REMCO

Retired Employees of Merced County

2026 Benefits Guide

Benefits Begin January 1, 2026

Open Enrollment Ends November 14, 2025

Index

Open Enrollment ends November 14, 2025.

Coverages begin January 1, 2026.

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

Please do NOT call REMCO, MercedCERA, 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 Merced County Members

Dear Member:

The Retired Employees of Merced County (REMCO) is the only officially recognized organization representing Merced County retirees. We continue to speak on your behalf at the Merced County Employees Retirement Association. REMCO is a member supported, non-profit, non-partisan, non-union organization that advocates, educates, informs, and provides social activities for members. We sincerely thank you for your continued support.

REMCO members have access to many exclusive benefits. One extremely popular benefit is group insurance. These plans are detailed in this Benefits Guide. They are completely independent of those offered by the County of Merced. All plans listed in this guide are administered by Pacific Group Agencies and available exclusively to REMCO members. The Open Enrollment period for these plans is upon us.

Please take a moment to review all the benefits that are available to you. Plans available include a dental PPO plan with a generous $1,500 annual benefit maximum and three annual cleanings, a Cigna dental HMO plan with a large nationwide dental network, a VSP vision plan that covers exams, lenses, and frames, and many others. Time to take advantage of them is limited.

To enroll in any of the voluntary benefits, please complete the attached enrollment form (on Page 3 of this booklet). Time to take advantage of them is limited. **The Open Enrollment period ends November 14th.**

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 REMCO@pgagencies.com. **Please do NOT call REMCO, MercedCERA, or the County with questions about the plans discussed in this Benefit Guide, they will be unable to assist you.**

Sincerely,

REMCO Executive Board

How To Enroll

You can enroll in the **Dental, Vision, Legal Shield, ID Shield**, **Armadillo**, and **Personal Accident** plans using the attached enrollment form (on Page 3 of this booklet). A postage paid envelope is attached 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/remco

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

- Nationwide Pet Insurance (Premiums are credit card billed)
  Visit www.petinsurance.com/remco or call (877) 738-7874.

- United Pet Care
  Visit www.unitedpetcare.com/remco or call (877) 872-8800.

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.

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

Retired Employees of Merced 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 hereby authorize MercedCERA to deduct from my retirement benefit the current premiums and pay that amount to Pacific Group Agencies. Such deduction will continue until I notify Pacific Group Agencies in writing. I under-stand that there is a minimum one-year commitment to the dental and vision plans, and I acknowledge that I have read the Disclaimer and Member Requirements in the benefit booklet.

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 *(Please note child coverage age limits. If disabled, please provide proof with enrollment.)*	Date of Birth	M / F	Full Social Security Number Required

Step 3: To enroll in the voluntary benefit plans, select the coverages that are right for you.

Dental

Select Plan (Select One):

- ☐ PPO High Option (Ameritas)
- ☐ PPO Low Option (Ameritas)
- ☐ HMO (Cigna) Facility #: _____

Located in HMO Directory in guide.

Who is covered (Select one):

- ☐ *Member Only*
- ☐ *Member + Spouse*
- ☐ *Member + Child*
- ☐ *Member + Family*

Vision

Who is covered (Select one):

- ☐ *Member Only*
- ☐ *Member + Spouse*
- ☐ *Member + Child*
- ☐ *Member + Family*

ID Shield

Who is covered (Select one):

- ☐ *Member Only*
- ☐ *Member + Spouse*

This plan requires an email address.

Personal Accident

Who is covered (Select one):

- ☐ *Member Only*
- ☐ *Member + Family*

Select AD&D Benefit Amount:

- ☐ $100,000
- ☐ $200,000
- ☐ $300,000
- ☐ $400,000
- ☐ $500,000

Provide beneficiary information:

Beneficiary: _____

Relationship:

Legal Shield

Plan covers member & family

- ☐ Member + Family

This plan requires an email address.

Armadillo Home Warranty

Select Plan (Only select One):

☐ Appliance Plan ☐ Essentials Plus Plan

Property address, if differs from Step 1.

Address _____

City _____ State _____ Zip _____

TURN OVER FOR ADDITIONAL PLAN INFORMATION

Step 4: For other plans, please see below.

Pet, Emergency Assistance Plus, & Start 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. ☐

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

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 5 years.

It's also important to remember that insurance is designed to cover 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 - High Plan

Freedom to Use Any Dentist - No Network Restrictions

Ameritas Dental Monthly Premium	
Member Only	**$49.95**
Member + One (Spouse/Domestic Partner or Child)	**$99.90**
Member + Family	**$139.50**

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**. 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.

Dental Rewards® is included in this plan. This feature allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year.

Benefit Threshold Annual	$750	Dental benefits received for the year cannot exceed this amount
Carryover Amount	up to $400	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	$1,000	Maximum possible accumulation for Dental Rewards

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 25-50% 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 - High Plan Benefits

Description	Network Dentist	Non-Network Dentist*
Calendar Year Benefit	**$1,500**	
Dental Rewards	$400 / Year	$250 / Year
Calendar Year Deductible *Waived for Preventative*	$50 / Person	$75 / Person
Preventative Services		
Cleaning (3 per year) 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 *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.*		
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 Maximum Allowable Charge (MAC) for services.*

Dental PPO - Low Plan

Low-cost Alternative - Same Great Network

Ameritas Dental Monthly Premium	
Member Only	**$37**
Member + One (Spouse/Domestic Partner or Child)	**$79**
Member + Family	**$123**

Similarly to the High Plan, 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 **$1,000 annual network benefit**. This plan allows you to maintain your dental health by seeing a dentist every six months for your preventative care. A healthy mouth leads to better overall health.

Dental Rewards® is included in this plan. This feature allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year.

Benefit Threshold Annual	$500	Dental benefits received for the year cannot exceed this amount
Carryover Amount	$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	$1,000	Maximum possible accumulation for Dental Rewards

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 25-50% 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 - Low Plan Benefits

Description	Network Dentist	Non-Network Dentist*
Calendar Year Benefit	**$1,000**	
Dental Rewards	$250 / Year	
Deductible	$25 / Visit	
Preventative Services		
Cleaning, Oral Exam, Bitewings, Panoramic X-rays, Periapical X-rays, Sealants (16 and Under), Space Maintainers	100%	
Basic Services		
Fillings, Restorative Composites (Anterior and Posterior), Endodontics (Surgical and Nonsurgical), Periodontics (Surgical and Nonsurgical), Simple and Complex Extractions, Denture Repair, Anesthesia	50%	
Major Services		
Onlays, Crowns, Crown Repair, Prosthodontics (Fixed Bridges, Removable Complete/Partial Dentures)	50%	

**Benefit levels are based on the Maximum Allowable Charge (MAC) for services.*

Dental HMO by Cigna

Large Nationwide Network of Providers!

Monthly Premium	
Member Only	**$29**
Member + Spouse / Domestic Partner or Child	**$58**
Member + Family	**$106**

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)	$80
Extraction of Erupted Tooth	$5
Periodontal Maintenance	$30
Scaling and Root Planing	$40
Porcelain Crown	$185
Porcelain Inlay / Onlay	$185
Post & Core	$50
Denture (Bridge)	$150
Denture Repair	$30
Anesthesia	$0
Post & Core	$50
Surgical Placement of Transosteal Implant	$1,015
Gingivectomy	$130
Bone Graft	$205
Tissue Graft	$125
Removal of Lesion or Cyst and Biopsy	$0
Abutment	$485
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 <u>only</u> 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 Merced area for the <u>Cigna HMO</u> dental plan. When enrolling in the Cigna HMO dental plan, you <u>must</u> 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 Merced 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

Atwater			
Western Dental	Facility #721773	1101 Commerce Ave	(209) 643-6140
Los Banos			
Western Dental	Facility #694346	1153 W Pacheco Blvd	(209) 383-2207
Merced			
Bear Creek Family Dental	Facility #263630	118 Park Ave	(209) 383-5935
Golden Valley Health	Facility #537000	747 W Childs Ave	(209) 383-5764
Irwan Murni	Facility #208331	1190 Olivewood Dr #C	(209) 722-7847
Merced Family Dental	Facility #278685	554 W 25th St	(209) 383-6200
Western Dental	Facility #460995	1124 W Olive Ave #101	(209) 383-7500
Merced Modern Dentistry	Facility #763504	3630 G St #C	(209) 284-1321

Modesto			
Aspen Dental	Facility #683758	3900 Sisk Rd Ste O #O	(209) 857-3910
Bright Now!	Facility #408438	2225 Plaza Pkwy #P1	(209) 576-8181
Golden Valley Health	Facility #384874	1717 Las Vegas St	(209) 556-5044
Modesto Modern Dentistry	Facility #609952	2103 McHenry Ave #C	(209) 435-9550
Modesto Smiles Dentistry	Facility #654522	3601 Pelandale Ave #D-1	(209) 245-0014
Western Dental	Facility #200111	2045 W Briggsmore Ave Bldg E	(209) 527-7699
Western Dental	Facility #215110	2900 Standiford Ave #2	(209) 577-5008
Western Dental	Facility #271887	1720 E Hatch Rd	(209) 538-9550
Western Dental	Facility #435632	1705 Prescott Rd	(209) 572-6046
Western Dental	Facility #715051	2605 Coffee Rd #200	(209) 643-6110

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

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

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

Vision

VSP Vision Monthly Premium	
Member Only	**$10.50**
Member + One (Spouse / Domestic Partner or Child)	**$21**
Member + Family	**$31**

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 *(Premium & Custom)*	$40
Polycarbonate *(Standard)*	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

ID Shield

Identity thieves target everyone, but seniors are disproportionately affected.

Monthly Premium ***Note: An email address is required for ID Shield coverage.***	
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 <u>not</u> 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
- ✓ Emergency Cash Advance - Up to $1,500
- ✓ Pre-trip planning services
- ✓ Emergency message relay
- ✓ Medical / Dental referrals
- ✓ Legal, Embassy, & Consulate referrals
- ✓ 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.

Armadillo Home Warranty

Monthly Premium	
Appliances Plan	**$27.30**
Essentials Plus Plan	**$53.99**

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/remco/home/ or call (844) 403-2123

Emergency Assistance Plus

Emergency Assistance Plus Annual Premium	
Member Only	**$139**
Member + Family*	**$199**

*Family coverage includes Spouse and Dependent Children

- 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.

United Pet Care Benefits Summary

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
- **NEW:** $500, 0%-interest Fido Vet Spending Card, powered by medZERO*
    - Can be used at any vet in the U.S., including those outside UPC's network
- 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.

*Fido by medZERO is administered by medZERO, Inc., with financing provided by its lending partners. United Pet Care (UPC) members are provided access to this program but UPC is not involved in lending decisions, program administration or operations. No credit checks are required. Most members will qualify; however, in some cases, additional eligibility verification may be required, and individual approval results may vary. medZERO loans are issued at 0.0% APR with no interest or fees. This is not a loan offer. All loans are subject to review and approval by medZERO's lending partners. Please refer to your medZERO Loan Agreement for full terms. Refer to https://get.medzero.com/fidoupc for details.

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 ***vet****helpline*

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/remco or call Nationwide at (877) 738-7874 <u>and</u> mention REMCO for the special discounted rates.**

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 <u>required</u> 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\evasion, 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.

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.

Start Hearing

Your Source for Better Hearing

Start Hearing offers hearing benefits and exclusive discounts on Best-in-Class hearing aid technology, including rechargeable hearing aids and sophisticated tinnitus products. Our complimentary program is designed to help members and their families with their hearing needs and improve their quality of life through better hearing.

Start Hearing is a division of Starkey Hearing Technologies, the only remaining American owned and operated hearing aid manufacturer. We put members at the center of their own hearing health journey – with or without an insurance benefit or referral – and expertly guide them to the right technology based on their personal wants, needs and lifestyle.

Members and their families receive:

- Discounts up to 48% on today's latest technology
- 60-day risk-free trial period
- One year of free office visits (limit of six)
- Access to a nationwide network of 3,000+ hearing professionals
- FREE warranty plan, including repairs and loss & damage.

At Start Hearing, we believe, and research shows, that hearing better improves your overall health and wellness. Our goal is to help you live your fullest life

Start Hearing Health Care

The Benefit is FREE to All REMCO Members & Their Family

To take advantage of this benefit, simply call Start Hearing at **888-200-5701** and let them know you're an REMCO member. A Hearing Care Advisor will assist you.

Frequently Asked Questions

When does the Open Enrollment period end?
Forms must be postmarked by November 14, 2025. 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, 2026.

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 REMCO@pgagencies.com.

Do NOT contact REMCO, MercedCERA, or Merced 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.

Disclaimer & Member Requirements

In promoting the health, well-being, happiness, and continuing productivity of its members, REMCO members have access to voluntary benefits offered through Pacific Group Agencies (PGA). REMCO itself does not endorse, provide, or administer these benefits, but rather makes them available to members. REMCO 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 REMCO 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 REMCO, 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 REMCO 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 REMCO 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 REMCO@pgagencies.com.

Notes

Almond orchard in Merced County, California.

PACIFIC GROUP AGENCIES, INC.

Tel: (800) 511-9065 • Fax: (800) 549-0059 • REMCO@pgagencies.com
Monday - Friday 7AM - 4PM

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