

ABOUT TO RETIRE

FOR THOSE WITH TWO YEARS OR LESS UNTIL RETIREMENT.



June 4th, 2026

SAN JOAQUIN COUNTY
EMPLOYEES' RETIREMENT ASSOCIATION

220 E. Channel St, Stockton, CA 95202
www.SJCERA.org



AGENDA

Item	Time	Topic & Speakers
I.	1 - 1:15 PM	<u>INTRODUCTION: OVERVIEW OF THE DAY</u> Speaker: Yvonne Downs, SJCERA Communications Officer
II.	1:16 - 1:35 PM	<u>37 ACT RETIREMENT BENEFITS</u> Speakers: Yvonne Downs, SJCERA Communications Officer Topics: Your SJCERA Pension Benefit
III.	1:36 - 1:45 PM	<u>BREAK</u>
IV.	1:46 - 3 PM	<u>HEALTH CARE BENEFITS</u> Speaker: Christine Vega, Personnel Analyst Human Resources Division Phone: (209) 468-3370 Topics: County Health Plans Speaker: Yolanda Smith Topics: Kaiser Speaker: Wesley Mulligan Topics: Sutter Health <u>QUESTIONS FOR HEALTH BEN. (10 MIN.)</u>
V.	3:01 - 3:30 PM	<u>DEFERRED COMPENSATION</u> Speaker: Brenda DeVecchio NationWide Sr. Retirement Specialist Topics: Why Participate Interactive Retirement Planner Your Options Speaker: David McCray Topics: Courts Deferred Compensation <u>QUESTIONS FOR DEFERRED COMP (10 MIN.)</u>
VI.	3:30 - 3:40 PM	<u>RETIRED PUBLIC EMPLOYEES OF SAN JOAQUIN COUNTY</u> Speaker: Diane Schultz Topics: Joining RPESJC
VII.	3:41 - 4 PM	<u>QUESTIONS FOR SJCERA</u>



About to Retire

Yvonne Downs
SJCERA Communications Officer

House Keeping

- Click on Q&A at the bottom of your screen.
- Please keep questions general.



Who Should Be Here?

- Targeted for those employees who have reached the age of 50.
- Will be retiring in the next year or two.



What's in Your Packet?

- Today's Agenda
- SJCERA Presentation Slides
- Retiree Health Insurance Slides
- 457 Deferred Compensation/Nationwide Presentation
- Links to additional SJCERA resources

Today's Schedule

- SJCERA 1937 Retirement Act
- County Health Benefits for Retirees
- Kaiser Health Benefits
- 457 Deferred Compensation
- Retired Public Employees of San Joaquin County
- SJCERA Q&A



About To Retire

The Next Exciting Chapter!

Brian McKelvey
SJCERA ACEO





Congratulations!

You Lucky Ducks!



Words from the Wise

- Continue to save in retirement
- Find a new “Friday”
- **ENJOY EVERY MOMENT!**
(You’ve earned it!)



We're Here for YOU!



209-468-2163

contactus@sjcera.org

www.SJCERA.org





About to Retire

Your Benefits

Yvonne Downs
SJCERA Communications Officer

Who is SJCERA?

Defined Benefit

- Provides a specific monthly benefit based on a statutory formula
- A lifetime benefit
- Employer bears the investment risk



SJCERA Membership

- Tier levels
 - Tier 1
 - Tier 2
- Type
 - Safety
 - General
- Membership is mandatory.
 - 1560 hours
 - Exceptions



Retirement Eligibility

Tier 1 Members

- Hired before 01/01/2013
- General: Age 50+ w/at least 10 years of membership
- Safety: Any age w/20 years service
- Age 70+ w/any years of service
- 1-year highest final compensation

Tier 2 Members

- Hired on/after 01/01/2013
- General: Age 52+ w/ at least 5 years service
- Safety: Age 50+ w/at least 5 years service
- 3-year highest final compensation

Calculating Your Benefit

Retirement Formula

Benefit is based on 3 factors:

Final Average Compensation (FAC) (\$) x Years of Service x Age Factor (%) = \$\$

Calculating FAC

FAC Formula:

Bi-weekly Gross x 26 pay periods / 12 months = FAC

Example:

Bi-weekly gross is \$2,000.

$\$2,000 \times 26 / 12 = \mathbf{\$4,333.33}$

Online Benefit Calculator



Retirement Benefit Calculator

The amount of your monthly allowance at retirement will depend upon your tier, membership type, age at retirement, years of service and final average compensation.

Tier:	<input type="text" value="Select Tier"/>
Membership Type:	<input type="text" value="Select Membership Type"/>
Age at Retirement:	Years: <input type="text" value="41"/> Months: <input type="text" value="0"/>
Total Years of Service:	Years: <input type="text" value="0"/> Months: <input type="text" value="0"/>
Monthly Final Average Compensation (Gross):	<input type="text"/>
<input type="button" value="Calculate My Allowance"/>	

Section Navigation

- [Deferred Retirement](#)
- [Change of Address](#)
- [Request for Estimate](#)
- [Returning to Work](#)

Payout Options

The Options

Married

Unmodified

- Highest benefit eligible
- 60% continuance to beneficiary

Option 1

- % reduction (Based on age)
- 0 continuance to beneficiary

Option 2

- % reduction (Based on age) + reduction for beneficiary continuance
- 100% continuance to beneficiary

Unmarried

Unmodified

- Highest benefit eligible
- 0 continuance to beneficiary

Option 1

- Same as Married.

Option 2

- Same as Married.

Option 3

- % reduction (based on age)
- 50% continuance to beneficiaries

Option 4

- Multiple beneficiaries

Sally Smith - Married

Sex: Female Date of Birth: 2/23/1959

Date of Retirement: 2/23/2017

Tier: 1

Years of Service

Non-Integrated

Integrated
15

Total
15

Final Avg. Monthly Salary: \$3,820.00

Normal Contributions: \$24,652.32

COL Contributions: \$0.00

Beneficiary: John Brown
Sex: Male

Relationship: Spouse
Date of Birth: 02/23/1959

Monthly Benefits

	Total	Continuance to Beneficiary
Unmodified	\$1,259.87	\$755.92
Option 1	\$1,256.64	\$0.00
Option 2	\$1,126.95	\$1,126.95

Jack Brown - Single

Sex: Female Date of Birth: 2/23/1959

Date of Retirement: 2/23/2017

Tier: 1

Years of Service

Non-Integrated

Integrated

Total

15

15

Final Avg. Monthly Salary: \$3,820.00

Normal Contributions: \$24,652.32

COL Contributions: \$0.00

Beneficiary: John Brown
Sex: Male

Relationship: Other
Date of Birth: 02/23/1985

Monthly Benefits

	Total	Continuance to Beneficiary
Unmodified	\$1,259.87	\$0.00
Option 1	\$1,256.64	\$0.00
Option 2	\$970.73	\$970.73
Option 3	\$1,102.51	\$551.26

Temporary Annuity

Temporary Annuity

- Social Security Advancement
- Only available for Tier 1 members
- **“Voluntary”**
- Based on Age at Retirement and Social Security Estimate at Age 62
 - Must be in writing

Social Security

Your Social Security Statement

Your *Social Security Statement* tells you about how much you or your family would receive in disability, survivor, or retirement benefits. It also includes our record of your lifetime earnings. Check out your earnings history, and let us know right away if you find an error. This is important because we base your benefits on our record of your lifetime earnings.

Social Security benefits are **not intended to be your only source of income when you retire**. On average, Social Security will replace about 40 percent of your annual pre-retirement earnings. You will need other savings, investments, pensions, or retirement accounts to make sure you have enough money to live comfortably when you retire.

Your Estimated Benefits

*Retirement	You have earned enough credits to qualify for benefits. At your current earnings rate, if you continue working until...	
	your full retirement age (67 years), your payment would be about.....	\$ 2,122 a month
	age 70, your payment would be about.....	\$ 2,678 a month
	age 62, your payment would be about.....	\$ 1,445 a month
*Disability	You have earned enough credits to qualify for benefits. If you became disabled right now	
	your payment would be about.....	\$ 2,008 a month
*Family	If you get retirement or disability benefits, your spouse and children also may qualify for benefits.	
*Survivors	You have earned enough credits for your family to receive survivors benefits. If you die this year,	

General Members - Temporary Annuity

- Estimated Social Security benefit at age 62: \$900
- Member stops work at age 58
- From age 58 – 62:

SJCERA Temporary Annuity  \$590.67

Basic SJCERA Allowance  \$1,259.87

Total SJCERA Benefit  **\$1,850.54**

General Members - Temporary Annuity

- Estimated Social Security benefit at age 62: \$900
- Member stops work at age 58
- At age 62 and after:

SJCERA Benefit



\$950.54

Social Security Benefit



\$900.00

Total Monthly Benefit



\$1,850.54

Other Benefits

Survivor Benefits Before Retirement

- Timing and Circumstances of Death
- Beneficiary contacts SJCERA for information



Survivor Benefits After Retirement

- **Service Retirement or Non-Service Disability**
 - Unmodified allowance spouse/domestic partner to receive 60% of allowance
 - Optional Retirement Allowance as selected by member at time of retirement (100% or 50% continuance)
- **Service-Connected Disability**
 - Spouse/Domestic Partner to receive 100% of retiree's monthly allowance

Death Benefit

- **Before Retirement**
 - Insurance programs offered by employer
- **After Retirement**
 - \$5,000 Lump Sum



Domestic Relations Orders

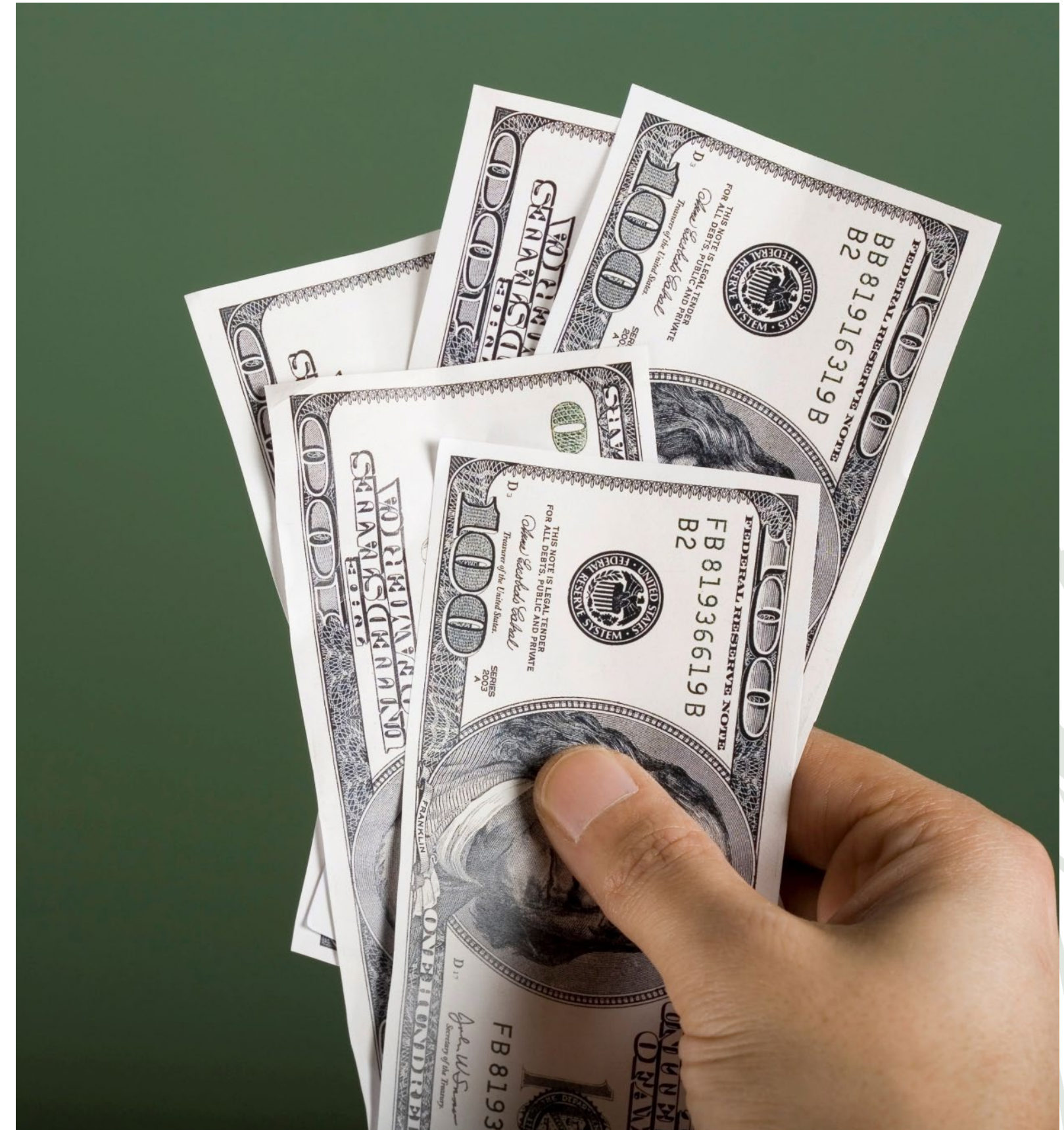
- If you were married or domestic partner while a member, contributions and service credit are community property.
- If joined, no benefit payments may be issued until instructed by the court on how to divide the community property interest.
- SJCERA provides model Domestic Relations Order (DRO) language.

Cost of Living Adjustment

- Based on annual change in Consumer Price Index (CPI) for San Francisco-Oakland-San Jose
- Up to 3%
- Applicable to monthly allowances effective on or before April 1st of the same year.
- Compounded annually

Reciprocal Benefits

- Count service across all plans for: Plan Vesting and Service Retirement Eligibility
- Highest final compensation to determine retirement
- Must retire from all systems on the same date



Sick Leave Bank

- Hired Full-Time Civil Service before August 27, 2001
- Minimum 160 Hours
- Certain bargaining units may cash out (See MOU)
 - 15% or 20% at base hourly rate
- Valued at \$221.24 per 8 hours of Sick Leave Accrual
- Alternatively, irrevocable Member Election in 2002 to convert accrued sick leave to additional service credit (hour for hour basis)

Service Credit

Purchase of Additional Service Credit

- Increases your total service credit under SJCERA
- Which increases your monthly retirement benefit
- Purchase must be completed
 - Prior to retirement; **OR**
 - Upon termination of employment

Types of Service Purchase

- Previous County Service (Temp, PT, Seasonal, etc.)
- Medical Leave of Absence
- Redeposit (May affect tier also)
- Active Military Service that interrupted SJCERA membership
- Prior Public Agency Service (State, Federal, military, other)
 - Includes eligible military service preceding SJCERA membership

Medical Leave of Absence

- **Prior to September 22, 2003**
 - If worked at least 41 hours in a pay period, receive full service credit and paid full contribution.
- **Effective September 22, 2003**
 - Receive service credit and pay contributions for actual time worked; pro-rated for less than 80 hours per pay period.
 - Most purchase LOA to get full service credit

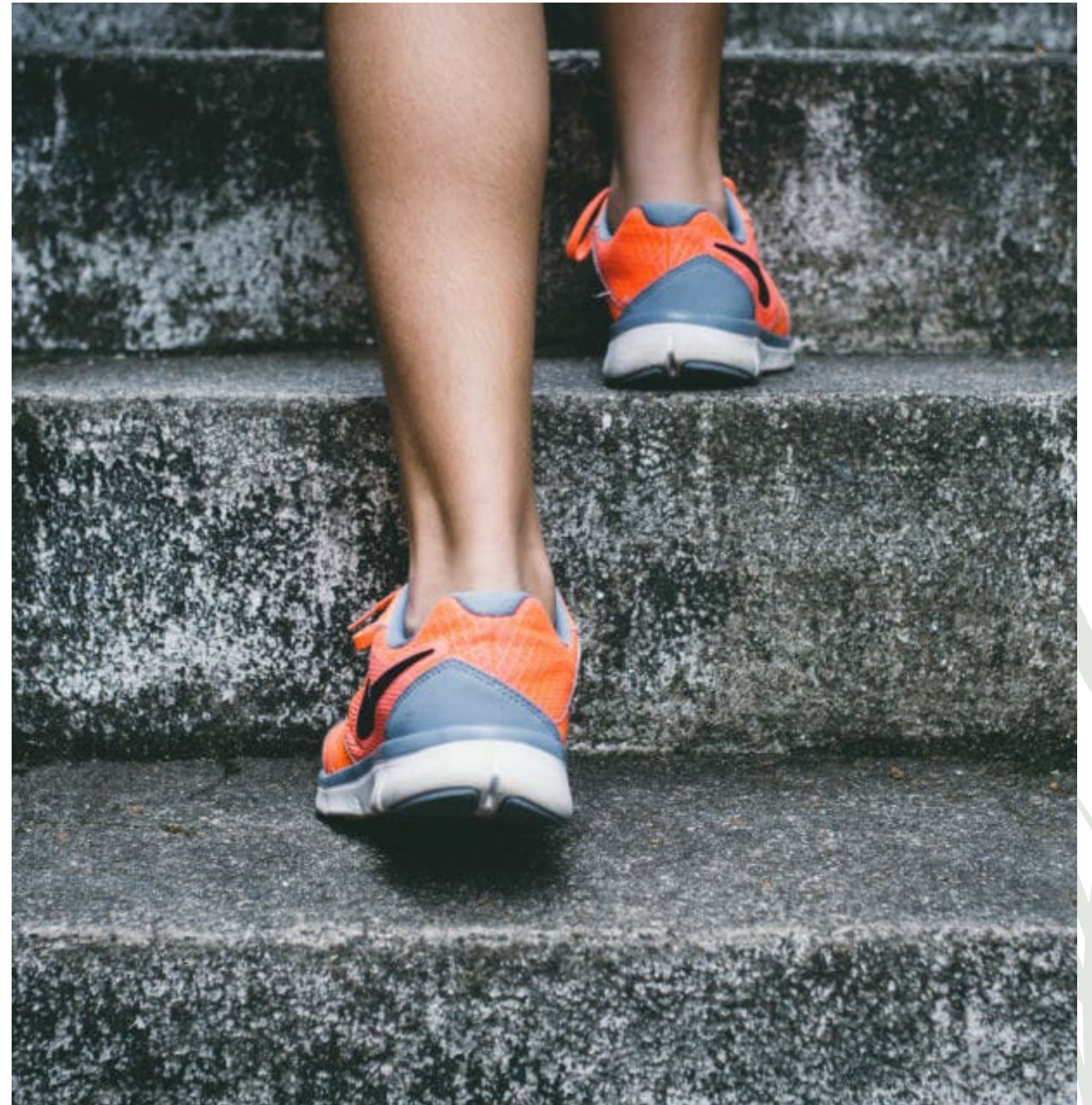
Methods of Payment

- Payroll Deduction
 - Post-tax lump sum or biweekly installments
 - Installment period depends on amount of service purchased, but cannot exceed 5 years.
- Lump Sum
 - Personal Check
 - Rollover from other qualified plan (457 Plan, IRA, etc.)

I'm Ready!!!


How to Retire in Three Simple Steps

1. Choose your retirement effective date
2. Request a Retirement Application (60 Days)
3. Complete & return your retirement application



Request for Retirement Application

- Member Information
 - Estimated Retirement Date
- Spouse/Registered Domestic Partner Information (If applicable)
- Unmarried/Unregistered, list beneficiary (If any)

 Retirement Application Request Form San Joaquin County Employees' Retirement Association	
IMPORTANT: Fully complete and return this form to SJCERA at contactus@sjcera.org or 220 E. Channel Street, Stockton, CA 95202 to receive a Retirement Application Packet within 60 days of your retirement date. If an incomplete form is returned, a delay in services may occur.	
SECTION 1: MEMBER INFORMATION	
Full Name: _____ DOB: _____	
SSN or Member ID: _____ Phone: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Email: _____	
Estimated Retirement Date (usually date after termination): _____	
SECTION 2: SPOUSE/REGISTERED DOMESTIC PARTNER INFORMATION (IF APPLICABLE)	
Full Name: _____ DOB: _____	
Date of marriage or registration of domestic partnership: _____	
SECTION 3: UNMARRIED/UNREGISTERED, LIST BENEFICIARY (IF ANY)	
Full Name: _____ DOB: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Relationship to Member: _____	
SECTION 4: CHECKLIST	
Check all that apply (see pg. 2 for more information)	
<input type="checkbox"/> I have enclosed my age 62 Social Security estimate so that SJCERA can include a temporary Social Security Advancement estimate (an increased benefit until age 62, and a decreased benefit thereafter).	
<input type="checkbox"/> I have an injury or illness that permanently incapacitates me from performing my job duties and would like information regarding a disability retirement.	
<input type="checkbox"/> I have enclosed the Additional Services Credit form so that SJCERA can estimate the cost to purchase service. I understand that payment for all service purchases must be completed prior to retirement.	
<input type="checkbox"/> I am a member of a reciprocal retirement system.	
Name of Reciprocal Retirement System: _____	
Dates of service: _____ to _____	
Signature: _____ Date: _____	
220 E. Channel Street, Stockton, CA 95202 (209) 468-2163 contactus@sjcera.org www.sjcera.org	
Page 1 of 2 (Revised 5/2025)	

The Retirement Packet

Everyone:

- Introduction Letter
- Retirement Application Form
- Application Instructions
- Federal and State Withholding Forms
- RPESJC Enrollment Form

County Employee Extras:

- County-Sponsored Insurance Notice
- Open Enrollment Mailer
- Health Insurance Deferral Form
- Conversion of Accumulated Sick Leave Hours Election Form
- Supplemental Life Coverage Notice
- Life Insurance Form
- Waiver of Life Insurance Form

Notify Your Department

- You are responsible to give notice of your retirement to your department.
- In writing
 - Potential delay



First Retirement Check

- Retirement date determines first Benefit Check
- Benefit checks mailed out the first of the month



Vacation, Comp Time, & Sick Leave Cash Outs*

- Timing
 - Two weeks after your last paycheck.
- Taxes
 - Taxed at your regular withholding rate unless you file a new W-4 w/ Auditor's Office Payroll Div.
- 457 Rollover (taxed less)
 - Up to maximum allowed by IRS.
 - Special forms in advance of your retirement date from Auditor's Office Payroll Division.

*Not included in "compensation" for retirement purposes.

Working After Retirement

- Non-SJCERA Employer = no limitation
- SJCERA Employer = Prohibited, unless:
 - Emergency or special skills
 - Temporary not to exceed 960 hours in a fiscal year (July-June)
 - No unemployment insurance received in previous 12 months
 - At least 180 days has elapsed since retirement, unless a safety retiree re-hired to perform safety service.

Resources

Resources

- Retirement Checklist
 - On our website and in your packet
- I've Decided to Retire...Now What? Video Series
 - LinkedIn & YouTube



220 E. Channel St, Stockton, CA 95202

209-468-2163

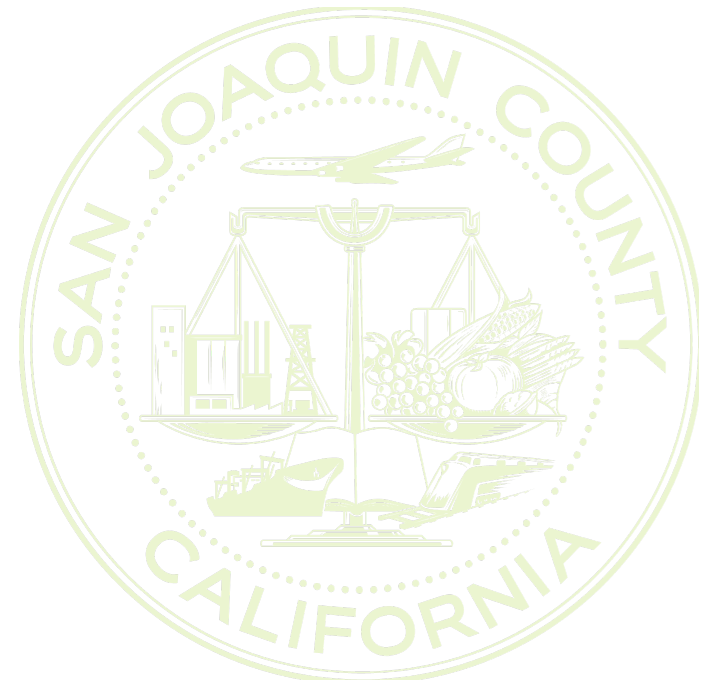
contactus@sjcera.org

Follow Us:





Greatness grows here.



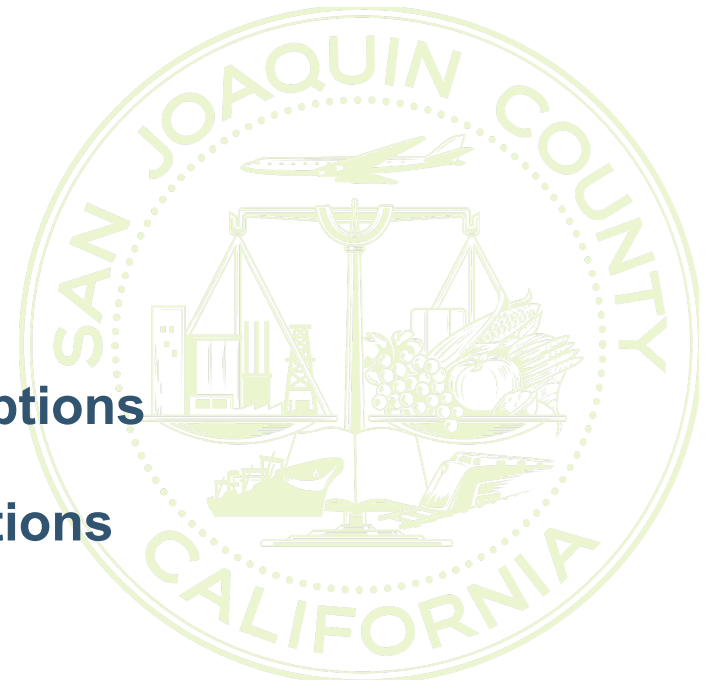
Retiree Health Benefits

About to Retire Seminar

June 4, 2026

Presented by: Christine Vega, Personnel Analyst III - Benefits

Topics of Discussion



- **Questions about Medical Insurance**
- **Medical Plans –Benefits, Rates and Options**
- **Dental Plans –Benefits, Rates and Options**
- **Vision Plan –Benefits and Rates**
- **Options Outside of San Joaquin County Sponsored Plans**
- **Planning**

Questions about medical insurance

- **How do I enroll in retiree coverage?**

Enrollment packets for all of your plans are available at the SJCERA Retirement Office. Complete the enrollment forms and return them to SJCERA Retirement Office. If you are enrolled under another group health plan, and or Cobra and lose coverage then be sure to reach out to SJCERA Retirement Office to complete an enrollment form.

- **Do I have to be enrolled in medical insurance as an employee to be eligible for coverage as a retiree? My dependent(s)?**

No. You may enroll in medical insurance for yourself and your eligible dependents, whether or not you had coverage as an active employee.

- **What if I decide to try private coverage?**

Once you terminate your County-sponsored retiree plan, you cannot re-enroll

Note: if you were on another group plan (example, spouses' group health coverage), then you can re-enroll.

- **When is Open Enrollment?**

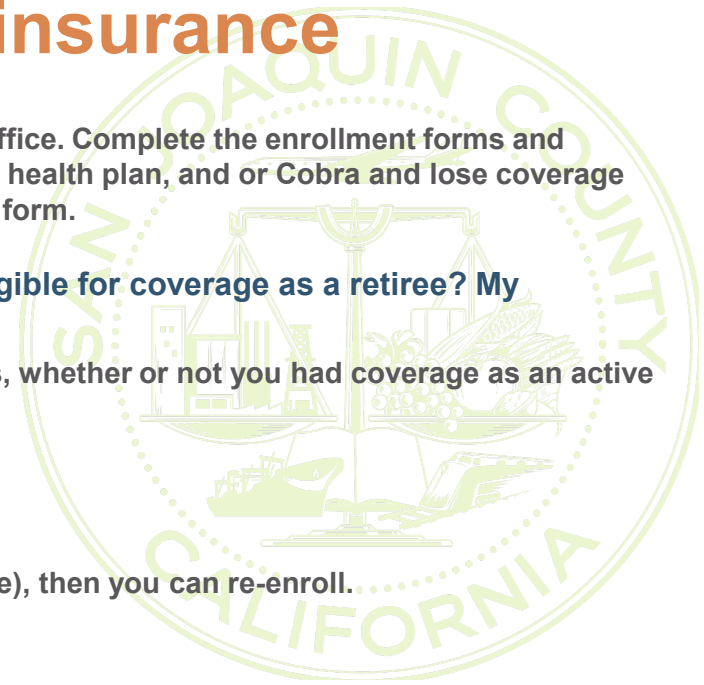
The annual open enrollment period is in the month of October. The coverage period will run from January to December each year. The retirement office will send correspondence regarding open enrollment. All of the documents will be posted on the Human Resources webpage on sjgov.org and SJCERA's website.

- **What happens to my insurance when my sick leave bank runs out, or if I never had a sick leave bank? (Employees hired on or before August 27, 2001 only)**

When you have no credit in your sick leave bank, you can purchase County-sponsored coverage through payroll deduction from your retirement check. If your County retirement check is less than your insurance premium, you must pay the Retirement Association for your coverage.

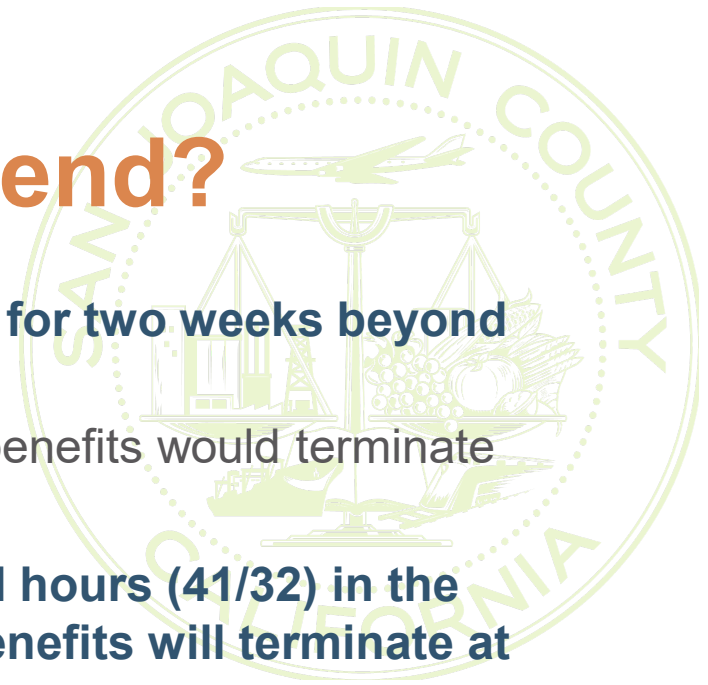
- **If I die, can my spouse use my sick leave bank? (Employees hired on or before August 27, 2001 only)**

Your designated beneficiary, if it is your spouse, can use your sick leave bank after you die if you were married for at least one year when you retired, and your spouse was your designated beneficiary.



When will my benefits end?

- **Generally, health benefits will be effective for two weeks beyond the date of separation from the County.**
 - Example; last day of work May 1, 2026, benefits would terminate May 17, 2026.
- **Exceptions; If you work less than required hours (41/32) in the final pay period with the County, health benefits will terminate at the end of that pay period.**
 - Example; last day of work was May 7, 2026, benefits would terminate May 17, 2026.



2026 Monthly Plan Premiums

Medicare HMOs (over 65)

Individuals and dependents all have Medicare. Members must assign Medicare Parts A and B.

Kaiser Permanente Senior Advantage			
	Traditional High Option Plan	Traditional Low Option Plan	Kaiser Northwest
Retiree	\$328.70	\$239.14	\$426.15
Retire + 1 Dependent	\$651.37	\$472.25	\$846.27

Medicare Coordinated (over 65)

Individuals and dependents all have Medicare. No assignment of Medicare required.

	CMCP or CMCP (Out-Of-Area)	Anthem Blue Cross Medicare Advantage
Retiree	\$1,454.90	\$785.14
Retire + 1 Dependent	\$2,905.38	\$1,564.25



**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan		Health Net PPO Medicare COB	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Annual medical deductible:	\$0 Combined in-network and out-of-network		Medical: \$0 Combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$0 Combined in-network and out-of-network		\$6,350/Individual; \$12,700/Family Combined in-network and out-of-network	
Covered medical benefits	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission	Days 1-60: Medicare Part A deductible •Days 61-90: \$0 •Beyond 90 days (to lifetime reserve days): \$0 •Beyond lifetime reserve days (to a maximum of 365 days): 10%	
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Primary care office visit	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Specialty care office visit	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit	\$0 for covered services	\$0 for covered services
Emergency care	\$0 copay for each Medicare-covered emergency room visit		Facility fee: \$0 Professional services: \$0 (within the U.S.A.); 20% coinsurance (outside of the U.S.A.)	
Urgently needed services	\$0 copay for each Medicare-covered urgently needed care visit		Medical: \$0 Mental health & substance use disorders: \$0	
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Radiation therapy treatment*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Medicare-covered basic hearing and balance exams performed by your specialist*	\$0 copay per visit	\$0 copay per visit	\$0 Hearing examination for hearing loss all other providers including audiologists and an otolaryngologist	\$0 Hearing examination for hearing loss all other providers including audiologists and an otolaryngologist



Dental Plans

2 Plan Options:

1. Delta Dental

- Preferred Provider Organization (PPO)
- Wide network
- Calendar year maximum \$1000/per person
- Deductible: \$50 individual /\$150 family (waived for diagnostic and preventive services)



2. United HealthCare Dental

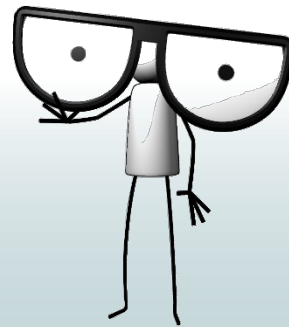
- Health Maintenance Organization (HMO)
- Limited network
- No calendar year maximum
- No deductible

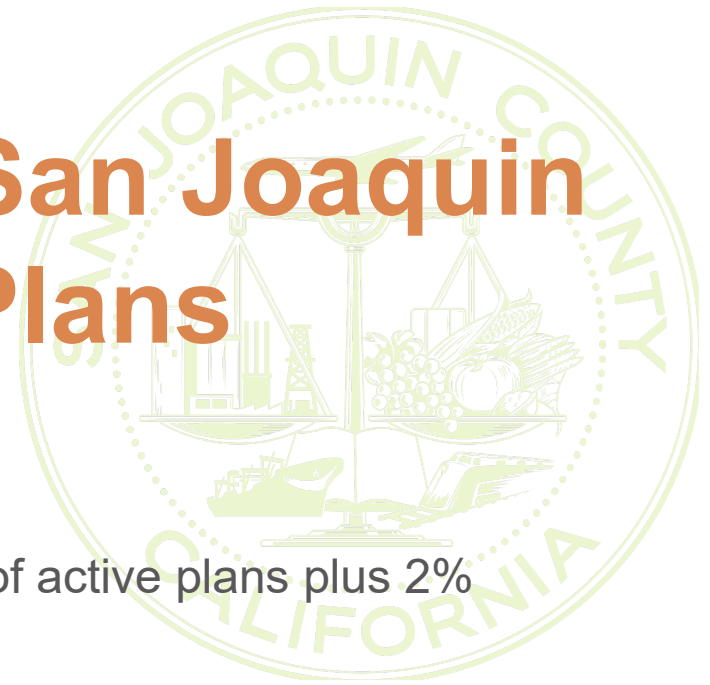
Vision Plan



Vision Service Plan (VSP):

- 34,000 doctors and 15,500 participating retail chains
- Well Vision Exam: \$10 co-pay
- Frame or Contact Allowance: \$150* every 24 months
(Walmart/Sam's Club/Costco)





Options Outside of San Joaquin County Sponsored Plans

1. COBRA

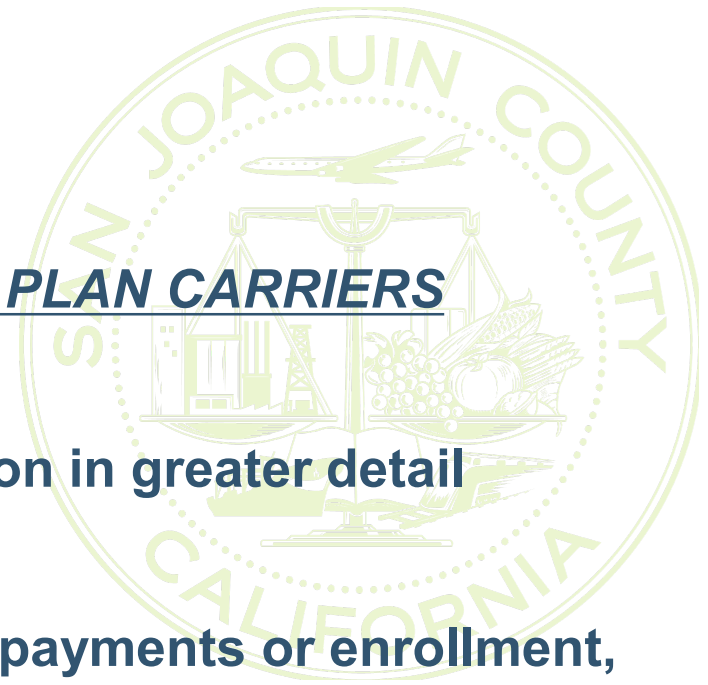
- Medical, Dental, and/or Vision
- Full cost (employer & employee portion) of active plans plus 2% administration fee
- Maximum length of coverage: 18 months

2. State Exchange Programs

- Covered California



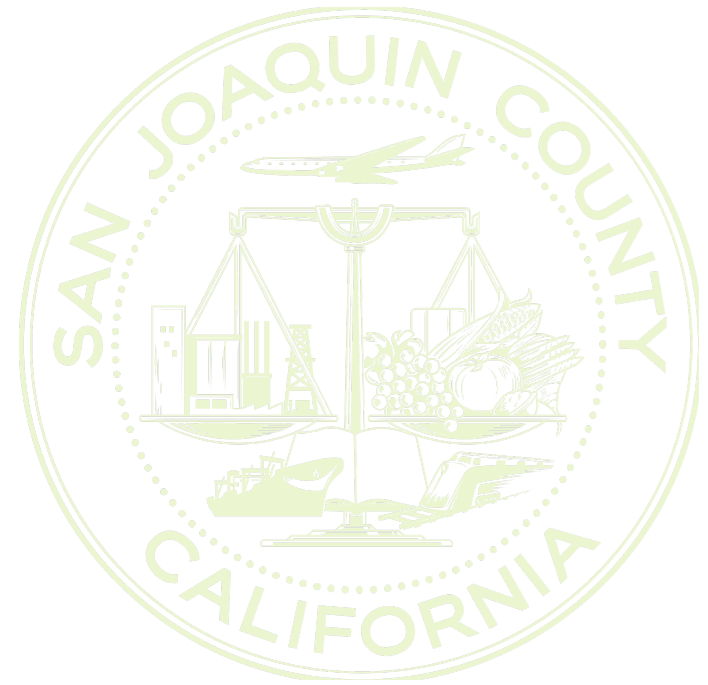
PLAN QUESTIONS



- **When in doubt...REACH OUT TO THE PLAN CARRIERS**
- **Plan carriers have coverage information in greater detail**
- **If you have questions about premium payments or enrollment, please reach out to SJCERA directly**
- **San Joaquin County continues to negotiate the rates for the plans offered to retirees, but SJCERA is the plan administrator for your benefits, and the plan carriers are your biggest resource when you have questions about your particular plan offers.**

Planning

- **Save, save, save!**
- **You are your best advocate**





Christine Vega- cvega@sjgov.org

Phone: (209) 468-7429

About to Retire Health Benefits Planning

**Retirement Planning Seminar
June 2026**

2026 Monthly Plan Premiums

Medicare HMOs (over 65)

Individuals and dependents all have Medicare. Members must assign Medicare Parts A and B.

Kaiser Permanente Senior Advantage			
	Traditional High Option Plan	Traditional Low Option Plan	Kaiser Northwest
Retiree	\$328.70	\$239.14	\$426.15
Retire + 1 Dependent	\$651.37	\$472.25	\$846.27

Medicare Coordinated (over 65)

Individuals and dependents all have Medicare. No assignment of Medicare required.

	CMCP or CMCP (Out-Of-Area)	Anthem Blue Cross Medicare Advantage
Retiree	\$1,454.90	\$785.14
Retire + 1 Dependent	\$2,905.38	\$1,564.25

Non-Medicare Plans (under 65)

Individuals and dependents all under age 65*.

	CMCP or CMCP (Out-Of-Area)	Sutter Health Plus HMO	Kaiser Permanente CA	Kaiser Permanente Northwest
Retiree Only	\$2,080.12	\$1,395.84	\$1,054.01	\$1,494.66
Retire + 1 Dependent	\$4,155.87	\$2,785.73	\$2,101.99	\$2,983.29
Retiree + Family	\$5,816.43	\$3,939.43	\$2,971.81	\$4,471.92

*Anyone under the age of 65 who is eligible for Medicare must enroll in Parts A and B, including the CMCP plan. If eligible to enroll and the retiree does not enroll, claims will be paid as if enrolled in Medicare, reducing the claims payments and increasing your out-of-pocket costs.

2026 Monthly Plan Premiums

Blended Family Plans

Families with Medicare and non-Medicare enrollees.

	CMCP	Kaiser Permanente Senior Advantage and Kaiser California		
	Over 65 and Under 65	High Option Plan	Low Option Plan	Kaiser Northwest
1 with and 1 without Medicare	\$3,530.61	\$1,376.68	\$1,287.12	\$1,914.78
1 with and 2 without Medicare	\$5,191.17	\$2,246.50	\$2,156.94	NA

*Blended low option only available if the retiree or subscriber has Medicare.

Dental and Vision

	United Healthcare Dental (DHMO Plan D125H)	Delta Dental (PPO Plan)	Vision Service Plan (VSP)
Retiree Only	\$18.26	\$42.68	\$5.91
Retiree + 1 Dependent	\$26.58	\$80.07	\$11.35
Retiree + Family	\$41.29	\$107.10	\$13.25

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan		Health Net PPO Medicare COB	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Annual medical deductible:	\$0 Combined in-network and out-of-network		Medical: \$0 Combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$0 Combined in-network and out-of-network		\$6,350/Individual; \$12,700/Family Combined in-network and out-of-network	
Covered medical benefits	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission	Days 1-60: Medicare Part A deductible •Days 61-90: \$0 •Beyond 90 days (to lifetime reserve days): \$0 •Beyond lifetime reserve days (to a maximum of 365 days): 10%	
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Primary care office visit	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Specialty care office visit	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit	\$0 for covered services	\$0 for covered services
Emergency care	\$0 copay for each Medicare-covered emergency room visit		Facility fee: \$0 Professional services: \$0 (within the U.S.A.); 20% coinsurance (outside of the U.S.A.)	
Urgently needed services	\$0 copay for each Medicare-covered urgently needed care visit		Medical: \$0 Mental health & substance use disorders: \$0	
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Radiation therapy treatment*	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Medicare-covered basic hearing and balance exams performed by your specialist*	\$0 copay per visit	\$0 copay per visit	\$0 Hearing examination for hearing loss all other providers including audiologists and an otolaryngologist	\$0 Hearing examination for hearing loss all other providers including audiologists and an otolaryngologist

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan		Health Net PPO Medicare COB	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Routine hearing services	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids through truhearing \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing	Not Covered	Not Covered
Medicare-covered dental is non- routine care performed by your specialist*	\$0 copay per visit	\$0 copay per visit	Not Covered	Not Covered
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$0 copay per visit	\$0 copay per visit	\$0	\$0
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit	\$0: Vision examination (for diagnosis or treatment, including refractive eye examinations) by all other providers including optometrists and ophthalmologist	\$0: Vision examination (for diagnosis or treatment, including refractive eye examinations) by all other providers including optometrists and ophthalmologist
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery	Not Covered	Not Covered

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan	Health Net PPO Medicare COB
	In-network, members pay:	Out-of-network, members pay:
Routine vision services	\$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network \$0 copay for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of- network Blue View Vision	\$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of- network \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out- of-network 100% reimbursement for non- elective contact lenses 1 pair every two calendar years combined in-network and out-of- network Blue View Vision
		Not Covered
		Not Covered
Inpatient services in a psychiatric hospital*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission
		\$0
		\$0
Mental health professional individual therapy visit	\$0 copay per visit	\$0 copay per visit
		\$0
Substance abuse professional individual therapy visit	\$0 copay per visit	\$0 copay per visit
		\$0
Skilled nursing facility (SNF) care*	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period
		•Days 1-20: Not covered •Days 21-100: \$0 •Days 101-365: 20%
		•Days 1-20: Not covered •Days 21-100: \$0 •Days 101-365: 20%
Outpatient rehabilitation services*	\$0 copay per visit	\$0 copay per visit
		\$0
		\$0
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$0 copay per one-way trip for Medicare-covered ambulance services	\$0
Chiropractic services* Medicare-covered	\$0 copay per visit	\$0 copay per visit
		\$0; 30 visits maximum/Calander year
Acupuncture for chronic low back pain* Medicare-covered	\$0 copay per visit	\$0 copay per visit
		Not Covered
		Not Covered
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit
		\$0
Pulmonary rehabilitation services*	\$0 copay per visit	\$0 copay per visit
		\$0
Blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions
		\$0
		\$0

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan	Health Net PPO Medicare COB
	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Opioid treatment program services*	\$0 copay per visit	\$0 copay per visit
Podiatry services*	\$0 copay per visit	\$0; Covered only when Medically Necessary for a diabetic condition or peripheral vascular disease
Routine foot care	\$0 copay per visit 12 visits per year combined in-network and out-of-network	\$0 copay per visit 12 visits per year combined in-network and out-of-network
Home health agency care*	\$0 copay per visit	\$0
Hospice care When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	\$0 copay for the one time only hospice consultation One visit per lifetime	\$0 copay for the one time only hospice consultation One visit per lifetime
Additional covered benefits and services	Members pay:	Members pay:
Video doctor visits	\$0 copay for video doctor visits using LiveHealth Online	\$0 with Teladoc
Health and wellness programs	\$0 copay for the silversneakers fitness benefit Tivity Health	Not Covered Discount Program - Active & Fit is available.
24/7 NurseLine†	\$0 copay for 24/7 NurseLine	\$0 copay for 24/7 NurseLine
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	\$0 copay for emergency care	\$0
Foreign Travel - Urgently Needed Services	\$0 copay for urgently needed services	\$0
Foreign Travel - Inpatient Care	\$0 copay per admission for emergency inpatient care 60 days per lifetime	\$0
Healthy Meals†* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).	Not Covered

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan		Health Net PPO Medicare COB	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Annual pharmacy Medicare Part D deductible:	\$0 Combined in-network and out-of-network		\$75 Combined in-network and out-of-network	
Medicare Part D True Maximum out-of-pocket responsibility:	\$2,100 ⁽¹⁾		\$6,350/Individual; \$12,700/Family Combined in-network and out-of-network	
Pharmacy Tiers	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:	Out-of-network, members pay:
Generic drugs (Tier 1)	Retail: Select Generics: \$0 copay; Generics \$10 copay; for a 30-day supply, 90-day Supply available at 3 times the copay Mail Order: Select Generics: \$0 copay; Generics \$10 copay; for a 90-day supply	Participating Network Pharmacies	Retail: 20% w/ \$250 max; up to a 30-day supply Mail Order: 20% w/ \$750 max; 35-90 day supply	Retail: 20% w/ \$250 max; up to a 30-day supply Mail Order: Not Covered
Preferred brand drugs (Tier 2)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies	Retail: 20% w/ \$250 max; up to a 30-day supply Mail Order: 20% w/ \$750 max; 35-90 day supply	Retail: 20% w/ \$250 max; up to a 30-day supply Mail Order: Not Covered
Non-preferred brand drugs (Tier 3)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies	Not Available	Not Available
Specialty drugs	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies	Retail/Mail Order: Subject to the applicable tier co-insurance shown above; No charge for self-injectables; up to a 30-day supply	Retail/Mail Order: Subject to the applicable tier co-insurance shown above; No charge for self-injectables; up to a 30-day supply; Self Injectables/Specialty drugs not covered

Note: These are high level benefit summaries, please refer to the plans EOC for a full list of coverages and exclusions. The Health Net plans will be terminating effective 6/30/2026.

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

† Must use the plan approved provider

⁽¹⁾ This will change to \$2,200 effective 1/1/2027.

This document has been prepared for the exclusive use and benefit of San Joaquin County, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as required by law or required for the Client's proper administration, this document should not be copied, reproduced, or shared with other parties without Segal's consent and, in such instances, should only be shared in its entirety. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.

San Joaquin County Retirees

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - High Option	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Annual medical deductible:	\$0 Combined in-network and out-of-network		N/A
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$0 Combined in-network and out-of-network		\$3,400
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Covered medical benefits			
Inpatient hospital care*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission	\$0
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit	\$0 copay per visit	\$0
Primary care office visit	\$0 copay per visit	\$0 copay per visit	\$5
Specialty care office visit	\$0 copay per visit	\$0 copay per visit	\$5
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit	\$0
Emergency care	\$0 copay for each Medicare-covered emergency room visit		\$20
Urgently needed services	\$0 copay for each Medicare-covered urgently needed care visit		\$20
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit	\$0
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit	\$0
Radiation therapy treatment*	\$0 copay per visit	\$0 copay per visit	\$0
Medicare-covered basic hearing and balance exams performed by your specialist*	\$0 copay per visit	\$0 copay per visit	\$5
Routine hearing services	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids through truehearing \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing	\$5
Medicare-covered dental is non- routine care performed by your specialist*	\$0 copay per visit	\$0 copay per visit	\$5
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$0 copay per visit	\$0 copay per visit	\$5

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - High Option	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit	\$0
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery	\$0
Routine vision services	\$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network \$0 copay for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	\$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network 100% reimbursement for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	Routine eye exam: \$5 Routine vision eyewear: \$100 every 24 months for contacts or 1 pair of eyeglasses Routine vision eyewear
Inpatient services in a psychiatric hospital*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission	\$0
Mental health professional individual therapy visit	\$0 copay per visit	\$0 copay per visit	\$5
Substance abuse professional individual therapy visit	\$0 copay per visit	\$0 copay per visit	\$5
Skilled nursing facility (SNF) care*	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	\$0 per day
Outpatient rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$0 copay per one-way trip for Medicare-covered ambulance services		\$0
Chiropractic services* Medicare-covered	\$0 copay per visit	\$0 copay per visit	\$5
Acupuncture for chronic low back pain* Medicare-covered	\$0 copay per visit	\$0 copay per visit	\$5
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Pulmonary rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	For Diabetes Supplies \$0

San Joaquin County Retirees

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - High Option
	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors
		Blood Glucose Monitors and supplies are limited to Accu-Chek and OneTouch when obtained at a contracted Health Net Pharmacy. Other brands are not covered unless medically necessary and pre-authorized. Part B Covered vaccines can administered at a retail pharmacy starting 1/1/22
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Opioid treatment program services*	\$0 copay per visit	\$0 copay per visit
Podiatry services*	\$0 copay per visit	\$0 copay per visit
Routine foot care	\$0 copay per visit 12 visits per year combined in- network and out-of-network	\$0 copay per visit 12 visits per year combined in- network and out-of-network
Home health agency care*	\$0 copay per visit	\$0 copay per visit
Hospice care When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	\$0 copay for the one time only hospice consultation One visit per lifetime	\$0 copay for the one time only hospice consultation One visit per lifetime
		Not covered
Additional covered benefits and services	Members pay:	
Video doctor visits	\$0 copay for video doctor visits using LiveHealth Online	\$5 with Teladoc
Health and wellness programs	\$0 copay for the silversneakers fitness benefit Tivity Health	Yes, Silver & Fit program is available
24/7 NurseLine†	\$0 copay for 24/7 NurseLine	N/A
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	\$0 copay for emergency care	\$0
Foreign Travel - Urgently Needed Services	\$0 copay for urgently needed services	\$0
Foreign Travel - Inpatient Care	\$0 copay per admission for emergency inpatient care 60 days per lifetime	\$0
Healthy Meals†* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).	N/A

San Joaquin County Retirees

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - High Option
	In-network, members pay:	Out-of-network, members pay:
Annual pharmacy Medicare Part D deductible:	\$0 Combined in-network and out-of-network	\$0
Medicare Part D True Maximum out-of-pocket responsibility:	\$2,100 ⁽¹⁾	\$2,100
Pharmacy Tiers	In-network, members pay:	Out-of-network, members pay:
Generic drugs (Tier 1)	Retail: Select Generics: \$0 copay; Generics \$10 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: Select Generics: \$0 copay; Generics \$10 copay; for a 90-day supply	Participating Network Pharmacies \$10
Preferred brand drugs (Tier 2)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies \$15
Non-preferred brand drugs (Tier 3)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies \$35
Specialty drugs	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies 25%

Note: These are high level benefit summaries, please refer to the plans EOC for a full list of coverages and exclusions. The Health Net plans will be terminating effective 6/30/2026.

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

† Must use the plan approved provider

⁽¹⁾ This will change to \$2,200 effective 1/1/2027.

This document has been prepared for the exclusive use and benefit of San Joaquin County, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as required by law or required for the Client's proper administration, this document should not be copied, reproduced, or shared with other parties without Segal's consent and, in such instances, should only be shared in its entirety. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - Low Option
	In-network, members pay:	Out-of-network, members pay:
Annual medical deductible:	\$0 Combined in-network and out-of-network	N/A
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$0 Combined in-network and out-of-network	\$3,400
Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit	\$0 copay per visit
Primary care office visit	\$0 copay per visit	\$0 copay per visit
Specialty care office visit	\$0 copay per visit	\$0 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit
Emergency care	\$0 copay for each Medicare-covered emergency room visit	\$50
Urgently needed services	\$0 copay for each Medicare-covered urgently needed care visit	\$50
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit
Radiation therapy treatment*	\$0 copay per visit	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	\$0 copay per visit	\$0 copay per visit
Routine hearing services	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids through truhearing \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing
Medicare-covered dental is non- routine care performed by your specialist*	\$0 copay per visit	\$0 copay per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$0 copay per visit	\$0 copay per visit

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - Low Option	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit	\$0
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery	\$0
Routine vision services	\$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network \$0 copay for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	\$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network 100% reimbursement for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	Routine eye exam: \$10 Routine vision eyewear: \$100 every 24 months for contacts or 1 pair of eyeglasses.
Inpatient services in a psychiatric hospital*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission	\$250
Mental health professional individual therapy visit	\$0 copay per visit	\$0 copay per visit	\$15
Substance abuse professional individual therapy visit	\$0 copay per visit	\$0 copay per visit	\$15
Skilled nursing facility (SNF) care*	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	\$20 per day
Outpatient rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$0 copay per one-way trip for Medicare-covered ambulance services		\$0
Chiropractic services* Medicare-covered	\$0 copay per visit	\$0 copay per visit	\$15
Acupuncture for chronic low back pain* Medicare-covered	\$0 copay per visit	\$0 copay per visit	\$15
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Pulmonary rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	For Diabetes Supplies \$0

San Joaquin County Retirees

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net Seniority Plus - Low Option
	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Opioid treatment program services*	\$0 copay per visit	\$0 copay per visit
Podiatry services*	\$0 copay per visit	\$0 copay per visit
Routine foot care	\$0 copay per visit 12 visits per year combined in- network and out-of-network	\$0 copay per visit 12 visits per year combined in- network and out-of-network
Home health agency care*	\$0 copay per visit	\$0 copay per visit
Hospice care When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	\$0 copay for the one time only hospice consultation One visit per lifetime	\$0 copay for the one time only hospice consultation One visit per lifetime
Additional covered benefits and services	Members pay:	
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online	\$15 with Teladoc
Health and wellness programs	\$0 copay for the silversneakers fitness benefit Tivity Health	Yes, Silver & Fit program is available
24/7 NurseLine†	\$0 copay for 24/7 NurseLine	N/A
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	\$0 copay for emergency care	\$0
Foreign Travel - Urgently Needed Services	\$0 copay for urgently needed services	\$0
Foreign Travel - Inpatient Care	\$0 copay per admission for emergency inpatient care 60 days per lifetime	\$0
Healthy Meals†* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).	N/A

San Joaquin County Retirees

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan		Health Net Seniority Plus - Low Option
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Annual pharmacy Medicare Part D deductible:	\$0 Combined in-network and out-of-network		\$0
Medicare Part D True Maximum out-of-pocket responsibility:	\$2,100 ⁽¹⁾		\$2,100
Pharmacy Tiers	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Generic drugs (Tier 1)	Retail: Select Generics: \$0 copay; Generics \$10 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: Select Generics: \$0 copay; Generics \$10 copay; for a 90-day supply	Participating Network Pharmacies	\$10
Preferred brand drugs (Tier 2)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies	\$25
Non-preferred brand drugs (Tier 3)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies	\$50
Specialty drugs	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies	25%

Note: These are high level benefit summaries, please refer to the plans EOC for a full list of coverages and exclusions. The Health Net plans will be terminating effective 6/30/2026.

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

† Must use the plan approved provider

⁽¹⁾ This will change to \$2,200 effective 1/1/2027.

This document has been prepared for the exclusive use and benefit of San Joaquin County, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as required by law or required for the Client's proper administration, this document should not be copied, reproduced, or shared with other parties without Segal's consent and, in such instances, should only be shared in its entirety. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan	Health Net HMO Medicare COB
	In-network, members pay:	Out-of-network, members pay:
Annual medical deductible:	\$0 Combined in-network and out-of-network	N/A
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$0 Combined in-network and out-of-network	\$1,500/\$4,500
Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit	\$0 copay per visit
Primary care office visit	\$0 copay per visit	\$0 copay per visit
Specialty care office visit	\$0 copay per visit	\$0 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit
Emergency care	\$0 copay for each Medicare-covered emergency room visit	
Urgently needed services	\$0 copay for each Medicare-covered urgently needed care visit	
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit
Radiation therapy treatment*	\$0 copay per visit	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	\$0 copay per visit	\$0 copay per visit
Routine hearing services	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing	\$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$0 copay for hearing aids through truhearing \$500 benefit per ear with a \$1000 maximum benefit every three calendar years TruHearing
Medicare-covered dental is non-routine care performed by your specialist*	\$0 copay per visit	\$0 copay per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$0 copay per visit	\$0 copay per visit
		Not covered under medical benefits
		\$5

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net HMO Medicare COB	
	In-network, members pay:	Out-of-network, members pay:	In-network, members pay:
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit	Not covered under medical benefits
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery	Not covered under medical benefits
Routine vision services	\$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network \$0 copay for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	\$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network 100% reimbursement for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	Routine eye exam: \$5 Routine vision eyewear: Not covered
Inpatient services in a psychiatric hospital*	For Medicare-covered hospital stays: \$0 copay per admission	For Medicare-covered hospital stays: \$0 copay per admission	\$0
Mental health professional individual therapy visit	\$0 copay per visit	\$0 copay per visit	\$5
Substance abuse professional individual therapy visit	\$0 copay per visit	\$0 copay per visit	\$5
Skilled nursing facility (SNF) care*	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period	\$0
Outpatient rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$0 copay per one-way trip for Medicare-covered ambulance services		\$0
Chiropractic services* Medicare-covered	\$0 copay per visit	\$0 copay per visit	Not covered under medical benefits
Acupuncture for chronic low back pain* Medicare-covered	\$0 copay per visit	\$0 copay per visit	Not covered under medical benefits
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Pulmonary rehabilitation services*	\$0 copay per visit	\$0 copay per visit	\$0
Blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 copay for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions	Not covered under medical benefits/ group had PDP

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO 0PH Plan	Health Net HMO Medicare COB
	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors	\$0 copay for Medicare-covered blood glucose monitors
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Opioid treatment program services*	\$0 copay per visit	\$0 copay per visit
Podiatry services*	\$0 copay per visit	\$0 copay per visit
Routine foot care	\$0 copay per visit	\$0 copay per visit
Home health agency care*	12 visits per year combined in- network and out-of-network	12 visits per year combined in- network and out-of-network
Hospice care When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	\$0 copay per visit	\$0 copay per visit
Additional covered benefits and services	Members pay:	Members pay:
Video doctor visits	\$0 copay for the one time only hospice consultation One visit per lifetime	\$0 copay for the one time only hospice consultation One visit per lifetime
Video doctor visits	\$0 copay for video doctor visits using LiveHealth Online	\$0 with Teladoc
Health and wellness programs	\$0 copay for the silversneakers fitness benefit Tivity Health	Not covered. Discount Program - Active & Fit is available.
24/7 NurseLine†	\$0 copay for 24/7 NurseLine	Not covered
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	\$0 copay for emergency care	\$0 professional charges; \$35 facility charges (waived if admitted)
Foreign Travel - Urgently Needed Services	\$0 copay for urgently needed services	\$35
Foreign Travel - Inpatient Care	\$0 copay per admission for emergency inpatient care 60 days per lifetime	Not covered
Healthy Meals†* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).	Not covered

**San Joaquin County
Retirees**

2026/2027 Anthem and Health Net Plan Comparison

	Anthem PPO OPH Plan	Health Net HMO Medicare COB
	In-network, members pay:	Out-of-network, members pay:
Annual pharmacy Medicare Part D deductible:	\$0 Combined in-network and out-of-network	N/A
Medicare Part D True Maximum out-of-pocket responsibility:	\$2,100 ⁽¹⁾	\$2,100
Pharmacy Tiers	In-network, members pay:	Out-of-network, members pay:
Generic drugs (Tier 1)	Retail: Select Generics: \$0 copay; Generics \$10 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: Select Generics: \$0 copay; Generics \$10 copay; for a 90-day supply	Participating Network Pharmacies \$10
Preferred brand drugs (Tier 2)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies \$20
Non-preferred brand drugs (Tier 3)	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies \$35
Specialty drugs	Retail: \$20 copay; for a 30-day supply, 90-day supply available at 3 times the copay Mail Order: \$20 copay; for a 90-day supply	Participating Network Pharmacies 25%

Note: These are high level benefit summaries, please refer to the plans EOC for a full list of coverages and exclusions. The Health Net plans will be terminating effective 6/30/2026.

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

† Must use the plan approved provider

⁽¹⁾ This will change to \$2,200 effective 1/1/2027.

This document has been prepared for the exclusive use and benefit of San Joaquin County, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as required by law or required for the Client's proper administration, this document should not be copied, reproduced, or shared with other parties without Segal's consent and, in such instances, should only be shared in its entirety. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.



Health care that just works

2026 Group Medicare health plan
presentation for **San Joaquin County**

Yolanda Smith

May 2026



Get more with a Kaiser Permanente Medicare Advantage health plan

Your doctors, hospitals, and health plan work together to give you high-quality care, when and where you need it.

From preventive, primary, and virtual care to pharmacy, labs, and mental health support to plan benefits and programs — we put them all together to make your health care work for you.



Combined care and coverage is everything

When your needs are handled under one plan, you get:

- In-person and virtual care
- 24/7 access to care wherever you are
- Support for your mental health and wellness
- High-quality preventive, primary, and specialty care

Get care in your language with multilingual doctors and phone interpretation in more than 150 languages.



Seamless in-person and virtual care

Simply sign in to kp.org or use the Kaiser Permanente app to manage your care wherever you are.



Get 24/7
virtual care.



View most lab results
and doctor's notes.



Schedule and check
in for appointments.



Email your care team
with nonurgent
questions anytime.



Refill most
prescriptions.



Pay bills and
view statements.

We'll guide you every step of the way

Your electronic health record is available to you and your care team 24/7. Team members will guide you through appointments and referrals and let you know when to schedule checkups and tests.

Health care that moves with you



In-person care close to home

- A national network of locations, doctors, and specialists
- Timely primary care appointments and lab results



Mail-order pharmacy

- One-tap refills and automated reminders
- Same-day pickup and delivery for most prescriptions^{1,2}



Care while traveling

- Coverage for urgent and emergency care anywhere in the world
- 24/7 care by phone or online across the U.S.³
- Information about getting care away from home available at kp.org/travel

1. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. **2.** Same-day and next-day prescription delivery services may be available for an additional fee. These services aren't covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente isn't responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. **3.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

Support for your body and mind



For your mental and emotional health

- Access to licensed therapists, wellness coaching, and self-care apps at kp.org/selfcare¹
- 24/7 emotional support



For your physical fitness and lifestyle

- In-person and online health classes²
- Wellness coaching by phone
- Online healthy lifestyle programs to help you lose weight, quit smoking, reduce stress, and more

1. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare health plan grievance process. **2.** Some classes may require a fee.

What is a Kaiser Permanente Medicare health plan?

Our Medicare health plans are Medicare Advantage plans that deliver Medicare benefits through Kaiser Permanente to people enrolled in Medicare.

The confidence of having a highly rated Medicare health plan

Kaiser Permanente Medicare Advantage health plans earned either 4 or 4.5 stars out of 5 stars for 2026.¹

Kaiser Permanente areas	Star rating
California HMO ²	★★★★★
Colorado ³	★★★★★
Georgia	★★★★★
Hawaii	★★★★★
Mid-Atlantic States (MD, VA, D.C.)	★★★★★
Northwest (OR, SW Washington) ⁴	★★★★★
Washington state	★★★★★

1. Every year, Medicare evaluates plans on a 5-star rating system. 2. Northern and Southern California are rated together as one contract with CMS. 3. Beginning January 1, 2024, Colorado implemented a new Medicare Preferred Provider Organization (PPO) H-contract (H3138) which was too new to be measured for the 2025 Star Ratings and does not have sufficient enrollees and measures rated to be eligible for a 2026 Star Rating. 4. Kaiser Permanente's Northwest market has service areas in Oregon and southwest Washington.



Summary of benefits

July 1, 2025, through June 30, 2026)

Services	San Joaquin County
Annual out-of-pocket maximum	\$1,000 per calendar year
Part D out-of-pocket maximum	\$2,000
Lifetime maximum	None
Office visits	\$25 per visit
Lab and X-rays	No charge
Outpatient surgery	\$150 per procedure
Hospitalization services	\$100 per day
Emergency services	\$50 per visit
Ambulance services	\$150 per trip
Prescription drugs, generic and brand	\$10/\$25 for up to a 30-day supply
Durable medical equipment	20% coinsurance
Eyewear	<\$150> allowance every 24 montht's

{*Mid-Atlantic region partners with BrainHQ to provide cognitive health programs.
*All other regions partner with CogniFit, part of the One Pass platform.}

Brain health

Keep your mind fit and sharp

To help exercise your mind, our Medicare health plans include a brain training program designed to improve your memory, attention, focus, and decision-making.

The brain training program:

- Offers engaging and challenging cognitive tests and brain games
- Is customizable to meet your needs and preferences



Work out your way

Whether you work out at the gym or at home, you can find the exercise routine that's right for you with One Pass® — available at no extra cost.¹

The One Pass program offers:

- A nationwide network of gyms and fitness locations²
- Live, online fitness classes and on-demand workouts

1. One Pass® is a registered trademark of One Pass Solutions, Inc., in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. **2.** Included in the Core and Premium networks.



Bold

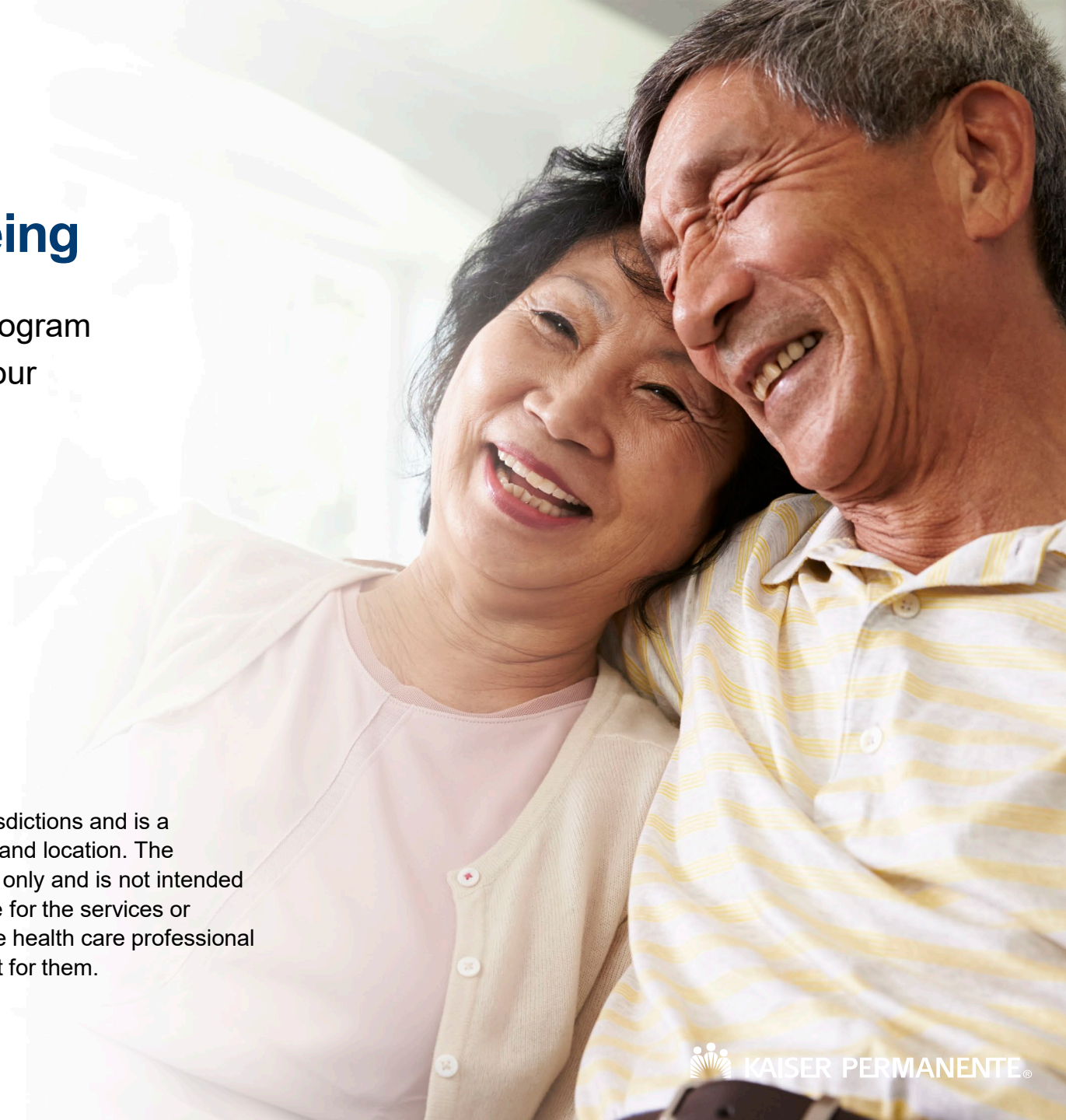
Take steps toward better well-being

One Pass also offers Bold, a science-based online program of live and on-demand exercise classes to improve your functional health and fitness.*

The Bold program will help you:

- Achieve better balance
- Boost strength and endurance
- Improve bladder control
- Increase flexibility and mobility
- Reduce pain

*One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them.

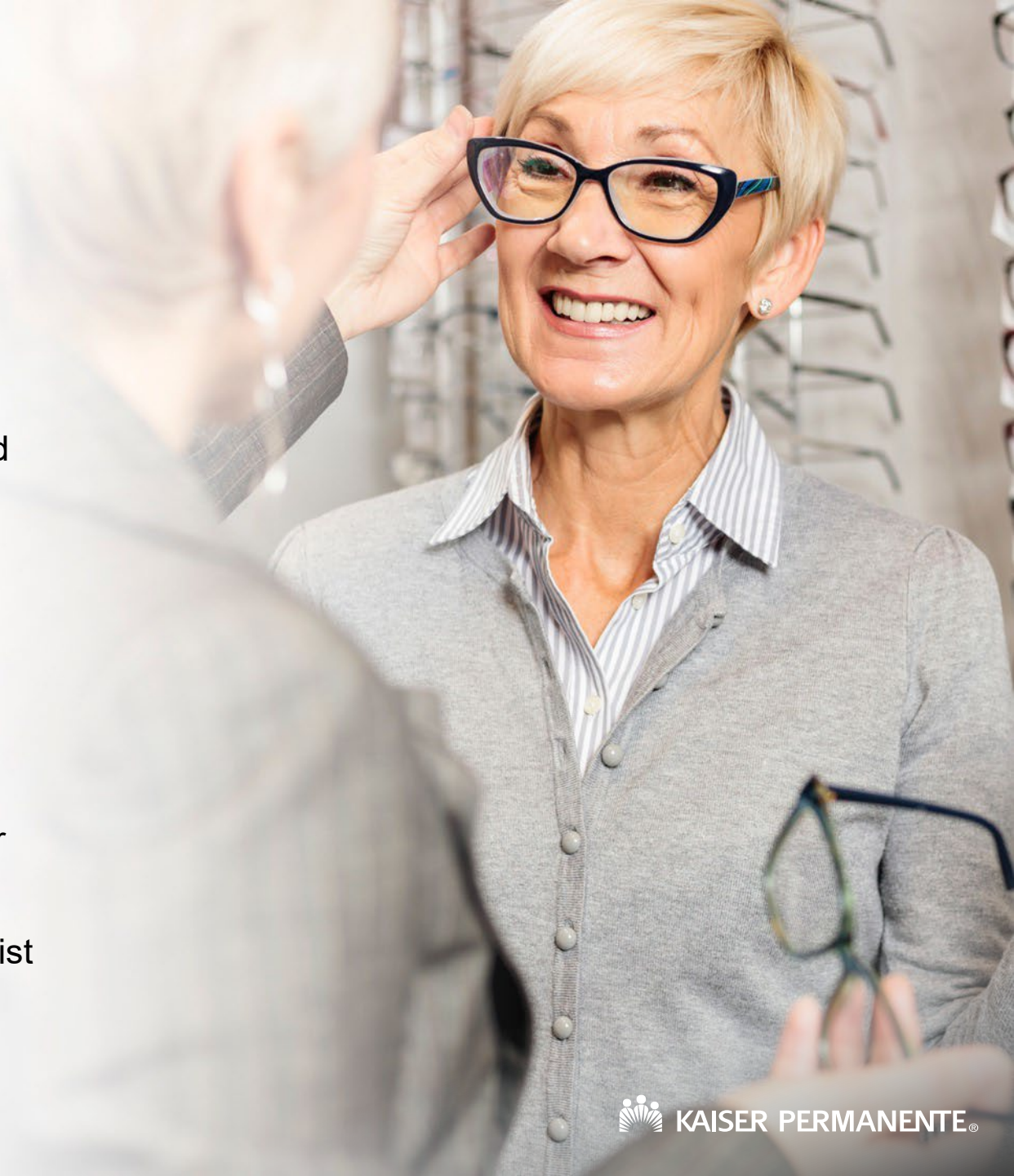


Focus on a healthier you

Over time, your eyes can change, affecting your vision and your quality of life. To help keep your eyes and vision in good shape, we include a vision benefit through Vision Essentials by Kaiser Permanente.

The vision benefit includes:

- A \$150 allowance toward an eyewear purchase once every 2 years
- Prescription eyeglasses or contact lenses from any Vision Essentials optical center, which are located at many Kaiser Permanente facilities
- A routine eye exam from any Kaiser Permanente optometrist



Thank you.

Have questions?

Group contact information

Benefits Administrator

San Joaquin County

Kaiser Permanente Member Services:

1-800-443-0815 (TTY 711)

7 days a week, 8 a.m. to 8 p.m.



Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.



**Coverage You Can Count On
San Joaquin County (SJCERA)**





Sutter Health Plan

A Whole Team On Your Team



Bonnie Jones
Manager, Account Management
Large Group – Growth & Retention



Wesley Mulligan
Account Manager
Large & Small Group
Cell: 916-402-2934
wesley.mulligan@sutterhealth.org

Our Vision

We deliver a seamless member experience connecting quality care and coverage with a local commitment to service excellence.

Provider-Sponsored Health Plan

Sutter Health is one of the nation's top ranked and respected healthcare systems.

Sutter Health Plan is a provider-sponsored health plan.

We're also a nonprofit focused on:

- Improving health and wellness of the community
- Delivering value to employers
- Offering comprehensive products
- Making it easier to access care

Patients First, People Always

Sutter Health and Sutter Health Plan are committed to building a healthier future. We are making steady progress toward our goal to support the whole person — mind and body — through innovation, collaboration and compassionate care.

- ✓ **112K+** new patients served across our system in 2025.
- ✓ **22** new ambulatory care sites opened since 2025.
- ✓ **68%** of patients are now digitally engaged and the number continues to grow.
- ✓ **85%+** employees and clinicians recommend Sutter as a good place to work and practice medicine.
- ✓ **9.4%** reduction in overall and first-year employee turnover rates over the past 2 years.
- ✓ **1,100+** physicians and clinicians hired in 2025.

Sutter Health is Expanding its Investments to Serve Value-Based Care Populations, including Sutter Health Plan Members






Our Service Area

8,000 Providers

28 Hospitals

16 Counties

-  In Service Area
-  Out of Service Area
-  Hospitals

Expanding Access to Care

Opening in 2026



14 Care Centers*
Convenient primary and multispecialty care locations.



7 Urgent Care Locations
Same-day care for illnesses or injuries that require immediate attention.

*Includes new care center openings and expansions of existing locations.



Accessing Care



Online Provider Directory

Find a provider at sutterhealthplan.org/find-provider.

- Enter the name of a provider, specialty, or condition, and enter an address, city, or ZIP code of the area you want to search.
- Click the " Search" button.
- Once your results populate, use the filters on the lefthand side to further narrow your search results.
- Click "Accepting New Patients".

Find a location at sutterhealthplan.org/find-location.

- Enter the location type or service and enter an address, city, or ZIP code of the area you would like to search.
- Click the " Search" button.
- Once your results populate, use the filters on the lefthand side to further narrow your search results.

The screenshot shows the Sutter Health Plan website's provider directory search results. The header includes the Sutter Health Plan logo and navigation links for Members, Brokers, Employers, Providers, and About Us. The main heading is "Find a Provider" with a subtext explaining HMO coverage options. Below this is a search bar with a location dropdown set to "Roseville, California" and a "Search" button. A "Use my exact location" link is also present. On the left, a "Filters" sidebar allows users to refine results by "Accepting New Patients" (checked), "Primary Care Provider" (checked), "Medical Group", and "Specialty". The "Specialty" list includes Family Medicine (465), Internal Medicine (394), Pediatrics (329), HIV Disease Specialist (5), Obstetrics and Gynecology (3), Acupuncture (2), Sports Medicine (2), Addiction Medicine (1), Critical Care Medicine (1), Endocrinology, Diabetes and Metabolism (1), and Hospitalist (1). Other filters include "Gender-Affirming Services", "Hospital Affiliation", "Language Spoken", "Gender", and "City". The main content area shows "1 - 10 of 465 Results" with a "Sort by Relevance" dropdown. Two provider profiles are displayed: Maria Garcia, MD, a Family Medicine physician 7.06 miles away at Sutter Independent Physicians, and John Smith, MD, a Family Medicine physician 5.65 miles away at Sutter Medical Group. Both profiles include their address, phone number, and a "Get Directions" link. Maria Garcia's profile features a "Call to Book an Appointment" button with the phone number 916-555-5555. John Smith's profile features a "Book an Appointment" button with the earliest available slot on Wednesday, April 16, 2025, at 12:30 PM, and other available slots at 1:30 PM and 3:00 PM. A note at the bottom of the page states: "The providers featured are fictional and are for marketing purposes only."

Book an Appointment

Finding care just got easier — members can view the earliest available appointments and book primary care visits directly from the provider's profile.



JOHN SMITH, MD



5.65 miles away



Sutter Medical Group



3100 Douglas Blvd
Roseville, CA 95661

[Get Directions](#)



[916-555-5555](tel:916-555-5555)

Family Medicine

✓ Accepting new patients

Provider ID

P000123456

Book an Appointment

Earliest Available

Wednesday April 16, 2025

12:30 PM

Tuesday July 1, 2025

12:30 PM

1:30 PM

3:00 PM

[Show more appointment times](#)

Time slots are for new patients. Members already established with their provider can [sign in to My Health Online](#) for appointments.

The Book an Appointment feature is available for select Sutter Health PCPs accepting new patients; availability may vary by provider. The provider featured is fictional and for marketing purposes only.

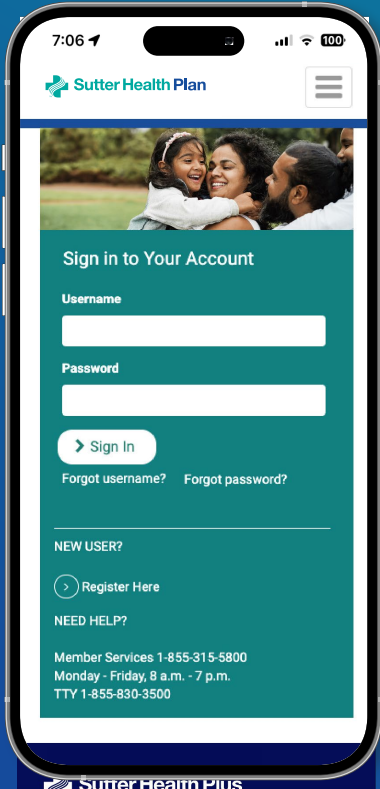
Convenient Access to Care

¹ Log in to your MHO account to see if your PCP offers video visits. If your provider doesn't participate in MHO or you're a new patient, please contact your PCP's office for video visit options.

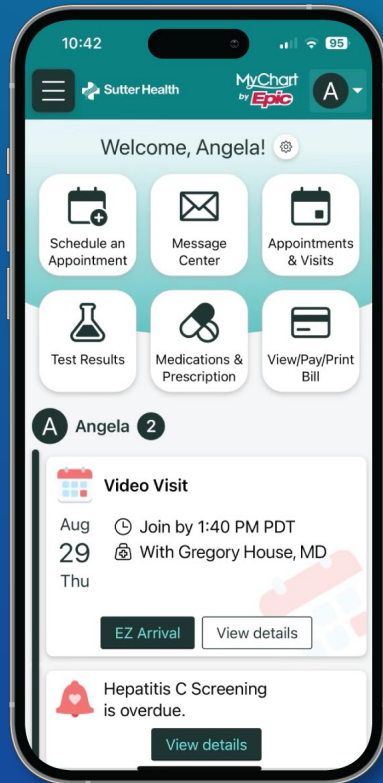
² Refer to the Sutter Health Plan combined Evidence of Coverage and Disclosure Form and Benefits and Coverage Matrix to determine coverage and cost.

³ Minor cases only at Sutter Walk-In Care.

Connectivity



Sutter Health Plan Member Portal



Sutter My Health Online

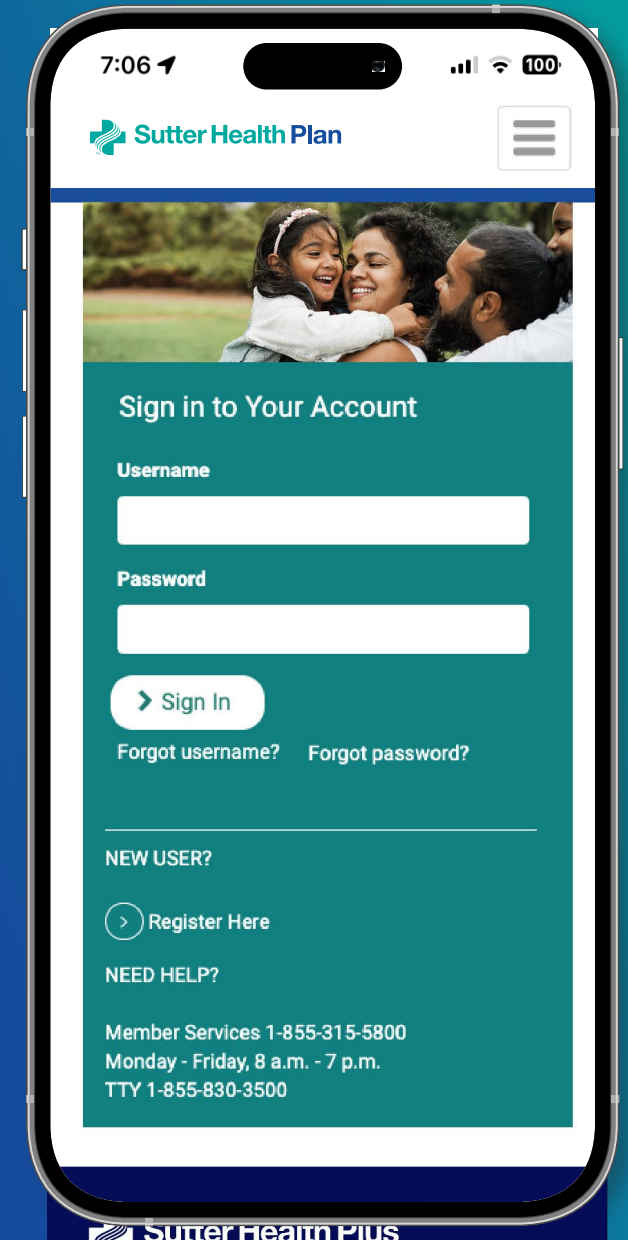


Member Portal

With the Sutter Health Plan Member Portal members can:

- Change your primary care physician
- Request or print member ID cards
- Check your eligibility, benefits, copays and claim information
- View, save and print a summary of individual and family deductibles and out-of-pocket balances.
 - Receive monthly statements with balance details — using the member portal, members can opt out of receiving these statements
- Review benefit plan documents
- View correspondence
- Find Sutter Health Plan forms and resources
- Navigate to the Health and Wellness site

Responsive technology allows access from a smartphone, computer or tablet.

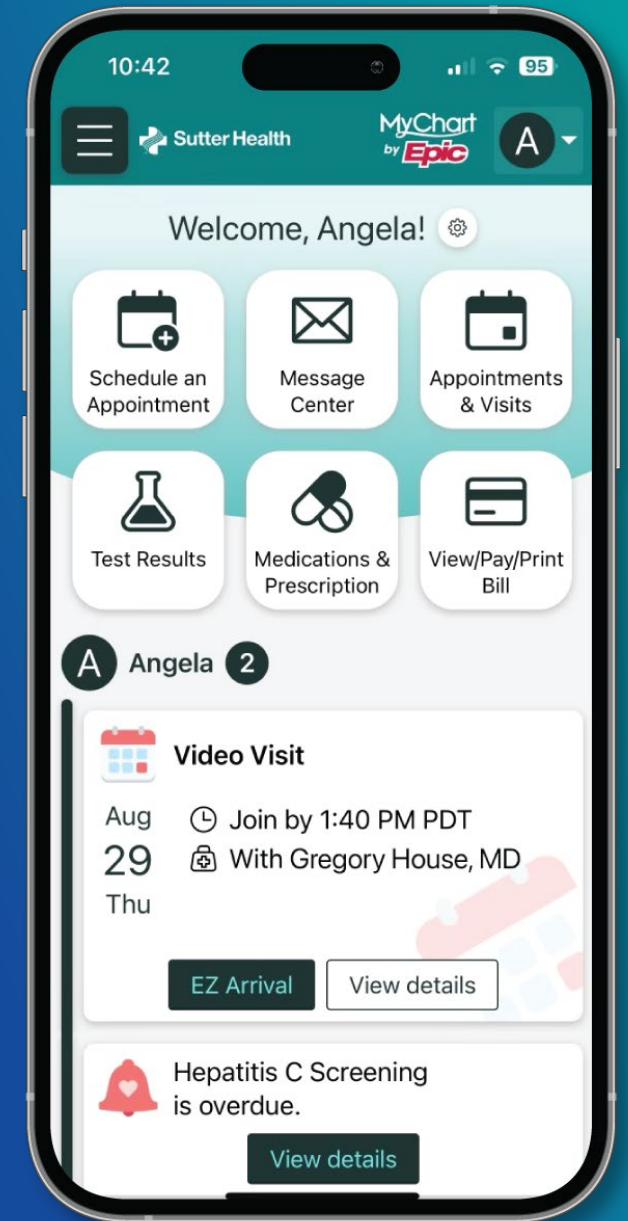


My Health Online

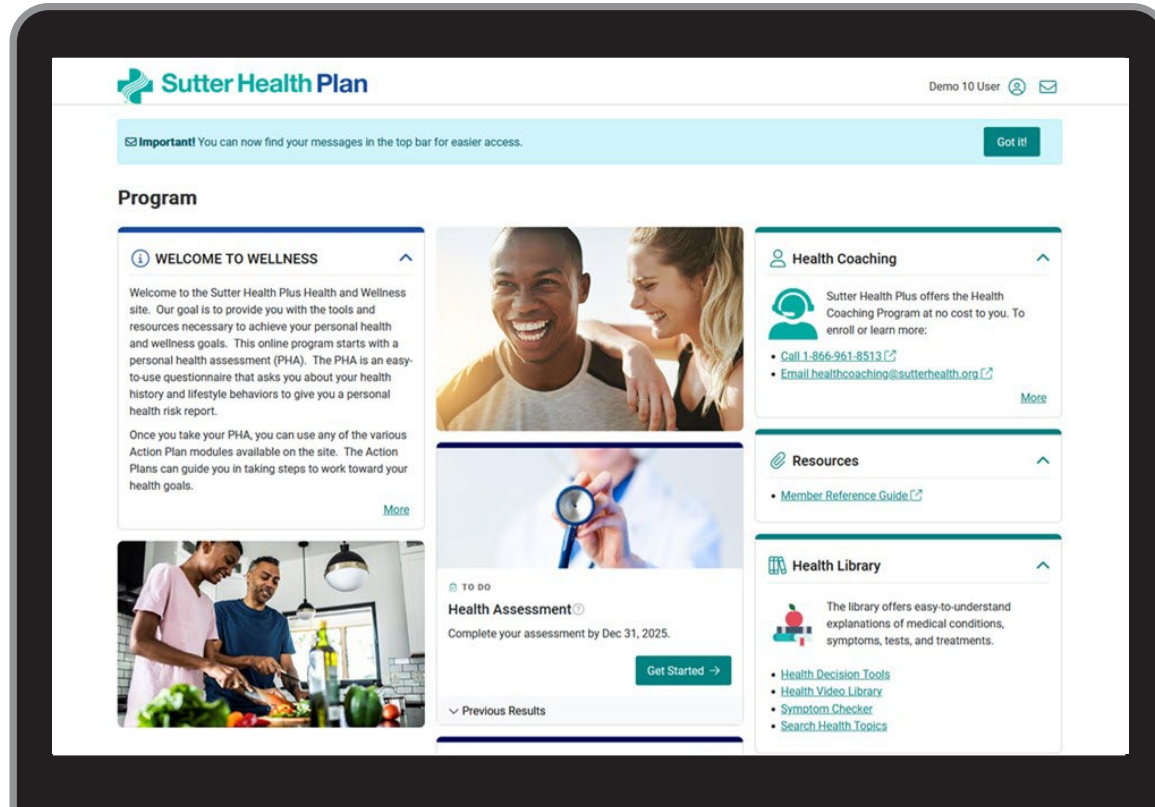
With MHO members can securely:

- Join an on-demand video visit
- Book a video visit
- Message your care team
- Make an appointment
- Sign up for text reminders
- Join the waitlist to be notified about earlier appointments
- Request prescription renewals
- View test results
- Update your health history
- Complete EZ Arrival for contactless check-in
- Invite family or caregivers for proxy access
- View hospital stay through Bedside Mobile
- Access an advance care planning tool to guide future healthcare decisions
- Navigate to your Sutter Health Plan Member Portal

Online App available in Apple Store or Google Play. Members can navigate to the Sutter Health Plan Member Portal from their MHO account.



Health and Wellness Site



- **Personal health assessment**
 - English and Spanish
- **13 Action Plan modules**
 - Healthy Eating, Stress Management, Heart Disease Prevention, and more
- **Health Library**
- **Learning Centers, a Video Library and a Symptom Checker**
- **Health Decision Tools**
 - Designed to guide members through key health decisions, combining medical information with personal values

Accessed through the Member Portal at shplan.org/memberportal.



Sutter Care Management Program

Members have access to the Sutter Health Care Management Program at no cost share:

- Health Coach Program offers education, healthy lifestyle coaching, self-monitoring support, and more.
- Complex Case Management, which includes a team of registered nurse case managers, social workers, clinical pharmacists, and healthcare coordinators, can assist you with coordinating care with your providers and understanding your prescription drugs.
- Transitions of Care services can help members with their hospital discharge needs, such as ensuring follow-up appointments are in place.

Health and Wellness



Health Coaching Program for healthy weight, tobacco cessation and stress management.



Health and Wellness Site including a personal health assessment and 13 action plan modules.



24/7 Nurse Advice Line for medical questions or concerns to help members determine the right level of care.



Wellness Page for health and wellness tip sheets, health maintenance guidelines, and live and recorded webinars.

Learn more at sutterhealthplan.org/wellness.



Health Plan Benefits

	Plan Name
Annual Deductible	
Self-only / Individual member of a family	\$0
Family	\$0
Annual Out-of-Pocket Maximum	
Self-only / Individual member of a family	\$1,500
Family	\$3,000
Outpatient Services	
Primary care office visit	\$10 copay per visit
Specialist office visit	\$10 copay per visit
Telehealth / Sutter Walk-In Care visits (including telephone and video visits)	\$5 copay per visit
Outpatient surgery facility fee	\$10 copay per visit
Laboratory tests	\$0 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$0 copay per procedure
Diagnostic and therapeutic imaging (X-rays) and testing	\$0 copay per procedure

Health Plan Benefits cont.

	Plan Name
Hospitalization Services	
Hospitalization facility fee	\$0 copay [per day up to 5 days][per admit]
Emergency and Urgent Care Services	
Emergency room services	\$50 copay per visit
Urgent care	\$10 copay per visit
Outpatient Behavioral Health	
Office visit – Individual	\$10 copay per visit
Office visit – Group	\$5 copay per visit
Substance Use Disorder office visit – Group	\$5 copay per visit
Acupuncture and Chiropractic Rider*	
Acu and/or chiro services ([unlimited][up to X] visits per year)	\$10 copay per visit

*Cost sharing does not apply to an applicable deductible or the annual out-of-pocket maximum.

This is only a summary. In the event of any discrepancies in information, the Sutter Health Plan Evidence of Coverage (EOC) and incorporated Benefits and Coverage Matrix (BCM) determine coverage and costs.

Health Plan Benefits cont.

	Plan Name
Prescription Drugs Filled Through a Network Pharmacy¹ (up to a 30-day supply per prescription)	
Tier 1 (Most generic drugs and low-cost preferred brand name drugs)	\$10 copay
Tier 2 (Preferred brand name drugs and non-preferred generic drugs)	\$20 copay
Tier 3 (Non-preferred brand name drugs)	\$40 copay
Tier 4 (Specialty drugs)	\$40 copay
Prescription Drugs Filled Through Mail Order or at a Retail-90 Pharmacy (up to a 100-day supply per prescription)	
Tier 1 (Most generic drugs and low-cost preferred brand name drugs)	\$20 copay
Tier 2 (Preferred brand name drugs and non-preferred generic drugs)	\$40 copay
Tier 3 (Non-preferred brand name drugs)	\$80 copay

¹ Specialty drugs are not limited to Tier 4 and are available through CVS Specialty®

This is only a summary. In the event of any discrepancies in information, the Sutter Health Plan Evidence of Coverage (EOC) and incorporated Benefits and Coverage Matrix (BCM) determine coverage and costs.

Care and Coverage



Call the Nurse Advice Line for 24/7 access to registered nurses for medical questions or concerns.

- Call **855-836-3500**, 24 hours a day, seven days a week.
- Helps determine the right level of care for a member's health needs.
- Provides home care tips for minor injuries and illnesses.



Customer Service can assist members in scheduling new and existing primary care appointments, answering coverage questions and more.

- Call **855-315-5800**, Monday through Friday, 8 a.m. to 7 p.m.
- Visit sutterhealthplan.org/contact.



Thank you, San Joaquin

Q & A



Ready, set, retire!

Answers to key planning questions
to help you prepare for retirement



Nationwide[®]
is on your side



What does retirement look like for you?



Home



Time with family
and friends



Hobbies



Travel



Volunteering

How much retirement income will I need?

Key factors:

- Lifestyle
- Planned retirement age
- Longevity
- Healthcare and long-term care needs



Use an income replacement ratio

$$\frac{\text{Current annual income}}{\text{Current annual income}} \times 80\% = \frac{\text{Estimated amount needed annually in retirement}}{\text{Estimated amount needed annually in retirement}}$$

¹ “Securing today and tomorrow: Retirement Benefits,” SSA.gov, ssa.gov/pubs/EN-05-10035.pdf (Jan. 2024).

STEP

1

Create a retirement budget:

Estimate your income

Potential retirement income sources	Your expected monthly income (after taxes)	Examples of monthly income
Your employer-sponsored plan	\$	\$2,124
Pension benefits	\$	
Social Security benefit	\$	\$1,408
Previous employers' plans	\$	
Other retirement accounts (IRAs, mutual funds, etc.)	\$	\$200
Medical subsidies (if offered through your employer)	\$	
Veteran's benefits	\$	
Annuity income	\$	
Interest income	\$	\$100
Dividend income	\$	\$50
Part- or full-time earnings	\$	
Life insurance	\$	
Other savings and income	\$	\$135
Your monthly income total	\$	\$4,017

STEP

2

Create a retirement budget:

Estimate your expenses

Potential expenses	Estimated amounts	Examples of monthly expenses
Healthcare and prescriptions	\$	\$510
Rent/mortgage	\$	\$1,568
Utilities (gas, electric, water/sewer, trash)	\$	\$179
Property taxes	\$	\$147
Home insurance	\$	\$103
Phone (cell/landline)	\$	\$54
Cable/satellite/internet	\$	\$139
Auto payment	\$	\$430
Auto maintenance and gas	\$	\$225
Auto insurance	\$	\$179
Life insurance	\$	\$135
Groceries	\$	\$400
Clothing, etc.	\$	\$80
Entertainment	\$	\$200
Emergency fund	\$	\$125
Totals	\$	\$4,474

STEP

3

Create a retirement budget:

Subtract your estimated expenses from your estimated income.

Estimated income

— Estimated expenses

**Estimated surplus
or shortfall**

Does your potential income cover your needs?

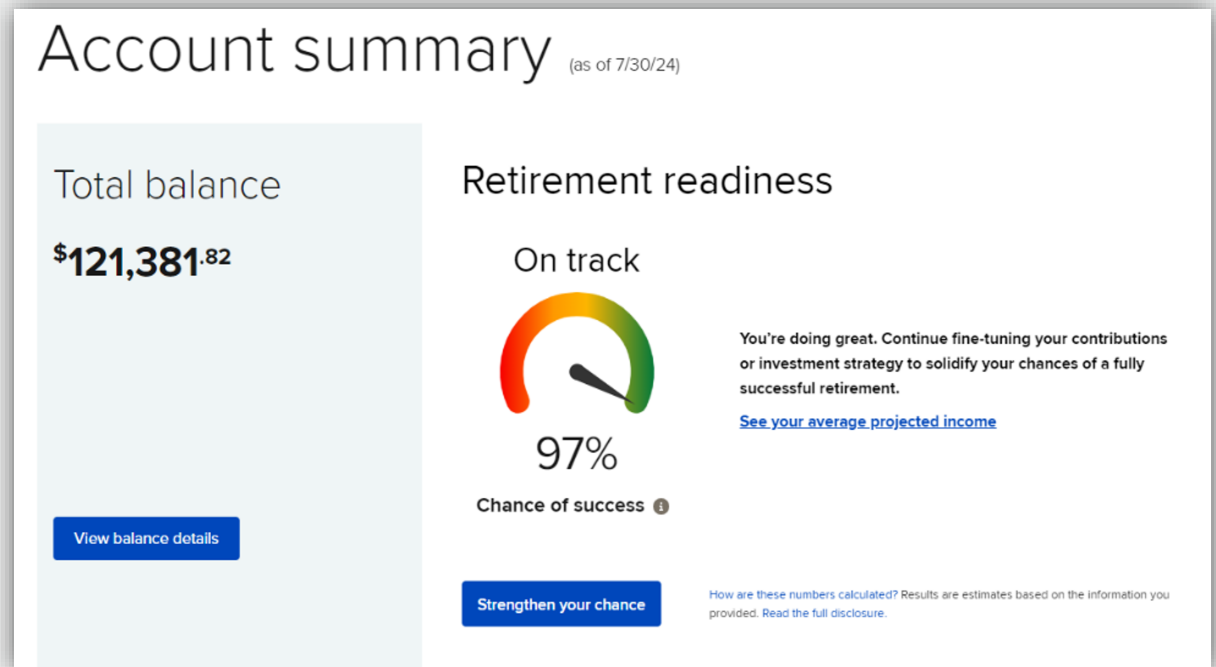
If you have a potential shortfall, you can:

- Save more for retirement now
- Reduce future retirement expenses
- Stay invested in your retirement plan after you retire to allow funds the chance to grow
- Consider other income options in retirement, such as part-time work

Assess your personal retirement readiness

Log in to use My Income & Retirement PlannerSM:

- Get your **Chance of success score** to track your likelihood of achieving your retirement goals
- Use different income sources to identify projected income vs. potential needs
- Explore common **what-if** scenarios
- Download your personalized Readiness Report



Planning for market downturns

If losses occur early in retirement, it can significantly affect how long your savings will last.

Ways to manage:

- Build downturns into return expectations
- Manage asset allocation
- Consider different withdrawal strategies
- Keep enough in cash or low-risk investments to cover 1–3 years of expenses

Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Actual results will vary depending on your investment and market experience.

What milestones should I be aware of?

50

Eligible age to make annual catch-up contributions¹

60–63

Eligible age to make catch-up contributions up to a higher limit than the age 50+ limit¹

62

Earliest age to start taking Social Security (with a permanently reduced payout)

66–67

Depending on your date of birth, age when you're eligible for full Social Security benefits

73 or 75

Depending on your date of birth, mandatory age to start taking **required minimum distributions** from retirement plans and traditional IRAs

59^{1/2} or 70^{1/2}

Depending on the plan, eligible age to take assets from a qualified retirement plan²

65

Eligible age for Medicare (may be eligible earlier with a qualifying illness or disability)

70

Latest age to start taking Social Security (with the highest payout)

When do I take required minimum distributions (RMDs)?

The IRS requires you begin minimum distributions from retirement plans annually starting:

by April 1 of the calendar year following the calendar year in which you attain RMD age



required by December 31 each subsequent year after turning RMD age

Born	RMD Age
January 1, 1951–December 31, 1959	73
1960 or later	75

As long as your assets remain in your plan, we'll take care of RMDs from it for you.

How can I improve my retirement outlook?



1

Increase contributions to your retirement plan

For 401(k), 403(b) plans and most 457 plans, the IRS limit in 2025 is \$23,500¹



2 Take advantage of catch-up opportunities (ages 50+)

IRS catch-up contribution limits¹

Plan Type	Maximum Elective Deferrals	Age 50+ Catch-Up	Age 60-63 Catch-Up (starting in 2025)	457(b) Special Catch-Up
457(b)/Roth 457(b) combined limit	\$23,500 ¹	\$7,500 ^{1,2}	\$11,250 ^{1,2}	\$23,500 ^{1,2}
401(k)/Roth 401(k) combined limit	\$23,500 ¹	\$7,500 ¹	\$11,250 ¹	n/a
IRA (Traditional & Roth) combined limit	\$7,000 ¹	\$1,000 ¹	n/a	n/a
401(a)	\$70,000 ^{1,3}	n/a	n/a	n/a

Beginning January 1, 2026, the SECURE 2.0 Act's Section 603 requires participants earning more than \$145,000 in the prior year's FICA wages* to make age-based catch-up contributions on a Roth (after-tax) basis. **The 603 provision does not apply to 457 special catch up.** That full amount can be contributed on a pre-tax basis regardless of their FICA wages.

**FICA wages are the types of pay that count toward Social Security taxes. This includes salary, tips, bonuses, commissions, and some extra benefits an employee might receive (like a company car or gym membership). You can find this total in Box 3 of a W-2 form.*

¹ Limits subject to change year to year

² If plan allows.

³ Deferral maximum is for employer and employee contributions combined.

This table assumes includable compensation exceeds contribution limits.

Source: <https://www.irs.gov/newsroom/irs-announces-401k-limit-increases-to-20500>

Investing involves market risk, including possible loss of principal. Actual results will vary, depending on your investment and market experience.

Retirement Specialists cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

3

Transfer unused leave time into your account¹

- Accumulated vacation/sick pay can be deferred into 457(b) plans (up to annual contribution limits)
- Contributions can be made into plan tax-deferred
- For plans that offer Roth, deferrals can be made as either pretax or Roth
- Invested dollars can keep growing tax-deferred after you retire

¹ If plan allows.

Nationwide and its representatives do not give legal or tax advice. An attorney or tax advisor should be consulted for answers to specific questions.



What are my payout options?

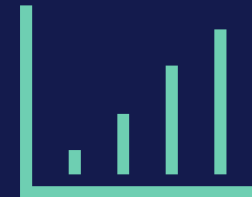
3 basic ways to receive payments:¹



Total lump
sum



Partial lump
sum



Systematic or periodic
withdrawal payments

¹ Options vary by plan.

Retirement Specialists cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions. Tax rules vary. See prior sections regarding taxation on distributions for each plan type. Contact your tax advisor for more information regarding tax implications resulting from a particular payout. Because the Plans are designed for retirement purposes, the governing Internal Revenue Code provides restrictions on the timing and manner of benefit payments.

Ways to request your payout¹



Online self-service: Log in to your account and select “Apply online”



DocuSign: Work with your plan representative to request distribution electronically



Hard copy form: Download the Benefit Distribution Request form from your plan’s website and submit as directed

How we protect your information

You can trust Nationwide to continually invest in protecting your data and in preventing and detecting fraudulent activity

- The Online Withdrawal option requires a participant to authenticate using their established web account credentials; Nationwide monitors authentication factors on several websites for participant protection
- Nationwide validates where participants are requesting money to be paid prior to certain outbound money processing
- Nationwide performs additional validation when changes are made to personal data

Staying in your plan after you retire

Your retirement plan may be a benefit you can keep after you retire.

If so, you'll enjoy:

- The same great service you have right now
- Competitive, and possibly lower, fees than with other providers
- Professionally screened investments
- Automatic required minimum distributions^{1, 2}
- Flexible payout options²



¹ If you turn 72 after 2022, you're required to begin taking minimum distributions by April 1 of the calendar year after the calendar year in which you attain age 73; If you turn 73 after 2032, you must begin taking minimum distributions by April 1 of the calendar year after the calendar year you reach 75.

² Withdrawals are taxed as ordinary income.

We're here to help!

Meet with a **Personal Retirement Consultant** at no additional cost to get a:

- Retirement Income Analysis
- Social Security assessment
- Health Care Cost Analysis

You'll learn:

- How to maximize your retirement income
- How much to allocate for healthcare
- When you should draw Social Security

Reach out to us today!



Take Action

Approaching-retirement checklist

- ✓ Use My Income & Retirement PlannerSM
- ✓ Schedule an annual account review at no extra cost
- ✓ Increase your retirement plan contributions
- ✓ **Check and update your account information, including beneficiaries**
- ✓ Check with your employer about other retirement benefits you may have, such as medical subsidies

We're here to help

Brenda DeVecchio

Sr. Retirement Specialist

devecb1@nationwide.com

(209) 337-4574



Access your retirement account at
www.sanjoaquindc.com



1-888-401-5272



SAN JOAQUIN
— COUNTY —
Greatness grows here.



Your retirement is right around the corner



Let us help you confidently transition into retirement.

Retirement planning checklist	Yes	No	Not Sure
Do you have Accrued Leave?			
Do you have a DROP benefit or pension lump-sum options?			
Is your Termination of Employment form ready?			
Are your beneficiaries up to date?			
Are you eligible for Catch-up or Special Catch-up benefits?			
Have you completed the Social Security 360 Analyzer®?			
Have you completed the Health Care Cost Assessment?			
Have you completed a Financial Needs Assessment?			
Do we have your personal email address on file vs. work email?			
Have you established an online account?			
Have you met with your local Retirement Specialist?			

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.
Social Security 360 Analyzer is a service mark of Nationwide Life Insurance Company.



Have questions? Your Nationwide Retirement Specialist is here to help!



Scan this code to schedule an individual appointment, or visit www.sanjoaquindc.com to enroll or update your account.



Brenda DeVecchio
(209) 337-4574
devecb1@nationwide.com



Retirement Resource Group
888-401-5272
nrsforu@nationwide.com

NRM-15397AO.4 (01/24)



SAN JOAQUIN COUNTY
Greatness grows here.

Information provided by Retirement Specialists is for educational purposes only and not intended as investment advice. Nationwide Retirement Specialists and plan representatives are Registered Representatives of Nationwide Investment Services Corporation, member FINRA, Columbus, Ohio.

Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. © 2024 Nationwide

Deferred Compensation Contribution Change Form - FINAL PAYCHECK ONLY

Social Security Number	Employee ID No.	Last Day Worked:
Employer County of San Joaquin		
Plan Name 457(b) Deferred Compensation Plan		
Participant Name (Last, First, MI)		
Mailing Address		
City	State CA	Zip Code
Home Phone	Work Phone	Ext.

CONTRIBUTION CHANGE - BEFORE-TAX CONTRIBUTIONS

Increase Per check

Decrease *Employee \$ or %*

Resume From:

Suspend To:

CONTRIBUTION CHANGE - AFTER-TAX ROTH CONTRIBUTIONS

Increase Per check

Decrease *Employee \$ or %*

Resume From:

Suspend To:

By execution of this document, the Employee authorizes that any Before-Tax or After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature

Date

**Submit this form to Auditor-Controller Payroll.
Please fax to: (209) 468-0408**

Thank you to our participants:

San Joaquin County

Kaiser

Sutter

NationWide

RPESJC

Follow SJCERA on social media:



Register for upcoming webinars:

