

Affiliate:

 **PACIFIC GROUP AGENCIES**



## **Benefits Available Exclusively for Marin County Association of Retired Employees Members**



These plans are offered exclusively to MCARE members and are independent of any plan offered by MCERA or affiliated public agencies.

Your enrollment in any of these plans does not affect any plans you may have through the county.

Dear Member:

The Marin County Association of Retired Employees (MCARE) is the only officially recognized organization representing Marin County Employees' Retirement Association (MCERA) retirees. Benefits of MCARE membership include our outings (Ball Games), Luncheons, and our Keeping in Touch newsletter that helps keep you informed of not only social events, but also legislation and policy affecting retirees.

MCARE members have access to many exclusive benefits. One extremely popular benefit is Supplemental group insurance. These plans are detailed in this Benefits Guide. They are completely independent of those offered by MCERA or any of its affiliated public agencies. All plans listed in this guide are administered by Pacific Group Agencies and available exclusively to MCARE members.

Please take a moment to review the benefits that are available to you. Plans available include a dental PPO plan with a generous \$2,000 annual benefit maximum, a Cigna dental HMO plan with a large nationwide dental network, a VSP vision plan that covers exams, lenses, and frames, and many others. There are no waiting periods when you enroll. Simply review the materials, select your plans, and return the enrollment form to Pacific Group Agencies. **If you are currently enrolled in one of these benefits, there is no need to re-enroll. Your coverage will continue without interruption.**

**This booklet only outlines a few of the benefits available to you. To explore the full range of options please visit our website: [www.pgagencies.com/MCARE](http://www.pgagencies.com/MCARE).**

For questions about the plans in this guide, contact Pacific Group Agencies, the Benefit Plans Administrator, at (800) 511-9065 or [MCARE@pgagencies.com](mailto:MCARE@pgagencies.com). **Please do not contact MCARE, MCERA or the County regarding these plans.**

Sincerely,  
MCARE Board of Directors

### **How To Enroll**

**By Mail:** Complete the enrollment form and return in the postage paid envelope provided.

**Online:** An online form is available at [www.pgagencies.com/MCARE](http://www.pgagencies.com/MCARE) which is submitted to us automatically upon completion.

**Email:** Send a scanned copy of your completed form to [MCARE@pgagencies.com](mailto:MCARE@pgagencies.com)

**Fax:** Send the completed form to (800) 549-0059.

**Pacific Group Agencies**  
25101 The Old Road #150  
Stevenson Ranch, CA 91381-9901

# Benefit Plan Enrollment Form

|                     |
|---------------------|
| For Office Use Only |
| Received            |
| Effective Date      |

Marin

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |            |               |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|---------------|---------------------|
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | First Name |               | Full SSN (Required) |
| Male/Female                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Birth | Telephone  | Email Address |                     |
| Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |            |               |                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |            | State         | Zip                 |
| <p>I hereby authorize MCERA 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 understand that there is a minimum one-year commitment to the dental and vision plans and I acknowledge that I have read the Member Requirements and Disclaimers in the benefit package.</p> <p><b>Sign Here</b> → _____ <b>Date</b> _____</p> |               |            |               |                     |

**Step 2: If selecting dependent coverage, provide their information.**

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

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

| Dental                                                                                                                                                                                                                                             |                                                                                                                                                                                                           | Vision                                                                                                                                                                                                                               |                                                                                                                                                                   | ID Shield |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Select Plan (Select one):</b><br><input type="checkbox"/> PPO High Plan (Ameritas)<br><input type="checkbox"/> PPO Low Plan (Ameritas)<br><input type="checkbox"/> HMO (Cigna) Facility # _____<br><small>See Finding a Provider page 3</small> | <b>Who is covered (Select one):</b><br><input type="checkbox"/> Member<br><input type="checkbox"/> Member + Spouse<br><input type="checkbox"/> Member + Child<br><input type="checkbox"/> Member + Family | <b>Who is covered (Select one):</b><br><input type="checkbox"/> Member<br><input type="checkbox"/> Member + Spouse<br><input type="checkbox"/> Member + Child<br><input type="checkbox"/> Member + Family                            | <b>Who is covered (Select one):</b><br><input type="checkbox"/> Member<br><input type="checkbox"/> Member + Spouse<br><b>This plan requires an email address.</b> |           |
| Personal Accident                                                                                                                                                                                                                                  |                                                                                                                                                                                                           |                                                                                                                                                                                                                                      | Legal Shield                                                                                                                                                      |           |
| <b>Who is covered (Select one):</b><br><input type="checkbox"/> Member<br><input type="checkbox"/> Member + Spouse                                                                                                                                 |                                                                                                                                                                                                           | <b>Select AD&amp;D Benefit Amount:</b><br><input type="checkbox"/> \$100,000<br><input type="checkbox"/> \$200,000<br><input type="checkbox"/> \$300,000<br><input type="checkbox"/> \$400,000<br><input type="checkbox"/> \$500,000 | <b>Provide beneficiary information:</b><br><b>Beneficiary(ies):</b><br>_____<br><b>Relationship:</b><br>_____                                                     |           |
| <b>Who is covered (Select one):</b><br><input type="checkbox"/> Member<br><input type="checkbox"/> Member + Spouse                                                                                                                                 |                                                                                                                                                                                                           | <b>Plan covers member &amp; family.</b><br><input type="checkbox"/> Member + Family<br><b>This plan requires an email address.</b>                                                                                                   |                                                                                                                                                                   |           |
| United Pet Care                                                                                                                                                                                                                                    |                                                                                                                                                                                                           | Life Insurance                                                                                                                                                                                                                       |                                                                                                                                                                   |           |
| <input type="checkbox"/> Number of pets: _____                                                                                                                                                                                                     |                                                                                                                                                                                                           | <input type="checkbox"/> If you are interested in applying for life insurance, please check here.                                                                                                                                    |                                                                                                                                                                   |           |

# Finding a Provider

## Ameritas PPO Plans:

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

## Cigna HMO Plan:

1. Visit [hcpdirectory.cigna.com](http://hcpdirectory.cigna.com)
2. Enter your zip and click on Doctor by Type (Select General Dentist)
3. Select Guest
4. Please Select a Plan/Network (Click Continue)
- 5 . Select Cigna Dental Care DHMO - Access Plus

Need assistance? Contact our office at  
800-511-9065 or email [MCARE@pgagencies.com](mailto:MCARE@pgagencies.com)

## Selecting the Right Dental Plan

Choosing between a PPO and an HMO dental plan isn’t about which one is “better.” Both plans provide comprehensive coverage — including cleanings, X-rays, crowns, and dentures. The main differences come down to **flexibility and cost**.

**PPO Plans** offer greater flexibility and are ideal for members who want to keep their current dentist. You may visit any dentist, and no referrals are required for specialists. Using a network dentist provides the greatest savings.

*Example: Crown (Major Service – 50% coverage)*

In-network dentists accept reduced fees (approximately \$700), resulting in an estimated out-of-pocket cost of \$350. Out-of-network dentists may charge \$1,200, with insurance paying 50% of the average local rate, leaving an estimated out-of-pocket cost of \$825.

Choose a PPO if your dentist participates in the Ameritas PPO network, you do not want to change dentists, or HMO providers are unavailable in your area.

**HMO Plans** are best for members comfortable using a network dentist to reduce costs. You must select an approved dentist, referrals are required for specialists, and services have fixed copays. Dentists may not charge more than listed copays.

Choose an HMO if your dentist accepts the Cigna HMO, you are willing to switch dentists, and you prefer predictable costs

*HMO not available in AK, ME, MT, NH, NM, ND, SD, PR, VT, VI, WY*

**Important Notes** - Plan exclusions and limitations vary by carrier and plan type, annual maximums, and frequency limits. For example, Ameritas PPO plans require a crown to be 10 years old for replacement, while Cigna HMO plans require five years.

**Dental insurance covers future treatment only. Services already in progress or conditions existing before coverage begins are generally not covered. Examples shown in booklet are not exhaustive. Procedures have been modified into “plain English” and multiple procedures grouped under a single type. Coverage is determined by the ADA Procedure Code your dentist submits to the carrier.**

# Ameritas Dental High Plan

| <b>Ameritas Dental PPO - High Plan<br/>Monthly Premium</b>                               |          |
|------------------------------------------------------------------------------------------|----------|
| Member Only                                                                              | \$54.95  |
| Member + Spouse or Child                                                                 | \$109.89 |
| Member + Family                                                                          | \$153.45 |
| <i>Child coverage available until age 26 unless they are a disabled adult dependent.</i> |          |

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.

This PPO plan lets you see any dentist — no network required! However, if you choose an Ameritas Network dentist, you'll save significantly, typically 25–50% off regular rates. With over 325,000 providers nationwide, there's a strong chance your dentist is in the Ameritas network.

**Dental Rewards®** is included in this plan. This feature allows members to carry over part of their unused annual maximum by submitting at least one claim during the year and staying below the benefit threshold. Maximum possible accumulation is \$1,000.

| <b>Description</b>                                                                                                                                                                                                            | <b>Network Dentist</b> | <b>Non-Network Dentist*</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|
| <b>Calendar Year Benefit</b>                                                                                                                                                                                                  | \$2,000                | \$1,500                     |
| <b>Dental Rewards</b><br>Applied when a claim is filed and benefits received do not exceed \$750 annually                                                                                                                     | \$400/year             | \$250/year                  |
| <b>Calendar Year Deductible</b><br>Waived for Preventative                                                                                                                                                                    | \$50/person            | \$75/person                 |
| <b>Preventative Services</b>                                                                                                                                                                                                  |                        |                             |
| Cleaning, Oral Exam, Bitewings                                                                                                                                                                                                | 100%                   | 80%                         |
| <b>Basic Services</b>                                                                                                                                                                                                         |                        |                             |
| Periodontal Maintenance, Filling, Simple Extraction, Panoramic X-Ray, Denture Repair & Reline, Recement, Biopsy, Emergency Pain Relief                                                                                        | 75% - Year 1           | 75%                         |
|                                                                                                                                                                                                                               | 80% - Year 2           |                             |
|                                                                                                                                                                                                                               | 85% - Year 3           |                             |
| <b>Major Services</b>                                                                                                                                                                                                         |                        |                             |
| 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%                         |
| <i>*Benefit Levels are based on the Maximum Allowable Charge (MAC) for Services</i>                                                                                                                                           |                        |                             |

# Ameritas Dental Low Plan

| <b>Ameritas Dental PPO - Low Plan<br/>Monthly Premium</b>                                |          |
|------------------------------------------------------------------------------------------|----------|
| Member Only                                                                              | \$40.70  |
| Member + Spouse or Child                                                                 | \$86.90  |
| Member + Family                                                                          | \$135.30 |
| <i>Child coverage available until age 26 unless they are a disabled adult dependent.</i> |          |

This plan offers the same great Ameritas coverage and service at a more affordable price point - perfect for those who need coverage primarily for routine visits and preventative care. Though we know that unexpected dental care can appear quickly - this comprehensive dental plan covers over 360 procedures, from routine cleanings to major items including crowns and dentures.

This PPO plan lets you see any dentist — no network required! Plan benefits are not reduced by visiting an out-of-network provider so it is perfect for those who already have established care with a provider they love.

**Dental Rewards® is included in this plan. This feature allows members to carry over part of their unused annual maximum by submitting at least one claim during the year and staying below the benefit threshold. Maximum possible accumulation is \$1,000.**

| Description                                                                                                                                                                                            | Network Dentist | Non-Network Dentist* |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| Calendar Year Benefit                                                                                                                                                                                  | \$1,000         |                      |
| Dental Rewards<br>Applied when a claim is filed<br>and benefits received do not exceed \$500<br>annually                                                                                               | \$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                                                                                                                           |                 |                      |

# Cigna Dental

| <b>Cigna Dental HMO<br/>Monthly Premium</b>                                              |          |
|------------------------------------------------------------------------------------------|----------|
| Member Only                                                                              | \$36.72  |
| Member + Spouse or Child                                                                 | \$73.44  |
| Member + Family                                                                          | \$135.00 |
| <i>Child coverage available until age 26 unless they are a disabled adult dependent.</i> |          |

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 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.

| <b>Procedure Type</b>                     | <b>Member Copay</b> |
|-------------------------------------------|---------------------|
| Oral Exam & 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                 |
| Surgical Placement of Transosteal Implant | \$850               |
| Gingivectomy                              | \$35                |
| Bone Graft                                | \$135               |
| Tissue Graft                              | \$60                |
| Removal of Lesion & 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. Plan not available in AK, ME, MT, NH, NM, ND, SD, PR, VT, VI, WY. Full Patient Charge Schedule available.*

# VSP Vision

| <b>VSP Vision<br/>Monthly Premium</b> |         |
|---------------------------------------|---------|
| Member Only                           | \$13.02 |
| Member + Spouse or Child              | \$26.04 |
| Member + Family                       | \$38.44 |

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](http://www.VSP.com)**

| <b>Benefit</b>                           | <b>VSP Choice Provider</b>      | <b>Non-Network Provider</b> |
|------------------------------------------|---------------------------------|-----------------------------|
| <b>Eye Exam</b>                          | Covered in Full                 | \$45                        |
| <b>Lenses</b>                            |                                 |                             |
| 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                         |
| <b>Contacts</b>                          |                                 |                             |
| Fit & Follow-Up Exam                     | \$60 Co-Pay                     | Not Covered                 |
| Elective                                 | \$200                           | \$105                       |
| <b>Frames</b>                            | \$200                           | \$70                        |
| <b>Deductible</b>                        | Exam: \$10 / Material: \$25     |                             |
| <b>Frequency (Months)</b>                | Exam: 12 / Lens: 12 / Frame: 24 |                             |
| <b>Lens Options at VSP Providers</b>     | <b>Member Co-Pay</b>            |                             |
| Progressive Lenses<br>(Premium & Custom) | \$40                            |                             |
| Polycarbonate (Standard)                 | Child: \$0 / Adult: \$33        |                             |
| Dye (Plastic Gradient / Solid Plastic)   | \$15 - \$17                     |                             |
| Photochromatic Lenses                    | \$31 - \$81                     |                             |
| Anti-Reflective Coating                  | \$17 - \$33                     |                             |
| Scratch Resistant Coating                | \$43 - \$85                     |                             |
| Ultraviolet Coating                      | \$16                            |                             |

# Personal Accident (AD&D) with Secure Travel

| Personal Accident (AD&D) with Secure Travel                                                                                                                                                                                               |                        |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|
| Benefit Level                                                                                                                                                                                                                             | 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                         |
| <i>Age reduction applies: Age 70: 65%; Age 75: 45%; Age 80: 30%</i><br><i>Spouse / Domestic Partner benefit is 50% of member benefit (40% if child is also covered).</i><br><i>Child benefit is 10% of member benefit (max \$30,000).</i> |                        |                                 |

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 children 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 extra cost include Cash benefit towards home alteration, vehicle modification, and rehabilitation expenses

A **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 from the AD&D benefit.

- Emergency medical evacuation & repatriation
- Medical, dental, legal & embassy referrals
- Prescription refill & translation assistance
- Emergency cash advance (up to \$1,500)
- Travel support for companions or dependents during emergencies
- Up to \$10,000 medical expense payment guarantee (repayable)

**For full plan coverage info, please contact us at 800-511-9065 or email [MCARE@pgagencies.com](mailto:MCARE@pgagencies.com)**

# United Pet Care

| United Pet Care<br>Monthly Premium |         |
|------------------------------------|---------|
| First Pet                          | \$17.50 |
| Each Additional Pet                | \$16.50 |

*\*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. Individual approval results may vary. This is not a loan offer. All loans are subject to review and approval by medZERO's lending partners. Refer to <https://get.medzero.com/fidoupc> for details*

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

For less than \$20 per 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 for pre-existing conditions, breed, or age.)

- 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!

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## LegalShield

|                                                                                                                                                                                                                                                                                    |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Monthly Premium                                                                                                                                                                                                                                                                    | \$15.95 |
| Spouse / Domestic Partner coverage is automatically included.                                                                                                                                                                                                                      |         |
| Child coverage applies if child is: <ul style="list-style-type: none"><li>• Under 18.</li><li>• Under 21 (23 if full-time student) and they live at home and have never been married.</li><li>• Any age, mentally or physically disabled, and a dependent of the member.</li></ul> |         |
| <b>This plan requires an email address.</b>                                                                                                                                                                                                                                        |         |

Everyone deserves affordable legal protection – including you.

With LegalShield's legal protection plan, you will have the power to access legal advice and services when you need them.

Plan benefits include:

- 24/7 Emergency Access
- Advice and Consultation
- Letters/Phone Calls - Personal and Business
- Document Review - Personal and Business
- Civil & Criminal Trial Defense
- Will Preparation
- Power of Attorney
- Income Tax Audit Services

Expected and unexpected legal matters arise every day. With LegalShield on your side, you get access to advice and counsel on an unlimited number of personal legal matters from an experienced attorney. Services are just a phone call away.

Scan Here for Plan Details and Available Supplements URL for QR code: <https://shieldbenefits.com/pedittrust/legal>

# IDShield

|                                                                              |         |
|------------------------------------------------------------------------------|---------|
| Member Only                                                                  | \$8.45  |
| Member + Family:<br>(Children up to age 18)                                  | \$15.95 |
| <b>Save \$3/month when bundled with LegalShield for you and your family.</b> |         |
| <b>This plan requires an email address.</b>                                  |         |

Protect your identity and privacy. With IDShield, you will receive monitoring of your personal information, credit, social media accounts, and more. If your identity is compromised, it will be restored on your behalf by licensed private investigators.

- Monitors and detects:
  - Address Changes
  - Dark Web Activity
  - Public Records
  - Court Records
  - Payday Loan Activity
  - Personally Identifiable Information
- Continuous Experian Monitoring
  - (3 Bureau upgrade Available)
- Full-Service Restoration
  - Members have unlimited access to identity consultation services. An investigator will advise you on best practices tailored to the specific situation and can open a case for restoration. IDShield will do whatever it takes, for as long as it takes, to restore your identity to its pre-theft status.
- Credit Inquiry and Threat Alerts
- Credit Freeze Assistance
- Data Breach Notifications
- Identity Theft Alerts
- Live Member Support
- 24/7 Access

*Scan Here for Plan Details and  
Additional Bureau Monitoring Options*

*URL for QR Code:*

*<https://shieldbenefits.com/pedittrust/idshield>*

# Frequently Asked Questions

## ***How do I enroll in benefits?***

To enroll in a benefit plan, please complete and return the attached Benefits Enrollment Form to Pacific Group Agencies by mail, fax, email, or online submission.

## ***How are the premiums paid?***

Premiums are paid via automatic deduction from your retirement system pension. You will see a deduction on your monthly earning statement reflecting the amount deducted.

## ***When do coverages begin?***

Coverages will begin on a 1st of the month basis. We must receive enrollment information from you before the 5th of the preceding month to ensure enrollment and deductions changes can be submitted.

## ***Can I enroll at any time?***

Yes! Enrollment in all plans is available year-round. Effective dates will be determined by the date we receive your enrollment form.

## ***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.

## ***If I'm not making any changes; do I need 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.

## ***Is this the benefit guide for my county sponsored benefits?***

No. This book is for voluntary supplemental benefits available to members of MCARE. They are separate and apart from any benefits you may have through the county retirement system.

## ***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.

## ***If I don't send in a form, will that cancel my current enrollment?***

No! 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](mailto: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 the plans listed in this book, please contact Pacific Group Agencies, the Benefit Plans Administrator, at 800-511-9065 or [MCARE@pgagencies.com](mailto:MCARE@pgagencies.com).

Do not contact MCARE, MCERA, or the County about these plans. They will be unable to help you.

If you have payroll questions, or questions about other benefits, you may reach out to the relevant parties.

# Disclaimer & Member Requirements

MCARE members have access voluntary benefits offered through Pacific Group Agencies (PGA) as a membership perk. MCARE does not endorse, provide, or administer these benefits but makes them available to members and may receive compensation from PGA for administrative assistance and member access.

This guide contains summaries and highlights written in simplified language. Exclusions, limitations, and eligibility requirements may apply. While efforts are made to ensure accuracy, errors may occur. This document is not a Certificate of Insurance (COI), and nothing herein changes the terms of the official COI. Coverage is not effective until the insurance carrier provides written verification, including the effective date.

Insurance carriers may change rules, coverage terms, rates, enrollment guidelines, or product availability at any time. Providers may also discontinue participation with insurers without notice.

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 also terminate without notice if payments stop or MCARE membership lapses.

## ***Cancellations:***

- Cancellations must be received by the 5th of the month for processing for the next following month.
- We do not accept phone cancellations. Cancellations must be in writing to PGA, by email (cancel@pgagencies.com), mail, or fax (800-549-0059). Cancellations sent to the insurance carrier, retirement system, or MCARE, will 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 cancellation date to match deductions received.
- Payment cancellation may result in monies being owed to PGA for advanced premiums. 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 MCARE 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 MCARE 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 at: (800) 511-9065 or MCARE@pgagencies.com.

Pacific Group Agencies, in California, DBA: Association Member Benefits & Insurance Agency  
CA LIC 0I96562, Arkansas LIC 100114462