Affiliate:

PACIFIC GROUP AGENCIES

AMBA

Benefits Available Exclusively for Members of Retired Public Employees of San Joaquin County

RPESJC
Retired Public Employees of San Joaquin County

These plans are offered exclusively to RPESJC members and are independent of any plan offered by San Joaquin County.

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

Dear Retiree:

RPESJC is an officially recognized, member-supported, non-profit, non-partisan organization representing San Joaquin County retirees. Members enjoy exclusive resources and events, including health & wellness fairs, luncheons, and the RPESJC newsletter, as well as access to voluntary group insurance plans administered by Pacific Group Agencies and described in this Benefits Package.

To strengthen our organization and become an RPESJC member, please complete the membership enrollment form below. **The RPESJC membership dues are $2.00/month via deduction from your retirement pension.** If you wish to enroll in any benefit plans, complete the Benefits Enrollment Form on the reverse. There are no waiting periods when you enroll. Simply review the materials, select your plans, and return the form to Pacific Group Agencies.

This booklet highlights only a selection of the benefits available to you. To explore your full range of benefit options, including AMBA Passport, our member discount program, please visit our website at www.pgagencies.com/RPESJC.

For questions about the plans in this guide, please contact Pacific Group Agencies, the Benefit Plans Administrator, at (800) 511-9065 or RPESJC@pgagencies.com. **Please do not contact RPESJC, SJCERA, or the County regarding these plans, as they are unable to assist.**

Sincerely,
RPESJC Executive Board

Last Name	First Name	MI	Date of Birth	SSN

Home Address	Telephone

City	State	Zip	Email Address

Department Retired From	Month and Year of Retirement

☐ Please check here if you are enrolling as a qualified beneficiary of a deceased eligible retired County employee per SJCERA.

Retiree Name *(if applying as a surviving spouse)*

I hereby authorize and direct the San Joaquin County Employees' Retirement Office (SJCERA) to deduct $2.00 from my retirement warrant, due me on each pay date, and to pay said sum to Retired Public Employees of San Joaquin County (RPESJC). I also authorize SJCERA to provide future change of address and telephone number information to RPESJC. This authorization is to be effective upon receipt by SJCERA and until cancelled by me in writing or until I am ineligible for a regular retirement warrant.

Sign Here → _____ **Date** _____

How To Enroll

By Mail: Complete the Membership and Benefit Plan Enrollment Form and return in the postage paid envelope provided.

Online: An online forms is available at www.pgagencies.com/RPESJC which is submitted to us automatically upon completion.

Email: Send a scanned copy of your completed forms to RPESJC@pgagencies.com

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

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

RPESJC
Retired Public Employees of San Joaquin County

Benefit Plan Enrollment Form

For Office Use Only
Received
Effective Date

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

I hereby authorize SJCERA 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.

Sign Here → _____ **Date** _____

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

Spouse/Domestic Partner Name	Date of Birth	M / F	Full SSN Required

Child Name *(Please note child coverage age limits. If disabled, please provide proof with enrollment)*	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

Select Plan (Select one):

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

See Finding a Provider page 3

Who is covered (Select one):

- ☐ Member
- ☐ Member + Spouse
- ☐ Member + Child
- ☐ Member + Family

Vision

Who is covered (Select one):

- ☐ Member
- ☐ Member + Spouse
- ☐ Member + Child
- ☐ Member + Family

ID Shield

Who is covered (Select one):

- ☐ Member
- ☐ Member + Spouse

This plan requires an email address.

Personal Accident

Who is covered (Select one):

- ☐ Member
- ☐ Member + Spouse

Select AD&D Benefit Amount:

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

Provide beneficiary information:

Beneficiary(ies):

_____

Relationship:

Legal Shield

Plan covers member & family.

- ☐ Member + Family

This plan requires an email address.

United Pet Care

- ☐ Number of pets: _____

Life Insurance

- ☐ 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
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 RPESJC@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

Ameritas Dental PPO - High Plan Monthly Premium	
Member Only	$54.95
Member + Spouse or Child	$109.89
Member + Family	$137.45
Child coverage available until age 26 unless they are a disabled adult dependent.	

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.

Description	Network Dentist	Non-Network Dentist*
Calendar Year Benefit	$1,500	
Dental Rewards Applied when a claim is filed and benefits received do not exceed $750 annually	$400/year	$250/year
Calendar Year Deductible Waived for Preventative	$50/person	$75/person
Preventative Services		
Cleaning, Oral Exam, Bitewings	100%	80%
Basic Services		
Filling, Simple Extraction, Panoramic X-Ray, Denture Repair & Reline, Recement, Biopsy, Emergency Pain Relief	75% - Year 1	75%
	80% - Year 2	
	85% - Year 3	
Major Services		
Crown, Implant, Periodontics, Endodontic, Root Canal, Bridge, Denture, Extractions, Anesthesia, Bone Augmentation, Inlay and Onlay Restoration, Bridge Repair, Space Maintainer,Teeth Whitening	50%	50%
**Benefit Levels are based on the Maximum Allowable Charge (MAC) for Services*		

Ameritas Dental Low Plan

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

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 Applied when a claim is filed and benefits received do not exceed $500 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 and Major Services		
Fillings, Restorative Composites (Anterior and Posterior), Endodontics (Surgical and Nonsurgical), Periodontics (Surgical and Nonsurgical), Simple and Complex Extractions, Denture Repair, Anesthesia, 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

Cigna Dental HMO Monthly Premium	
Member Only	$36.72
Member + Spouse or Child	$73.44
Member + Family	$135.00
Child coverage available until age 26 unless they are a disabled adult dependent.	

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.

Procedure Type	Member Copay
Oral Exam & Cleaning	$0
X-ray	$0
Resin Filling	$0
Root Canal (Anterior*)*	$50
Extraction of Erupted Tooth	$2
Periodontal Maintenance	$20
Scaling and Root Planing	$25
Porcelain Crown	$100
Porcelain Inlay/Onlay	$100
Post & Core	$35
Denture (Bridge)	$120
Denture Repair	$17
Anesthesia	$0
Surgical Placement of Transosteal Implant	$915
Gingivectomy	$70
Bone Graft	$160
Tissue Graft	$85
Removal of Lesion & Biopsy	$0
Abutment	$400
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

VSP Vision Monthly Premium	
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

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

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 RPESJC@pgagencies.com

United Pet Care

United Pet Care 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!

LegalShield

Monthly Premium	$15.95
Spouse / Domestic Partner coverage is automatically included.	
Child coverage applies if child is: • Under 18. • Under 21 (23 if full-time student) and they live at home and have never been married. • Any age, mentally or physically disabled, and a dependent of the member.	
This plan requires an email address.	

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.

Please visit https://shieldbenefits.com/pedittrust/legal for additional plan details.

IDShield

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

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

Please visit https://shieldbenefits.com/pedittrust/idshield for additional plan details.

Frequently Asked Questions

Do I have to be a dues-paying member of RPESJC in order to purchase these supplemental benefits?

Yes, only dues-paying RPESJC members can purchase these benefits; the membership enrollment form and deduction authorization are on Page 1 of this booklet.

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 RPESJC. 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 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 RPESJC@pgagencies.com.

Do not contact RPESJC, SJCERA, 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

RPESJC members have access voluntary benefits offered through Pacific Group Agencies (PGA) as a membership perk. RPESJC 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 RPESJC 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 RPESJC, 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 RPESJC 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 RPESJC 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 RPESJC@pgagencies.com.

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