

# 2024 My Benefits Summary

Helping you make informed choices so you and your family members live and play well.



**Special District**

**SACRAMENTO**  
C O U N T Y

## **INTRODUCTION**

The County of Sacramento is committed to your overall health and wellbeing, and thus we are pleased to offer a comprehensive benefits program that provides valuable healthcare for you and your family.

This Summary handbook is designed to assist you in understanding your benefits and getting the most out of them. The plan summaries contained in this book are for comparison purposes only. A schedule of covered services is available in the Summary of Benefit Coverage and the more detailed Evidence of Coverage (EOC). These are both found online at <http://personnel.saccounty.gov/Benefits> or can be obtained from the Employee Benefits Office.

## **DISCLAIMER**

The County of Sacramento reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. The explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the applicable EOC, insurance contracts or plan documents, the provisions of the applicable EOC, insurance contracts or plan documents will govern. In addition, do not rely on any oral descriptions of these plans since the written descriptions in the insurance contracts or plan documents will always govern.

Reasonable attempts will be made to inform you of any changes to the information in this booklet. However, it is your responsibility to read, understand, and comply with the County's policies, and stay informed of changes. Changes will take effect regardless of whether any notice is received.



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# OVERVIEW

As an employee of a Special District participating in the County of Sacramento benefit plans, you have a variety of benefits available to you depending on your Districts participation. This handbook provides an overview of the following benefits, which may or may not apply to you based upon your Districts participation:

- Medical Plans
- Dental Coverage
- Vision Benefits
- Life Insurance
- Making Changes to Coverage
- Coverage for your Dependents
- COBRA Continuation Coverage
- Leave of Absence

## COVERAGE OPTIONS

The options available to you through the County’s benefit program vary from District to District based on the benefits they choose to include in your benefits package. Contact your District Administration office directly for information on the benefits available to you.

## COST OF COVERAGE

Each Special District has a unique benefit and contribution package. For some benefits your District pays the entire cost of your coverage. For others, you may contribute all or just a portion of the cost of coverage. Your premiums will vary according to your District’s contribution structure, the plan, the number of dependents you enroll, and/or the level of coverage you select. Contact your District’s Administration office for more information on the employee cost of your benefits.

## 2024 MEDICAL PREMIUM COSTS

Plan	Single/Family	Total Monthly Premium
Kaiser \$15 HMO	S	\$1,150.86
	F	\$2,942.98
Kaiser HD HMO	S	\$822.32
	F	\$2,102.84
Sutter \$15 HMO	S	\$949.36
	F	\$2,430.32
Sutter HD HMO	S	\$700.10
	F	\$1,792.30
WHA \$15 HMO	S	\$857.86
	F	\$2,196.22
WHA HD HMO	S	\$655.50
	F	\$1,678.10

# ELIGIBILITY FOR BENEFITS

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These rules are only applicable for the benefits your District is participating in through the County's benefit program. For eligibility regarding benefits your District has contracted with another entity, please contact your District Administration office directly.

## EMPLOYEE

An "Eligible Employee" is defined as:

- 1) full-time and part-time employees of Special Districts;
- 2) an elected official and his or her exempt deputy or assistant;
- 3) any regular employee who temporarily transfers to a benefited limited position;
- 4) An employee who returns from Leave of Absence or a reduction of hours becomes eligible the month **following** their return to work.

An eligible employee is not an employee of a temporary agency, a contractor, or any other person who does not occupy a permanent position in accordance with the annual salary ordinance.

## DEPENDENTS

Eligible dependents include:

- **Your spouse**-lawfully married;
- **Your domestic partner** - registered with the Secretary of State;
- **Children** - natural, step, adopted, and legal guardian (all up to age 26), and/or foster children (up to age 21) of the employee or spouse/domestic partner. Children over age 26 with a certified mental or physical disability are also eligible regardless of age. Diagnosis of the disability must occur prior to the child reaching the respective age limit.

**Note:** Dependents of your children are not eligible unless you or your spouse/domestic partner has legal guardianship, are fostering the minor, or adopt the child(ren).

If you enroll a domestic partner or child(ren) of a domestic partner to medical or dental coverage who are not your IRS-defined dependents for tax free benefit purposes, you will be required to pay imputed income (federal taxes on the value of the benefit). The term "domestic partner" has the same meaning as defined by Section 297 of the California Family Code or Section 308c of the California Family Code as applicable.

## INELIGIBLE DEPENDENTS

You must remove ineligible dependents within 30 days of their loss of eligibility. Notifications beyond 60 days will result in their loss of COBRA rights and **you** may be financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.

# CHANGES TO COVERAGE

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## NEW HIRES

To enroll in the benefit plans of your choice, benefit elections must be made within the first 30 days of becoming eligible. Any required supporting documentation must be submitted to your District Office or the County's Employee Benefits Office for final approval within 7 days of your benefit elections. Coverage is effective the 1<sup>st</sup> day of the month following completion of the enrollment. **If you do not enroll within the first 30 days of becoming eligible or provide the required documentation timely you will be enrolled in the default plans as described in the contract.**

## MID-YEAR LIFE EVENTS

During the year, you may experience a "qualifying event" such as marriage, divorce, registration of domestic partnership, birth or adoption of a child, loss or gain of group coverage, etc. A Social Security number is required for dependents. For midyear enrollment changes associated with a birth or adoption, only medical coverage becomes effective on the date of birth or adoption in accordance with HIPAA regulations, if you enroll and provide any required documentation in a timely manner. For all other midyear qualifying events, the coverage is effective the first day of the month following eligibility **and** enrollment, provided you timely submit required documentation.

**If you do not have the supporting documentation or social security number, you still need to complete the enrollment within 30 days and request additional time for documents.**

Failure to complete your enrollment within 30 days or provide supporting documentation will result in your inability to make changes until the next qualifying event or Open Enrollment.

## OPEN ENROLLMENT

All employees are provided an opportunity each year during "Open Enrollment" to make changes to medical, dental, and vision insurance plans, and add or delete dependents without a qualifying event. Open Enrollment is usually held in the fall (October) and coverage is effective on January 1st of the following year.

If you add dependents or waive medical coverage you are required to submit supporting documents with your change form. If your District Office or the County's Employee Benefits Office doesn't receive this documentation prior to the deadline, your changes will not go into effect.

### WAIVER OF COVERAGE

If you have other group medical coverage, you may waive the County medical plan within 30 days of gaining the other **\*group medical coverage**. You are required to provide documentation to verify the other group medical coverage. You will only be permitted to re-enroll in a County medical plan within 30 days of the loss of your other group medical coverage (proof of the loss of medical coverage is required), or during Open Enrollment.

\* Note: Covered CA plan is not considered a group medical plan.

# MEDICAL PLANS

For employees of Special Districts participating in the medical program, you may choose from three (3) traditional Health Maintenance Organization (HMO) plans or three (3) High Deductible Health Plans (HDHP). Employees and dependents must be enrolled in the same plan. Your District may pay all or a portion of the cost for medical coverage.

## HEALTH MAINTENANCE ORGANIZATION (HMO)

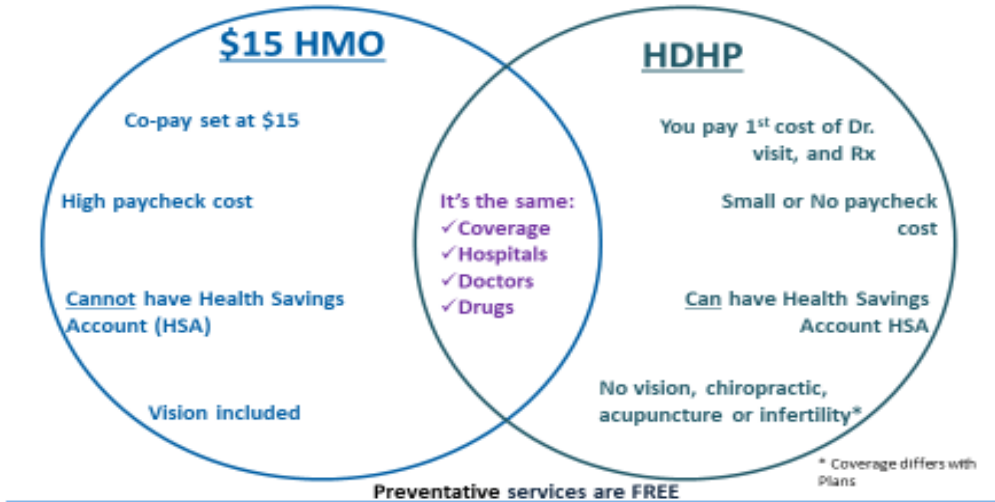
A primary care physician (PCP) directs all medical care and specialist referrals. Each family member may choose his or her own PCP and may have a different medical group. The PCP and/or medical group can be changed at any time by calling your plan's customer service number. Except for emergencies, you must contact your PCP first for your health care to be covered. You may have a higher paycheck deduction in exchange for a fixed copayment under an HMO.

## HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

High Deductible plans are still HMO plans that require PCP direction. In a HDHP both medical (except for certain preventative care) and prescription expenses apply to the deductible. HDHP's are lower in monthly premiums than traditional HMO plans but have a larger out-of-pocket expense for services which you pay for at the time of care. Once you reach the deductible under the family plan, most services are covered at 100%. For individual coverage you only have prescription copayments once you reach your deductible up to the out-of-pocket maximum.

The primary difference between the HMO and HDHP is how you pay the carrier for services. If you have questions, please contact the Employee Benefits Office at: 916-874-2020 or email at [Mybenefits@saccounty.gov](mailto:Mybenefits@saccounty.gov).

## \$15 HMO AND HDHP COVERAGE





## COST DIFFERENCE BETWEEN THE HMO AND THE HDHP PLANS

Although there can be substantial savings under an HDHP over a traditional HMO, there are some important factors to consider.

- With an HMO you may have a larger paycheck deduction; with the HDHP you will have a larger out of pocket cost at the time of care.
- Since you pay the cost for services at the time of care under the HDHP, you could face early out-of-pocket expenses at the beginning of the calendar year.
- The entire deductible for family coverage must be met (\$3,200) (shared between everyone) before services are covered at 100%, but the deductible may still be less than the annual payroll cost of the HMO premium.

	HMO	HDHP (HSA Qualified pg 11)
<b>Choice of Dr Specialist</b>	Network PCP selection required; PCP coordinates all care	Network PCP selection required; PCP coordinates all care
<b>Wellness</b>	Requires PCP referral	Requires PCP referral
<b>Paycheck cost</b>	Preventative and well-care services are provided at no additional cost	Preventative and well-care services are provided at no additional cost
<b>Cost for visits</b>	Higher cost per paycheck	Lower cost per paycheck
<b>Vision</b>	Set co-pay, \$15 for most services; lower cost at time of care	You pay up to annual deductible, then plan pays 100% (family only), for single coverage you pay up to the deductible, then pay prescription costs until you meet the prescription deductible.
<b>Chiropractic</b>	Included	Not included, option to purchase
<b>Acupuncture</b>	Covered	Not covered
<b>Infertility Services</b>	Covered	Not covered
<b>Overall Cost</b>	Partially covered	Not covered
	Annual cost likely higher	Annual cost likely lower

## THINGS TO CONSIDER WHEN CHOOSING BETWEEN THE HMO AND THE HDHP PLANS

Your District may pay for most or all your monthly premium, or only a portion of the extra dependent coverage. You may be able to stretch your employer-provided subsidy further with an HDHP. Even if your employer is paying the full cost of an HMO plan for you, choosing the HMO coverage prevents you from contributing to a Health Savings Account (HSA), which is a valuable long-term savings account to offset medical, dental, vision, and prescription costs, and potentially even healthcare premiums after age 65.

You will also want to factor in your desired retirement date. If you retire before age 65 when Medicare is available, you will be exposed to higher non-Medicare County retiree premiums. The HSA funds can provide protection from excess deductible exposure until you reach Medicare age. For more information about an HSA, see Page 11.

## HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
<b>General Plan Information</b>			
Lifetime Plan Maximum		None	
Annual Deductibles		None	
Annual Out-of-Pocket Limit		\$1,500/Individual--\$3,000/Family	
Deductible Included In Out-of-pocket Limits		N/A	
Office Visit/Exam		\$15	
Outpatient Specialist Visit		\$15	
<b>Outpatient Services (Preventive)</b>			
Adult Periodic Exams with Preventive Tests		100% covered	
Well-Child Care			
Immunizations			
Well Woman Exams			
Mammograms			
Diagnostic X-Ray and Lab Tests			
<b>Maternity Care</b>			
Pregnancy and Maternity Care (Pre-Natal)	\$15	100% covered	
<b>Inpatient Hospital/Surgical Services</b>			
Inpatient Hospitalization		100% covered	
Outpatient Facility Charge		\$15	
<b>Emergency Services</b>			
Emergency Room (Waived if admitted)		\$35	
Air or Ground Ambulance		100% covered	
<b>Mental Health Benefits</b>			
Inpatient Care		100% covered	
Outpatient Care	\$15/individual/\$7 group	\$15	
<b>Substance Abuse</b>			
Inpatient Hospitalization	100% covered (detox only)	100% covered	
Outpatient Services	\$15/individual--\$5/group	\$15	
<b>Prescription Drugs</b>			
<b>Retail</b>	100 Day Supply	30 Day Supply	
Generic		\$10	
Brand (Formulary/Preferred)		\$20	
Brand (Non-Formulary/Non-preferred)	N/A	\$35	
<b>Mail Order</b>	100 Day Supply	90 Day Supply	
Generic	\$10	\$20	
Brand (Formulary/Preferred)	\$20	\$40	
Brand (Non-Formulary/Non-preferred)	N/A	\$70	
<b>Other Services and Supplies</b>			
Durable Medical Equipment & Prosthetics		100% covered	
Home Health Care (limited to 100 visits yr)	100% covered (3 visits/day)	100% covered	
Skilled Nursing or Extended Care Facility (limited to 100 days per calendar year)		100% covered	
Outpatient Rehabilitative Therapy Services (Physical, Occupational, Speech)		\$15	
Chiropractic Services; Calendar year limit	\$15; 30 visits	\$15; 20 medically necessary visits	
Acupuncture Services; Calendar year limit	\$15 PCP referred	\$10; 30 visits	\$15; 20 medically necessary visits

## HIGH DEDUCTIBLE HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
<b>General Plan Information</b>			
Lifetime Plan Maximum	None		
Annual Deductibles	\$1,600 Individual / \$3,200 Family		
Annual Out-of-Pocket Limit	\$3,200 Individual / \$3,200 Family		
Deductible Included in out-of-pocket limits?	Yes		
Office Visit / Exam/Outpatient Specialist	100% covered after deductible		
<b>Outpatient Services (Preventive)</b>			
Adult Periodic Exams with Preventive Tests	Most plans cover these services at 100%; please review your plan's coverage estimates for additional details		
Well-Child Care, Immunizations			
Well Woman Exams, Mammograms			
Diagnostic X-Ray and Lab Tests			
<b>Maternity Care</b>			
Pregnancy and Maternity Care (Pre-Natal)	Deductible Waived		
<b>Inpatient Hospital/Surgical Services</b>			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Facility Charge			
<b>Emergency Services</b>			
Emergency Room, Ambulance	100% covered after deductible		
<b>Mental Health Benefits</b>			
Inpatient / Outpatient Care	100% covered after deductible		
<b>Substance Abuse</b>			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Services			
<b>Prescription Drugs</b>			
<b>Retail</b>	100 Day Supply	30 Day Supply	
Generic	\$10 after deductible-Individual	100% covered after deductible-Family	
Brand (Formulary/Preferred)	\$20 after deductible-Individual	100% after deductible-Family	
Brand (Non-Formulary/Non-preferred)	N/A	\$35 after deductible-Individual 100% after deductible-Family	
<b>Mail Order</b>	100 Day Supply	90 Day Supply	
Generic	\$10 after deductible-Individual	\$20 after deductible-Individual 100% covered after deductible-Family	
Brand (Formulary/Preferred)	\$20 after deductible-Individual	\$40 after deductible-Individual 100% covered after deductible-Family	
Brand (Non-Formulary/Non-preferred)	N/A	\$70 after deductible-Individual 100% covered after deductible-Family	
<b>Other Services and Supplies</b>			
Durable Medical Equipment & Prosthetics Annual limits	100% covered after deductible \$2,500		100% covered after deductible
Home Health Care (limited to 100 visits/year)	100% covered after deductible (3 visits per day)	100% covered after deductible	
Skilled Nursing or Extended Care Facility--limited to 100 days per calendar year	100% covered after deductible		
Outpatient Rehabilitative Therapy Services (Physical, Occupational, Speech)	100% covered after deductible		
Chiropractic Services; Calendar year limit	Not covered		
Acupuncture Services; Calendar year limit	Not covered		

# PLAN LIMITATIONS



Below is a summary of a few plan limitations associated with the County’s medical benefits. If an alternate form of coverage may be available, you may want to explore that possibility:

Limitation	Explanation	Potential Alternative Coverage
<b>Out of Area Coverage</b>	Currently, our medical providers offer coverage only in the greater Sacramento and nearby areas. Please contact the Employee Benefits Office to inquire about the live or work rule. Coverage may not be applied to dependents based on the carrier’s policy.	Employees or dependents residing out of the health plan coverage area may find that their preferred coverage is unavailable. Please refer to the plan’s Evidence of Coverage (EOC) documents of your preferred medical plan to ensure coverage is available in your actual residence area. The EOCs are available on the Employee Benefits Office website.
<b>Childbirth-related High Deductible Plan considerations</b>	Change in coverage level may increase maximum annual deductible.	Newborns are covered under the mother’s plan automatically for the entire month of birth. If the mother has elected employee only coverage, the birth of the child will convert the employee only HDHP plan to a family HDHP and the deductible will change from \$1,600 to \$3,200. Pre-natal refers to preventative care before the birth of a child. Childbirth is not considered preventative and is subject to the deductible under the HDHP.
<b>Infertility Coverage</b>	Currently, the HMO Plan does not offer complete infertility services, partial coverage options are available. The HDHP does not cover infertility services.	n/a

**NOTE: Always refer to the plan’s Evidence of Coverage for complete details!**

## MEDICARE WHILE WORKING

If you are eligible to participate in the County medical plans as an active employee and wish to continue working after reaching age 65, you may be able to delay enrollment in some parts of Medicare without incurring a late enrollment penalty later. Your County active medical plan remains primary to Medicare while you are working. That is, the County plan will pay claims first, before Medicare. If you decline to enroll in Medicare Part B when you are first eligible and you also do not remain covered under a group medical plan sponsored by an employer or union, you may incur a Medicare late enrollment penalty once you do enroll. Please see section on Health Savings Account for information regarding your HSA when you become Medicare eligible. For additional information visit: [www.Medicare.gov](http://www.Medicare.gov).

# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a voluntary savings account that you contribute to and is used for payment or reimbursement of qualified health expenses. An HSA is not a medical plan. You must be enrolled in an HDHP and have no other coverage that can offset your deductible expenses to be eligible to contribute to an HSA. You may enroll, change, or stop your contributions to the HSA at any time throughout the year without a qualifying event. Changes to your HSA are effective the following month. Eligible expenses are the same as for a Medical Reimbursement Account, including qualified medical, dental, vision and prescription expenses; however, the amount available is limited to your account balance. Debit cards are provided for convenience.

**Some of the benefits of an HSA are:**

- Contributions, earnings, and interest are exempt from Federal (not State) taxes;
- Distributions are tax free when used for qualified medical expenses;
- Assets roll over from year to year—no “use it or lose it”;
- You can change the contribution amount at any time all year but no “front loading”;
- The HSA is portable, so you can use the assets even if you leave your District job;
- You can contribute significantly more than your HDHP deductible.

**To contribute to an HSA, you must:**

- Be enrolled in an HDHP, and have no other non-HDHP health coverage either as an employee or dependent;
- Not be enrolled in Medicare Part A and/or Part B;
- Have not received VA medical benefits over the past three months;
- Not be able to be claimed as a dependent on someone else’s tax return.
- Not be covered as a dependent on another medical plan that is not also an HDHP.

Contribution maximums are set by the IRS. For 2024, the maximums are:

Coverage	Under Age 55	Age 55+
Individual	\$4,150	\$5,150
Family	\$8,300	\$9,300

Once you enroll in the HDHP and establish your HSA account, contributions will be pre-tax via payroll deduction, and your contributions will be sent to the HDHP carrier’s HSA financial partner. You cannot choose the financial institution in which your HSA is established using payroll deduction. You incur a **\$2/monthly administrative fee for the Optum HSA**; Health Equity’s charge is covered by WHA.

You cannot immediately contribute to an HSA if you have a balance in your General Medical Reimbursement Account at the end of the calendar year or until the grace period has expired. However, you can have a Limited Purpose Medical Reimbursement Account and contribute to an HSA (see the Limited Medical Reimbursement Account information later in this Benefits Summary). If you switch from an HDHP to an HMO or turn age 65 and do not delay Medicare enrollment as an Active employee, you are no longer eligible to contribute to an HSA, but you can continue to use the account until it is depleted. Non-qualified withdrawals are considered taxable income, and a 20% penalty will apply if you are under age 65.

# DENTAL BENEFITS

A comprehensive dental plan is available through Delta Dental of California for benefit eligible employees and their enrolled dependents.

Following is a chart outlining the dental benefits provided through Delta Dental.

Plan Benefit Highlights for:		County of Sacramento Special Districts– <b>Group Number 02476</b>			
<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26				
<b>Deductibles</b>	\$25 per person / \$75 per family each calendar year				
Deductibles waived for Diagnostic & Preventive (D & P), Sealants and Orthodontics?	Yes				
<b>Maximums</b>	<b>Delta Dental PPO dentists:</b> \$2,500 per person each calendar year <b>Non-Delta Dental PPO dentists:</b> \$2,000 per person each calendar year				
D & P counts toward maximum?	Yes				
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None	

Benefits and Covered Services*	Delta Dental PPO-dentists**	Non-Delta Dental PPO dentist**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, and x-rays	100%	80 %
<b>Basic Services</b> Fillings, posterior composites, and sealants	90 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	90 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	90 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	90 %	80 %
<b>Major Services</b> Crowns, inlays, onlays, and cast restorations	90 %	80 %
<b>Prosthodontics</b> Bridges, dentures and implants	90 %	80 %
<b>Temporomandibular Joint (TMJ) Benefits</b>	90 %	80 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	\$2,500	\$2,500
<b>Dental Accident Benefits</b>	100 % (No Maximums)	100 % (No Maximums)

*\*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.*

*\*\* Reimbursement is based on PPO-contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.*

Dental benefits were increased by the County this year, including orthodontic maximums for PPO or non-PPO dentist, and major services/prosthetic dentistry for PPO dentists only.

The 2024 monthly costs for the dental plans are:

Employee Category	Cost
Employee Only	\$118.50
Family +	

Your premiums will vary according to your District's contribution structure, the plan and number of dependents you enroll, and/or the level of coverage you select.

Additional information, including coverage details and our FAQ document can be found at the Employee Benefits Office resource page:

<https://personnel.saccounty.gov/Benefits/Pages/Resources.aspx>

## VISION BENEFITS

For Special Districts participating in medical coverage, vision benefits are also available to benefit-eligible employees and enrolled dependents. If you have an HMO medical plan through Kaiser, Kaiser vision coverage is included. You can choose to purchase VSP coverage at either standard or enhanced buy up level, but it does not coordinate services with Kaiser's vision coverage. If you have an HMO medical plan through Sutter or Western Health Advantage, the standard basic Vision Services Plan (VSP) vision coverage is included in your premium, but you can choose to upgrade to the enhanced buy up VSP plan. If you have waived medical coverage or are enrolled in one of the high deductible health plans (HDHP) you have the option to purchase VSP vision coverage at either the basic or enhanced buy up level.

The 2024 costs for the voluntary vision plans are:

Employee Category	Standard Base Plan*	Enhanced Buy Up Plan	Difference**
Employee Only	\$5.16	\$9.94	\$4.78
Family	\$13.22	\$25.47	\$12.25

*\* The VSP basic plan amount is already included in the HMO medical plan coverage costs for Sutter and Western Health Advantage.*

*\*\* The difference is the amount that those in an HMO medical plan coverage with Sutter and Western Health Advantage would pay if electing the VSP Enhanced Buy Up plan.*

Your premiums will vary according to your District's contribution structure, the plan and number of dependents you enroll, and/or the level of coverage you select.

The following are summaries of VSP vision benefit plans:

## Standard Base Plan

VSP Coverage (Group No. 30015915)

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Standard Base Plan Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every calendar year
<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart, Sam's Club®, Costco® frame allowance</li> </ul>	Combined with exam	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Combined with exam	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>Essential Medical Eye Care</b>	<ul style="list-style-type: none"> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Retinal screening for eligible members with diabetes. Coordination with medical coverage may apply. Ask your VSP doctor for details. Available as needed.</li> </ul>	\$0 per screening \$20 per exam	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		
See the appropriate plan EOC for more details on coverage and exclusions			



## Enhanced Buy-Up Plan

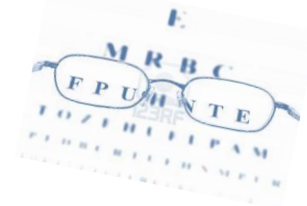
Benefit	Description	Copay	Frequency
<b>Your Enhanced Buy-Up Plan Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every calendar year
<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart, Sam's Club®, Costco® frame allowance</li> </ul>	Combined with exam	Every calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Combined with exam	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Essential Medical Eye Care</b>	<ul style="list-style-type: none"> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Retinal screening for eligible members with diabetes. Coordination with medical coverage may apply. Ask your VSP doctor for details. Available as needed.</li> </ul>	\$0 per screening \$20 per exam	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		
<b>VSP EasyOptions</b>	<b>Choose one of these upgrades each calendar year</b> <ul style="list-style-type: none"> <li>An additional \$120 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$70 contact lens allowance</li> </ul>		
See the appropriate plan EOC for more details on coverage and exclusions			

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You will have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider. Coverage with a participating retail chain may be different. Once your benefit is effective, visit **vsp.com** for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

### Hearing Benefits

Purchasing VSP coverage also provides for discounts on hearing aids, fittings, and hearing aid batteries through TruHearing, with a nationwide network of hearing specialists. Contact TruHearing at 877-396-7194 and mention VSP for your discount services.

Additional information, including coverage details and a FAQ document, can be found at the [Employee Benefits Office resource page](https://personnel.saccounty.gov/Benefits/Pages/Resources.aspx): <https://personnel.saccounty.gov/Benefits/Pages/Resources.aspx>



## LIFE INSURANCE

Your District provides a Basic life insurance benefit to all benefit-eligible employees. This coverage is effective on the first day of the month following hiring for active employment. You may also purchase additional voluntary life coverage for yourself through payroll deductions.

### BASIC LIFE INSURANCE

Your District provides a Basic life insurance benefit at no premium cost to you. The Basic benefit ranges from \$15,000, \$18,000\* or \$50,000\*, depending upon your District and classification. All employees have Accidental Death & Dismemberment (AD&D) benefits equal to the amount of District-paid Basic life insurance.

Basic dependent coverage for your spouse/domestic partner and dependent children up to age 26 is tied to your Basic coverage and is \$2,000 or \$5,000, depending on your District. Dependents must be enrolled within 30 calendar days of initial employment, a "change in status" event, or Open Enrollment.

*\*Although there is no direct cost to cover a dependent, the Internal Revenue Code requires that federal taxes be paid on the value (imputed income) of the total cost of the coverage. You must enroll your domestic partner and/or their children in the life insurance plan to calculate the taxes and receive the benefit.*

The “value” (imputed income) of the cost of the benefit based upon the IRS regulations is:

AGE	< 25	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70+
Value	\$.05	\$.06	\$.08	\$.09	\$.10	\$.15	\$.23	\$.43	\$.66	\$1.27	\$2.06

### OPTIONAL LIFE INSURANCE

You can purchase additional voluntary coverage for yourself in amounts equal to your base annual salary. This is a term policy with no cash value.

Option Available	Amount of Coverage, listed as multiples of your base salary (includes basic coverage listed above)
1A	1 times salary up to \$50,000
1	1 times salary up to \$600,000
2	2 times salary up to \$600,000
3	3 times salary up to \$600,000
4	4 times salary up to \$600,000
5	5 times salary up to \$600,000
6	6 times salary up to \$1,000,000*
7	7 times salary up to \$1,000,000*
Guaranteed Issue Level	5 times salary or \$600,000 (whichever is less)

Guaranteed issue is the maximum amount you can receive without providing proof of good health through underwriting or medical questionnaires. Proof of good health, also known as Evidence of Insurability (EOI) is required if you select more coverage than the guaranteed issue level for either yourself or your spouse/domestic partner, or if you enroll as a late entrant after the initial eligibility period. This form can be requested through your payroll/service team and must be sent to the Employee Benefits Office so that VOYA can review for approval.

In addition to the basic life insurance benefit for your dependents you may also elect optional voluntary term coverage for them. You must be enrolled in optional coverage to elect dependent optional coverage.

### SPOUSE/DOMESTIC PARTNER

Minimum Coverage	Maximum Coverage	Guaranteed Issue Level
\$10,000	Lessor of \$250,000 or 100% of employee amount	\$30,000

Use the chart below to calculate the monthly premium for both the employee and spouse/domestic partner:

Employee and Spouse Optional Life Insurance Rates	
Employee or Spouse Age	Monthly rate per \$1,000 of coverage
Under 30	\$0.022
30-34	\$0.033
35-39	\$0.047
40-44	\$0.056
45-49	\$0.094
50-54	\$0.140
55-59	\$0.234
60-64	\$0.374
65-69	\$0.748
70 +	\$1.169

These rates are per individual.

Example - Employee with \$15,000 basic and annualized salary \$43,257. Employee is age 43; cost per thousand dollars of coverage is \$0.056. Employee requests Option 2; two times salary is \$86,514, rounded up is \$87,000. Monthly premium is \$4.88/month (\$0.056 times 87 equals \$4.88 with rounding); premium is \$2.44 per paycheck and will be taken the first two pay checks a month post-tax. The employee's total life insurance coverage would be \$102,000 (\$87,000 Optional + \$15,000 Basic).

### CHILDREN

You can elect optional life insurance coverage for your unmarried dependent child up to age 26 if you are enrolled in any level of optional coverage. The child benefit is a maximum of \$15,000 and would cost \$0.90 per month, which is \$0.45 per pay period post-tax. This rate is \$0.90 per month no matter how many children are enrolled.

Children Life Insurance Rates
Monthly cost for all eligible children
Monthly rate per \$1,000 of coverage
\$0.06

### INCREASING COVERAGE

Your spouse/domestic partner can be enrolled within 30 calendar days of your employment for

up to guaranteed issued with no underwriting.

Current employees can increase optional coverage two ways:

- If you have experienced a life event within 30 days (such as getting married or having a baby), simply elect the new option on your enrollment form (up to the guaranteed issue level, no underwriting needed if you have not been declined in the past).
- If no life event has occurred and you wish to request an increase coverage, then you must apply for the increase. You need to complete the Voya short form health questionnaire AND the County's life insurance change form; return both forms to your District Human Resource Department. Voya may require additional information, and the increase is not guaranteed.

### **Things to Remember:**

- New employees can enroll in any level of option coverage (up to guaranteed issue) without medical underwriting if enrolled within 30 days of hire. Medical underwriting is required if you enroll as a late entrant after the initial eligibility period.
- Employees with a life event change within 30 days due to marriage or birth/adoption child may elect any coverage up to guaranteed issue with no EOI required. Also, spouse and child can elect up to guarantee amount \$30,000 (Spouse), \$15,000 (child).
- You must apply for an EOI on your current optional coverage if it exceeds the guaranteed issue amount of \$600,000 if your salary increases due to a promotion, step increase, or cost of living.
- **During Open Enrollment EOI is not required if you would like to increase 1 additional time your salary**, not to exceed 5 times annual earnings or \$600,000 whichever is less (if currently enrolled).

# CRITICAL ILLNESS

An optional Critical Illness policy is available on a voluntary post-tax deduction basis. This policy pays out a tax-free lump sum payment upon the diagnosis of certain illnesses. These funds may be used in any way you choose.

## WHAT DOES THE POLICY COVER?

Critical Illness Insurance provides benefits for certain medical conditions and diagnoses. Common conditions that provide 100% coverage include: Heart Attack, Cancer, Stroke and Kidney Failure.

For additional information regarding covered conditions and policy limitations, please review the Certificate of Coverage.

## WHAT ARE THE COVERAGE AMOUNTS?

Critical Illness coverage is purchased in set increment levels. The levels vary depending on whether the coverage is for the employee, spouse/domestic partner, or unmarried dependent child. Dependent coverage is only available if the employee is enrolled and cannot exceed a percentage of the employee's coverage amount.

	Employee	Spouse/DP	Dependent Child
Minimum Coverage	\$10,000	\$5,000	\$2,500
Maximum Coverage	\$60,000	Lessor of \$30,000 or 50% of employee amount	Lessor of \$15,000 or 50% of employee amount
Step Increment Amount	\$10,000	\$5,000	\$2,500
Guaranteed Issue Level	\$60,000	\$30,000	All amounts guaranteed

Critical Illness coverage for employee, spouse, and child are offered the guaranteed maximum amount without providing proof of good health through underwriting or medical questionnaires.

## HOW MUCH DOES THE COVERAGE COST?

The coverage cost is age-rated just like voluntary life insurance and is linked to the age of the covered individual. Premiums for the coverage will be deducted from your paycheck post-tax. Use the charts below to calculate the premium. For example: employee is age 43 and wants \$30,000 in coverage, the cost would be \$13.80 per month, or \$6.90 per check.

**Employee Coverage  
Monthly Rates**

Attained Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Under 25	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60
25-29	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40
30-34	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40
35-39	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60
40-44	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60
45-49	\$7.50	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00
50-54	\$11.40	\$22.80	\$34.20	\$45.60	\$57.00	\$68.40
55-59	\$18.00	\$36.00	\$54.00	\$72.00	\$90.00	\$108.00
60-64	\$27.60	\$55.20	\$82.80	\$110.40	\$138.00	\$165.60
65-69	\$32.30	\$64.60	\$96.90	\$129.20	\$161.50	\$193.80
70+	\$51.50	\$103.00	\$154.50	\$206.00	\$257.50	\$309.00

**Spouse Coverage\*  
Monthly Rates**

Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 25	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30
25-29	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50
30-34	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60
35-39	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90
40-44	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
45-49	\$5.05	\$10.10	\$15.15	\$20.20	\$25.25	\$30.30
50-54	\$7.75	\$15.50	\$23.25	\$31.00	\$38.75	\$46.50
55-59	\$11.45	\$22.90	\$34.35	\$45.80	\$57.25	\$68.70
60-64	\$17.10	\$34.20	\$51.30	\$68.40	\$85.50	\$102.60
65-69	\$25.95	\$51.90	\$77.85	\$103.80	\$129.75	\$155.70
70+	\$35.70	\$71.40	\$107.10	\$142.80	\$178.50	\$214.20

\*Spouse rates are based on the age of the Spouse.

### Children Coverage Monthly Rates

Coverage Amount	Rate
\$2,500	\$0.28
\$5,000	\$0.56
\$7,500	\$0.84
\$10,000	\$1.12
\$12,500	\$1.40
\$15,000	\$1.68

### HOW DO I CHANGE MY COVERAGE?

Current employees looking to increase coverage or enroll can make the request by doing the following:

- You can enroll in critical illness during the Annual Open Enrollment period; or
- If you experience a qualifying life event change (such as getting married or divorce, birth, or adoption of your child, within 30 calendar days of the event you may elect up to the guaranteed issue maximum amount without going through medical underwriting.
- To decrease coverage, please contact your Special District and complete the necessary form.



# LONG-TERM DISABILITY (LTD)

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A long-term disability (LTD) insurance plan is available for employees. This coverage is not available for spouses, domestic partners, or children. LTD can help when an illness or injury prevents you from working and lasts longer than a few months. This insurance protects you and your family's income during this time.

## ELIGIBILITY AND COVERAGE

If you have an illness or injury that prevents you from working for 180 consecutive days within 360 calendar days, then your eligibility for the LTD benefit begins. If your disability began before age 60, the LTD benefit continues until you recover from your disability, or until you reach Social Security Normal Retirement Age (SSNRA) with a few exceptions for certain conditions noted below. If over age 60, when the disability begins, the LTD benefit will continue for 12-60 months depending on your age. The benefit pays 60% of your monthly earnings up to \$10,000. While receiving LTD benefits, premiums do not need to be paid. Earnings are based on covered payroll, meaning base pay, and does not include overtime, bonuses, commissions, differentials, etc. Evidence of Insurability (EOI) is not required at initial offering, but EOI approval is required as a late entrant if you purchase the insurance later.

LTD insurance has exclusions if the disability is caused by, contributed to, or resulting from commission or attempting a felony, intention self-inflicted injuries, attempted suicide, legal intoxication, being under the influence of a narcotic (unless under direction and as directed by a doctor), participation in war or act of war, active military duty, participation in a riot, or engaging in illegal or fraudulent occupation, work, or employment, or traveling or flying on an aircraft operated by or under the authority of the military or any aircraft being used for experimental purposes.

If you have a pre-existing condition during the 3-month period prior to your coverage effective date, benefits are not payable if your disability begins in the first twelve months after your coverage effective date and the disability is caused by, contributed by, or the result of a pre-existing condition. At the thirteenth month, the pre-existing condition is not relevant to eligibility for the LTD benefit.

LTD benefits are limited to a shorter period, such as 24 months during your lifetime if your disability is due to mental illness, alcoholism, drug abuse, or special conditions, such as fibromyalgia or chronic fatigue syndrome.

## INTEGRATION WITH OTHER INCOME

LTD benefits are integrated, meaning they are reduced by other income you are eligible to receive while disabled. This includes income from other forms of employment, unemployment benefits, other income replacements from your employer, Workers' Compensation benefits, judgments or settlements received related to your disability, other disability or retirement payments under Social Security or other federal and state plans like State Disability Insurance (SDI), disability payments under automobile liability insurance, disability income payments under any other

group insurance policy, and certain retirement payments provided under your employer's retirement plan.

### **HOW MUCH DOES THE COVERAGE COST?**

The coverage cost is post-tax, age-rated just like voluntary life insurance, and is linked to the age of the covered individual. Use the charts below to calculate the premium. For example: employee is age 43 and has \$6,000 per month in base wages/covered payroll, the cost would be \$25.20 per month, or \$12.60 per paycheck. The following is a chart of the monthly premium rates.

<b>Age</b>	<b>Monthly rate per \$100 of Monthly Covered Payroll</b>
Under 25	\$0.08
25 - 29	\$0.11
30 - 34	\$0.16
35 - 39	\$0.27
40 - 44	\$0.42
45 - 49	\$0.67
50 - 54	\$0.84
55 - 59	\$0.90
60-99	\$0.94

## LONG-TERM CARE (LTC)

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The County of Sacramento offers long-term care (LTC) coverage for employees, their spouse/domestic partner, and dependent child(ren) up to age 26. This type of LTC is called a Lifetime Benefit Term (LBT) insurance and provides cash benefits paid directly to you to pay for long-term care expenses. If not used for LTC, upon your death, the LBT pays a cash death benefit directly to your family to help cover expenses like mortgage payments, credit card debt, childcare, college tuition, and other household expenses. Thus, this benefit protects you for needed care and helps protect your family if you were no longer able to provide for them. This benefit is not meant to replace the life insurance offered by the County, but rather allows for the death benefit payout as a guarantee if the LTC insurance is not used during your lifetime. However, statistically, seven out of ten people will need some LTC after turning age 65. Medicare does not cover most long-term care needs, so this insurance can help in covering these costs.

### ELIGIBILITY AND COVERAGE

Active employees can purchase LTC coverage, depending on your age, from \$5,000 to \$250,000 at initial offering. Guaranteed issuance is presented at initial offering, meaning without the need for Evidence of Insurability (EOI), up to \$100,000 and through age 70. Anything above \$100,000 requires EOI approval. After initial offering, those purchasing the insurance are considered late entrants and can purchase coverage with EOI required. Those ages 71 to 80 can purchase up to \$50,000 in coverage, but this always requires EOI approval.

Employees can purchase LTC coverage for their spouses/domestic partners up to half the amount the employee purchases for themselves. Spouse/domestic partner coverage requires EOI.

The LTC benefit is triggered by:

- 1) Impairment in two out of six activities of daily living (ADL); such as, eating, bathing, dressing, transferring, toileting, or continence; or
- 2) Cognitive impairment

A medical doctor certifies the need for licensed medical professional care for the ADLs. This care can be in your own home or in a medical facility but must be inside the United States and its territories. Care must be by a licensed medical professional and cannot be provided by a member of the insured's immediate family. The LTC benefit pays the greater of 4% of your death benefit per month or \$50 per day up to a total of 25 months directly to the insured. Insurance premiums are waived while the benefit is being paid. There are exclusions to the LTC benefit for intentional self-inflicted injury, attempted suicide, war or any act of war, armed forces service, alcohol, drug, or other chemical dependence treatment.

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

The death benefit is guaranteed 100% during your working years and for the longer of 25 years or age 70. After age 70, the full death benefit is designed to last through age 99 for non-

smokers and age 95 for smokers based on the current interest rate and mortality assumptions. Regardless of interest rates, the death benefit after age 70 is guaranteed to always be at least 50% of the initial benefit and will likely be more than this based on the current interest rate. There are exclusions for suicide within two years of the date of issuance.

After 10 years of paying into the plan, "paid-up benefits" begin to accrue. This means that even if you stop paying premiums, a reduced paid-up benefit is issued, and the policy can never lapse. That means when you retire, you can stop paying the premium if you so choose and still have a guaranteed death benefit.

## HOW MUCH DOES THE COVERAGE COST?

The rates are based on the enrollee's age when the policy is issued and whether the enrollee is a smoker. The rates will stay the same and never increase from the premium amount at the time of enrollment while the policy is in force up to age 100. At age 100 no additional premium is due and can continue to age 121. If the policy is cancelled and started again in the future, it will be at the premium rate at the age and time of the new enrollment.

This benefit is post-tax and does not run through payroll, but rather is set up directly with the carrier as a bank account deduction. When enrolling, have your bank account and routing number ready to set up your payment account. Below are the rates per month for you or your spouse/domestic partner:

<b>Non-Smoker Rate</b>								
Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
19	N/A	N/A	\$21.04	\$31.56	\$42.08	\$63.12	\$84.16	\$105.20
20	N/A	N/A	\$21.04	\$31.56	\$42.08	\$63.12	\$84.16	\$105.20
21	N/A	N/A	\$21.46	\$32.19	\$42.91	\$64.37	\$85.83	\$107.29
22	N/A	N/A	\$21.87	\$32.81	\$43.75	\$65.62	\$87.50	\$109.37
23	N/A	N/A	\$22.29	\$33.44	\$44.58	\$66.87	\$89.16	\$111.45
24	N/A	N/A	\$22.79	\$34.19	\$45.58	\$68.37	\$91.16	\$113.95
25	N/A	N/A	\$23.25	\$34.87	\$46.50	\$69.75	\$93.00	\$116.25
26	N/A	N/A	\$24.00	\$36.00	\$48.00	\$72.00	\$96.00	\$120.00
27	N/A	N/A	\$24.83	\$37.25	\$49.66	\$74.50	\$99.33	\$124.16
28	N/A	N/A	\$25.71	\$38.56	\$51.41	\$77.12	\$102.83	\$128.54
29	N/A	\$13.31	\$26.62	\$39.94	\$53.25	\$79.87	\$106.50	\$133.12
30	N/A	\$13.79	\$27.58	\$41.37	\$55.16	\$82.75	\$110.33	\$137.91
31	N/A	\$14.35	\$28.71	\$43.06	\$57.41	\$86.12	\$114.83	\$143.54
32	N/A	\$14.98	\$29.96	\$44.94	\$59.91	\$89.87	\$119.83	\$149.79
33	N/A	\$15.62	\$31.25	\$46.87	\$62.50	\$93.75	\$125.00	\$156.24
34	N/A	\$16.31	\$32.62	\$48.94	\$65.25	\$97.87	\$130.49	\$163.12
35	N/A	\$17.04	\$34.08	\$51.12	\$68.16	\$102.25	\$136.33	\$170.41
36	N/A	\$17.92	\$35.83	\$53.75	\$71.66	\$107.50	\$143.33	\$179.16
37	N/A	\$18.87	\$37.75	\$56.62	\$75.50	\$113.25	\$150.99	\$188.74
38	N/A	\$19.87	\$39.75	\$59.62	\$79.50	\$119.25	\$158.99	\$198.74
39	N/A	\$20.94	\$41.87	\$62.81	\$83.75	\$125.62	\$167.49	\$209.37
40	N/A	\$22.02	\$44.04	\$66.06	\$88.08	\$132.12	\$176.16	\$220.20
41	N/A	\$23.19	\$46.37	\$69.56	\$92.75	\$139.12	\$185.49	\$231.87
42	N/A	\$24.39	\$48.79	\$73.18	\$97.58	\$146.37	\$195.16	\$243.95

<b>Non-Smoker Rate</b>								
Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
43	N/A	\$25.67	\$51.33	\$77.00	\$102.66	\$153.99	\$205.33	\$256.66
44	N/A	\$26.98	\$53.96	\$80.93	\$107.91	\$161.87	\$215.82	\$269.78
45	N/A	\$28.37	\$56.75	\$85.12	\$113.50	\$170.24	\$226.99	\$283.74
46	N/A	\$30.27	\$60.54	\$90.81	\$121.08	\$181.62	\$242.16	\$302.70
47	N/A	\$32.31	\$64.62	\$96.93	\$129.24	\$193.87	\$258.49	\$323.11
48	\$13.81	\$34.52	\$69.04	\$103.56	\$138.08	\$207.12	\$276.16	\$345.19
49	\$14.77	\$36.92	\$73.83	\$110.75	\$147.66	\$221.49	\$295.32	\$369.15
50	\$15.79	\$39.48	\$78.96	\$118.43	\$157.91	\$236.87	\$315.82	\$394.78
51	\$16.72	\$41.81	\$83.62	\$125.43	\$167.24	\$250.86	\$334.49	\$418.11
52	\$17.71	\$44.27	\$88.54	\$132.81	\$177.08	\$265.61	\$354.15	\$442.69
53	\$18.76	\$46.89	\$93.79	\$140.68	\$187.58	\$281.36	\$375.15	\$468.94
54	\$19.86	\$49.64	\$99.29	\$148.93	\$198.58	\$297.86	\$397.15	\$496.44
55	\$21.03	\$52.58	\$105.16	\$157.74	\$210.32	\$315.49	\$420.65	\$525.81
56	\$22.69	\$56.73	\$113.45	\$170.18	\$226.91	\$340.36	\$453.82	\$567.27
57	\$24.47	\$61.19	\$122.37	\$183.56	\$244.74	\$367.11	\$489.48	\$611.85
58	\$26.37	\$65.91	\$131.83	\$197.74	\$263.66	\$395.48	\$527.31	\$659.14
59	\$28.39	\$70.98	\$141.95	\$212.93	\$283.91	\$425.86	\$567.81	\$709.76
60	\$30.57	\$76.41	\$152.83	\$229.24	\$305.65	\$458.48	\$611.31	\$764.14
61	\$33.22	\$83.06	\$166.12	\$249.18	\$332.24	\$498.36	\$664.47	\$830.59
62	\$36.06	\$90.14	\$180.28	\$270.43	\$360.57	\$540.85	\$721.14	\$901.42
63	\$39.05	\$97.62	\$195.24	\$292.86	\$390.48	\$585.73	\$780.97	\$976.21
64	\$42.21	\$105.54	\$211.07	\$316.61	\$422.15	\$633.22	\$844.30	\$1,055.37
65	\$45.56	\$113.89	\$227.78	\$341.67	\$455.57	\$683.35	\$911.13	\$1,138.91
66	\$50.80	\$126.99	\$253.99	\$380.98	\$507.98	\$761.97	\$1,015.96	\$1,269.95
67	\$56.37	\$140.93	\$281.86	\$422.80	\$563.73	\$845.59	\$1,127.45	\$1,409.32
68	\$62.30	\$155.74	\$311.49	\$467.23	\$622.98	\$934.46	\$1,245.95	\$1,557.44
69	\$68.62	\$171.56	\$343.11	\$514.67	\$686.22	\$1,029.33	\$1,372.45	\$1,715.56
70	\$75.39	\$188.47	\$376.94	\$565.41	\$753.89	\$1,130.83	\$1,507.77	\$1,884.72

<b>Non-Smoker Rate</b>					
Issue Age	\$10,000	\$25,000	\$30,000	\$40,000	\$50,000
71	\$84.34	\$210.85	\$253.01	\$337.35	\$421.69
72	\$93.85	\$234.62	\$281.54	\$375.38	\$469.23
73	\$103.97	\$259.93	\$311.91	\$415.88	\$519.85
74	\$114.77	\$286.93	\$344.31	\$459.08	\$573.85
75	\$126.30	\$315.76	\$378.91	\$505.21	\$631.52
76	\$142.84	\$357.11	\$428.53	\$571.38	\$714.22
77	\$160.28	\$400.69	\$480.83	\$641.11	\$801.38
78	\$178.68	\$446.69	\$536.03	\$714.70	\$893.38
79	\$198.13	\$495.33	\$594.40	\$792.53	\$990.67
80	\$218.76	\$546.89	\$656.27	\$875.03	\$1,093.79

<b>Smoker Rate</b>								
Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
19	N/A	\$13.77	\$27.54	\$41.31	\$55.08	\$82.62	\$110.16	\$137.70
20	N/A	\$13.77	\$27.54	\$41.31	\$55.08	\$82.62	\$110.16	\$137.70
21	N/A	\$14.15	\$28.29	\$42.44	\$56.58	\$84.87	\$113.16	\$141.45
22	N/A	\$14.50	\$29.00	\$43.50	\$58.00	\$87.00	\$116.00	\$144.99
23	N/A	\$14.90	\$29.79	\$44.69	\$59.58	\$89.37	\$119.16	\$148.95
24	N/A	\$15.29	\$30.58	\$45.87	\$61.16	\$91.75	\$122.33	\$152.91
25	N/A	\$15.67	\$31.33	\$47.00	\$62.66	\$94.00	\$125.33	\$156.66
26	N/A	\$16.21	\$32.42	\$48.62	\$64.83	\$97.25	\$129.66	\$162.08
27	N/A	\$16.75	\$33.50	\$50.25	\$67.00	\$100.50	\$133.99	\$167.49
28	N/A	\$17.29	\$34.58	\$51.87	\$69.16	\$103.75	\$138.33	\$172.91
29	N/A	\$17.87	\$35.75	\$53.62	\$71.50	\$107.25	\$142.99	\$178.74
30	N/A	\$18.52	\$37.04	\$55.56	\$74.08	\$111.12	\$148.16	\$185.20
31	N/A	\$19.29	\$38.58	\$57.87	\$77.16	\$115.75	\$154.33	\$192.91
32	N/A	\$20.08	\$40.17	\$60.25	\$80.33	\$120.50	\$160.66	\$200.83
33	N/A	\$20.92	\$41.83	\$62.75	\$83.66	\$125.49	\$167.33	\$209.16
34	N/A	\$21.81	\$43.62	\$65.43	\$87.25	\$130.87	\$174.49	\$218.12
35	N/A	\$22.73	\$45.46	\$68.18	\$90.91	\$136.37	\$181.83	\$227.28
36	N/A	\$23.92	\$47.83	\$71.75	\$95.66	\$143.49	\$191.33	\$239.16
37	N/A	\$25.14	\$50.29	\$75.43	\$100.58	\$150.87	\$201.16	\$251.45
38	N/A	\$26.46	\$52.91	\$79.37	\$105.83	\$158.74	\$211.66	\$264.57
39	N/A	\$27.85	\$55.71	\$83.56	\$111.41	\$167.12	\$222.82	\$278.53
40	N/A	\$29.29	\$58.58	\$87.87	\$117.16	\$175.74	\$234.32	\$292.90
41	N/A	\$31.08	\$62.16	\$93.25	\$124.33	\$186.49	\$248.66	\$310.82
42	\$13.18	\$32.96	\$65.91	\$98.87	\$131.83	\$197.74	\$263.66	\$329.57
43	\$13.97	\$34.94	\$69.87	\$104.81	\$139.74	\$209.62	\$279.49	\$349.36
44	\$14.80	\$37.00	\$74.00	\$111.00	\$147.99	\$221.99	\$295.99	\$369.99
45	\$15.67	\$39.17	\$78.33	\$117.50	\$156.66	\$234.99	\$313.32	\$391.65
46	\$16.70	\$41.75	\$83.50	\$125.24	\$166.99	\$250.49	\$333.99	\$417.48
47	\$17.77	\$44.44	\$88.87	\$133.31	\$177.74	\$266.61	\$355.49	\$444.36
48	\$18.94	\$47.35	\$94.70	\$142.06	\$189.41	\$284.11	\$378.82	\$473.52
49	\$20.19	\$50.48	\$100.95	\$151.43	\$201.91	\$302.86	\$403.82	\$504.77
50	\$21.52	\$53.81	\$107.62	\$161.43	\$215.24	\$322.86	\$430.48	\$538.10
51	\$22.94	\$57.35	\$114.70	\$172.06	\$229.41	\$344.11	\$458.81	\$573.52
52	\$24.43	\$61.08	\$122.16	\$183.24	\$244.32	\$366.49	\$488.65	\$610.81
53	\$26.02	\$65.04	\$130.08	\$195.12	\$260.16	\$390.23	\$520.31	\$650.39
54	\$27.67	\$69.18	\$138.37	\$207.55	\$276.74	\$415.11	\$553.48	\$691.85
55	\$29.43	\$73.58	\$147.16	\$220.74	\$294.32	\$441.48	\$588.64	\$735.80
56	\$31.67	\$79.16	\$158.33	\$237.49	\$316.65	\$474.98	\$633.31	\$791.64
57	\$34.05	\$85.12	\$170.24	\$255.36	\$340.49	\$510.73	\$680.97	\$851.22
58	\$36.57	\$91.41	\$182.83	\$274.24	\$365.65	\$548.48	\$731.30	\$914.13
59	\$39.24	\$98.10	\$196.20	\$294.30	\$392.40	\$588.60	\$784.80	\$981.00
60	\$42.06	\$105.14	\$210.28	\$315.42	\$420.57	\$630.85	\$841.13	\$1,051.42
61	\$45.61	\$114.04	\$228.07	\$342.11	\$456.15	\$684.22	\$912.30	\$1,140.37
62	\$49.37	\$123.43	\$246.87	\$370.30	\$493.73	\$740.60	\$987.46	\$1,234.33
63	\$53.30	\$133.24	\$266.49	\$399.73	\$532.98	\$799.47	\$1,065.96	\$1,332.45
64	\$57.41	\$143.52	\$287.03	\$430.55	\$574.06	\$861.09	\$1,148.12	\$1,435.15
65	\$61.75	\$154.37	\$308.74	\$463.11	\$617.48	\$926.21	\$1,234.95	\$1,543.69
66	\$68.71	\$171.78	\$343.57	\$515.35	\$687.14	\$1,030.71	\$1,374.28	\$1,717.85

<b>Smoker Rate</b>								
Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
67	\$76.09	\$190.22	\$380.44	\$570.66	\$760.89	\$1,141.33	\$1,521.77	\$1,902.22
68	\$83.93	\$209.82	\$419.65	\$629.47	\$839.30	\$1,258.95	\$1,678.60	\$2,098.25
69	\$92.29	\$230.72	\$461.44	\$692.16	\$922.88	\$1,384.32	\$1,845.76	\$2,307.20
70	\$101.19	\$252.97	\$505.94	\$758.91	\$1,011.88	\$1,517.81	\$2,023.75	\$2,529.69

<b>Smoker Rate</b>					
Issue Age	\$10,000	\$25,000	\$30,000	\$40,000	\$50,000
71	\$114.20	\$285.51	\$342.61	\$456.82	\$571.02
72	\$128.05	\$320.13	\$384.16	\$512.21	\$640.27
73	\$142.83	\$357.07	\$428.48	\$571.31	\$714.14
74	\$158.62	\$396.55	\$475.86	\$634.47	\$793.09
75	\$175.53	\$438.82	\$526.58	\$702.11	\$877.63
76	\$198.64	\$496.61	\$595.93	\$794.57	\$993.21
77	\$223.11	\$557.77	\$669.32	\$892.43	\$1,115.54
78	\$249.07	\$622.66	\$747.20	\$996.26	\$1,245.33
79	\$276.65	\$691.62	\$829.94	\$1,106.59	\$1,383.24
80	\$306.03	\$765.07	\$918.09	\$1,224.12	\$1,530.15

## CHILDREN

An employee may purchase coverage for their child(ren) as a rider if they purchased their own LTC insurance. LTC coverage for children goes from \$5,000 up to \$25,000. The premium for child(ren) is the same no matter how many dependent children you enroll. When the child(ren) reach(es) age 26, they are offered a conversion to an individual policy up to five times the child coverage value. The monthly premiums for the child rider are:

Optional Child Coverage	Premium per Month
\$5,000	\$2.09
\$10,000	\$4.18
\$15,000	\$6.27
\$20,000	\$8.36
\$25,000	\$10.46

# LEAVE OF ABSENCE (LOA)

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There are times during your employment where you may need to take a leave of absence (LOA) from work. There are many types of leaves, and some leaves may cover all your benefits, while other leave types require you to pay all or a portion of the cost to maintain coverage. Leave of absence situations vary considerably and are based on individual circumstances, so contact your District Administrator or the County Employee Benefits Office staff if you have questions on how your leave impacts your benefits.

## COMMENCEMENT OF LEAVE

Regardless of when your leave begins, your benefits will terminate the last day of the month you are in paid status. You will receive a notice regarding your responsibilities and options to continue coverage. The type of leave you take will determine if you must pay the full cost of coverage or only a portion of the cost if you wish to continue benefit coverage. Your notice will contain specific details on the cost, deadlines, and how to continue coverage.

## LIFE EVENTS WHILE ON LEAVE

During your leave of absence, you may experience a life event such as getting married or having a baby. You must submit your enrollment request within 30 calendar days of experiencing a life event. Your newborn or new spouse is not automatically added to coverage! If you miss the 30-day time frame, you may not be able to make changes to your coverage until Open Enrollment. Since the length of your leave and your leave type play a significant role in how your coverage is impacted, you should contact your District Administrator or the County Employee Benefits Office staff immediately with any questions.

## RETURNING TO WORK

Depending on the length and type of your leave, you may need to take action to enroll in benefits upon return. If your leave of absence is protected, then your medical, dental, and basic life coverage will be reinstated automatically. Voluntary life insurance, critical illness coverage, and long-term disability insurance will not be reinstated unless premiums are continuously paid during LOA, whether protected or unprotected leave. Your life insurance will revert to basic coverage only if payment is not received while on leave. If your leave of absence is unprotected, then you must complete an enrollment form for any of your benefits to be reinstated. Note: **You should contact your District Administrator or the County Employee Benefits Office prior to your return to work** to determine which applies to your situation.

Where enrollment form is required, benefit coverage is effective the first day of the month following your return from leave AND submission of your completed enrollment forms.



# ADDITIONAL EMPLOYEE BENEFITS

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## PET INSURANCE

Employees can obtain pet insurance through ASPCA Pet Health Insurance at <https://www.aspcapetinsurance.com/saccounty>. Use priority code EBO20SACCOUNTY to obtain the employee discount. Being covered by pet insurance can help with unexpected vet bills and covers things like accidents, cancer, illnesses, dental disease, hereditary conditions, and behavioral issues. Preventative care can also be added to your policy to cover things like vaccines, dental cleanings, and screenings. This insurance works as a reimbursement for your vet expenses.

## 529 COLLEGE SAVINGS PROGRAM

You can participate in the State of California's ScholarShare529 College Savings Plan on a voluntary basis to save for your dependent's educational expenses. ScholarShare529 offers an easy and tax-advantaged way to save for education expenses and enjoy tax free growth to use for yourself or a beneficiary. To find out more about ScholarShare 529 accounts, following are some resources that you can access at any time:

- Informational Videos:
- Additional Research:

Additionally, beginning in 2024, money saved in a 529 plan for 15 years can be converted into a Roth post-tax Individual Retirement Account (IRA), up to a lifetime limit of \$35,000. Contributions made in the past 5 years cannot be rolled over, but this provision allows unused college funds up to the limit to be moved to IRA retirement savings. Another 529 flexibility that has been added is the ability to put some of your 529 funds towards student loans, up to \$10,000 per plan beneficiary and the beneficiary's siblings. Already included in the 529 is the ability to transfer funds to another beneficiary, withdrawals with taxes and penalties, and the ability to withdraw up to the amount of a college scholarship penalty-free. To take advantage of this program and to learn more about these new plan flexibilities, contact ScholarShare at 800-544-5248.

# CONTINUATION COVERAGE (COBRA)

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## What is Continuation Coverage?

Federal legislation requires most employer sponsored group health plans to offer employees and their dependents an extension of health coverage at group rates. This applies to situations in which the coverage would otherwise end due to certain qualifying events. This program is often referred to as "COBRA." (Consolidated Omnibus Budget Reconciliation Act 1985).

## Who is eligible for COBRA?

Any employee or family member, who loses County-sponsored group coverage due to a Qualifying Event, is eligible to elect continuation coverage. A Qualifying Event is the loss of group coverage due to the reduction in hours, termination of employment (except for gross misconduct), death, spouse's enrollment in Medicare Part A and/or B, divorce, or legal separation, or loss of dependent status.

Generally, each person losing their health and/or dental coverage has an independent right to this coverage as a Qualified Beneficiary (QB). Domestic partners of employees and the children of domestic partners are not eligible to independently elect to continue coverage after a loss of eligibility. Domestic partners, however, may continue coverage as a dependent of a former employee who elects continuation coverage.

## What benefits can be continued?

Subject to certain limitations you may elect to continue your medical, dental, and vision benefits at your own expense.

## What should I do when there is a qualifying event?

Your District will notify of your termination or reduction in hours to Employee Benefit Office. However, it is the responsibility of each employee and/or covered family member to notify the Employee Benefits Office within 30 calendar days of a divorce, legal separation, Medicare eligibility or a child ceasing to be a dependent to be eligible to continue coverage. You will receive a notice that explains the benefits you may continue, the election time frames, the cost, and the length of time that you may continue your coverage. Failure to provide proper notification will result in the loss of continuation rights.

## How long can benefits continue under Continuation Coverage?

For employees who terminate employment COBRA can generally be continued for 18 months. Dependents who have lost eligibility can continue for up to 36 months. You may be eligible for State (CalCOBRA) benefits continuation laws. For information on CalCOBRA, you should contact the insurance carrier directly.

## What if I have questions about Continuation Coverage?

Direct your questions about your Continuation Coverage rights to:  
Employee Benefits Office  
700 H Street, Room 4650, Sacramento, CA 95814  
(916) 874-2020, [MyBenefits@saccounty.gov](mailto:MyBenefits@saccounty.gov)



# CONTACTS

COUNTY OFFICE	PHONE	WEBSITE
Employee Benefits Office	916-874-2020	<a href="http://www.personnel.saccounty.gov/Benefits">http://www.personnel.saccounty.gov/Benefits</a>
<b>DISTRICT OFFICES</b>		
Carmichael Park	916-485-5322	<a href="http://www.carmichaelpark.com">www.carmichaelpark.com</a>
Elk Grove Cemetery	916-686-6030	<a href="http://www.egccd.com">www.egccd.com</a>
Mission Oaks	916-488-2810	<a href="http://www.morpd.com">www.morpd.com</a>
Orangevale Park	916-988-4373	<a href="http://www.ovparks.com">www.ovparks.com</a>
SACOG	916-340-6243	<a href="http://www.sacog.org">www.sacog.org</a>
Sac Metro Cable	916-874-7319	<a href="http://www.sacmetro cable.tv">www.sacmetro cable.tv</a>
SETA	916-263-3800	<a href="http://www.seta.net">www.seta.net</a>
Sunrise Park	916-725-1585	<a href="http://www.sunriseparks.com">www.sunriseparks.com</a>
<b>MEDICAL CARRIERS</b>		
Kaiser Permanente (HMO)	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Kaiser Permanente (HDHP)	800-390-3507	<a href="http://www.kp.org">www.kp.org</a>
Sutter Health Plus	855-315-5800	<a href="http://www.sutterhealthplus.com">www.sutterhealthplus.com</a>
Western Health Advantage	888-563-2250	<a href="http://www.mywha.org/personalaccess">www.mywha.org/personalaccess</a>
<b>OTHER VENDORS</b>		
Delta Dental	800-765-6003	<a href="http://www.deltadentalins.com/cos">www.deltadentalins.com/cos</a>
SCERS	916-874-9119	<a href="https://www.scers.org/">https://www.scers.org/</a>
VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Voya (Life Insurance), Critical Illness, and Long-Term Disability)	(877) 236-7564	<a href="https://presents.voya.com/EBRC/saccounty">https://presents.voya.com/EBRC/saccounty</a>
Optum Bank (Kaiser & Sutter HDHP HSA)	844-326-7967	<a href="http://www.optumbank.com">www.optumbank.com</a>
Health Equity (WHA HDHP HSA)	877-300-4987	<a href="http://www.myhealthequity.com">www.myhealthequity.com</a>
Chubb (Long-Term Care)	855-241-9891	Look on the EBO website for the new Chubb internet address.
SCERS	916-874-9119	<a href="https://www.scers.org/">https://www.scers.org/</a>
ASPCA Pet Health Insurance	888-716-1203	<a href="https://www.aspcapetinsurance.com/saccounty">https://www.aspcapetinsurance.com/saccounty</a>
ScholarShare	800-544-5248	<a href="https://www.scholarshare529.com/">https://www.scholarshare529.com/</a>



**Remember to keep your address and beneficiaries up to date!**

**COUNTY OF SACRAMENTO • DEPARTMENT OF PERSONNEL SERVICES • EMPLOYEE BENEFITS OFFICE**

**700 H Street, Room 4667, Sacramento, CA 95814**

**Phone (916) 874-2020 • Fax (916) 874-4621**

**Email: [MyBenefits@saccounty.gov](mailto:MyBenefits@saccounty.gov)**

**<http://www.personnel.saccounty.gov/Benefits>**