



Retired Employees of Stanislaus County Organizations, Inc.

2025 Benefits Guide

Benefits Begin January 1, 2025



**Open Enrollment Ends
November 15, 2024**

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Open Enrollment ends November 15, 2024.

Coverages begin January 1, 2025.

**If you have a question that was not answered in this guide, please contact us at
(800) 511-9065 or RESCO@pgagencies.com.**

**Please do NOT call RESCO, StanCERA, or the County with questions about the plans
detailed in this guide. They will be unable to help you.**



Benefits Available Exclusively for Retired Employees of Stanislaus County Organizations Members

Dear Retiree:

The Retired Employees of Stanislaus County Organizations (RESCO) is the only officially recognized organization representing Stanislaus County retirees. RESCO is a member supported, non-profit, non-partisan, non-union organization that advocates, educates, informs, and provides social activities for members.

RESCO members have access to many exclusive benefits. One popular benefit is insurance. These group plans offer higher benefit levels than typical individual plans. This guide details the plans administered by Pacific Group Agencies and available exclusively to RESCO members. All are completely independent of those offered by the County of Stanislaus. Insurance coverage is an important decision. Please note, you are not limited to these group plans. You are welcome to explore marketplace options or with an individual broker.

The annual Open Enrollment period is upon us. This is your once-a-year opportunity to enroll. Whether you're looking to enroll in a high benefit Medicare Advantage plan or add dental coverage, now is the time. RESCO members Annual Opening Period (AOP) Health Fair is scheduled for Wednesday, October 23, 2024. The doors open at 8:45 a.m. at Modesto Elks Lodge.

Medicare Advantage plans are open to members and their spouses who are Medicare-eligible. The plans have low copays, comprehensive coverage, and include extensive prescription drug coverage.

All retirees, regardless of Medicare-eligibility, may enroll in the other benefit plans. Members may also add coverage for their spouse / domestic partner and dependent children up to age 26. Coverage is available to children aged 26 and older if they are permanently disabled and the member lists them as a dependent on their tax return.

Please review the benefit plans available. Plans available include a dental PPO plan with a generous \$1,500 annual benefit maximum, an HMO dental plan with a nationwide network, a VSP vision plan, and many others. Time to take advantage of them is limited. **Open Enrollment has begun and will end November 15th.**

If you should have any questions on the benefit plans in this guide, please direct them to our Benefit Plans Administrator, Pacific Group Agencies, at (800) 511-9065 or RESCO@pgagencies.com. **Please do NOT call RESCO, StanCERA, or the County with questions about the plans discussed in this Benefit Guide, they will not be able to assist you.**

Sincerely,
RESCO Executive Board

How To Enroll

You can enroll in the **Dental, Vision, Legal Shield, ID Shield, Armadillo, and Personal Accident** plans using the enclosed enrollment form. A postage paid envelope is provided for your convenience. If you do not have the return envelope, please mail the form to:

Pacific Group Agencies
25876 The Old Road #11
Santa Clarita, CA 91381

You may also fax the form to: (800) 549-0059. Please make sure to fax both sides of the form.

An online form is available at: www.pgagencies.com/resco

Medicare Advantage plans require an additional insurance carrier specific enrollment form. This form will be mailed to you once we receive your Health Insurance Election Form indicating your Medicare plan selection.

You can enroll in the **Pet plans** by calling the carrier direct or visiting their website. If calling, remember to mention you are an RESCO member, so you get the discounted rates.

- Nationwide Pet Insurance (Premiums are credit card billed)
Visit www.petinsurance.com/resco or call (877) 738-7874.
- United Pet Care
Visit www.unitedpetcare.com/resco or call (877) 872-8800.

Travel Guard should be purchased within two weeks of booking your trip and is on a per-trip basis. To purchase coverage (credit card billed), visit: www.tiny.one/travelguard

Emergency Assistance Plus is purchased (credit card billed) on an annual basis. Visit www.emergencyassistanceplus.com/pedit or call (877) 883-1935.

Term Life is medically underwritten. Complete the information on the enclosed form and a quote will be mailed to you. Please note: Quotes are generally mailed to members in late January.

Amplifon Hearing is a FREE benefit to members and their family. No need to enroll. Just call Amplifon at (877) 846-7075 and let them know you're a RESCO member, and they will explain the process.

Frequently Asked Questions

When does the Open Enrollment period end?

Forms must be postmarked by November 15, 2024. We strongly recommend you submit your form as early as possible, so we may address any issues and make sure you receive an ID card before your coverage(s) start.

When do the coverages begin?

Coverages will begin January 1, 2025.

I'm not making any changes; do I have to do anything?

No! If you are not making any changes to your current coverages, you do not need to submit an enrollment form. Your current coverages will continue.

Can I add my spouse/domestic partner or dependent child to my coverage?

Yes. To add a dependent to your coverages, complete the enrollment form and select the appropriate Member + [Dependent] box. Please make sure to provide all the dependent information.

How do I cancel a benefit I'm currently enrolled in?

If you wish to cancel a benefit, please write cancel across the benefit box. *Leaving the box unchecked will not cancel that benefit.* You may also send an email to cancel@pgagencies.com stating your name, date of birth, and which benefit plan you wish to cancel. Please note, we cannot cancel your membership in the retiree association. You must contact the association for membership changes.

Who do I contact with questions?

With regards to any benefit plan listed in this booklet, please contact Pacific Group Agencies, the Benefit Plans Administrator, at 800-511-9065 or RESCO@pgagencies.com.

Do NOT contact RESCO, StanCERA, or Stanislaus County about these plans. They will be unable to help you.

I have coverages with the County, do I have to cancel their plan if I enroll in yours?

Enrolling in these plans will not affect your enrollment in other plans. If you wish to cancel a County plan, you must contact them directly.

Medicare Advantage FAQ

What are Medicare Advantage Plans?

Medicare Advantage plans, also known as Medicare Part C, are bundled alternatives to traditional Medicare. Instead of Medicare being responsible for your covered medical costs, an insurance carrier is now responsible for everything covered under original Medicare Parts A & B plus additional benefits that aren't covered by original Medicare such as chiropractic care, hearing aids, gym memberships, medical transportation, post-discharge meals, prescription drugs, and much more. Enrollee copays may also be much lower than original Medicare for covered services.

Who is eligible?

RESCO members, their spouse / domestic partner, and disabled children provided both conditions are met:

1. The enrollee must be Medicare eligible.
2. The enrollee must be enrolled in Medicare Parts A & B and continue to pay these premiums.

Why must I continue to pay for Medicare Parts A (Hospital) & B (Doctor)?

Medicare highly subsidizes the cost of Advantage plans, reducing your monthly premium by around \$1,000 per month! Medicare requires your enrollment in Medicare Parts A & B for this subsidy.

What about Part D (Drug)?

All RESCO Advantage plans include drug coverage. Note: Advantage Plans purchased *outside of RESCO* frequently do not include drug coverage and you would need to purchase a separate Part D plan.

Do all Advantage plans cover the same services?

All Advantage plans cover “Medicare Medically-Necessary Services” However, each plan may set their own deductibles, annual maximum out-of-pocket expense, and copayments. Each plan may also offer ancillary coverage for things like hearing aids, medical transportation, fitness programs, etc.

How are drugs covered?

If your Advantage plan covers drugs (all RESCO plans do), it has a formulary (list of covered drugs). Medicare requires coverage for certain core drugs, but non-core drug coverage and copays can vary wildly.

For example, a drug may be under Tier 1 and have a \$10 copay with Plan A, but be under Tier 2 and have a \$20 copay with Plan B. Coverage can vary under the same carrier. For example, a drug covered by the RESCO United Healthcare plan may not be covered by an AARP United Healthcare plan or it may be covered at a significantly higher copay.

For information on what drugs are covered and their tier:

United HealthCare Secure Horizons: www.uhcretiree.com

Kaiser Permanente: www.kp.org/seniorrx

Anthem: www.anthem.com

What about the Rx Drug Coverage?

With RESCO Advantage plans, you will continue to pay the low copay (typically \$10-\$20 per prescription). This can save you a significant amount of money during the year!

Can I keep my current doctor?

The Anthem PPO plan allows you to see any doctor or specialist that accepts Medicare.

United Healthcare and Kaiser Permanente plans are HMO plans and require that your doctor be contracted with them. Please contact your doctor's office to confirm which plans they accept. You may also visit the insurance carrier websites to confirm which doctors are in their network.

What factors should be considered when selecting a plan?

- **Service Area:** Is the plan available in your area? The enrollee must live in the plan service area, which is generally defined as your ability to get non-emergency care from your provider network, within 25 miles from your home. You may find the service areas for each plan at:

United HealthCare: www.uhcretiree.com

Kaiser Permanente: www.kp.org

Anthem: All Medicare providers are eligible. For Anthem network providers: www.anthem.com

- **Doctors / Hospitals:** Which doctors / hospitals accept the plan?
- **Copays:** Copays vary among plans, generally with more expensive plans having lower copays.
- **Prescription Drugs:** Are your drugs covered and under what copay tier?
- **Ancillary Benefits:** Are gyms, hearing aids, transportation, meals, counseling, etc important to you?

There are lesser-premium plans available directly from insurance companies.

The main cost difference is due to many Rx benefit limits and higher copays for services.

Without a doubt there are less expensive plans in the marketplace. There are even plans where the enrollee pays \$0 monthly premiums. With these plans, you get what you pay for . . .

Inexpensive plans frequently have *no prescription drug coverage!* You must buy a Rx plan separately. They also usually have significantly higher copays, higher out-of-pocket maximums, higher doctor visit copays, higher lab tests copays, and no ancillary benefits like chiropractic, hearing aids, or gym access.

The RESCO plans aren't the cheapest and they were never designed to be. They are premium plans designed to offer a high level of benefits, a large drug formulary including brand name and specialty drugs, and offer numerous ancillary benefits not found elsewhere.

Considering a lesser-cost plan? We hear from members all the time that made the mistake of trying to save a few dollars with a cheaper plan, only to end up having medical bills in the thousands or find out their prescription drug is not covered.

We believe the RESCO plans offer more value to our members than an individual plan. When it comes to your health, saving a few dollars is never a good idea.

Anthem Medicare Advantage PPO

This plan allows you to use any medical provider that accepts Medicare (over 93% of all doctors accept Medicare). This plan is good in all 50 states and DC. Some coverage is available worldwide while traveling.

This PPO plan allows you to visit any doctor, specialist, or hospital without a referral. The provider does not need to be part of the Anthem network. The only requirement is that they accept Medicare.

Monthly Premium

Must be Medicare Eligible & Enrolled in Medicare Parts A & B

Each Enrollee (Retiree, Spouse, <u>or</u> Disabled Child)	\$549.37
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Annual Maximums

Deductible	\$0
Annual Out-of-Pocket Maximum	\$2,000

Physician Services

Primary Care Office Visit	\$0
Specialist Office Visit	\$0
Remote Services (Via Internet / Telephone)	\$0
Annual Wellness Visit / Routine Physical	\$0

Prescription Drug Co-Pay

	30 Day Retail Supply	90 Day Mail Order Supply
Select Generic	\$0	\$0
Generic	\$10	\$20
Preferred Brand	\$20	\$40
Non-Preferred	\$35	\$70
Specialty	\$35	\$35

Inpatient Services

Hospital Stay	\$0
Skilled Nursing Facility Care	\$0
Skilled Nursing Facility Care Benefit Period	100 Days

Ambulance / Emergency Room / Urgent Care

Ambulance Services	\$50
Emergency Department Visits	\$50
Urgent Care Visit	\$0
Outpatient Services	
Outpatient Surgery	\$0
Occupational Therapy	\$0
Speech Therapy	\$0
Physical Therapy	\$0
X-Rays	\$0
Laboratory Tests	\$0
Chiropractic Visit	\$0
Acupuncture for Chronic Low Back Pain	\$0

Mental Health Services	
Inpatient Psychiatric Care	\$0
Individual Outpatient Mental Health	\$0
Group Outpatient Mental Health Treatment	\$0

Medicare Part B Drugs	
Chemotherapy Drugs	20%
Other Part B Drugs	20%

Additional Services	
Fitness Program (Silver Sneakers)	\$0
Healthy Meals	\$0
Durable Medical Equipment (wheelchairs, oxygen)	10%
24/7 NurseLine	\$0
LiveHealth Online	\$0

This is a condensed summary of plan benefits. It is not a comprehensive list. While believed to be accurate, the Certificate of Insurance (COI) is final. Nothing stated in this booklet can change or alter the COI.

Kaiser Medicare Advantage HMO

Kaiser's *under one roof* approach puts your doctor, specialist, lab, and pharmacy often in one location.

You have the ability to manage your care online, including prescriptions, scheduling appointments, viewing lab results, and emailing your doctor's office, all from convenience of your home. Your entire care team is connected electronically, so they can easily access your records and work together.

Monthly Premium	
<i>Must be Medicare Eligible & Enrolled in Medicare Parts A & B</i>	
Each Enrollee (Retiree, Spouse, <u>or</u> Disabled Child)	\$305.85

Annual Maximums	
Deductible	\$0
Annual Out-of-Pocket Maximum	\$1,000

Physician Services	
Primary Care Office Visit	\$20
Specialist Office Visit	\$20
Remote Services (Via Internet / Telephone)	\$0
Annual Wellness Visit / Routine Physical	\$0

Prescription Drug Co-Pay	30 Day Retail Supply	90 Day Mail Order Supply
Generic	\$10	\$30
Brand	\$20	\$20
Specialty Drugs	20% Co-Pay, up to \$150 Maximum	

Inpatient Services	
Hospital Stay	\$0
Skilled Nursing Facility Care	\$0
Skilled Nursing Facility Care Benefit Period	100 Days

Ambulance / Emergency Room / Urgent Care

Ambulance Services	\$0
Emergency Department Visits	\$50
Urgent Care Visit	\$20

Outpatient Services	
Outpatient Surgery	\$20
Occupational Therapy	\$20
Speech Therapy	\$20
Physical Therapy	\$20
X-Rays	\$0
Laboratory Tests	\$0
Manual Manipulation of Spine	\$20

Mental Health Services	
Inpatient Psychiatric Care	\$0
Individual Outpatient Mental Health	\$20
Group Outpatient Mental Health Treatment	\$10

Chemical Dependency Services	
Inpatient Detoxification	\$0
Individual Outpatient Therapy	\$20
Group Outpatient Therapy	\$5

Additional Services	
Fitness Program (NEW Change to One Pass)	\$0
Post-Discharge Meal Delivery Program	\$0
Covered Durable Medical Equipment	\$0
Eyewear (Medically Necessary)	\$150 Allowance per 24 months
Home Health Care (part-time, intermittent)	\$0
Skilled Nursing Facility Care (100 days max)	\$0
Dermatology Treatments	\$0
Allergy Injections	\$3

This is a condensed summary of plan benefits. It is not a comprehensive list. While believed to be accurate, the Certificate of Insurance (COI) is final. Nothing stated in this booklet can change or alter the COI.

United Healthcare Medicare Advantage HMO

United Healthcare has a network of providers that may meet your needs. Like other HMO Medicare Advantage plans, you must reside in the plan service area. You can confirm plan availability in your area by visiting www.UHCretiree.com or by calling UnitedHealthcare at 877.714.0178, 8 AM - 8 PM, 7 days a week.

Monthly Premium

Must be Medicare Eligible & Enrolled in Medicare Parts A & B

Each Enrollee (Retiree, Spouse, <u>or</u> Disabled Child)	\$451.36
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Annual Maximums

Deductible	\$0
Annual Out-of-Pocket Maximum	\$2,000

Physician Services

Primary Care Office Visit	\$20
Specialist Office Visit	\$20
Remote Services (Via Internet / Telephone)	\$0
Annual Wellness Visit / Routine Physical	\$0

Prescription Drug Co-Pay

	30 Day Retail Supply	90 Day Mail Order Supply
Generic	\$10	\$20
Brand	\$20	\$40
Non-Preferred	\$20	\$40
Specialty	\$20	\$40

Inpatient Services

Hospital Stay	\$0
Skilled Nursing Facility Care	\$0
Skilled Nursing Facility Care Benefit Period	100 Days

Ambulance / Emergency Room / Urgent Care

Ambulance Services	\$50
Emergency Room Visit	\$50
Urgent Care Visit	\$20

Outpatient Services	
Outpatient Surgery	\$0
Therapy (Physical, Speech, & Occupational)	\$20
X-Rays	\$0
Laboratory Tests	\$0
Manual Manipulation of Spine	50%
Routine Chiropractic Benefit	\$20
Acupuncture for Chronic Low Back Pain	20%

Mental Health Services	
Inpatient Psychiatric Care	\$0
Individual Outpatient Mental Health	\$20
Group Outpatient Mental Health Treatment	\$20

Medicare Part B Drugs	
Chemotherapy Drugs	\$0
Other Part B Drugs	\$0

Chemical Dependency Services	
Opioid Treatment Program Services	\$0
Individual Outpatient Therapy	\$20
Group Outpatient Therapy	\$20

Additional Services	
Fitness Program (Renew Active)	Free in-person gyms and online classes
Meal Program (Healthy at Home) (28 meals)	\$0
Durable Medical Equipment & Diabetic Monitoring Supplies	\$0
Foot Exams and Treatment	\$20
Routine Medical Transportation (24 one-way trips)	\$0
Personal Care Services (6 Hours in-home caregiver)	\$0

This is a condensed summary of plan benefits. It is not a comprehensive list. While believed to be accurate, the Certificate of Insurance (COI) is final. Nothing stated in this booklet can change or alter the COI.

Vision

VSP Vision Monthly Premium	
Member Only	\$10
Member + One (Spouse / Domestic Partner <u>or</u> Child)	\$20
Member + Family	\$30

Eyecare is vital to your overall wellbeing. Eye exams not only can detect signs of potentially blinding conditions like glaucoma, diabetic eye disease, and macular degeneration, but they can also detect signs of cardiovascular disease, hypertension, diabetes, and high cholesterol that may go unnoticed.

This VSP PPO vision plan allows you to use any eye care provider, but choosing a VSP Choice Network provider provides you the highest benefits and lowest out-of-pocket costs. **Local VSP “Choice Network” providers can be found at: www.VSP.com**

Benefit	VSP Choice Provider	Non-Network Provider
Eye Exam	Covered in Full	\$45
Lenses		
Single Vision	Covered in Full	\$30
Bifocal	Covered in Full	\$50
Trifocal	Covered in Full	\$65
Lenticular	Covered in Full	\$100
Progressive (Standard)	Covered in Full	N/A
Contacts		
Fit & Follow-Up Exam	\$60 Co-Pay	Not Covered
Elective	\$200	\$105
Frames	\$200	\$70
Deductible	Exam: \$10 / Material: \$25	
Frequency (Months)	Exam: 12 / Lens: 12 / Frame: 24	

Lens Options at VSP Providers	Member Co-Pay
Progressive Lenses (<i>Premium & Custom</i>)	\$40
Polycarbonate (<i>Standard</i>)	Child: \$0 / Adult: \$33
Dye (Plastic Gradient / Solid Plastic)	\$15 - \$17
Photochromatic Lenses	\$31 - \$82
Scratch Resistant Coating	\$17 - \$33
Anti-Reflective Coating	\$43 - \$85
Ultraviolet Coating	\$16

Selecting the Right Dental Plan: PPO vs. HMO

When deciding between a PPO and an HMO plan, many members assume that one must be better than the other. The truth is that neither one is better than the other. They just work differently.

Both plans we offer are comprehensive and cover procedures from routine cleanings and X-rays to major issues like crowns and dentures. So why pick one plan over the other? Freedom and cost are the two main deciding factors for most members.

PPO Plans allow you to use any dentist. While PPO plans have dentist networks, you are not required to use a dentist in the network and may use a non-network dentist. However, there are significant cost savings if you do use a network dentist, as network dentists have agreed to charge significantly reduced rates.

Your savings with a network dentist work like this: You need a crown, and the normal cost is \$1,200:

- Your dentist **is** a network dentist: Your dentist has agreed with the insurance carrier to reduced fees. Instead of \$1,200, they agree to charge only \$700. Crowns fall under the Major Services category, so cost is split 50/50 between you and insurance. Your out-of-pocket cost is \$350.
- Your dentist is **not** a network dentist: Your dentist charges their standard \$1,200 rate. Insurance pays its portion based on the average local rate, around \$750. Insurance pays 50% of the \$750, and you will be responsible for the remaining balance. Your out-of-pocket cost is \$825.

We recommend selecting the PPO plan if your current dentist is an Ameritas network dentist, does not accept the Cigna HMO plan, and you're not willing to change dentists. If your dentist does accept the Cigna HMO plan or you are willing to change dentists, the HMO plan is likely the better plan for you.

HMO Plans use a network of highly qualified and pre-screened dentists. You must use one of these dentists. A referral to specialists is required and will be provided by your primary dentist.

You are never locked into a dental office. You may switch dental offices as often as you like by calling the insurance company and letting them know you wish to change.

HMO plans have set co-pays for all covered procedures. Therefore, you will know beforehand what your out-of-pocket cost will be. Your dentist is never allowed to charge more than the agreed upon co-pays.

The Fine Print: All plans have exclusions and limitations, and they can vary greatly between insurance companies and plan types. They can vary between annual number of cleanings, waiting periods, and annual benefit maximums. These issues should be taken into consideration when choosing a plan.

For example, the Ameritas PPO plan requires a crown be 10 years old before replacement, while the Cigna HMO plan only requires five years.

It's also important to remember that insurance is designed to covers potential future events, not events that have already happened. Therefore, if you have already started work or have a tooth that was missing before the date this insurance started, the insurance most likely will not provide coverage for these issues.

Dental PPO

Freedom to Use Any Dentist - No Network Restrictions

Ameritas Dental Monthly Premium	
Member Only	\$49.95
Member + One (Spouse/Domestic Partner <u>or</u> Child)	\$99.90
Member + Family	\$141.95

Dental work becomes more expensive every day and as too many people find out, going without dental insurance can be a very costly mistake. This comprehensive dental plan covers over 360 procedures, from routine cleanings to major items including crowns, dentures, and implants. Whether you need routine care or something more extensive, this plan will have you covered.

Members and dependents each receive a robust **\$1,500 annual network benefit**. Enrollees also have a Dental Rewards benefit which allows them to bank some of their unused benefit for future use. Enrollees who use less than \$750 of their annual benefit will automatically have up to \$400 banked for use in future years.

As an added benefit, enrollees who visit the dentist at least once during the year will have their in-network Basic Services benefit increased by 5% the following year - up to an 85% maximum.

This PPO plan allows you to use any dentist. Your dentist does not need to be part of any network. However, if your dentist is an Ameritas Network dentist, you will receive significantly reduced prices. Ameritas Network Dentists have agreed to charge significantly reduced prices, typically saving you around 36% off their regular rates. Ameritas has the largest dental network nationwide with over 325,000 providers, so there is a good chance your dentist belongs.

**Find Ameritas “Classic PPO & Plus” Network providers
in your area at: <https://dentalnetwork.ameritas.com/>**

Coverage is available for the member, and you may also insure your spouse/domestic partner, and/or your dependent children up to age 26. Children aged 26 and older are eligible if they are permanently disabled and the member lists them as a dependent on their tax return. Grandchildren are only eligible if you have full legal custody.

Dental PPO Benefits

Description	Network Dentist	Non-Network Dentist*
Calendar Year Benefit	\$1,500	
Dental Rewards	\$400 / Year	\$250 / Year
Calendar Year Deductible <i>Waived for Preventative</i>	\$50 / Person	\$75 / Person
Preventative Services		
Cleaning, Oral Exam, Bitewings	100%	80%
Basic Services		
Periodontal Maintenance, Filling, Simple Extraction, Panoramic X-Ray, Denture Repair & Reline, Recement, Biopsy, Emergency Pain Relief	75% - Year 1 80% - Year 2 85% - Year 3	75%
Major Services <i>12-month waiting period applies unless you had other dental insurance for all of 2024. If so, please include proof of current coverage with the enrollment form.</i>		
Crown, Implant, Periodontic, Endodontic, Root Canal, Bridge, Denture, Complex Extraction, Anesthesia, Bone Augmentation, Inlay Restoration, Onlay Restoration, Crown Repair, Bridge Repair, Space Maintainer, Teeth Whitening	50%	50%

*Benefit levels are based on the average rate a dentist in your zip code would charge for that procedure.

Dental HMO by Cigna

Large Nationwide Network of Providers!

Monthly Premium	
Member Only	\$34
Member + Spouse / Domestic Partner <u>or</u> Child	\$68
Member + Family	\$125

Comprehensive coverage. Low copay for all covered procedures. Nationwide network of dentists to choose from. What more could you ask for?

This low copay Cigna HMO dental plan has comprehensive coverage, covering 380+ procedures, from routine preventative (cleanings, x-rays) to major (crowns, dentures, extractions, implants, and orthodontics), all at very low copays.

There is no calendar year maximum dollar benefit. There is no waiting period for any covered service. Whether it's a cleaning or a crown, all services are available to the enrollee on day one.

There are no surprises as the copay for every covered procedure is listed upfront. Your dentist may never charge you more than the listed for any of the covered services. Also, many Cigna providers extend discounts on non-covered procedures, such as teeth whitening.

This Cigna plan uses the expanded Cigna Dental Care Access Plus network, which has thousands of dentists to choose from nationwide. All Cigna network dentists and specialists are highly qualified and have been pre-screened and thoroughly evaluated prior to their acceptance. As with all HMO plans, you must select a dentist from the Cigna network. However, you may change dentists at any time by calling Cigna.

Coverage is available for the member, and you may also insure your spouse/domestic partner, and/or your dependent children up to age 26. Children aged 26 and older are eligible if they are permanently disabled and the member lists them as a dependent on their tax return. Grandchildren are only eligible if you have full legal custody.

Member Copays for Common Dental Procedures

With 380+ covered dental procedures, it would be too numerous to list them all in this booklet. The following list is of the most common procedures covered by this plan and the member copay. A listing of all covered procedures will be mailed to you prior to your coverage becoming effective.

Procedure Type*	Member Copay
Oral Exam and Cleaning	\$0
X-Ray	\$0
Resin Filling	\$0
Root Canal (Anterior)	\$30
Extraction of Erupted Tooth	\$0
Periodontal Maintenance	\$15
Scaling and Root Planing	\$15
Porcelain Crown	\$50
Porcelain Inlay / Onlay	\$50
Post & Core	\$25
Denture (Bridge)	\$100
Denture Repair	\$10
Anesthesia	\$0
Post & Core	\$25
Surgical Placement of Transosteal Implant	\$850
Gingivectomy	\$35
Bone Graft	\$135
Tissue Graft	\$60
Removal of Lesion or Cyst and Biopsy	\$0
Abutment	\$355
Desensitizing Medication	\$15

***Note:** Procedures have been modified into “plain English” and multiple procedures grouped under a single type. Your specific procedure may have a different copay than the one listed above.

Cigna HMO General Dentist Directory

This list is only for those enrolling in the Cigna HMO dental plan.

Note: If enrolling in the Ameritas PPO plan, ignore this list as it pertains only to the Cigna HMO plan.

The following is a list of general dentists in the Stanislaus area for the Cigna HMO dental plan. When enrolling in the Cigna HMO dental plan, you must select a General Dental facility at time of enrollment. However, you may change dentists at any time by calling Cigna at (800) 244-6224.

Should you live outside the Stanislaus area, for a list of dentists, please visit: **www.cigna.com** and select:

- 1) Find A Dentist (Upper right of screen)
- 2) How are you enrolled (Employer or School)
- 3) Enter your zip and click on Doctor by Type (Dentist)
- 4) Select Guest (Login or Guest)
- 5) Continue
- 6) Select Cigna Dental Care Access Plus

Lodi			
Bright Now!	Facility #691470	2309 W Kettleman Ln #104	(209) 371-6911
Dentists Of Lodi	Facility #665680	2610 Reynolds Ranch Pkwy #100	(209) 390-9379
Western Dental	Facility #460813	320 S Cherokee Ln	(209) 339-7101
Mary Ali	Facility #662536	525 S Fairmont Ave #H	(209) 369-2696
Modern Dental	Facility #701686	601 W Kettleman Ln	(209) 366-1850
Star Dental	Facility #742179	755 S Fairmont Ave #D	(209) 369-1959

Manteca			
Western Dental	Facility #286597	1160 W Yosemite Ave	(209) 624-5171
Western Dental	Facility #429541	1332 E Yosemite Ave #F	(209) 823-0208
Stadium Dental	Facility #465615	2288 Daniels St	(209) 456-5610

Modesto			
Golden Valley Health	Facility #384874	1717 Las Vegas St	(209) 556-5044
Western Dental	Facility #271887	1720 E Hatch Rd	(209) 538-9550
Western Dental	Facility #435632	1705 Prescott Rd	(209) 572-6045
Western Dental	Facility #200111	2045 W Briggsmore Ave, Bldg E	(209) 527-7699
Modesto Modern Dentistry	Facility #609952	2103 McHenry Ave #C	(209) 435-9550
Bright Now!	Facility #408438	2225 Plaza Pkwy #P1	(209) 576-8181
Western Dental	Facility #715051	2605 Coffee Rd #200	(209) 643-6110

Western Dental	Facility #215110	2900 Standiford Ave #2	(209) 577-5008
Modesto Smiles	Facility #654522	3601 Pelandale Ave #D-1	(209) 245-0014
Aspen Dental	Facility #683758	3900 Sisk Rd Ste O #O	(209) 857-3910

Patterson

Patterson Family	Facility #422847	1045 Sperry Ave #C	(209) 895-5551
Golden Valley Health	Facility #201015	200 C St	(209) 892-6307

Riverbank

Bright Now!	Facility #684582	2441 Claribel Rd #A	(209) 502-4555
Riverbank Dental	Facility #268368	3324 Santa Fe St #B	(209) 869-1558

Stockton

Park West Dental	Facility #285018	10928 Trinity Pkwy	(209) 474-8000
Western Dental	Facility #198281	1407 W March Ln	(209) 473-4000
South California Dental	Facility #252167	20 S California St	(209) 941-0814
Gary Sakai	Facility #180694	3031 W March Ln #130S	(209) 951-0673
Aspen Dental	Facility #738377	5607 Pacific Ave	(209) 307-9306
Western Dental	Facility #675613	616 W Hammer Ln #B	(209) 634-4092
Bright Now!	Facility #479701	6323 Pacific Ave	(209) 242-0470
Gotta Smile	Facility #681678	1035 W Robinhood Dr #200	(209) 952-3687
Western Dental	Facility #198458	678 N Wilson Way #D	(209) 460-1501
Western Dental	Facility #419929	7860 West Ln #B	(209) 235-2079
Star Dental	Facility #428049	8626 Lower Sacramento Rd #37B	(209) 951-8088
Western Dental	Facility #715040	902 E Hammer Ln	(209) 643-6120

Tracy

Grant Line	Facility #663022	2242 W Grant Line Rd #102	(209) 832-2525
Western Dental	Facility #414673	2313 N Corral Hollow Road	(209) 832-9680
Tracy Smiles	Facility #445963	2600 S Tracy Blvd #170	(209) 836-5441
Bright Now!	Facility #269838	2663 Naglee Rd	(209) 836-4950
Naglee Dental	Facility #665374	2682 Naglee Rd #110	(209) 425-4505

Turlock

Central Dental	Facility #411844	2211 Fulkerth Rd	(209) 668-2220
Turlock Smiles	Facility #534068	2808 W Monte Vista Ave	(209) 667-2879
Antoine Varani	Facility #663023	527 E Olive Ave #A	(209) 667-8874
Western Dental	Facility #195058	703 N Golden State Blvd	(209) 634-0800

ID Shield

Identity thieves target everyone, but seniors are disproportionately affected.

Monthly Premium	
<i>Note: An email address is <u>required</u> for ID Shield coverage.</i>	
Member Only	\$8.45
Member + Family (Children up to age 18)	\$15.95

No one needs to tell you how bad identity theft has become. We all know at least one person who was a victim. For the US alone, 33% of citizens have experienced identity theft, \$56 Billion in annual losses, 15 million victims, 2.5 million identities stolen, and it goes on. And it's all kinds of fraud. The most common fraud is for government benefits, followed by credit card, bank fraud, and utility fraud.

ID Shield members have both protection and peace of mind. Protection through numerous layers of monitoring and peace of mind that if something does happen, ID Shield's dedicated team of licensed private investigators will assist in protecting and restoring your identity – no matter how long it takes.

With its proprietary High-Risk Application and Transaction Monitoring, ID Shield checks to confirm details connected to your identity are safe. If changes are noted, you'll receive immediate notification.

Credit Bureaus are monitored. You're alerted to suspicious activity, credit checks, new accounts, cards reported lost/stolen/over limit, liens/judgements, you incorrectly listed as deceased, derogatory remarks, charge offs, bankruptcy filings, address changes, and addresses associated with your name.

Dark web scanning is performed on global black-market sites, chat rooms, file sharing networks, and social feeds. Scanning is done looking for a member's Personally Identifiable Information, matches of name, birthday, SSN, email address, Driver's License, Passport, Medical ID, and phone number.

Social Media Monitoring checks for over 20 different sources of fraud and identity theft. You may not have a Facebook, Twitter, LinkedIn, or Instagram account, but someone impersonating you may!

Court Records Monitoring detects criminal activity associated with your information due to potential ID theft. Hundreds of millions of records are searched using court records from county courts, Department of Corrections, Administration of the Courts, and other legal agencies.

Payday Loan monitoring covers thousands of online, rent-to-own, and payday lender storefronts, looking for unauthorized activity using your personal information.

ID Shield is pro-active in monitoring breaches. If one occurs, members have unlimited access to identity consultation services. If theft occurs, an investigator will advise you on best practices tailored to the specific situation and can open a case for restoration. ID Shield will do whatever it takes, for as long as it takes, to restore your identity to its pre-theft status.

Personal Accident

All Benefit Levels Include Secure Travel Rider

Benefit Levels	Member Monthly Premium	Member & Family Monthly Premium
\$100,000	\$4.90	\$6.60
\$200,000	\$9.80	\$13.20
\$300,000	\$14.70	\$19.80
\$400,000	\$19.60	\$26.40
\$500,000	\$24.50	\$33.00

Spouse / Domestic Partner benefit is 50% of member benefit (40% if child is covered). Child benefit is 10% of member benefit, max \$30,000. Age reduction applies: Age 70: 65%; Age 75: 45%; Age 80: 30%

This low-cost policy protects you and your loved ones in case of serious injury or death in an accident. Coverage is guaranteed - no medical questions and all ages are covered! Coverage is also available for your spouse/domestic partner and your child(ren) up to age 26.

The Personal Accident portion of this plan is a **cash benefit**. If you or your covered loved one is seriously injured or killed in an accident, a cash benefit will be paid out. Member benefit levels range from \$100,000 to \$500,000.

Additional benefits included at no additional cost are:

- ✓ Up to an additional \$25,000 for home alteration & vehicle modification.
- ✓ Up to an additional \$10,000 for rehabilitation expenses.
- ✓ Up to an additional \$37,500 for wearing a seatbelt & having a functioning airbag.

The **Secure Travel** rider is included with all benefit levels. It provides special benefits any time you travel more than 100 miles from your home. Use of these benefits does not reduce payment level you have selected for Personal Accident. These benefits are completely independent.

- ✓ Emergency Medical Evacuation
- ✓ Repatriation of remains
- ✓ Prescription refill services
- ✓ Assistance with lost or stolen items
- ✓ Translation and interpretation services
- ✓ If traveling alone, transportation for a loved one if you're going to be hospitalized for 10+ days.
- ✓ Return travel for companion who is delayed due to your emergency.
- ✓ Return travel for dependent child (<16) who is left unattended because of your emergency.
- ✓ Up to \$10,000 upfront guarantee of payment for needed medical expenses so you can get the necessary care you need. You are responsible for repaying these funds to Secure Travel.
- ✓ Emergency Cash Advance - Up to \$1,500
- ✓ Pre-trip planning services
- ✓ Emergency message relay
- ✓ Medical / Dental referrals
- ✓ Legal, Embassy, & Consulate referrals

Legal Shield

Legal issues can be costly. We've leveled the playing field for about 50¢ a Day!

Monthly Premium is \$15.95

Note: An email address is required for Legal Shield coverage.

Spouse / Domestic Partner coverage is automatically included.

Child coverage is included if the child meets one of the following criteria:

- 1) Under 18.
- 2) Under 21 (23 if full-time student) and they live at home and have never been married.
- 3) Any age, mentally or physically disabled, and a dependent of the member.

Have you ever needed a Will prepared or updated? Signed a contract and not known exactly what you were agreeing to? Received a traffic ticket? Had an insurance claim denied? Wouldn't it be nice to say, "I'll have my attorney handle this" and actually mean it? With Legal Shield, you can say it and mean it.

For more than 40 years, Legal Shield has provided members direct access to attorneys, available 24/7 for covered emergency situations. Legal Shield's nationwide network of affiliate lawyers have an average of 19 years of experience. When you need help, you won't have to talk to a rookie, a paralegal, or a law clerk, but rather you will deal directly with highly experienced lawyers.

No one ever plans on legal trouble, but the unpredictability of life often throws you a curveball. Instead of trying to navigate the legal system alone, Legal Shield can help you. Whether it's as simple as writing a letter or having an attorney make a call on your behalf, or a more serious issue that leads to time in court, you can breathe easy with Legal Shield on your side.

All legal consultations start off with a call to the main provider law firm in your state. For California, the law firm of Parker Stanbury has been retained. Parker Stanbury is a full-service law firm with specialists in many areas of the law. With over 40 attorneys on staff, with a combined 700+ years of legal experience, Parker Stanbury can help with your legal issues.

Many experienced lawyers charge \$400 an hour or more. With Legal Shield, you'll experience the safety and security that over 4,000,000 members enjoy, all for around 50¢ a day. Access to convenient quality no-cost legal help will only be a toll-free phone call away. Your dedicated law firm is paid by Legal Shield, so their sole focus is on serving you, not billing you.

Benefits of Legal Shield membership include:

Advice - Your attorney may provide unlimited legal advice on a wide range of legal topics, both personal and professional.

Standard Will Preparation with Annual Reviews/Updates - Having an up-to-date Will is part of being a responsible adult. However, 68% of Americans don't have one and the numbers are even higher for minorities. Legal Shield members may receive a Will with annual updates/reviews at no cost. Spouses and covered children may have a Will drafted for just \$20.

Wills can help protect your assets from probate and intestacy laws and significantly reduce the time spent in costly probate court. They provide control of gifting assets to the specific people you choose. You also receive peace of mind, knowing that your assets are protected, and your loved ones cared for.

Living Wills and Healthcare Power of Attorneys are also available. For members requiring a significantly higher level of estate planning, **Trust** preparation is available with a 25% discount.

Letters and Phone Calls on Your Behalf - Attorneys will write letters or make phone calls on your behalf at no cost to you. Whether it's a person or company that has taken advantage of you, refused to do as promised, didn't honor a return, or did a poor job, once the other party sees that you have legal representation, they know you are serious and will work to get the situation resolved.

Legal Document Review - Attorneys will review contracts and legal documents up to 10 pages each. They will explain in "plain English" any legal terms and will suggest any changes they deem necessary. If the other party has acted improperly, the attorney can contact them on your behalf to resolve the issue.

Whether signing a cell phone contract, booking a hotel, or wanting to ensure you get your full security deposit back, legal document review can save you thousands of dollars and countless headaches.

Motor Vehicle Services - Attorneys will help you navigate the twisting roads of moving violations, accidents, defense for charges of manslaughter, involuntary manslaughter, negligent homicide, or vehicular homicide, damage recovery, driver's license issues and personal legal injury assistance.

IRS Audit Legal Services – The prospect of an audit is terrifying. Even worse, the IRS conducts audits of all tax brackets, not just the rich. With Legal Shield, if audited, your attorneys will provide consultation or assistance and you may receive up to 50 hours of attorney's time to help defend the audit.

Trial Defense - If you or your spouse are named as a defendant in a covered civil or criminal action, your Legal Shield attorney will provide up to 60 hours of defense at no additional cost to you.

Other Issues - Your law firm may provide coverage for issues not covered by this plan. These services are offered at a negotiated rate, which is **at least 25% below standard rates**. These issues may include DUI, drug matters, hit-and-run, bankruptcy, divorce and related matters, garnishments, charges of tax fraud\evsion, business tax returns, and suits filed due to conditions that were foreseeable prior to enrollment.

*Note: Benefits listed are for California. Benefits outside California may vary slightly.
Certain benefits have limits on time and scope of coverage.*

Armadillo Home Warranty

Monthly Premium	
Appliances Plan	\$27.30
Essentials Plus Plan	\$49.99

Armadillo provides affordable protection when home appliances and systems break down. Whether it's kitchen, laundry, heating/cooling, plumbing, or electric, Armadillo covers the cost of repairs or replacements, coordinates service appointments, and ensures it's all done swiftly and hassle-free.

What makes Armadillo different from other home warranty companies?

- Transparency - The simplest 2-page home warranty plan out there.
- Less Fine Print - We removed over 80% of typical home warranty exclusions.
- Qualified and Reputable - We use only qualified and reputable service technicians.
- Flexibility - If you prefer, you may use your own trusted providers and we'll reimburse you.
- Faster than Fast - Request service in less than 2 minutes at any time.

Plans are available for your primary residence, vacation home, rental property, and your family members' homes. With three plans to choose from, it's easy to get the right level of protection.

Annual Coverage Details	Appliances Plan	Essentials Plus Plan
Level of protection	\$7,500	\$7,500
Service Fee per Claim	\$100	\$100
Kitchen Appliances	\$2,000	\$1,000
Laundry Appliances	\$2,000	\$1,000
Plumbing Systems	Not Covered	\$3,000
Electric Systems	Not Covered	\$3,000
Air Conditioning & Heating	Not Covered	\$2,000
Water Heater	Not Covered	\$1,000

*See additional details, terms, & conditions at www.pgagencies.com/resco/home/ or call (844) 403-2123

Travel Guard

Individual Trip Insurance

Vacations should mean leaving your worries behind. Unfortunately, life isn't that kind and unforeseen issues can arise. A sudden illness of a traveling companion or family member back home, a worldwide pandemic, a natural disaster, inhospitable weather, or unfriendly political situations can alter your plans and all the money paid for a vacation is gone. Travel Guard protects you and provides peace of mind.

Several plans are available and customizable to meet your needs. Comprehensive policies include coverage for the cost of trip cancellation or interruption, coverage for missed connections, trip delays, lost or delayed baggage, and medical coverage.

Policies may also include coverage for travel inconveniences such as closed attractions, transportation delays, rental vehicle breakdown, and transportation diversions. Upgrades that will cover cancellation for any reason, rental car damage, pet care, adventure sports coverage, security evacuation, and wedding cancellation are available.

Specialized policies are available, including medical for those needing medical coverage (Medicare does not cover you outside the US). And for frequent travelers, a more basic annual policy is available.

Coverage for pre-existing medical conditions is excluded *unless you purchase coverage within 15 days of your initial trip payment*. Coverage for losses due to COVID-19 are not covered as these losses are not considered an "unforeseen event".

Travel Guard Insurance

Coverage is purchased on a per-trip basis. Rates are based on several factors including the age of the traveler, the cost of the trip, the length of the trip, and coverage options desired.

For a quote, visit: **www.tiny.one/travelguard**

You may also email **travel@pgagencies.com** for a quote. Please include the following information: Name; Date of Birth; Departing and Arrival cities; Exact dates of your trip; Dates of trip deposit and final payment due; Airline/cruise name; and total costs you wish to insure. If insuring your traveling companion, please also provide the above information for them.

If you do not have internet access, call with all the above information: **(800) 511-9065**.

Emergency Assistance Plus

Emergency Assistance Plus <u>Annual</u> Premium	
Member Only	\$129
Member + Family*	\$189
*Family coverage includes Spouse and Dependent Children <ul style="list-style-type: none">• Through age 18• Through age 22, if unmarried and a full-time student• Adult children or grandchildren who are solely dependent on the member for support due to mental or physical disabilities.	
To enroll: www.myeaplus.com/pedit or call: (877) 883-1935.	

Emergency Assistance Plus (EA+) is a crucial safety net that protects you when you travel. Whether you're traveling across the state or across the world, this annual membership program protects you.

If facing a medical emergency, EA+ automatically steps in to help you with more than 20 emergency and medical services, so you can focus on your recovery and not on the costs. You'll feel confident knowing that if the hospital you're admitted to can't properly treat your condition, EA+ will transport you to the nearest appropriate hospital. Once you're stable, EA+ will arrange your transportation home.

EA+ services include:

Medical Evacuation

- Emergency medical monitoring by an EA+ medical expert.
- Air ambulance or emergency medical evacuation from an inadequate facility to the nearest appropriate facility.
- A medical specialist is sent to you to assist in determining your medical condition and travel suitability.
- Continuous updates to your designated family member or physician.

Medical Assistance

- Transferring your insurance information to medical providers to ensure your medical care is not delayed or denied.
- Cash advance for medical payments against a valid credit card.
- Prescription replacement assistance.
- Worldwide 24-hour doctor/ER/dentist/attorney locator.

Transportation Home

- Transportation home after hospitalization.
- A nurse escort during your trip home, if deemed necessary.
- Return of deceased remains.
- Vehicle returned home.

Assistance for Companions

- One round-trip economy-class airline ticket to bring a loved one to your hospital bedside if you're traveling alone.
- Airfare home for dependent children or grandchildren who are left unattended due to your hospitalization.
- Emergency message forwarding assistance.
- Pet care and return home assistance.
- Ticket home for a traveling companion if you are evacuated, transported home or pass away while away from home.

Vital Travel Assistance

- Intelligence regarding weather, travel, health, inoculations, travel restrictions, & special events.
- Real-time security intelligence on political unrest, social instability, weather, & health hazards.
- Emergency cash transfer assistance against a valid credit card.
- Lost luggage assistance.
- Document replacement assistance.
- Language interpretation assistance.
- Assistance in making flight arrangements, securing visas, and with other logistics if you need to leave a threatening situation.

EA+ has been exclusively offered by Worldwide Rescue & Security (WRS) for over 20 years. WRS is a leading provider of emergency travel, rescue and security products to members of affinity clubs, loyalty groups, alumni associations, professional organizations, auto clubs and airline loyalty programs. WRS partners with top medical assistance companies to provide emergency related services to members.

With EA+, you will have access to:

- Customized medical, security and travel assistance 24 x 7, 365 days a year,
- Access to a network of 32 medical assistance companies located over 5 continents,
- 53 response centers throughout the world,
- Access to over 1500 air ambulances worldwide,
- Medical teams responsible for continual monitoring of travelers around the world receiving medical attention,
- Expert staff fluent in 70+ languages and in-depth knowledge of local cultures and procedures.

Pet Insurance by Nationwide

Available for Dogs, Cats, Birds, & Exotic Animals

Our cuddly companions are part of the family, and we strive to provide them with the best care, but sometimes costs make decisions difficult. Pet insurance removes costs from the decision process and allows you to focus on the best course of treatment for your loved ones.

Nationwide Pet Insurance offers multiple plans to meet your needs. They offer both defined benefit plans that pay a set dollar amount for each covered procedure. They also offer percentage reimbursement style plans that pay a percentage (50% and 70% levels available) of the procedure cost.

All plans allow you to use any vet, including specialty and ER, of your choosing. Plans may include coverages for:

- Veterinary Exams
- Wellness Exams
- Vaccinations
- Prescription Medicine
- Hospitalization
- Surgeries
- Injuries
- Illnesses
- Cancer
- Specialty Vets
- Emergency Vets
- Hereditary Condition
- Chronic Condition
- X-Ray, MRI, CT Scan, Ultrasound
- Prescribed Therapeutic Diets
- Prescribed Nutritional Supplements
- Dental Diseases
- Congenital Conditions
- Blood Disorders
- Eye Disorders
- Musculoskeletal Disorders
- Respiratory Conditions
- Behavioral Exam & Treatment
- Flea & Heartworm Prevention
- Blood Work
- Urinalysis
- Diagnostic Testing
- 24/7 *vethelpline*

Monthly Premiums (Paid Directly to Nationwide)

Premiums vary based on your desired coverage level and factors such as pet type, breed, and age.

For a quote, to enroll, or for more information, visit www.petinsurance.com/resco or call Nationwide at (877) 738-7874 and mention RESCO for the special discounted rates.

United Pet Care

United Pet Care is the affordable pet health savings plan that works for all pets.

For less than \$20/month per pet, **save 20-50% on every visit to an in-network primary care vet**, without the red-tape that comes with the other pet insurance providers (like higher rates as your pet ages, mandatory deductibles, or exclusions on pre-existing conditions, breed, or age).

To learn more, visit unitedpetcare.com/members and enroll to save **for the lifetime of your pet**, not just while you're with your employer!

What's Included

When you become a UPC member, you'll gain lifetime access to:

- 20-50% savings at an in-network primary care veterinarian
- Free 24/7 virtual care for off-hour questions and concerns
- Up to 87% savings on prescriptions with a human equivalent
- Savings on mobile care, testing kits, training, and more!

UPC Monthly Rates	
First Pet	\$17.50
Each Additional Pet	\$16.50

Enroll Today!

To start saving on your pet's healthcare, follow these 5 simple steps:

1. **Enter your information** at unitedpetcare.com/enroll
2. **Check "Yes"** when asked if you're enrolling through a benefits plan and **select your employer/group**.
3. **Review** your plan rates and select your Primary Care Vet using the search tool.
4. **Finalize your information** and add your pet information in your UPC member portal.
5. **Save your ID card from the portal** and show it at your selected vet to start saving!



Visit unitedpetcare.com/enroll to enroll today!

Questions? Email info@unitedpetcare.com, call 877-872-8800, or visit unitedpetcare.com/members.

Term Life Insurance

High Benefit Amounts - Low Costs

Estimated Monthly Rates per \$100,000 Benefit (Average healthy non-smoker)				
Age	Female		Male	
	10 Year	20 Year	10 Year	20 Year
60	\$43	\$60	\$51	\$81
65	\$62	\$110	\$83	\$142
70	\$95	\$212	\$137	\$235
75	\$166	Not Available	\$241	Not Available

Must be under age 76 to qualify for coverage.

Term life insurance allows you to protect your loved ones from outstanding debts such as a mortgage, credit cards, or hospital bills, or covering an obligation you made, such as college tuition for a grandchild. Minimum amount of coverage is \$100,000.

Term refers to a set amount of time during which the policy is active. Premiums never change and the benefit amount stays the same. Your beneficiary will receive the full benefit upon your passing. Term policies do not accrue cash value and you may cancel them at any time.

Rates are medically underwritten. A free and fast in-home health check by a nurse is required. This typically lasts around 20 minutes.

***Note:** People with diabetes, heart disease, high cholesterol, or high blood pressure may not qualify. Those who do will have premium rates approximately 100% higher.*

People actively taking medication for or treated within the last two years for cancer, depression, heart attack, or stroke will not qualify for coverage.

Non-smoker means no tobacco use in 24 months. Tobacco user premiums are approximately 150% higher.

Amplifon Hearing

Increase the quality of your life!

Hearing loss is a natural part of life, and while there may be no cure, a hearing aid usually helps most people. Whether the hearing loss is age-related or caused by other factors including damage by loud noises, viral infections (mumps, measles, chickenpox, rubella), drugs (aspirin and quinine), or various antibiotics, a hearing aid can help.

Amplifon Hearing Health Care, the longest-serving provider of hearing benefit solutions in the US, has partnered with RESCO to offer members a FREE hearing aid discount program.

Members have access to Amplifon's expansive nationwide network of over 5,600 locations and can choose from more than 1,700 hearing aid models, from leading brands such as Miracle-Ear, Oticon, Phonak, and Starkey.

No cost benefits also include a low-price guarantee; a three-year warranty including coverage for repairs, loss or damage; one-year free follow-up care; 2-years of free batteries mailed directly to your home; and a 60-day no-risk trial period. The Amplifon program provides average savings of 62% off manufacturers' suggested retail prices.

Amplifon Hearing Health Care

**The Benefit is FREE to
All RESCO Members & Their Family**

To take advantage of this benefit, simply call Amplifon at **877-846-7075** and let them know you're an RESCO member. A Patient Care Advocate will assist you.

Disclaimer & Member Requirements

In promoting the health, well-being, happiness, and continuing productivity of its members, RESCO members have access to voluntary benefits offered through Pacific Group Agencies (PGA). RESCO itself does not endorse, provide, or administer these benefits, but rather makes them available to members. RESCO may receive compensation from PGA for administrative assistance and member access.

This guide contains summaries and highlights. Certain wording has been shortened or changed into “plain English”. Exclusions, limitations, and eligibility requirements may apply. While every effort has been made to ensure this information is accurate and fairly represents the coverage offered, mistakes can occur. This is not a Certificate of Insurance (COI) and nothing written or implied will change the COI terms.

An individual cannot assume they have effective coverage, even if they submitted an enrollment form, until the carrier has sent the proposed insured verification of coverage including effective date.

Insurance carriers have the right at any time to change: the rules, regulations, terms of coverage, availability, guidelines placed on the application, policies, enrollment, rates, and offering of products. While infrequent, without warning providers may discontinue their affiliation with an insurance company. There is no guarantee that a provider will remain affiliated with an insurance company.

Some plans have a minimum commitment. Should you cancel coverage by any action, including stopping payment, before the commitment is up, PGA, at its sole discretion, reserves the right to retroactively cancel your insurance to the original effective date and refund your premiums paid. You acknowledge responsibility for any outstanding or paid claims and discounts received by utilizing a network provider.

Coverage may be terminated without warning should payment stop for any reason or your RESCO membership lapses.

Cancelations:

- Cancelations must be received by the 5th of the month for processing for the next following month.
- **We do not accept phone cancelations.** Cancelations must be in writing to PGA, by email (cancel@pgagencies.com), mail, or fax (800-549-0059). Cancelations sent to the insurance carrier, retirement system, or RESCO, may not be processed and under no circumstance is PGA liable to refund premiums taken due to us not receiving proper or timely notice. PGA may adjust your cancelation date to match deductions received.
- Payment cancelation may result in monies being owed to PGA for premiums advanced. You agree to reimburse PGA all monies owed, and costs associated with collection of these monies.
- Retroactive cancellation requests will not be honored.

It is the responsibility of the member to:

- Report to PGA changes that affect insurability or eligibility of dependents, including children becoming over-age. We do not track the age of your children. Notifying the retirement system or RESCO will not suffice as privacy laws prevent the relay of this information. Premiums are considered earned and cannot be refunded should you fail to notify us.
- Confirm you are enrolled in the correct and suitable plan.
- Maintain RESCO membership while enrolled in the benefits.
- Provide address changes to PGA.

For questions on the plans or the enrollment process, please contact the plan administrator, Pacific Group Agencies, CA License 0078489, at: (800) 511-9065 or RESCO@pgagencies.com.

Notes

Notes



Health Insurance Election Form For Retired Employees of Stanislaus County

For Office Use Only
Received
Effective Date

Step 1: Provide your information and authorize deduction. PLEASE PRINT CLEARLY.

Last Name		First Name		Full Social Security Number Required
Male/Female	Date of Birth	Telephone ()	E-mail Address	
Home Address				
City			State	Zip

I, the undersigned, upon receiving a retirement and/or survivor's allowance from the Stanislaus County Employees Retirement Association (StanCERA) hereby authorize StanCERA to deduct from my monthly retirement benefit one-twelfth the official annual RESCO dues (currently \$5 per month) as on file with StanCERA. I also authorize StanCERA to provide the information listed below for my membership in Retired Employees of Stanislaus County Organizations, Inc. (RESCO), and to pay such deductions monthly to said Association. This authorization shall continue until revoked by me. In addition, I authorize StanCERA to release to RESCO any updated mailing address of mine as long as I am a dues paying member of RESCO.

If electing voluntary benefits, by signing this form I hereby authorize StanCERA to deduct from my retirement benefit the amount requested by Pacific Group Agencies ("PGA") and pay that amount to PGA. I understand that StanCERA deducts members' premiums as a courtesy and that StanCERA has no duty or obligation to verify the accuracy of any information provided by its members or PGA. I agree that StanCERA is not responsible for determining the amount that should be deducted to cover the cost of my current premiums. I further agree not to hold StanCERA liable for any discrepancy in premiums deducted from my benefits. If a discrepancy in the amount withheld arises, I will contact PGA directly to remedy the issue, and should any additional payment or refund be required, I will handle such transaction with PGA directly. I agree that StanCERA is neither a party nor beneficiary to my agreement with PGA and that StanCERA is hereby released from liability for negligence, intentional acts, damages, or any other claims (known or unknown) arising from my agreement with PGA. This authorization will remain in effect until it is

Sign Here _____ **Date** _____

Step 2: If selecting spouse / domestic partner / family coverage, provide their information.

Spouse / Domestic Partner Name	Date of Birth	M / F	Full Social Security Number Required
Child Name <i>(Please note child coverage age limits. If disabled, please provide proof with enrollment.)</i>	Date of Birth	M / F	Full Social Security Number Required
Child Name <i>(Please note child coverage age limits. If disabled, please provide proof with enrollment.)</i>	Date of Birth	M / F	Full Social Security Number Required

Step 3: If Medicare eligible and enrolled in Medicare Parts A&B, you may select a Medicare Advantage Plan.

Anthem PPO	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse / Dependent
Kaiser Permanente HMO	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse / Dependent
United Healthcare HMO	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse / Dependent

TURN OVER FOR ADDITIONAL PLAN INFORMATION

Step 4: To enroll in the voluntary benefit plans, select the coverages that are right for you.

Dental		Vision	ID Shield
Select Plan (Select One): <input type="checkbox"/> PPO (Ameritas) <input type="checkbox"/> HMO (Cigna) Facility #: _____ <i>Located in HMO Directory in guide.</i>		Who is covered (Select one): <input type="checkbox"/> Member Only <input type="checkbox"/> Member + Spouse <input type="checkbox"/> Member + Child <input type="checkbox"/> Member + Family	Who is covered (Select one): <input type="checkbox"/> Member Only <input type="checkbox"/> Member + Spouse <input type="checkbox"/> Member + Child <input type="checkbox"/> Member + Family <i>This plan requires an email address.</i>
Personal Accident			Legal Shield
Who is covered (Select one): <input type="checkbox"/> Member Only <input type="checkbox"/> Member + Family		Select AD&D Benefit Amount: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$500,000	Provide beneficiary information: Beneficiary: _____ Relationship: _____ Plan covers member & family <input type="checkbox"/> Member + Family <i>This plan requires an email address.</i>

Armadillo Home Warranty	
Select Plan (Only select One): <input type="checkbox"/> Appliance Plan <input type="checkbox"/> Essentials Plus Plan	Property address, if differs from Step 1. Address _____ City _____ State _____ Zip _____

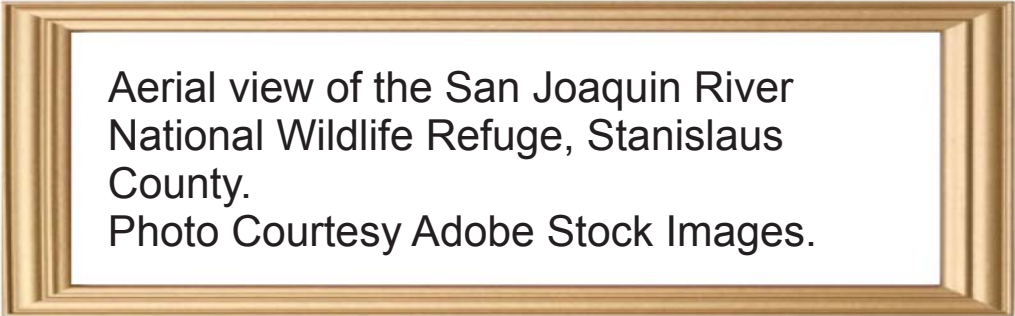
Step 5: For other plans, please see below.

Pet, Travel Guard, Emergency Assistance Plus, & Amplifon Hearing
 Please refer to the Benefits Guide for information on enrolling in these plans.
 If you need assistance, please call our Administrator, Pacific Group Agencies, at (800) 511-9065

Life Insurance
Rates listed in the Benefits Guide are estimates for an average healthy non-smoker. Final rate is determined by the Underwriter after reviewing your life insurance application and medical records. Rates are approximately 100% higher for those with diabetes, heart disease, high cholesterol, or high blood pressure. Rates are approximately 150% higher for healthy tobacco users. Tobacco users with other health issues will likely not qualify for coverage. People actively treated for cancer, depression, heart attack, or stroke within the last two years will not qualify for coverage. If you would like to be emailed an application for life insurance check here. <input type="checkbox"/>

**If you have questions or need assistance in filling out these forms,
 call the Plan Administrator, Pacific Group Agencies, at (800) 511-9065.**

**Please mail this completed form in the enclosed postage paid envelope to:
 Pacific Group Agencies, Inc, 25876 The Old Road #11, Santa Clarita, CA 91381**



Aerial view of the San Joaquin River
National Wildlife Refuge, Stanislaus
County.
Photo Courtesy Adobe Stock Images.



PACIFIC GROUP AGENCIES, INC.

Tel: (800) 511-9065 • Fax: (800) 549-0059 • RESCO@pgagencies.com

M-Th: 9 AM - 4 PM, F: 9 AM - 3 PM

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