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
75	Who is your current HSA vendor (if applicable)? i. What is the current admin fee? ii. How many employees enrolled in the HSA?		Basic Pacific i. n/a ii. n/a
76	Do you outsource COBRA to a vendor or process in-house? If outsourced, who is your vendor? i. What is current cost/spend?		Basic Pacific i. \$235.00 flat fee monthly for 500-599 EE
77	Does your current broker/consultant pay for any of these services? Please describe.		No
78	What company is the Court's Payroll vendor?		Workday/ADP
79	What company handles the Court's HRIS system? a. Does your current broker/consultant pay for any part of this?		Workday a. No
80	How does the court manage and track hours for purposes of the ACA? Does the court utilize a vendor or handle in house? Do you handle IRS filings in house or with a vendor? a. Does the broker/consultant pay for this?		We have used an outside vendor for several years. We plan to handle in house in future years through Workday. a. No

Enrollment Questions (81)

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
81	<p>How is enrollment handled, online or paper?</p> <p>i. If online, what is the name of the vendor/company?</p> <p>ii. If online, is it employee self-service?</p> <p>iii. If online, is the system used to make changes throughout the year or just during OE/new hires?</p> <p>iv. Does your current broker/consultant pay for any system?</p>		<p>Enrollments are handled online.</p> <p>i. Workday</p> <p>ii. Yes</p> <p>iii. Throughout the year</p> <p>iv. No</p>
82	<p>Does your current broker/consultant provide an 800 call center for employees? If so, please describe.</p>		<p>No</p>
83	<p>Does the Court have a benefits portal/website? Can the website be accessed from home/anywhere or only at work?</p>		<p>Yes and yes.</p>

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
84	<p>What types of communication pieces does the current broker/consultant create for the Court?</p> <p>a. Does your current broker/consultant print communications?</p> <p>b. Does your current broker/consultant mail any pieces to employee’s homes? If so, please describe.</p>		<p>a. Yes, they create the attached print guide.</p> <p>b. No.</p>
85	<p>How many meetings does your current broker/consultant typically attend in a given year?</p>		2-3

Wellness Program Questions (86-92)

86	<p>What wellness events and services were rendered in 2019?</p>		n/a
87	<p>What vendors were utilized in 2019 for wellness related services & initiatives?</p>		n/a
88	<p>What was the total cost in 2019 for wellness related services?</p>		n/a
89	<p>Do you have a wellness committee? If so, how frequently do they meet?</p> <p>i. How does your current broker/consultant interact with your committee?</p>		We no longer have an active wellness committee.
90	<p>What is your wellness budget?</p>		n/a
91	<p>What is participation/engagement like in your wellness related services/initiatives?</p>		n/a

Q #	Questions	RFP Reference (Document & Page-Section-Item)	Answers
92	What are your top 3 goals as it relates to your Wellness Program/Initiatives?		We would like to kick start new wellness initiatives for our staff to help with health and stress.
93	Are we to provide responses to Section 2.3 "Description of Services & Deliverables" in the RFP?		Yes
94	The RFP notes the consultant is responsible for all costs associated with the open enrolment materials. I also appears the materials are only sent electronic/PDF. Can you confirm if there are any print copies and if it is the expectation the broker will pay for the printing? If so, can you provide the approximate number of pages and number of copies from previous years?		We only distribute the materials to employees via PDF. The only materials that are printed are for the court management team meetings and union meetings to make decisions on benefits plan design. This for the year likely totalled no more than 40-50 copies.
95	Who is the current Benefit Broker/Consultant for the Courts?		EPIC
96	Will the Court provide a copy of the latest Broker Commission Disclosure report? If not, is the Court willing to disclose the total compensation received by the current Broker/Consultant for 2019?		Unknown
97	Are there any areas of dissatisfaction with the current Broker/Consultant?		n/a
98	What is the reason the Court is going out to bid at this time?		To ensure compliance with public agency procurement policies and procedures.

EMPLOYEE BENEFIT GUIDE

2020 PLAN YEAR



Superior Court of California, County of Alameda



Effective January 1, 2020 – December 31, 2020

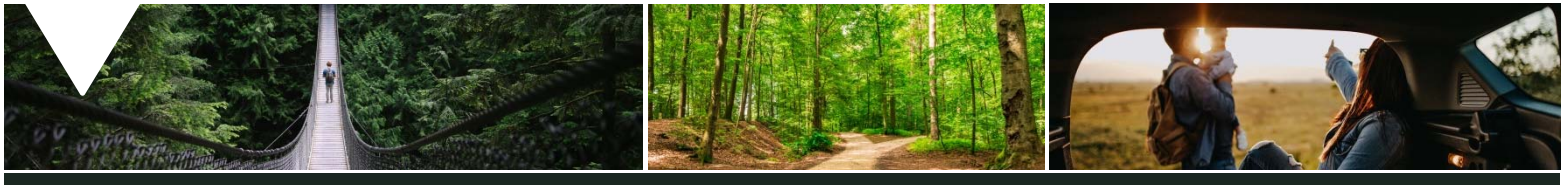


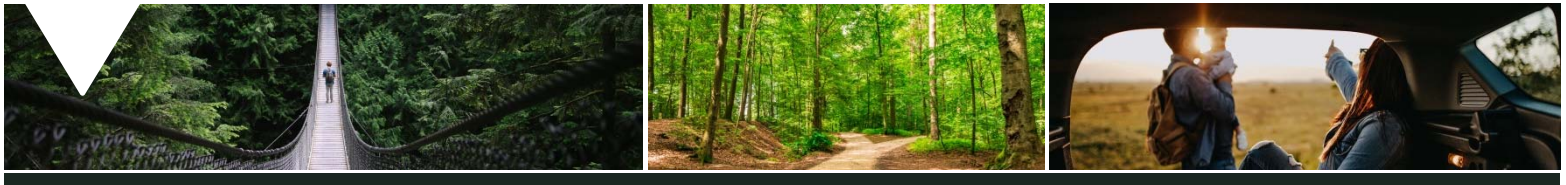
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PLEASE NOTE: All required Annual Notices, including the Medicare Part D Creditable Coverage Notice, are contained at the end of this Benefit Guide. Please refer to them and read them carefully. If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 32 for more details.

Important Notice

Superior Court of California, County of Alameda has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Superior Court of California, County of Alameda reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Superior Court of California, County of Alameda share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Superior Court of California, County of Alameda.



WELCOME

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

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

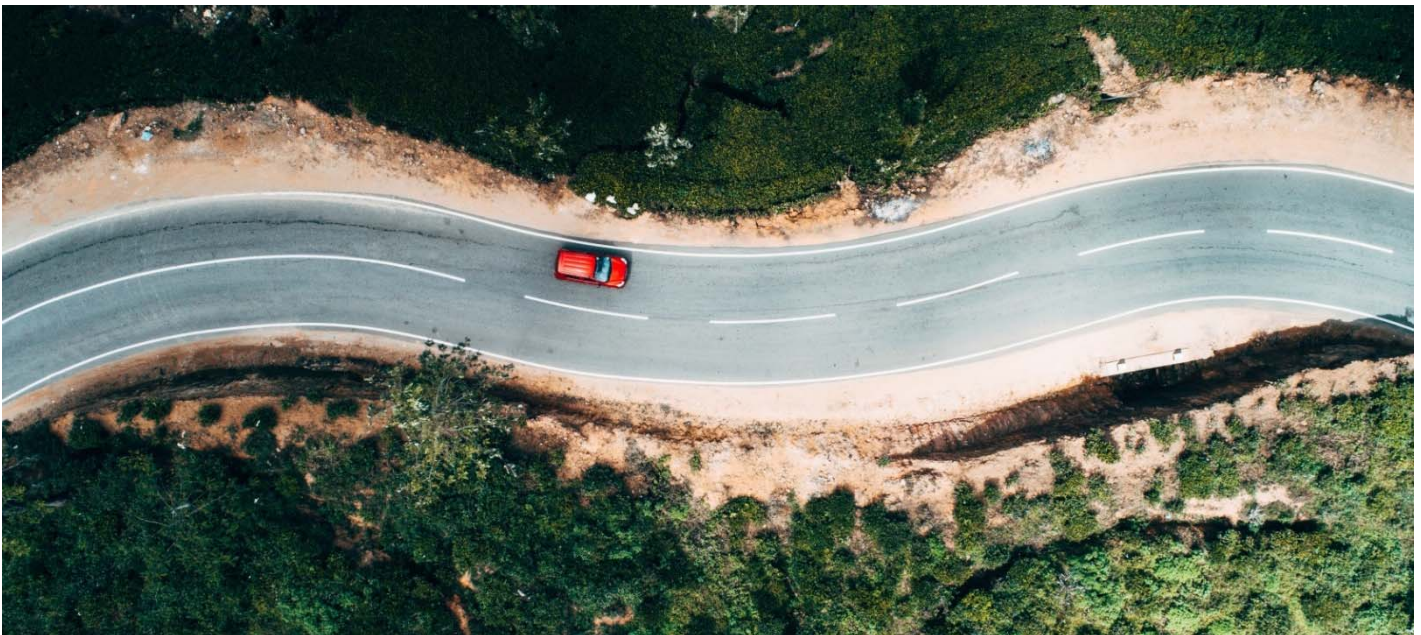
Open Enrollment for 2020 coverage – **your one chance to make changes to your benefits¹** – begins Monday, October 21st and will remain open until Sunday, November 3rd. The benefits you choose will become effective on the first day of the next plan year, which is January 1, 2020 to December 31, 2020.

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

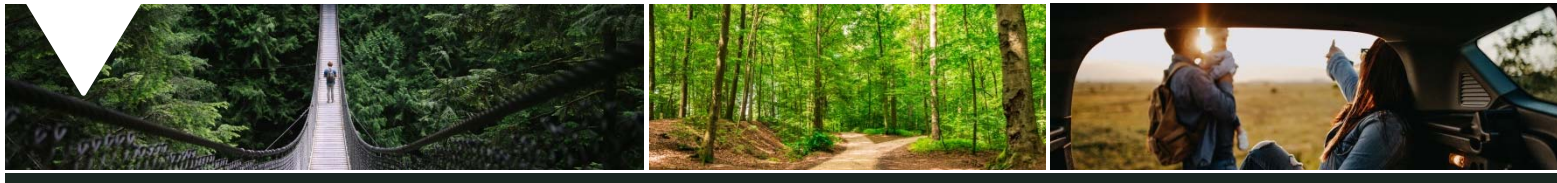
- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)
- Make changes to your Voluntary Life and AD&D and income protection benefits
- Enroll in the Vacation Purchase program

If you don't enroll in benefits, you may default into the same or comparable coverage that you elected last year. However, you **will not** be automatically enrolled in the Vacation Purchase or in any FSAs – you need to make an election to participate each year. All changes are due to the Human Resources Benefit Unit (QIC 20714) **no later than 8:00pm on Sunday, November 3rd, 2019.**

Please take the time to read and understand this guide so you can discover your benefits. If after reading this guide you need more information, please visit <https://alamedacourts.sharepoint.com/hr> (then click on Benefits & Leaves) or contact the Human Resources Benefit Unit at HRBenefits@alameda.courts.ca.gov.



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



ELIGIBILITY

Employees working at least 50% FTE are eligible to participate in the benefits in this guide. Refer to page 20 for restrictions based on your classification. If you enroll in coverage, your eligible dependents can also participate in Superior Court of California, County of Alameda benefits. Eligible dependents include:

- Your spouse or registered domestic partner¹
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

Review the Eligibility and Enrollment information at this end of this guide for additional details regarding eligibility, including the Court’s definition of domestic partner.

Once you become eligible to participate in benefits, you have 30 days to enroll. Elections you make generally become effective the first of the month following your hire date. **If you don’t enroll in coverage within 30 days of your initial eligibility, you will have to either wait until you have a qualifying event, or wait the next open enrollment period, with coverage being effective 1/1 of the following year.**

PROOF OF DEPENDENT ELIGIBILITY

You will be required to provide proof of eligibility for your dependents when enrolling them for the first time. If your dependent becomes ineligible for coverage during the year, you must contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov within 30 days. Failure to provide notification may cause you to incur additional costs for services received after their eligibility has ended.

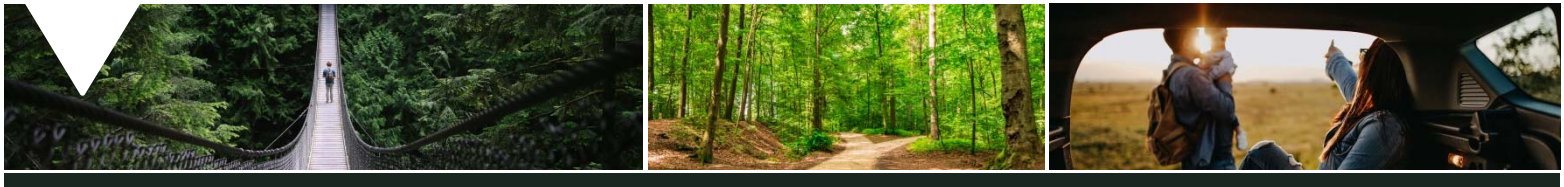
ENROLLMENT

If you’re eligible for Superior Court of California, County of Alameda benefits, you can enroll or make changes by visiting ADP’s Employee Self Service website Workforce Now (WFN) at workforcenow.adp.com. Once you’ve logged in using your ADP User ID, the website will take you through each step of the process. *WFN will be used for Open Enrollment. You will not be able to complete your Open Enrollment without a WFN User Name and Password. If you have forgotten your WFN user name and password, please log in to WFN to reset*

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

If you have any questions about your benefits that are not covered in the materials, or if you have other enrollment questions, please visit <https://alamedacourts.sharepoint.com/hr> (then click on Benefits & Leaves) or contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

¹ Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Superior Court of California, County of Alameda on behalf of your domestic partner are generally considered taxable income to you. Contact Superior Court of California, County of Alameda if you believe your domestic partner is exempt from federal or state taxes.



MAKING CHANGES

There are three opportunities to make changes to your benefits.

AS A NEW HIRE

As a new hire, you can enroll in benefits effective the first of the month following your date of hire. If you miss your initial enrollment window, your next opportunity to enroll will be the annual open enrollment period.

DURING OPEN ENROLLMENT

You can enroll in or make changes to your benefits each year during open enrollment (normally held in October) for benefits effective January 1 – December 31 of the following year.

IF YOU HAVE A CHANGE IN STATUS

Your 2020 elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event (in accordance with Internal Revenue Code rules). You must request an election change and submit associated forms to the Human Resources Benefits Unit within 30 days.

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

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

BENEFITS TERMS

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

Plan Year	The period of time when your coverage is active (January 1 – December 31).
Premium	The amount of money that's paid for your health insurance every month. Superior Court of California, County of Alameda pays a portion of this amount, and you pay the rest.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Copayment (Copay)	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.



EMPLOYEE CONTRIBUTIONS

The values below indicate how much you're responsible for contributing towards coverage each month, as well as how much the Court contributes on your behalf.

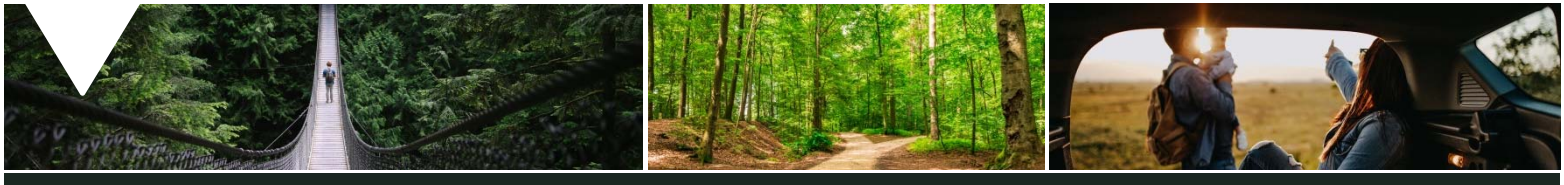
CONTRIBUTION SUMMARY (Monthly)

Benefit	2020 Total Premium	2020 Court Share	2020 Employee Share	2019 Employee Share
Kaiser Permanente HMO				
Employee Only	\$843.45	\$757.63	\$85.82	\$28.87
Employee + One Dependent	\$1,686.91	\$1,515.25	\$171.66	\$57.75
Employee + Family	\$2,386.97	\$2,144.10	\$242.87	\$81.70
Sutter Health Plus (SHP) HMO				
Employee Only	\$757.63	\$757.63	\$0.00	\$0.00
Employee + One Dependent	\$1,515.25	\$1,515.25	\$0.00	\$0.00
Employee + Family	\$2,144.10	\$2,144.10	\$0.00	\$0.00
DeltaCare USA (DHMO)				
Employee Only	\$25.55	\$25.55	\$0.00	\$0.00
Employee + One Dependent	\$42.21	\$42.21	\$0.00	\$0.00
Employee + Family	\$62.86	\$62.86	\$0.00	\$0.00
Delta Dental PPO				
Employee Only	\$55.76	\$55.76	\$0.00	\$0.00
Employee + One Dependent	\$98.73	\$98.73	\$0.00	\$0.00
Employee + Family	\$157.96	\$157.96	\$0.00	\$0.00
VSP Vision Plan				
Employee Only	\$11.02	\$0.00	\$11.02	\$10.13
Employee + One Dependent	\$17.12	\$0.00	\$17.12	\$15.73
Employee + Family	\$27.15	\$0.00	\$27.15	\$24.96

All costs are based on full-time paid status. Contributions will be prorated for employees working less than full-time (100%).

The employee contribution is taken on a pre-tax basis. **First pay period for 2020 begins December 22, 2019.**

If you have any questions about your benefits that are not covered in the materials, or if you have other enrollment questions, please contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.



SHARE THE SAVINGS

If you and your dependents have, or could have, medical insurance elsewhere you could be eligible for Share the Savings. Because you are saving the Court money, you share in the savings.

- If you waive all Court medical coverage you will receive a monthly stipend of \$500. Smaller stipends are provided to employees who reduce the number of eligible dependents they cover (see chart below).
- **REQUIREMENTS:** You must submit a Share the Savings Medical Waiver Certificate **AND** proof of coverage elsewhere.
- “Share the Savings” stipend amounts are prorated for employees who work less than full-time.
- This benefit applies to health insurance only.

Monthly Share the Savings Stipend Amounts

If you Decline:	And Elect:	You will receive a monthly stipend of:
All Medical coverage	No coverage	\$500
Family coverage	Single coverage	\$375
Family coverage	2-Party coverage	\$250
2-Party coverage	Single coverage	\$250

WHAT'S CHANGING THIS YEAR

2020 PLAN CHANGES

There are minimal plan changes this year. Please review the appropriate section for additional details on the following changes:

- **Sutter Health Plus (SHP) HMO** – The Out-of-pocket maximums are increasing from \$750 individual / \$1,500 family to \$1,000 individual / \$2,000 family
 - The following copays are changing:
 - Ambulance – increasing from \$30 copay to \$50 copay
 - Emergency Room – increasing from \$30 copay to \$50 copay
 - Urgent Care – decreasing from \$15 copay to \$10 copay
 - Specialty Prescription Drugs – maximum copay is increasing from \$100 to \$250
- **Vision Service Plan (VSP)** – The frame allowance is increasing from \$130 to \$150
- **Flexible Spending Account (FSA)** - The maximum allowable contribution has increased from \$2,650 to \$2,700
 - Please note, the FSA plan requires re-enrollment each year if you wish to continue to participate



MEDICAL & PRESCRIPTION DRUG BENEFITS

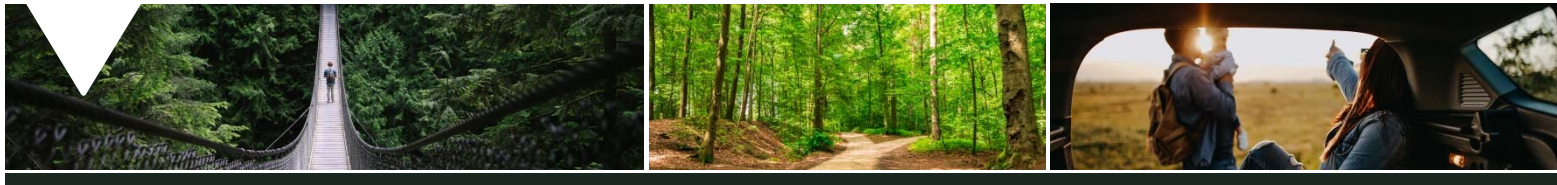
You have the choice of several quality and comprehensive medical plans that include prescription drug coverage. When choosing your plan, consider your budget, your preferences, your health and your covered dependents' health.

The information below is a summary of coverage only. For more information, contact the carrier directly or the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

MEDICAL PLANS SUMMARY

Key Features	Kaiser Permanente HMO	Sutter Health Plus (SHP) HMO
	In Network	In-Network
ANNUAL CALENDAR YEAR DEDUCTIBLE		
Individual/Family	\$0	\$0
OUT-OF-POCKET MAXIMUM		
Individual (includes deductible)	\$1,500	\$1,000
Family (includes deductible)	\$3,000	\$2,000
Lifetime Maximum	Unlimited	Unlimited
PHYSICIAN SERVICES		
Office/Specialist Visit	\$15 copay	\$10 copay
Preventative Care	No charge	No charge
Lab and X-Ray Services	No charge	Lab: \$10 copay X-Ray: No charge
Diagnostic Imaging (MRI, CT, etc.)	No charge	\$50 copay
Inpatient (per admission)	No charge	No charge
EMERGENCY TREATMENT		
Urgent Care Copay	\$15 copay	\$10 copay
Emergency Room Copay (waived if admitted)	\$100 copay	\$50 copay
Ambulance	\$50 copay	\$50 copay
RETAIL PRESCRIPTIONS		
	UP TO 100-DAY SUPPLY	UP TO 30-DAY SUPPLY
Generic/Tier 1	\$10 copay	\$5 copay
Preferred Brand/Tier 2	\$10 copay	\$20 copay
Non-preferred Brand/Tier 3	N/A	\$40 copay
Specialty/Tier 4	\$10 copay (up to 30-day supply)	10% up to \$250 max copay
MAIL-ORDER PRESCRIPTIONS		
	UP TO 100-DAY SUPPLY	UP TO 100-DAY SUPPLY
Generic/Tier 1	\$10 copay	\$10 copay
Preferred Brand/Tier 2	\$10 copay	\$40 copay
Non-preferred Brand/Tier 3	N/A	\$80 copay

Please note: This chart is just a brief overview of benefits and coverage for the medical plans. You should also look at the detailed disclosure/summary documents for each plan, available from the Human Resources Benefits Unit. For questions about a specific procedure, service or provider, please contact the medical plan directly.



UNDERSTANDING YOUR MEDICAL PLAN

SERVICE AREA INFORMATION

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

SELECTING A PRIMARY CARE PHYSICIAN

SHP requires employee's to select a Primary Care Physician (PCP) that is part of the Sutter network. Employees and dependents who enroll in the Sutter Health Plus HMO can retain their current, or elect their former, Sutter primary care physician as an existing patient, even if the practice isn't accepting new patients. This will be allowed for all members who had a date of service within the past 18 months with a primary care physician who is in the Sutter Health Plus network. To ensure that your Sutter Health doctor is in the Sutter Health Plus network, please use the "Find Physician" tool on the Sutter Health Plus website by going to www.sutterhealthplus.org.

GENERIC PRESCRIPTIONS

Each medical plan has tiered copays for prescription drugs, so it's important to know which will save you the most money for the same quality medication. Generic and Tier 1 drugs always have the lowest copays, so when prescribed a medication, always ask your doctor if there's a generic version available. Non-formulary brand name and Tier 2/3 drugs always have the highest copays.

PREVENTIVE CARE

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

TAX-ADVANTAGED ACCOUNTS

Superior Court of California, County of Alameda offers tax-advantaged accounts such as the flexible spending accounts (FSAs) and the retirement savings plans. Tax-advantaged accounts let you save pre-tax dollars for qualified expenses or for retirement. Because money is saved before taxes are taken out, you save money on what you would have paid in taxes. Please see page 12 for more information.

KAISER

Secure Member Portal – Kaiser has a Member Portal that provides convenient access to your important plan documents, including your EOC, Benefits and Coverage Matrix (BCM) and member ID card. Enroll online at www.kp.org/mydocuments

Kaiser Permanente Member Services – Kaiser has a Member Services Department that can help you with any request, including PCP changes, ID card replacement and questions about your coverage. Contact Member Services at 1-800-464-4000, Available 24 hours a day, 7 days a week.

24-Hour Appointment and Advice Line – 1-866-454-8855

SUTTER HEALTH PLUS (SHP)

Secure Member Portal – SHP has a Member Portal that provides convenient access to your important plan documents, including your EOC, Benefits and Coverage Matrix (BCM) and member ID card. Enroll online at shplus.org/memberportal.

Sutter Health Plus Member Services – SHP has a Member Services Department that can help you with any request, including PCP changes, ID card replacement and questions about your coverage. Contact Member Services at 1-855-315-5800 (TTY 1-855-830-3500), 8 a.m. to 7 p.m., Monday through Friday.

24-Hour Nurse Advice Line – 1-855-836-3500



DENTAL BENEFITS

Superior Court of California, County of Alameda has two Delta Dental Plans available to employees.

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

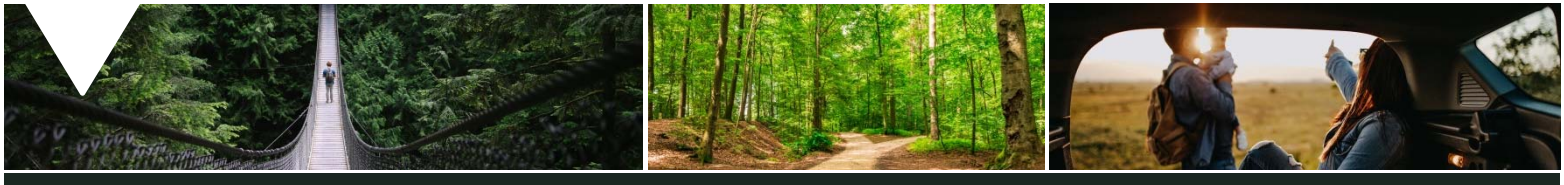
The Delta Dental PPO plan gives you the freedom to choose your own dentist and receive coverage from PPO and Premier/non-Delta providers. If you go to a dentist who participates in the PPO, you qualify for a higher Calendar Year Maximum and benefit from lower contracted rates than at a Premier or non-Delta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

The information below is a summary of coverage only. For more information, contact the carrier directly or the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

DENTAL PLAN SUMMARY

Key Features	Delta Care DHMO	Delta Dental PPO	
	In-Network	PPO Dentist	Premier or non-Delta Dentist
Annual Calendar Year Maximum	None	\$1,600	
Calendar Year Deductible (individual / family)*	None	\$25 / \$50	
Preventive Services (no deductible)	Various Copays Apply	100%	
Basic Services	Various Copays Apply	80%	
Major Services	Various Copays Apply	80%	
Orthodontics	Various Copays Apply	50% (children up to age 19)	
Lifetime Orthodontic Benefit	\$1,800 Maximum Out-of-Pocket	\$1,500 Maximum Lifetime Benefit	

*Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics



VISION BENEFITS

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

The information below is a summary of coverage only. For more information, contact the carrier directly or the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	No charge after \$10 copay	Up to \$45 benefit allowance, after \$10 copay	Once every 12 months
Lenses	No charge after \$25 copay	Varies depending on lens type, after \$25 copay	Once every 12 months
Frames	Up to \$150 benefit allowance, after \$25 copay	Up to \$70 benefit allowance, after \$25 copay	Once every 12 months
Contact Lenses Instead of Glasses (elective)	Up to \$130 benefit allowance	Up to \$105 benefit allowance, after \$25 copay	Once every 12 months
Contact Lenses Instead of Glasses (medically necessary)	No charge after \$25 copay	Up to \$210 benefit allowance, after \$25 copay	

ADDITIONAL DISCOUNTS & BENEFITS

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

Your VSP plan includes a \$20 Primary EyeCare benefit, which includes an exam for diabetes and other medically related services related to your eyes (i.e. pink eye).

The copay for a contact lens fitting will not exceed \$60.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

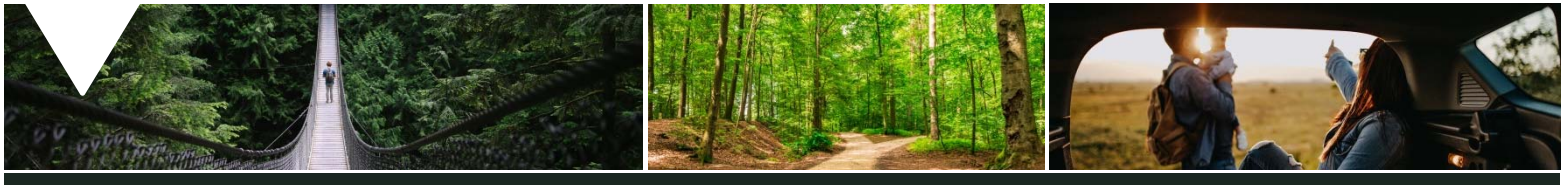
Account	What it can be used for:	Most you can contribute in 2020:
Health Care FSA	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. NOTE: If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$2,700
Dependent Care FSA	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time	\$5,000, or \$2,500 if married and filing separate tax returns

HOW THE FSAs WORK:

- The total amount you choose to contribute to your Health Care FSA is available immediately. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care and Dependent Care FSA expenses, refer to IRS guidelines available online at www.irs.gov or go to the BASIC Pacific website at www.basicpacific.com

Use-It or Lose-It

- With the Health Care FSA and Dependent Care FSA, you have an additional 2 1/2-month grace period next year to spend this year's funds, *which means that you have until March 15, 2021.*
- All claims with these dates of service/receipts must be submitted to BASICpacific by **June 15, 2021.**



LIFE INSURANCE BENEFITS

In addition to health benefits, Superior Court of California, County of Alameda also offers eligible employees Life Insurance benefits through The Standard. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of accident, or death.

For more information, visit www.standard.com or contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

BASIC LIFE AND AD&D

Superior Court of California, County of Alameda provides eligible employees with basic life and accidental death and dismemberment insurance (AD&D) in the following amounts at no cost to you.

- Management or Department Head: **\$25,000**
- Non-Management: **\$15,000**

Life insurance provides some financial security for your loved ones should you pass away, and AD&D insurance provides a benefit if you suffer a qualified accident (such as loss of a limb or eyesight).

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

NAMING YOUR BENEFICIARY

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



LIFE INSURANCE BENEFITS

SUPPLEMENTAL LIFE AND AD&D

You may purchase supplemental (additional) life and AD&D insurance for yourself, as well as supplemental life insurance your spouse or domestic partner, and your child(ren). The amount selected for your dependents may not exceed 100% of the benefit selected for you.

You can purchase optional coverage in the following amounts:

- Employee: \$10,000 increments up to \$500,000
- Spouse/Domestic Partner and Child(ren): there are four (4) options to choose from, listed below

Benefits will reduce to 65% at age 65 and to 50% at age 70.

The chart below shows the monthly rate per \$1,000 of total Monthly costs are calculated based on your age. The chart below shows the monthly rate per \$1,000 of total benefit amount by age. For example, if you're 35 years old and elect \$200,000 in life and AD&D insurance, your monthly cost would be \$16.00.

Age	Employee Monthly Rates (per \$1,000 of benefit per month)	Dependent Monthly Life Rates	
Under age 25	\$0.040	Option 1 \$5,000 Spouse/DP \$2,000 Child(ren)	\$1.84
25-29	\$0.060		
30-34	\$0.060	Option 2 \$10,000 Spouse/DP \$5,000 Child(ren)	\$3.71
35-39	\$0.080		
40-44	\$0.100		
45-49	\$0.150	Option 3 \$25,000 Spouse/DP \$7,500 Child(ren)	\$6.78
50-54	\$0.230		
55-59	\$0.430		
60-64	\$0.620	Option 4 \$50,000 Spouse/DP \$10,000 Child(ren)	\$11.14
65-69	\$1.150		
70-74	\$1.890		
75+	\$2.060		
AD&D (must match Life election)	\$0.020	N/A	

Outside of initial eligibility, any increase to any amount of voluntary life insurance that either you or your dependent elects will be subject to underwriting approval, an EOI form will need to be completed. The effective date of the increased amount in benefit (if approved) will be first of the month following approval by The Standard underwriting. The EOI form can be found at @Court or Human Resources can provide a copy when necessary.

Guarantee Issue (GI) is a term used to define the amount of voluntary life insurance you can elect without going through medical underwriting, or Evidence of Insurability (EOI). If you enroll as a new hire, or within 30 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. The Guarantee Issue amount for you as an employee is \$200,000, for your spouse is \$50,000 and all child amounts up to \$10,000 are Guarantee Issue.



INCOME PROTECTION BENEFITS

VOLUNTARY LONG-TERM DISABILITY (LTD)

Long-term disability (LTD) insurance coverage helps protect you by replacing your income in the event you are unable to work due to a long-term illness or injury. The Court offers voluntary long-term disability insurance through The Hartford. Long-term disability income insurance is designed for one purpose: to help provide financial security in the event a long-term illness or accident prevents you from earning your usual income. This policy has a 6/12 pre-existing condition clause, which means that any treatment you have received for any condition in the prior 6 months will be excluded for a 12-month waiting period.

The Hartford – Voluntary Long-Term Disability (LTD)

Key Features

Elimination Period	Greater of 90 days or exhaustion of sick leave
Benefit Percentage	60%
Maximum Monthly Benefit	\$10,000
Minimum Monthly Benefit	\$100 or 10% (whichever is greater)
Definition of Disability	2 years own occupation

Cost

<u>Employee Cost Per \$100 of Covered Salary</u>	<u>Rate</u>
Under Age 25	\$0.194
25 – 29	\$0.188
30 – 34	\$0.255
35 – 39	\$0.383
40 – 44	\$0.626
45 – 49	\$0.930
50 – 54	\$1.085
55 – 59	\$1.284
60 – 64	\$1.113
65+	\$0.749

Please note: This chart is just a brief overview of benefits and coverage for the life insurance plan. You should also look at the detailed disclosure/summary documents for the plan, available from the Human Resources Benefits Unit.

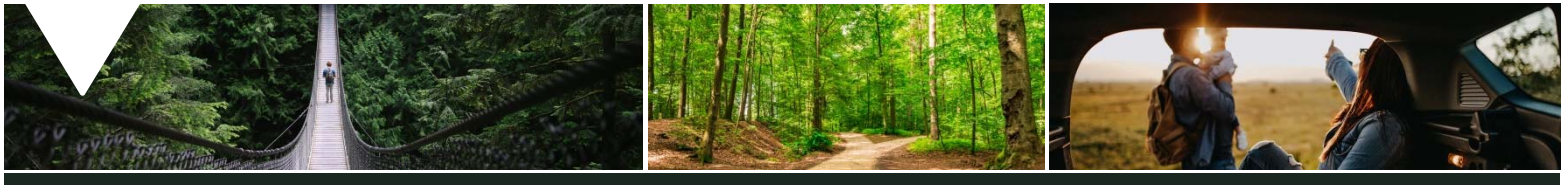
How to Calculate Your Long Term Disability Cost

Employee A is 40 and earns \$24,000 a year (\$2,000 a month). Therefore, Employee A would pay based on their age for the full \$2,000 of monthly salary. The cost for this coverage would be:

$$\text{\$24,000} / 12 = \text{\$2,000} / 100 = \text{\$20} \times 0.626 = \text{\$12.52}$$

Employee B is 50 and earns \$120,000 per year (\$10,000 a month). Therefore, Employee B would pay based on their age for the full \$10,000 of monthly salary. The cost for this coverage would be:

$$\text{\$120,000} / 12 = \text{\$10,000} / 100 = \text{\$100} \times 1.085 = \text{\$101.09}$$



OTHER VALUABLE BENEFITS

VACATION PURCHASE PLAN

If you wish to participate in the Vacation Purchase Plan, you must enroll in the plan at Open Enrollment and continue participation for the entire calendar year. The election is irrevocable during the calendar year.

- Available to full-time employees only. All full-time employees may purchase one or two weeks of vacation.
- Deductions are taken on a pre-tax basis and the purchase is paid over the calendar year (24 pay periods).
- Vacation purchased does not count as service time for retirement purposes.
- Retirement is not paid when this vacation is used.

You may NOT purchase vacation if your vacation buy balance during Open Enrollment is greater than 5 days.

If you leave Court employment after you have taken the vacation and before you have completed payment, you will be financially responsible for full payment and the unpaid balance will be deducted from your final paycheck.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP, through Claremont, is a confidential counseling and referral service available to you and your eligible family members at no cost. The EAP provides three (3) free telephone or face-to-face consultations per issue, per person each year. The EAP offers 24/7 telephone access to licensed professionals who can help with concerns regarding:

- Marriage and relationships
- Depression, anxiety, stress, grief
- Substance abuse
- Work-related issues
- Child care and elder care resources
- Financial and legal consultations and information
- Identity theft prevention and recovery
- And much more

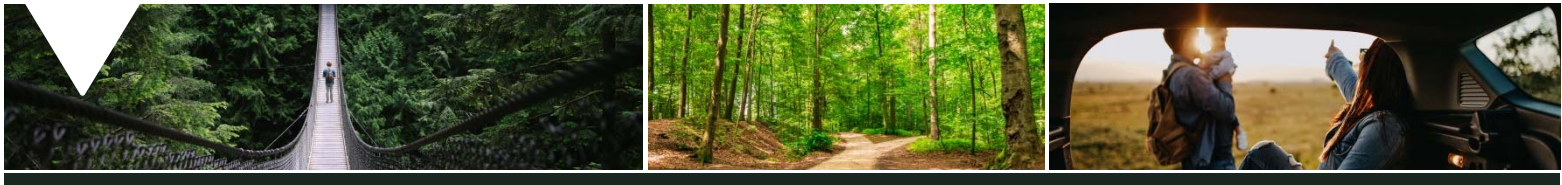
EAP services are confidential. No information will be shared with your employer. To take advantage of the services and resources available through the EAP, call Claremont at (800) 834-3773. You can also access valuable information online at www.claremonteap.com.

ADDITIONAL VOLUNTARY BENEFITS

You have the option to purchase the following voluntary benefits. Refer to the separate benefit booklet for more information.

- Pet Insurance
- Legal Plan & Identity Theft Protection
- Cancer Indemnity

Please note, that Open Enrollment is the only time that you may enroll in the Legal and Cancer Plans. You can enroll in the Pet Insurance any time during the year, however if outside of annual enrollment you will be on direct bill until the next annual enrollment period.



MANAGEMENT BENEFITS

This section outlines benefits available to employees in M-Designated classifications. Only employees in M-Designated classifications may enroll in the following plans:

OPERATING ENGINEERS

In addition to Court-sponsored benefit plans, the Operating Engineers Trust has the following benefit plans available for 2019:

- Operating Engineer Kaiser Plan B
- Operating Engineer Indemnity Plan D (PPO)
- Operating Engineer Delta Dental
- Operating Engineer Vision

ACMEA and non-ACMEA represented employees may enroll in any of the Operating Engineers plans.

OPERATING ENGINEERS DISCOUNTED BUNDLED RATES

M-Designated employees enrolling in **ALL** 3 Operating Engineers plans (medical, dental and vision) receive a discount. You must enroll in a medical, dental and vision plan to receive the bundled rate.

You must enroll in all three programs (medical, dental and vision) at the same coverage level in order to receive the discount.

Rates below are per month:

	<u>Total Cost</u>	<u>Court Share</u>	<u>Employee Share</u>
Operating Engineers Kaiser – Bundled			
Employee	\$834.75	\$757.63	\$77.12
Employee + One	\$1,670.38	\$1,515.25	\$155.13
Employee + Family	\$2,169.83	\$2,144.10	\$25.73
Operating Engineers PPO – Bundled			
Employee	\$595.75	\$595.75	\$0.00
Employee + One	\$1,192.38	\$1,192.38	\$0.00
Employee + Family	\$1,607.83	\$1,607.83	\$0.00
Operating Engineers Delta Dental PPO – Bundled			
Employee	\$71.25	\$71.25	\$0.00
Employee + One	\$130.62	\$130.62	\$0.00
Employee + Family	\$173.17	\$173.17	\$0.00
Operating Engineers VSP Vision – Bundled			
Employee	\$8.00	\$0	\$8.00
Employee + One	\$16.00	\$0	\$16.00
Employee + Family	\$22.00	\$0	\$22.00



MANAGEMENT BENEFITS

OPERATING ENGINEERS “A LA CARTE” MONTHLY PREMIUM AND CONTRIBUTIONS

Benefit programs selected “**a la carte**” will be charged the monthly rates as listed below.

	<u>Total Cost</u>	<u>Court Share</u>	<u>Monthly Employee Share</u>
Operating Engineers Kaiser B			
Employee	\$842.00	\$757.63	\$84.37
Employee + One	\$1,685.00	\$1,515.25	\$169.75
Employee + Family	\$2,192.00	\$2,144.10	\$47.90
Operating Engineers Indemnity Medical PPO (Plan D)			
Employee	\$596.00	\$596.00	\$0.00
Employee + One	\$1,191.00	\$1,191.00	\$0.00
Employee + Family	\$1,608.00	\$1,608.00	\$0.00
Operating Engineers Delta Dental PPO			
Employee	\$80.00	\$80.00	\$0.00
Employee + One	\$147.00	\$147.00	\$0.00
Employee + Family	\$195.00	\$195.00	\$0.00
Operating Engineers Vision			
Employee	\$8.00	\$0	\$8.00
Employee + One	\$16.00	\$0	\$16.00
Employee + Family	\$22.00	\$0	\$22.00

MANAGEMENT CAFETERIA PLAN 2020

The Court provides every management-designated employee with a “cafeteria” account. On January first of each year, the Court credits each account with an allocation based on the employee’s status as full-time or part-time:

- Full-time M-designated employees receive an annual allocation of \$1,500, which is disbursed over 24 pay periods
- Part-time employees and employees appointed to an M-designated position after the beginning of the year receive a pro-rated amount
- The employee has the choice to roll their \$1,000 job related expense reimbursement to the Cafeteria plan for a total of \$2,500
- The employee has to select either \$1,500 or \$2,500 in Workforce Now (WFN) during Open Enrollment

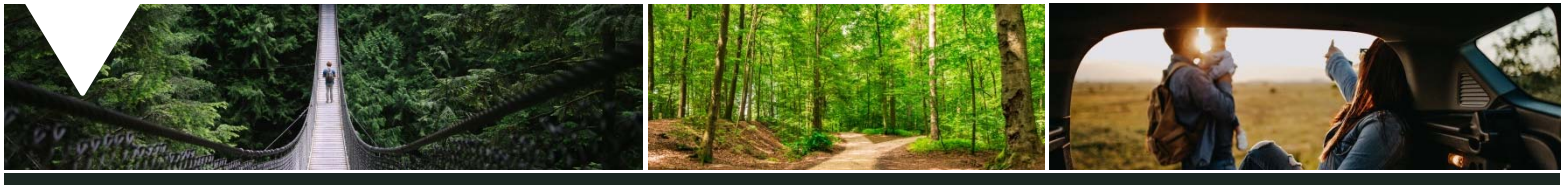
The cafeteria allocation is used to pay for the employee’s cost of health, dental, vision, and voluntary life/AD&D insurance. After the deduction of the employee’s cost of benefits, any remaining funds must be used in one of two ways:

Option 1: Health Flexible Spending Account (FSA)

Option 1 rolls any remaining balance in the cafeteria account into an FSA for reimbursement of health, dental, vision expenses and any eligible over-the-counter expenses.

Option 2: Job-Related Expenses Reimbursement

Option 2 rolls any remaining balance into the Job Related Expense Reimbursement account for 2020 eligible expenses.



ENROLLMENT

You will need to make choices about which benefits you would like to participate in during Open Enrollment. Open Enrollment is a specific time that will require you to take action and select your benefits for the upcoming year.

Upon initial eligibility to participate in benefits, as a new hire or rehire, you have 30 calendar days to enroll. Elections you make become Effective the first of the month following your hire date. Outside of initial eligibility, the only time you can make changes to or enroll in benefits is during the annual Open Enrollment period, or if you have a qualified life event.

CHECKLIST FOR EMPLOYEES

Please submit the forms below, as applicable, to the Human Resources Benefits Unit – QIC 20714:

- Evidence of Insurability Form (EOI) (if enrolling for the first time or increasing coverage to Voluntary Life/AD&D and/or Voluntary Dependent Life).
- Operating Engineers Enrollment form will be sent to you via QIC code. (if enrolling in the Operating Engineers plans)
- Share the Savings – Medical Waiver Form
- Court Affidavit of Domestic Partnership or State of California Declaration of Domestic Partnership (if enrolling a domestic partner)
- Group Insurance Enrollment & Change Form / Beneficiary Form (if adding or changing beneficiary)
- Marriage Certificate or Birth Certificate if enrolling spouse or child for the 1st time

All of the above forms are available on @Court under Human Resources / Open Enrollment

HOW TO ENROLL

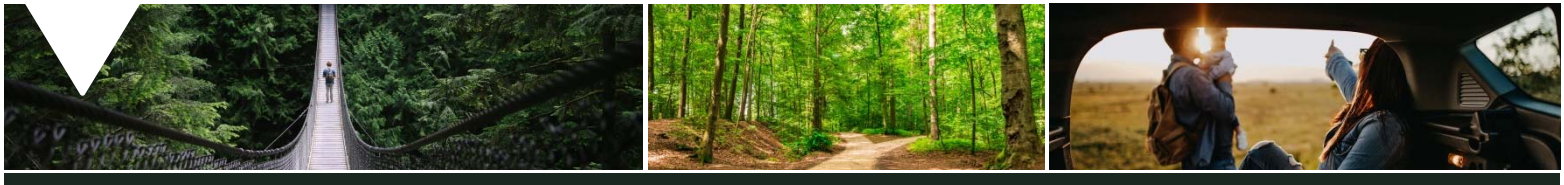
Enrolling through the internet via Workforce Now (WFN) website is simple and secure. The Web site will take you through each step of the process.

Please contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov if you have any questions or problems enrolling.

WHAT HAPPENS IF YOU DO NOT ENROLL

If you are an active employee enrolled in benefits and you do not change anything during the Open Enrollment period, you will continue to receive your current year's medical, dental, vision, voluntary long term disability and life insurance coverage for yourself and your covered dependents, as you originally elected.

You will not be able to make changes until the next annual Open Enrollment period or until you experience a qualified change-in-status event or HIPAA special enrollment event.



ELIGIBILITY

You must be assigned to work 50% FTE or greater to qualify for benefits.

- Regular employees are eligible for all general benefits and for either Management or Non- Management benefits depending on their classification.
- Project employees are eligible for all general benefits EXCEPT retirement, and for either Management or Non- Management benefits depending on their classification.
- Services-As-Needed employees are eligible for medical, dental, vision and Share the Savings benefits only.

YOUR DEPENDENTS

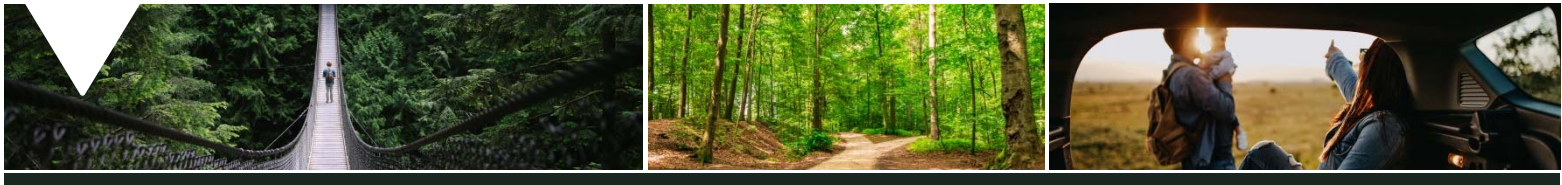
Your eligible dependents include the following:

- Your spouse or domestic partner with Court Affidavit, Marriage Certificate or State registration on file with the Human Resources Benefits Unit
- Children (as described below) from birth up to the age of 26

Your children include the following:

- Your dependent children up to age 26
- Your spouse or domestic partner’s biological children
- Children legally adopted by you, your spouse or domestic partner and children for whom you or your spouse or domestic partner is the court-appointed legal guardian
- Children for whom you are required to provide health care coverage under a Qualified Medical Child Support Order (QMCSO)
- Your dependent child who is mentally or physically disabled (over age 26), incapable of sustaining employment because of that disability, and chiefly dependent on you, your spouse or domestic partner for support
 - o You must submit proof of the disability within 30 calendar days of being requested to do so by your Medical or Dental Plan provider

You may be required to provide proof of dependent status. Any falsification of this information will result in disciplinary action, up to and including termination of employment. Failure to delete ineligible dependents within 30 days of a change in status may result in a loss of continuation coverage (COBRA) rights for your dependent(s), AND you may also become financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.



ELIGIBILITY

DOMESTIC PARTNER ELIGIBILITY CRITERIA

If you are enrolling a domestic partner, you are required to have met all eligibility requirements listed below for the previous six (6) months.

1. We have a committed relationship of mutual caring that has existed for at least 12 months prior to enrollment in the Court health and dependent life insurance plans.
2. We are both 18 or older and mentally competent to consent to contract.
3. Neither of us is married, our relationship is mutually exclusive, and this will remain the case indefinitely. We are not roommates and we are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
4. We have maintained the same principal place of residence for at least 12 months and intend to do so indefinitely. We are also responsible to each other for the direction and financial management of our household and intend this to remain the case indefinitely. We are also financially responsible to third parties for each other.
5. At least six (6) months have elapsed since coverage was terminated on a previously covered domestic partner, if any.
6. We are both capable of consenting to the domestic partnership.

You agree to notify the Human Resources Benefits Unit immediately upon your failure to satisfy any of the criteria of Domestic Partnership.

You understand that it is a fraudulent act to obtain health coverage by misrepresenting any facts stated herein.

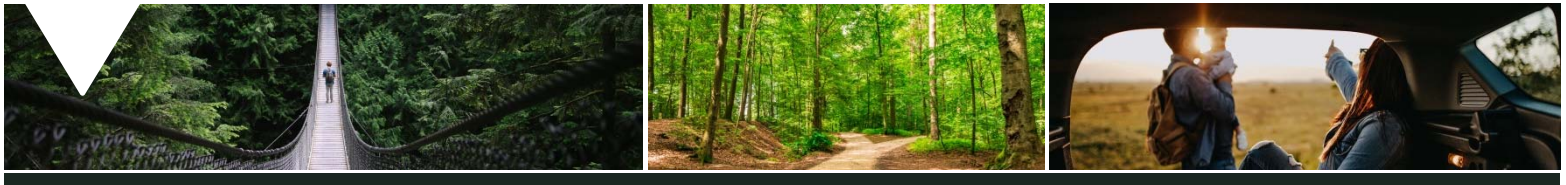
Note: The value of health care coverage provided for a domestic partner or any enrolled dependent child(ren) of your domestic partner is treated as income to you for Federal tax purposes (and in most cases, State tax purposes). The value of the coverage will be reported as income to you on your Form W-2. It is recommended that you consult with your tax advisor for more information on how this affects you.

COBRA Continuation Rights do not apply to a same-sex or opposite sex Domestic Partnership as defined by the law or any child of such partner.

REQUIRED DOCUMENTS FOR 1ST TIME ENROLLMENT

When enrolling dependents for the first time, you must submit the following documents listed below to the Human Resources Benefits Unit (QIC 20714):

- Spouse: A certified marriage certificate (an original or photocopy)
- Domestic Partner: A Court Affidavit of Domestic Partnership Form; or a copy of your Declaration of Domestic Partnership that you have filed with the State of California
- Child(ren): A certified birth certificate, church baptismal certificate with mother/father listed, or court-filed guardianship/adoption papers (originals or photocopies)
- If the children are the children of your domestic partner, you must also provide a signed certification of income tax qualification for the children.



MAKING CHANGES

You can enroll in benefits as a new hire or during Open Enrollment. When you elect coverage under the medical, dental and vision plans, coverage stays in effect for the entire plan year (January 1 through December 31). You cannot change your coverage, start or stop coverage, or add or drop any family members to or from your coverage, during the plan year unless you have a qualified change-in-status event or a HIPAA special enrollment event.

QUALIFIED CHANGE IN STATUS EVENTS

When you experience a qualified change-in-status event, such as marriage or the birth of a child, or HIPAA special enrollment event. You must report these events within **30** calendar days in order to make any allowable changes to your benefits.

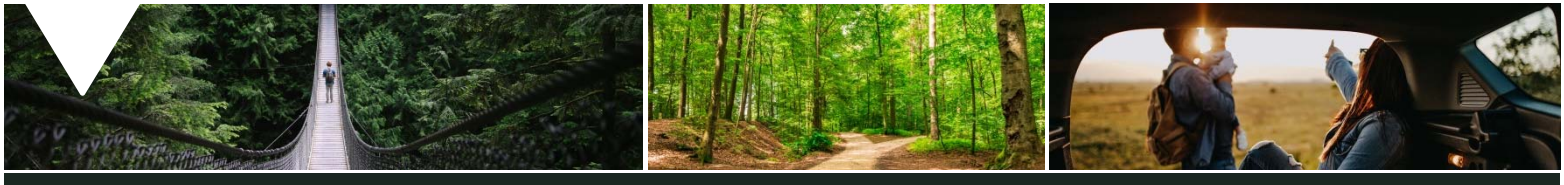
Examples of qualified change-in-status events include the following:

- Change in marital status (marriage, divorce or legal separation)
- Change in number of dependents (birth, adoption or placement for adoption of a child; death of spouse or child); receipt of qualified medical child support order
- Change in dependent eligibility (dependent child loses eligibility due to age, student status or marriage)
- Change in other coverage (spouse or child gains or loses eligibility for coverage under another plans, such as through spouse's employment)
- Change in residence resulting in loss of eligibility (such as moving out of HMO area)
- Establishment or dissolving a domestic partnership
- Change in employment status

If you experience a qualified change-in-status event, you have **30 calendar days** to report the event and request an enrollment change that is consistent with the type of event. For instance, if the event is marriage, you may request an enrollment change to add your new spouse to your coverage. Enrollment changes due to qualified change-in-status events are effective the first of the month following the event, provided that you requested the enrollment change by the **30 calendar day deadline**. Coverage for a new child due to birth, adoption or placement of adoption is also effective the first of the month after the event.

The plan's official documents govern how and when you can make enrollment changes during the plan year and may allow other qualified change-in-status events in addition to those listed above. The Human Resources Benefits Unit can provide complete details.

When you experience any type of family change, you should also consider updating your life insurance and beneficiaries at the same time. In addition, you may need to update your address or update your tax status by completing a new Form W-4. For questions about tax forms or to update your address, contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.



MAKING CHANGES

HIPAA SPECIAL ENROLLMENT RIGHTS

If an eligible employee declines enrollment in the group health plan for the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stop contributing toward this other coverage). However, the eligible employee must request enrollment within **30 calendar days** after the other coverage ends.

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll any eligible dependents provided that the eligible employee requests enrollment within **30 calendar days** after the marriage, birth, adoption or placement for adoption. If the eligible employee otherwise declines to enroll, he/ she may be required to wait until the group's next open enrollment to do so. The eligible employee also may be subject to additional limitations on the coverage available at that time.

Furthermore, eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within **60 calendar days** after (a) becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or (b) being determined to be eligible for financial assistance under a Medicaid, CHIP or state plan with respect to coverage under the plan.

It is **your** responsibility to notify the Human Resources Benefits Unit in writing as soon as possible, but no later than **60 calendar days** from the date that you become ineligible for coverage under Medicaid or CHIP.

For more information, contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

IF YOU LEAVE YOUR JOB

Your Court-sponsored benefits end the last day of the month in which your employment ends. You and the dependents you have covered under your medical, dental and vision coverage have the right to continue participation in group health coverage as allowed under the Consolidated Omnibus Budget Reconciliation Act (commonly referred to as "COBRA"). COBRA generally allows you to continue coverage for up to 18 months by paying the monthly premiums yourself. In some cases, longer extensions and/or premium assistance may apply. Detailed information about COBRA rights is given to you when you become employed by the Court or become eligible for health coverage. You may request another copy of your COBRA rights notice at any time. For more information, contact the Human Resources Benefits Unit at HRBenefits@alameda.courts.ca.gov.

You can convert life insurance coverage to an individual policy or port (take with you) your current term coverage within 31 days of your separation date.



KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email	Plan/Group ID
Medical & Prescription Drug	Kaiser Permanente	(800) 464-4000	www.kp.org	600672
Medical & Prescription Drug	Sutter Health Plus	(855) 315-5800	www.sutterhealthplus.org	171704
Dental	Delta Care DHMO	(800) 422-4234	www.deltadentalins.com	6283
Dental	Delta Dental PPO	(800) 765-6003	www.deltadentalins.com	6402
Vision	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com	30016564
Flexible Spending Accounts (FSAs)	BASICpacific	(800) 574-5448	www.basicpacific.com	
Life and AD&D Insurance	The Standard	(800) 628-8600	www.standard.com	646195
Voluntary Lon-Term Disability	The Hartford	(800) 523-2233	www.thehartford.com	GTL678072
Employee Assistance Program (EAP)	Claremont	(800) 834-3773	www.claremonteap.com	SC08-044

Who to call for Enrollment related questions:

Human Resources Benefits Unit
 Rene C. Davidson Courthouse
 1225 Fallon Street, Room 105
 Oakland, CA 94612
QIC 20714

Dwana Black (510) 891-6230

Lisa Ho (510) 891-6075

Email Address: HRBenefits@alameda.courts.ca.gov

Fax #: (510) 267-5766



ANNUAL NOTICES

Women's Health and Cancer Rights Act Notice

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

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

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

Newborns' and Mothers' Health Protection Act Notice

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

Patient Protection Notice

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

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

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



ANNUAL NOTICES

Notice of Privacy Practice

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

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

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

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

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

Our Responsibilities

Superior Court of California, County of Alameda is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

How We May Use and Disclose Your Protected Health Information

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

However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.



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

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

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

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

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

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

Special Situations

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Required Disclosures

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

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



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

Other Disclosures

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

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

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

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

Your Rights

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

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

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

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



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

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

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

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

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

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

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

To request restrictions, you must send your request in writing to the individual listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

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

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

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



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You may obtain a copy of this notice at our website which is listed at the end of this notice. To obtain a paper copy of this notice, contact the individual listed at the end of this notice.

Complaints

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

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

HIPAA Contact

Superior Court of California, County of Alameda / Dwana Black / Principal Analyst

1225 Fallon Street, Room 105 Oakland, CA 94612

(510) 891-6230

HRBenefits@alameda.courts.ca.gov



ANNUAL NOTICES

Important Notice About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

This Notice applies only if you and/or your dependent(s) are enrolled in a Superior Court of California, County of Alameda medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with Superior Court of California, County of Alameda for the upcoming calendar year and 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 for the upcoming calendar year. If you are considering joining, you should compare your employer coverage for the upcoming calendar year, 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 employer 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. The Superior Court of California, County of Alameda has determined that the prescription drug coverage offered under the Kaiser Permanente and Sutter Health Plus medical plan(s) in the next calendar year are 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 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 creditable prescription drug coverage during the upcoming calendar year 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 Employer Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your employer coverage may be affected. Contact your employer to find out whether you can get your employer coverage back later if you or your dependents drop the coverage and join a Medicare drug plan.

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 employer coverage and don't join a Medicare drug plan within 63 continuous days after the coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.



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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 Employer Prescription Drug Coverage...

Contact the person listed below for further information. **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 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 www.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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

October 1, 2019
Superior Court of California, County of Alameda / Dwana Black
1225 Fallon Street, Room 105
Oakland, CA 94612
(510) 891-6230

