2022 MyBenefits Summary

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

SACRAMENTO COUNTY

Active Employee

INTRODUCTION

The County of Sacramento is committed to your overall health and well-being, and we're pleased to offer a comprehensive benefits program that provides valuable health care coverage for you and your family.

It is your responsibility to make sure you understand your benefits and use them wisely. This Summary is designed to assist you in doing just that. We encourage you to refer to it throughout the year so you can make benefit choices that help you and your family members live and play well.

Your benefits are subject to the schedule of covered services as described in the Evidence of Coverage (EOC) for your medical plan which is available in the Employee Benefits Office or online at http://www.personnel.saccounty.gov/Benefits. The plan summaries contained in this book are for comparison purposes only. The Summary of Benefits and Coverage (SBC) for each medical plan is also available on the Employee Benefits Office website.

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. We have attempted to make 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, you should 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 particular notice is received.

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CONTACTS

BENEFITS OFFICE CONTACTS	PHONE	WEBSITE
Employee Benefits Office	916-874-2020	http://www.personnel.saccounty.gov/Benefits email us at: MyBenefits@saccounty.gov
BenefitBridge	800-814-1862	www.benefitbridge.com/saccounty
HEALTH PROVIDER CONTACTS		
Kaiser Permanente – HMO Plan	800-464-4000	www.kp.org
Kaiser Permanente – HDHP Plan	800-390-3507	www.kp.org
Sutter Health Plus	855-315-5800	www.sutterhealthplus.com
Western Health Advantage	888-563-2250	www.mywha.org/personalaccess
Optum Bank *(Kaiser & Sutter HDHP HSA)*	844-326-7967	www.optumbank.com
Health Equity *(WHA HDHP HSA) & (All FSA)*	877-300-4987	www.myhealthequity.com
Delta Dental	800-765-6003	www.deltadentalins.com/cos
Fidelity Investments	800-343-0860	http://netbenefits.com/saccounty
Mission Square Retirement (formerly ICMA-RC)	800-669-7400	www.icmarc.org
Magellan Healthcare	800-327-0632	www.magellanascend.com
Meritain Health	888-587-9441	www.meritain.com
Voya (Life Insurance and Critical Illness)	(877) 236-7564	https://presents.voya.com/EBRC/saccounty
SCERS	916-874-9119	www.retirement.saccounty.gov
VSP	800-877-7195	www.vsp.com

OVERVIEW

As an employee of the County of Sacramento, you have a wide variety of benefits available. This Summary provides an overview of the following benefits:

- Medical
- Dental
- Vision
- Life Insurance
- Critical Illness
- Health Savings Accounts (HSA)
- Flexible Spending Accounts (FSA)
- Retiree Health Savings Plan (RHSP)
- Deferred Compensation
- Employee Assistance Program (EAP)
- Leave of Absence (LOA)
- COBRA Continuation Coverage

For some benefits the County pays the entire cost of your coverage. For others, you may contribute all or just a portion of the cost of coverage. Your premium costs will vary according to the plan and number of dependents you enroll, your representation unit, your hire date, and/or the level of coverage you select.

BENEFITS AND BARGAINING

While all regular County employees receive a wide selection of benefits. Represented employees may have different benefit packages that have been negotiated by their union representatives.

The benefit options offered to any given employee group are determined through the collective bargaining process with the Recognized Employee Organizations (REOs). County Management recommends and the Board of Supervisors determines benefits for unrepresented employees. Both the REOs and the County are committed to providing a quality benefits package that meets employee needs.

ELIGIBILITY FOR BENEFITS

EMPLOYEE

An "Eligible Employee" is defined as:

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

For the purposes of benefit eligibility, a regular employee is one who occupies a permanent position, whether part-time or full-time. A regular employee also includes an employee who is not working full-time, but who is still considered to be in active pay status. (This includes the use of any combination of sick leave, vacation, overtime, workers' compensation, or §4850 pay.)

An "Eligible Employee" does not include an employee of a temporary agency, a contractor, or any other person who does not occupy a permanent position.

DEPENDENTS

Eligible dependents include:

- **Your spouse**-lawfully married;
- **Your domestic partner** registered in accordance with California Family Code section 297 or 299.2 .(see Imputed Income below)
- **Children**-natural, step, adopted (up to age 26), a child that you have legal guardianship of, and/or foster minor children of the employee or spouse/domestic partner (up to age 21). Children over age 26 with a certified medical disability are also eligible.

Dependents of your children are not eligible unless you or your spouse/domestic partner has legal guardianship, foster minor, or adoption of that child.

COVERAGE AVAILABLE FOR DEPENDENTS

PLAN	COST
Medical	Premiums are based on the coverage selected
Dental Coverage	No cost for dependents
Vision Coverage	Premiums are based on the coverage selected
Life Insurance/Critical Illness	Varying costs for coverage exceeding $2,000
Employee Assistance Program	No cost for dependents

Imputed Income*: ***The value of health coverage provided for your registered domestic partner and their children who are not your tax dependents under Internal Revenue Code Sections 105(b) and 152 will be treated as income (imputed) to you for federal income tax purposes, but not for California state tax purposes. The term "domestic partner" has the same meaning as defined by Section 297 or Section 299.2 of the California Family Code, as applicable.

COVERAGE EFFECTIVE DATES

Medical, dental, and vision insurance for Eligible Employees and their eligible dependents are effective on the first day of the month following online enrollment and the timely submission of the required documentation— not from the date of the event allowing enrollment. Although you have 30 calendar days from an event allowing enrollment to make an election to enroll yourself and your eligible dependents, your coverage cannot be retroactive under IRS regulations (except in the case of birth or adoption of a child).

NEW HIRES/REHIRES/TEMPORARY TO PERMANENT

In order to enroll in the benefit plans of your choice, benefit elections must be made within the first 30 calendar days of becoming an Eligible Employee. You may enroll online, either at home or at work, by using BenefitBridge, our online enrollment system. Additional information for new hires can be found on our website at: http://www.personnel.saccounty.gov/Benefits. Any required supporting documentation must be submitted to the Employee Benefits Office for final approval within 7 calendar days of your benefit elections. Coverage is effective the 1st day of the month following the enrollment.

If you do not enroll within the first 30 calendar days of becoming an Eligible Employee and provide the required documentation timely, you will be enrolled in the default plans described in your labor agreement.

OPEN ENROLLMENT

Our health plan contracts allow one opportunity each year during "Open Enrollment" for all Eligible Employees to change health insurance plans. Eligible Employees may also add or delete dependents at this time and enroll in or re-enroll in Flexible Spending Accounts for Dependent Care and Medical Reimbursement or Limited Purpose Medical Reimbursement Account.

If you add dependents or waive medical coverage, supporting documentation is required and must be submitted to the Employee Benefits Office for final approval or your changes will not go into effect. Changes made during Open Enrollment are generally elected in October and coverage is effective on January 1st of the following year. **If you are currently receiving any Cashback or Plan Selection Incentive (PSI) while waiving County provided medical coverage, an annual recertification/waiver affidavit is required every year.**

WAIVER OF COVERAGE

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

CHANGES TO COVERAGE

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. For mid-year 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, as long as 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.

The change must be made online within 30 calendar days of the event using BenefitBridge. **Documentation to verify the event is also required within 7 calendar days of the enrollment request.**

MAKING CHANGES-In order to make changes three things must occur:

1. Experience a Life Event-Examples of common life events:

Birth or adoption of child	Child turning 26	Loss of other group coverage*
Marriage	Divorce	Gain other coverage*

***NOTE**: You have **60 calendar** days to enroll in or waive County coverage if you or your dependent gains or loses either Medi-Cal or SCHIP/Healthy Families coverage under certain conditions. See the Flexible Benefit Plan for a complete list of these "Change in Status Events." https://personnel.saccounty.gov/Benefits/Pages/Documents.aspx

2. Submit your request within 30 calendar days

Changes to coverage must be made online at www.benefitbridge.com/saccounty. It is the employee's responsibility to submit the enrollment changes within 30 calendar days of the event and provide supporting documentation. Upon approval, changes are effective the first day of the month following the enrollment or after the qualifying event date occurs.

3. Provide supporting documentation-(7 calendar days) Examples of supporting documents include:

Spouse/Domestic Partner	Marriage certificate/Declaration of Domestic Partnership/Dissolution of Marriage (Final Judgment)
Child	Birth certificate; hospital verification letter (newborns only); Adoption or legal guardianship papers for newly adopted/placed children
Loss or gain of other coverage	HIPAA Certificate, COBRA notice, or employer letter indicating the date of the loss/gain of other group coverage

Documentation must be provided **within 7 calendar days** of submitting your enrollment changes. Notarized/certified translation required if the documents are not in English.

A Social Security number is required for dependents, but if you do not have it at the time of enrollment, you should enroll the dependent and request additional time to provide the SSN.

Failure to complete your enrollment within 30 calendar days of the qualifying event and timely provide supporting documentation will result in your inability to make changes until the next qualified status change event or Open Enrollment. **If you do not have the supporting documentation, you still need to complete the enrollment within 30 calendar days and request additional time for providing required documents.**

INELIGIBLE DEPENDENTS

You must remove ineligible dependents from coverage within 30 calendar days of their loss of eligibility. The failure to notify the County of a dependent's loss of eligibility within 60 calendar days will result in the 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.

COMMON MISTAKES	
New Baby	Divorce - Former Spouse
Submitting your paperwork to your department HR to request FMLA or Parental Leave for the birth of a newborn **does not add** your new baby to coverage. We cannot assume your intentions for enrollment so you must take action to enroll your newborn, elect the benefits and complete the enrollment!	Ex-spouses must be removed within 30 calendar days of the divorce; If family court orders continued benefits for an ex-spouse, you would need to elect COBRA continuation coverage or purchase coverage privately; former spouses cannot stay on County coverage.

INSURANCE SUBSIDY

The County provides an insurance subsidy to help pay for the cost of medical insurance. The amount varies, depending on when you began working for the County and your Recognized Employee Organization (REO). Subsidies are categorized as **Tier A(1), Tier A(2)** or **Tier B**.

TIER A (Grandfathered and Frozen)

If you were hired into a benefit eligible position before January 1, 2007 and have not voluntarily elected to move to Tier B, you are in Tier A. The subsidy amount is determined by your bargaining agreement (or Board of Supervisors resolution for unrepresented employees) and you are either Tier A(1) or Tier A(2). If the plan you select costs more than the amount of your subsidy, the extra amount for coverage will be deducted from your pay, pre-tax*. If you choose a plan that costs less than your subsidy, there is no payroll deduction.

CASHBACK

Some employees may be eligible for cashback if you were hired into your REO prior to the "designated date". The applicable "designated date" is listed on the last page of this summary. If the cost of your coverage is less than your cashback limit, or if you waive the County provided medical benefit with proof of other group medical coverage, you receive a payment as cashback in your paycheck, less appropriate taxes.

PLAN SELECTION INCENTIVE (PSI)

If you were hired after the "designated date" but before January 1, 2007, have not moved to Tier B, and your REO has negotiated with the County for PSI, or you are an eligible unrepresented employee or Elected Official, you may be eligible for a PSI payment if you waive medical coverage by providing documentation showing that you have other group medical coverage.

NOTE: You must submit a Waiver of Employer Coverage Affidavit annually to maintain Cashback/PSI payments under Affordable Care Act regulations or payments are suspended. They will resume first of the month following receipt of the Waiver in the Benefits Office. Other group coverage must include minimum essential coverage as defined by the Affordable Care Act and does not include coverage purchased on the individual market, including through Covered California.

TIER B

Employees hired/rehired into a benefit eligible position on or after January 1, 2007 or employees who have voluntarily chosen to move from Tier A, are in Tier B. The maximum County subsidy is 80% of the lowest cost traditional Health Maintenance Organization premium for the level of coverage selected (single or family). If the plan you select costs more than the subsidy, the difference is deducted from your pay, pre-tax*. There is no cashback or PSI if you are in Tier B.

Note: You can only change from Tier A to Tier B during Open Enrollment, or during a "qualifying event". It is a voluntary decision that can be made only once and is irrevocable once made, which means once you move from Tier A to Tier B, you cannot return to Tier A.

*Premiums associated with coverage for domestic partners and/or dependents of domestic partners who do not meet the IRS definition of a tax dependent, are subject to applicable federal taxes, but are exempt from State tax.

2022 MEDICAL PREMIUM COSTS

The following chart provides details on the costs of the benefits, based on your medical Tier and your Recognized Employee Organization (REO).

2022 Rates		Tier B	Tier A2 (Frozen)		Tier A1 (Frozen)	
		All Units Hired After 12/31/2006	Units 003, 006, 017, 019, 030		All Other Units	
Employer Contribution To Medical (Subsidy)	Single	$642.86	$1,148.80		$826.90	
	Family	$1,645.78	$1,148.80		$826.90	
Cashback If Waiving Coverage		N/A	Cashback	No Cashback	Cashback	No Cashback (PSI)
			$894.52	$0.00	$535.00	$150.00
Plan	Total Monthly Premium	Employee Deduction Per Pay Period	Cashback or Deduction (-) Per Pay Period		Cashback or Deduction (-) Per Pay Period	
Kaiser $15 HMO	$948.88	($153.01)	$0.00	$0.00	($60.99)	($60.99)
	$2,426.46	($390.34)	($638.83)	($638.83)	($799.78)	($799.78)
Kaiser HDHP HMO	$686.22	($21.68)	$96.74	$0.00	$0.00	$0.00
	$1,754.80	($54.51)	($303.00)	($303.00)	($463.95)	($463.95)
Sutter $15 HMO	$866.76	($111.95)	$12.89	$0.00	($19.93)	($19.93)
	$2,220.72	($287.47)	($535.96)	($535.96)	($696.91)	($696.91)
Sutter HDHP HMO	$638.70	$0.00	$118.82	$0.00	$0.00	$0.00
	$1,635.10	$0.00	($243.15)	($243.15)	($404.10)	($404.10)
WHA $15 HMO	$803.56	($80.35)	$42.25	$0.00	$0.00	$0.00
	$2,057.22	($205.72)	($454.21)	($454.21)	($615.16)	($615.16)
WHA HDHP HMO	$613.70	$0.00	$130.43	$0.00	$0.00	$0.00
	$1,571.10	$0.00	($211.15)	($211.15)	($372.10)	($372.10)
Delta Dental	$118.50	Is Paid by Employer				
Voluntary VSP Vision	$5.16	Single	$13.22	Family		
HSA Annual Limit	$3,650	Single	$7,300	Family		
Single HDHP deductible (Med and Rx) $1400, Rx co-pay charges after the deductible to $2800, then 100% paid Family HDHP deductible/out of pocket max (Med and Rx) $2800, then 100% paid						

MEDICAL PLANS

Eligible Employees are able to select either a traditional Health Maintenance Organization (HMO) plan or a High Deductible Health Plan (HDHP) from any of the three medical providers. Employees and eligible dependents must be enrolled in the same plan.

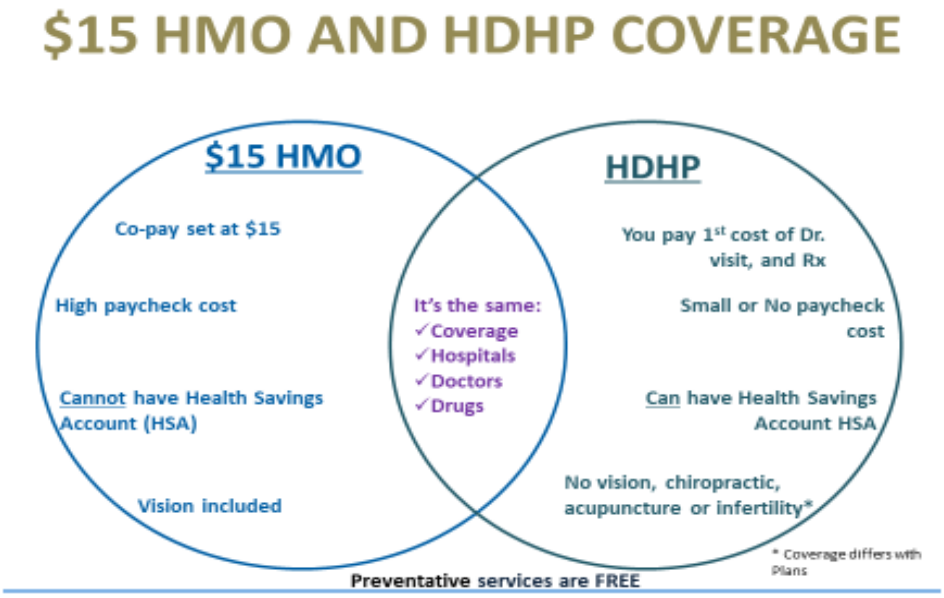
HEALTH MAINTENANCE ORGANIZATION (HMO)

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 in order for your health care to be covered. You may have a higher paycheck deduction in exchange for a fixed co-payment 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 prevent 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 Rx co-payments 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 regarding your employment tier or your Recognized Employee Organization (REO), please contact the Employee Benefits Office at: 916-874-2020 or email at MyBenefits@saccounty.gov.



Following are some examples the savings experienced by enrolling in an HDHP:

	Kaiser	
	HMO	**HDHP**
Savings Example - Tier B Employee - Family Coverage		
Payroll Deduction Per Pay Period	$390.34	$54.51
Total Annual Payroll deduction without visits or RX	$9,368.16	$1,308.24
Copay (5 Visits, 5 Rx) -max deductible	$125.00	$2,800.00
Payroll deduction and Max Deductible	$9,493.16	$4,108.24
Your HDHP Savings even if max deductible	**$5,384.92**	

	SHP	
	HMO	**HDHP**
Savings Example - Tier B Employee - Family Coverage		
Payroll Deduction Per Pay Period	$287.47	$0.00
Total Annual Payroll deduction without visits or RX	$6,899.28	$0.00
Copay (5 Visits, 5 Rx) -max deductible	$125.00	$2,800.00
Payroll deduction and Max Deductible	$7,024.28	$2,800.00
Your HDHP Savings even if max deductible	**$4,224.28**	

By electing a HDHP, your annual savings can be significant. For employees electing the HDHP plan mid-year (new enrollment/life event) your savings will be less. HDHP enrollment might also allow you to contribute to a Health Savings Account (HSA), you can set aside funds to help offset your deductible costs. Please review the Health Savings Account (HSA) section later in this Benefits Summary.

The following two charts provide a comparison of the HMO Plans and High Deductible Health Plan (HDHP) coverages details and costs.

HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
General Plan Information			
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		
Outpatient Services (Preventive)			
Adult Periodic Exams with Preventive Tests	100% covered		
Well-Child Care			
Immunizations			
Well Woman Exams			
Mammograms			
Diagnostic X-Ray and Lab Tests			
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal)	$15	100% covered	
Inpatient Hospital/Surgical Services			
Inpatient Hospitalization	100% covered		
Outpatient Facility Charge	$15		
Emergency Services			
Emergency Room (Waived if admitted)	$35		
Air or Ground Ambulance	100% covered		
Mental Health Benefits			
Inpatient Care	100% covered		
Outpatient Care	$15/individual/$7 group	$15	
Substance Use Disorder			
Inpatient Hospitalization	100% covered (detox only)	100% covered	
Outpatient Services	$15/individual--$5/group	$15	
Prescription Drugs			
Retail	100 Day Supply	30 Day Supply	
Generic	$10		
Brand (Formulary/Preferred)	$20		
Brand (Non-Formulary/Non-preferred)	N/A	$35	
Mail Order	100 Day Supply	90 Day Supply	
Generic	$10	$20	
Brand (Formulary/Preferred)	$20	$40	
Brand (Non-Formulary/Non-preferred)	N/A	$70	

HMO PLAN COMPARISONS - continued

Other Services and Supplies			
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
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	$1,400 Individual / $2,800 Family		
Annual Out-of-Pocket Limit	$2,800 Individual / $2,800 Family		
Deductible Included in out-of-pocket limits?	Yes		
Office Visit / Exam/Outpatient Specialist	100% covered after deductible		
Outpatient Services (Preventive)			
Adult Periodic Exams with Preventive Tests	100% covered, Deductible Waived		
Well-Child Care, Immunizations			
Well Woman Exams, Mammograms			
Diagnostic X-Ray and Lab Tests	100% covered after deductible; deductible waived for preventative screens		
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal)	Deductible Waived		
Inpatient Hospital/Surgical Services			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Facility Charge			
Emergency Services			
Emergency Room, Ambulance	100% covered after deductible		
Mental Health Benefits			
Inpatient / Outpatient Care	100% covered after deductible		
Substance Abuse			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Services			

HIGH DEDUCTIBLE HMO PLAN COMPARISONS - continued

Prescription Drugs		
Retail	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
Mail Order	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
Other Services and Supplies		
Durable Medical Equipment & Prosthetics Annual limits	100% covered after deductible $2,500	100% covered after deductible
Home Health Care (limited to 100 visits/yr)	100% covered after deductible (3 visits per day)	100% covered after deductible
Skilled Nursing or Extended Care Facility--limited to 100 days per cal 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 several important plan limitations associated with the County's medical benefits.

Limitation	Explanation	Potential Alternative Coverage
Out of Area Coverage	Currently, our medical providers offer coverage only in the greater Sacramento and nearby areas.	Employees or dependents residing out of the health plan coverage area may find that their preferred coverage is unavailable. Please use the Zip Code locator option to ensure coverage is available in your actual residence area and refer to the plan's Evidence of Coverage documents for your preferred medical plan, available on the Employee Benefits Office website.

PLAN LIMITATIONS - continued

Limitation	Explanation	Potential Alternative Coverage
Childbirth related High Deductible Plan considerations	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 to a family HDHP and the deductible will change from $1, 400 to $2800. 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.
Infertility Coverage	Currently, the HMO and HDHP Plans do not offer complete infertility services (partial coverage options may be available)	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 at a later date. 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.

DENTAL BENEFITS

The County provides, free of charge to employees, a comprehensive dental plan through Delta Dental of California for Eligible Employees and their eligible dependents.

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

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

Benefits and Covered Services*	**Delta Dental PPO-dentists****	**Non-Delta Dental PPO**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	80 %
Basic Services Fillings, posterior composites and sealants	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Oral Surgery Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	80 %	80 %
Prosthodontics Bridges, dentures and implants	80 %	80 %
Temporomandibular Joint (TMJ) Benefits	90 %	80 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	$1,500	$1,500
Dental Accident Benefits	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.

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

Vision coverage is available to all Eligible Employees; it is either bundled with your HMO medical plan, or if you have waived medical coverage or are enrolled in one of the high deductible health plans (HDHP) you have the option to purchase vision coverage.

Employees who have elected a High Deductible Health Plan and wish to have vision coverage will need to elect the voluntary vision plans. The 2022 costs for the voluntary vision plans are:

Employee Category	Cost
Employee Only	$5.16
Family +	$13.22

Following is a summary of your VSP Vision Benefits Summary plan.

VSP Coverage (Group No. 30015915)		**VSP Provider Network:** VSP Choice	
Benefit	**Description**	**Copay**	**Frequency**
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	$15 for exam and glasses	Every calendar year
Prescription Glasses			
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Costco® frame allowance	Combined with exam	Every other calendar year
Benefit	**Description**	**Copay**	**Frequency**
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Combined with exam	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$0 $95 - $105 $150 - $175	Every calendar year
Contacts (instead of glasses)	• $130 allowance for contacts and contact lens exam (fitting and evaluation)	$0	Every calendar year

Diabetic Eyecare Plus Program	• 15% savings on a contact lens exam (fitting and evaluation)		
	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details. • 20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than $39 copay on routine retinal screening as an enhancement to the WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

Your Coverage with Out-of-Network Providers
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network details.
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.

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

HEALTH SAVINGS ACCOUNT (HSA)

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 Rx 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 at any time;
- The HSA is portable, so you can use the assets even if you leave the County.
- You can contribute significantly more than your HDHP deductible.

To contribute to an HSA, you must:

- Be enrolled in an HDHP;
- Have no other non-HDHP health coverage (except the LMRA);
- 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.

HSA contribution maximums are set by the IRS. For 2022, the maximums are:

Coverage	Under Age 55	Age 55+
Individual	$3,650	$4,650
Family	$7,300	$8,300

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 may incur a $3/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 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 65.

RETIREE HEALTH SAVINGS PLAN (RHSP)

What is the Retiree Health Savings Plan (RHSP)?

The Retiree Health Savings Plan (RHSP) a post-employment health savings benefit where the County contributes $25 per pay period into your RHSP account to be used for reimbursement of qualified health expenses. This plan does not allow employee contributions. Upon separation from County employment (for any reason) you may use the funds for reimbursement for you, your eligible spouse and/or your eligible dependents.

Who is eligible to participate in the Retiree Health Savings Plan?

If your REO has negotiated for you to participate in the program, enrollment is automatic for regular full-time employees and regular part-time employees who work a minimum of forty (40) hours per biweekly pay period. Currently, employees in REOs **002, 004, 008, 022, 023 and 025** do not participate in the RHSP program.

Where will my RHSP assets be invested?

Upon initial enrollment, your RHSP assets are automatically invested in a life cycle fund, which may change over time. However, you may change the investment allocation for future contributions or transfer existing balances at any time by contacting Mission Square Retirement (formerly (ICMA-RC) at:

- Toll-free at (800) 669-7400;
- Online through Account Access: www.icmarc.org

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA's) permit employees to set money aside on a pre-tax basis, via payroll deduction, for eligible health or dependent care expenses not covered by insurance or other benefit plans. Each year you enroll, you contribute a pre-determined portion of your salary to your FSAs for dependent and/or health care expenses. The most important rule for FSAs is "use it or lose it", i.e. unused funds in the FSAs are forfeited at the end of the plan year.

GENERAL PURPOSE MEDICAL REIMBURSEMENT ACCOUNT (MRA)

This account allows you to set aside pre-tax money to pay for out-of-pocket medical, dental and vision expenses incurred during the plan year for yourself or your eligible dependents that are not paid by your insurance or reimbursed by any other benefit plan. Expenses include, but are not limited to, insurance co-pays, deductibles, dental or vision expenses, and prescription drug costs. Premium deductions and expenses for treatments for cosmetic reasons are not reimbursable.

Your entire annual election amount is available to be reimbursed to you upon incurring expenses from the first day your coverage begins, even if you have not contributed anything at that point in the year. Should you end employment after receiving more in reimbursements than payroll contributions, IRS regulations protect you from having to make up the difference. Although you elect MRA for a calendar year (Jan 1-Dec 31), you have an additional 2 ½ month "grace period" (Jan 1 –March 15 of the following year) to incur expenses and be reimbursed if you still have funds left in your MRA. The grace period only applies if your enrollment election period remains active through the end of the plan year. If your enrollments ends early before the end of the plan year, any claims incurred during the grace period will be denied.

NOTE: IRS regulations do not permit you to participate in a General Purpose MRA account and also contribute to a Health Savings Account at the same time or in the same calendar year even if you have exhausted your General Purpose MRA account balance. In addition, you are not eligible to contribute to an HSA until April 1 of the following calendar year if you have any funds left in your General Purpose MRA account that carry over into the following year's "grace period".

LIMITED PURPOSE MEDICAL REIMBURSEMENT ACCOUNT (LMRA)

This account functions exactly the same as the General Purpose MRA except that reimbursable expenses are limited to only dental and vision costs. The key benefit of a Limited Purpose MRA is that you remain eligible to contribute to a Health Savings Account all year long (provided that you are also enrolled in a High Deductible Health Plan and have no other disqualifying coverage). Using the Limited Purpose MRA account for dental and vision expenses allows you to preserve more of your HSA funds over time to take with you after your employment ends.

IRS regulations prevent you from having a General Purpose and a Limited Purpose MRA simultaneously, but there is an exception for the overlapping 2 ½ month grace period if you have any MRA funds carried over into the next calendar year.

You may set aside up to $2,500 per calendar year to pay for qualified unreimbursed health expenses in either the General Purpose or Limited Purpose MRA.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

You may set aside pre-tax dollars to pay for qualified childcare or dependent care expenses that are necessary for you and your spouse (domestic partner is not included in this definition) to continue working or going to school full time. This is a separate election from the MRA and you do not need to enroll in the MRA to elect the DCRA.

You may elect up to $5,000 per Plan Year if you are married and file a joint return or are a single parent. You may elect up to $2,500 if you are married and file separate tax returns) for DCRA.

FOR MRA, LMRA AND DCRA

When can I enroll?

You may enroll within 30 calendar days of your hire date, or a "change in status" event or during Open Enrollment. Re-enrollment is required every year, it is not automatic.

When can I change my election amount?

The only time you may make a change in your deduction elections during the calendar year is within 30 calendar days of a "change in status" event. IRS guidelines require that any change you request must be on account of, consistent with, and correspond to your "change in status" event.

Changes are on a prospective basis only. Since an FSA must be renewed every year, elections made during Open Enrollment are effective January 1 of the following year.

How do I request reimbursement?

Submit a reimbursement voucher with proof of the expenses that you incurred (e.g., itemized bills/proof of expenses). The administrator offers a direct deposit option so that reimbursement checks may be deposited directly into your bank account. Automatic reimbursements can also be set up for reoccurring expenses. Debit cards are also issued and can be used in lieu of submitting reimbursement vouchers. Contact the FSA administrator for more information.

LIFE INSURANCE

The County provides a Basic life insurance benefit to all Eligible Employees. This coverage is effective on the first day of the month following employment upon which you are active at work. You may also purchase additional coverage for yourself through payroll deduction.

Basic dependent coverage for your spouse/domestic partner and dependent children up to age 26 is tied to your Basic coverage and is either $2,000 or $5,000, depending on your BG unit.

Employees in Bargaining Units 005 and 008 (UPE) have $5,000 in dependent coverage available and must enroll dependents for coverage (you may cancel this coverage anytime). Dependents must be enrolled within 30 calendar days of initial employment, a "change in status" event, or Open Enrollment.

BASIC LIFE INSURANCE

The Basic benefit provided by the County is showing in the chart below. All County employees have Accidental Death & Dismemberment (AD&D) benefits equal to the amount of County paid Basic life insurance.

Bargaining Unit	Basic EE Life Coverage	Basic Dependent Life Coverage	Dependent Enrollment Required?
005, 008	$15,000	$5,000*	Yes
020, 021, 024, 027, 029, 032, 033, 050, Elected Officials	$50,000	$2,000	No*
All others	$18,000	$2,000	No*

*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 in order 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

In addition to County paid basic coverage, you can purchase additional coverage for yourself in multiples equal to your 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/DP, or if you enroll as a late entrant after the initial eligibility period.

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 in order 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

HOW MUCH DOES THE OPTIONAL COVERAGE COST FOR EMPLOYEE AND SPOUSE/DOMESTIC PARTNER?

The cost of optional coverage for the employee is based on your annualized salary and your age. Premiums for optional life coverage will be deducted from your paycheck post-tax. Premiums will increase automatically if your salary increases or your age moves you into the next age band. Coverage for your spouse/domestic partner will be selected in an annual amount, in increments of $10,000 and is based on your spouse/domestic partner's age. The amount of coverage selected is deducted from your paycheck on a post-tax basis.

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 in BG05, annualized salary is $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 pay check 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

HOW DO I INCREASE MY 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 (such as getting married or having a baby), within 30 calendar days of the event simply elect the new option on your online enrollment (up to the guaranteed issue level, no medical underwriting needed if you have not been declined in the past).
- If no life event has occurred and you wish to request an increase in coverage, you must apply for the benefit online to receive Evidence of Insurability (EOI) approval for any amount. Enroll online at www.benefitbridge.com/saccounty. You can *apply* at any time during the year.

Things to Remember:

- 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 times your salary, not to exceed 5 times annual earnings or $600,000 whichever is less (if currently enrolled).

CRITICAL ILLNESS

The County provides an optional Critical Illness policy 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

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/DP, or if you enroll as a late entrant after the initial eligibility period. Individuals cannot be hospital or home confined prior to the start of coverage.

HOW MUCH DOES THE COVERAGE COST?

The coverage cost is age rated just like Optional Life insurance, but 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 have experienced qualifying life event changes (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 amount. Amounts over the guaranteed issue will require EOI approval. Log in to www.benefitbridge.com/saccounty.
- You can decrease coverage anytime by logging into BenefitBridge at www.benefitbridge.com/saccounty.

DEFERRED COMPENSATION

The County of Sacramento Deferred Compensation Plan (the 457(b) Plan) is an Internal Revenue Code Section 457(b) governmental deferred compensation plan that can provide retirement income for employees or their beneficiaries. In this plan, participants have an option to contribute on a pre or post tax (Roth) basis.

The County of Sacramento 401a Plan (the 401(a) Plan) is a tax-qualified money purchase pension plan intended to provide supplemental retirement income for eligible employees. The County makes certain contributions to the 401(a) Plan for employees who participate in the 457(b) Plan to applicable thresholds.

Fidelity Investments is the record-keeper of both the 457(b) Plan and the 401(a) Plan.

ELIGIBILITY

457(b) Plan (Pre-Tax and Post Tax ROTH)-The 457 Plan is a voluntary savings plan for all active County full time employees that allows you defer compensation while you are working into an account with the goal of having additional income in retirement. The 457(b) Part –time, Seasonal and Temporary plan (the PST Plan plan) is the mandatory Social Security Replacement program for all part time employees. Part time employees automatically contribute 3.75% of their income and the County matches that amount.

401(a) Plan-County employees in Recognized Employee Organizations (REO) 020, 021, 024, 029, 032, 033, Unrepresented Management (050) and Elected Officials are eligible to participate. A participant in the 401(a) Plan must be contributing 1% or more of gross pay into the 457(b) Plan. Enrollment in this plan is automatic. If an employee's contribution into the 457(b) Plan drops below 1% of gross pay year to date, the County's matching contribution to the 401(a) Plan for that employee will stop for the remainder of the calendar year.

CONTRIBUTIONS

457(b) Plan (Pre-Tax and Post Tax ROTH)-You designate a percentage of your biweekly pay that you want deducted from your paycheck to contribute to the Plan. With pre-tax contributions you are deferring taxes on currently earned wages to a future time when the account distribution will be taxed as normal income. With post-tax contributions into a ROTH, your contributions can be withdrawn tax and penalty free at any time, and growth earnings can be withdrawn tax and penalty free after a 5 year waiting period and at age 59 ½ or older. For more information about the benefits of pre vs. post tax contributions, contact Fidelity.

The minimum contribution is 1% of gross pay and the maximum is set annually by the IRS:

- The 2022 maximum for participants under age 50 is $19,500*
- The 2022 maximum for participants age 50+ is $26,000*.

*Any 2022 IRS increases (if any) were not available at the time this summary was printed.

Contribution amounts may be changed at any time by contacting Fidelity. Contribution changes made by the 18th of the month will take effect on the first pay period of the following month.

Enrollment is fast and easy, using a variety of ways, including:

- Call Fidelity at: 800-343-0860
- Log-on to netbenefits.com/saccounty
- Text to: Start to 343898

401(a) Plan-The County matching contribution of 1% of gross pay is automatic if you contribute 1% or more of gross pay into the 457(b) Plan. The matching contribution will stop for the remainder of the calendar year if your year to date contributions to the 457(b) Plan fall below 1% of gross pay. It's important to remember when calculating the 457(b) contribution that the 1% of gross pay includes vacation cash out, Holiday in Lieu, and Compensatory Time Off, Vacation and sick leave payouts will be used in calculating the 1% on your final check.

ROLLOVER-Active Participants may transfer balances from other "eligible retirement plan(s)" into the County 457(b) Plan. Eligible retirement plans are defined in Section 302(c) (8) (B) of the Internal Revenue Code and include IRA, 403(b), 401(k), and 457(b) plans. Please contact Fidelity for more information.

INVESTMENT OPTIONS-There are predefined investment options offered in the 457(b) Plan plus access to the Fidelity BrokerageLink which allows you the opportunity to select from thousands of additional mutual funds and other investment options. Please contact Fidelity for more information. The 401(a) Plan has the same investment options as the 457(b) plan.

PURCHASING SERVICE CREDIT-Active Participants may use their 457(b) Plan funds to purchase service credits under the Sacramento County Employees' Retirement System (SCERS) on a pre-tax basis. You should contact the Sacramento County Employees' Retirement System at 916-874-9119 about purchasing the service credits.

INVESTMENT ALLOCATION-Your contributions to the 457(b) Plan (and County matching contributions to the 401(a) Plan, if applicable) will be deposited into a target date or lifecycle fund based on your age that reallocates automatically as you get nearer to retirement unless you elect different investments. You may change the investment allocation of your account at any time and the changes are effective immediately. You may also move your Plan assets between investments at any time and the changes will take place at the next market closure. These transactions may be accomplished by contacting Fidelity.

FINAL/TERMINAL PAYCHECK CONTRIBUTIONS-Employees are encouraged to contribute their accrual balances into the deferred compensation plan at retirement.

- Large balance payouts such as: Vacation, HIL, CTO and as applicable ½ of sick leave can be directed into Deferred Comp to defer Federal and State taxes. Social Security and Medicare (7.65%) will be deducted unless you have reached the annual income maximum.
- Please contact the Benefits office at: 916-874-2020 to obtain a Final Compensation Amendment or learn more about the program.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The County Employee Assistance Program (EAP) is administered by Magellan Healthcare. Whether you are just beginning your career, you have been working for a while, or you are nearing retirement, we recognize that you have changing needs at work and at home and you could benefit from a comprehensive program designed to assist you with a variety of services, including counseling, financial coaching, work-life issues, legal services, etc.

The EAP is a great resource to help with checking off daily tasks and managing complex issues.

Key features

- Provided at no cost to all full-time and part-time employees and their household members
- Completely confidential service provided by a third party
- Available 24 hours a day, 7 days a week, 365 days a year.

Services to help you on your life's journey

- *Coaching*—when you have a goal to achieve, a coach can help you create a plan of action and stay on track.
- *Counseling*—for more difficult issues like stress, family, relationships, anxiety, depression and substance misuse, counselors can provide support tailored to your unique situation.
- *Online programs*—self-guided apps can help improve your health and overall emotional well-being if you're struggling with depression, anxiety, insomnia, chronic pain, substance misuse or an obsessive compulsive disorder.
- *Work-life services*—save time and money on life's most important needs. Specialists provide expert guidance and personalized referrals to service providers including childcare, adult care, education, home improvement, consumer information, emergency preparedness and more.
- *Financial coaching, legal assistance and Identity theft resolution*—expert consultation to help with your legal and financial needs, and an online library with resources for identity theft, budgeting, debt management, family law, estate planning and other areas of concern.
- *Discount Program*—Savings on a wide variety of products and services.

How do I access the Employee Assistance Program?

Access to the EAP is available 24/7/365:

- Call 1-800-327-0632 to be connected with the appropriate resource or professional.
- Learn more about all of the services available at www.magellanascend.com

LEAVE OF ABSENCE (LOA)

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 during some types of leave, the County may cover the cost of all of your health benefits, while during other types of leave, you are required to pay all or a portion of the cost of your health benefits to maintain coverage during the leave. LOA situations vary considerably and are based on individual circumstances, so contact the Employee Benefits Office staff if you have questions on how your leave impacts your benefits.

Note: *Please contact your Department's HR Service Team/Leaves Desk to determine your eligibility for protective leave (FMLA – Family Medical Leave Act, CFRA – California Family Rights Act, PDL – Pregnancy Disability Leave, Worker's Compensation) and accrual balances. For State Disability, please contact SDI Department.*
**ADA does not protect eligibility for benefits and subsidy while on leave of absence.*

If you are a regular employee, and your LOA is any of the protected leave types, your health benefits and the employer contribution towards those benefits will be maintained during the leave under the same conditions as if you continued to work. **If you normally pay a portion of the premiums for your health benefits on your payroll check, you must continue to make these payments during the period of protected leave**. Initial payment will be made through the Employee Benefits Office and subsequent payments may be arranged through the Department of Revenue Recovery (DRR) at 916-875-7500 or email at DRRMail@saccounty.gov or online at www.payment-express.net/pay/ca-sacramento-drr. **Failure to pay your share of health premiums may result in cancellation of your health benefits. In some cases, you may be required to self-pay for the premiums at 100% of cost during an unpaid leave.**

COMMENCEMENT OF LEAVE

Regardless of when your leave begins, your health benefits will terminate the last day of the month you are in paid status, if you are going on an unprotected leave. You will receive a notice from the County's Employee Benefits office regarding your responsibilities and options to continue your health coverage during the leave. As a general rule, there is no employer contribution to benefit coverage in unprotected leave situations and you would be responsible for all of the to keep coverage in effect while on leave of absence. The notice you receive will contain specific details on how to continue coverage.

LIFE EVENTS WHILE ON LEAVE

During your LOA, you may experience a life event such as getting married or having a baby. You must contact the Employee Benefits Office complete a life event form within 30 calendar days and submit to Benefits Office via email at MyBenefits@saccounty.gov. If experiencing a life event to make changes to your health benefits. Remember **your newborn or new spouse is not automatically added to the County's health 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 the 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, or coverage reinstatement may be automatic. Where enrollment is required, coverage is effective the first day of the month following your return from leave AND your completed enrollment; therefore it is important to contact the Employee Benefits Office staff before you return to work.

Voluntary Life insurance and Critical Illness coverage (Employee, Spouse, and Child) will not be reinstated unless premiums are continuously paid during LOA whether protected or unprotected leave. Your life insurance will revert to Basic only. You may apply again at any time once you return to work, but you may be required to obtain Evidence of Insurability (EOI) approval.

ADDITIONAL EMPLOYEE BENEFITS

EMPLOYEE TRANSIT SUBSIDY PROGRAM

The County of Sacramento Employee Transportation Program provides a monthly subsidy of $75 per month to employees to support public transit use or ridesharing at least 60% of the time they commute to and from work. County employees receive their monthly transit subsidy through the Connect Card Program, providing a simple way to use the benefit with nine local transit agencies, all in one card.

The Connect Card will work on nine of the local transit agencies, including:

- Sacramento Regional Transit, e-tran, El Dorado Transit, Folsom Stage Line, Placer County Transit, Roseville Transit, South County Transit Link, Yolobus and Yuba-Sutter Transit
- If your transit agency is not a part of the Connect Card program, please contact our Finance Department at 916-874-6744 to register for our monthly transit voucher program.

Connect Cards are issued by the Employee Benefits Office (EBO), every day from 8 a.m. – 5 p.m. Arrangements can be made for earlier pick up by calling 916-874-2020. Cards can also be obtained a number of SacRT retail locations by visiting: www.connecttransitcard.com to find a retail location. Additional information about the ConnectCard can be found at:

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

529 COLLEGE SAVINGS PROGRAM

The County of Sacramento offers the opportunity to participate in the State of California's ScholarShare529 College Savings Plan on a voluntary basis to save for your dependents' 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: https://www.scholarshare529.com/buzz/tips.shtml
- Additional Research: https://www.scholarshare529.com/plan/

CONTINUATION COVERAGE (COBRA)

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, dental, vision and/or EAP coverage has an independent right to this coverage as a Qualified Beneficiary. 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 County benefit plans can be continued?

Subject to certain limitations you may elect to continue your medical, dental, General and Limited Medical Reimbursement Account (MRA), vision, and Employee Assistance Program (EAP) benefits at your own expense.

What should I do when there is a qualifying event?

Your department will notify the Employee Benefits Office of your termination or reduction in hours. 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 in order 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?

Coverage may generally be continued for up to 18 months under Federal COBRA regulations. 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:
(916) 874-2020, MyBenefits@saccounty.gov

REO	REO Title	Cashback Cutoff Date	Basic Life Amount
001	General Supervisory Unit, Teamsters, Local 150	2/1/1998	$18,000
002, 004	Sacramento County Alliance of Law Enforcement (SCALE)	11/21/1999	$18,000
003	Sacramento County Deputy Sheriff's Association (DSA)	10/24/1999	$18,000
005	Office-Technical, United Public Employees (UPE)	12/27/1997	$15,000
006	Operations & Maintenance, Local 39	10/11/1998	$18,000
007	Health Services (AFSCME)	8/30/1998	$18,000
008	Welfare Non-Sup, United Public Employees (UPE)	8/15/1999	$15,000
010	Accountants, Non-Supervisory (SCPAA)	8/2/1998	$18,000
013, 014	Environmental Specialists (EMSSC)	12/6/1998	$18,000
016	Nurses, Non-Supervisory (CNA)	7/18/1999	$18,000
017	Water Quality/Stationary Engineers, Local 39	11/22/1998	$18,000
018	Building Trades	11/7/1999	$18,000
019	Probation, Non-Supervisory (SCPA)	7/19/1998	$18,000
020, 021	Attorneys (SCAA)	6/20/1999	$50,000
022, 023	Engineers & Architects (APECS)	4/12/1998	$18,000
024	Probation Supervisory	2/1/1998	$50,000
025	Welfare Supervisory (SEIU)	11/21/1999	$18,000
026	Engineering Technicians & Technical Inspectors (ETTI)	6/20/1999	$18,000
027	Physicians & Dentists	1/18/1998	$50,000
028	Data Processing	2/1/1998	$18,000
029	Law Enforcement Management (LEMA)	2/1/1998	$50,000
030	Firefighters	10/11/1998	$18,000
031	Peace Officers (SCALE)	11/21/1999	$18,000
032	Management (SCMA)	2/1/1998	$50,000
033	Attorney-Civil (SCMA)	2/1/1998	$50,000
034	Administrative Professionals Association (SCAPA)	2/1/1998	$18,000
050	Unrepresented Management	2/1/1998	$50,000
080	Unrepresented	2/1/1998	$18,000
E01	Elected Officials	2/1/1998	$50,000

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
http://www.personnel.saccounty.gov/Benefits