

SACRAMENTO COUNTY



2025

Retiree Benefits Summary

Making the rest of your life, the best of your life.

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INTRODUCTION

The County of Sacramento is committed to health and well-being, and thus we are pleased to offer a comprehensive retiree 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 handbook 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 are as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the applicable Evidence of Coverage (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.

CONTACT US



(916) 874-2020



700 H Street Room 4650, Sacramento, CA 95814



MyRetireeBenefits@saccounty.gov



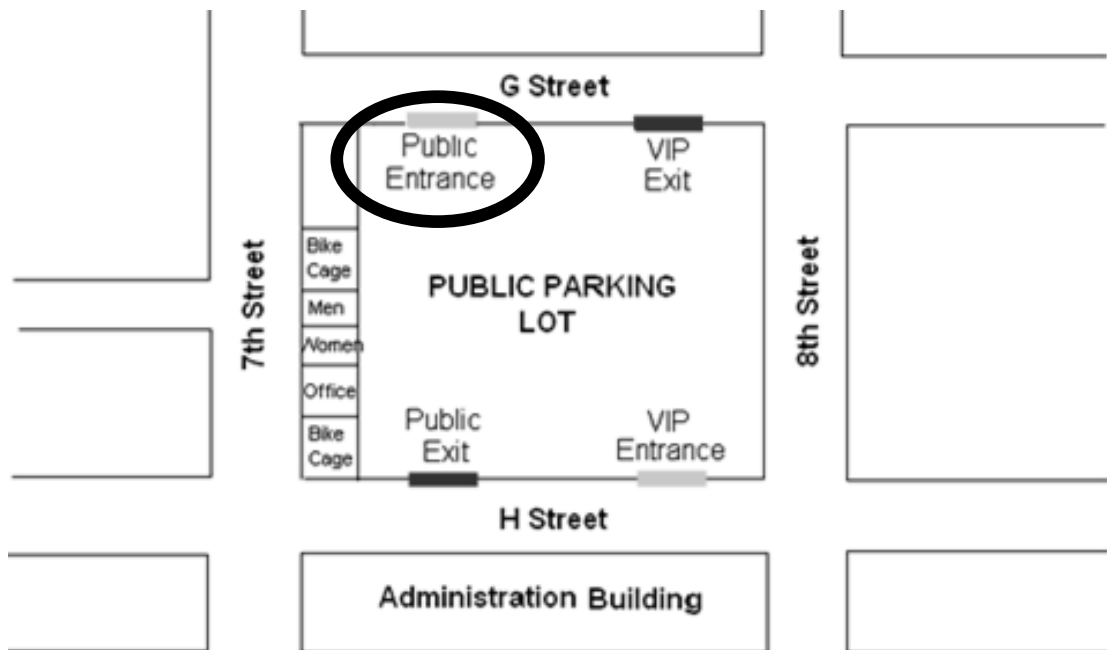
<http://personnel.saccounty.gov/Benefits>



8:00 a.m. to 5:00 p.m., Monday – Friday



Visitor parking is available in the 2-story parking lot across the street from the Administration Building. Entrance to the parking garage is on G Street, at 7th Street. Parking rates are charged in 30-minute increments.



Carrier Contacts

| DEFERRED COMPENSATION | | |
|--|--------------------------------------|---|
| County of Sacramento | 916-874-2020 | http://personnel.saccounty.gov/Benefits |
| Fidelity Investments | 800-343-0860 | www.Netbenefits.com/saccounty |
| DENTAL PLAN | | |
| Delta Dental | 888-335-8227 | www.deltadentalins.com/cos |
| MEDICAL PLANS | | |
| Kaiser Permanente | 800-464-4000 | www.kp.org |
| Sutter Health Plus | 855-315-5800 | www.sutterhealthplus.org |
| Western Health Advantage | 888-563-2250 | www.westernhealth.com |
| UnitedHealthcare (UHC) | 877-714-0178 | www.UHCRetiree.com |
| RetireeFirst (UHC Customer Service) | 916-226-6004 or 855-430-7091 | www.retireefirst.com/countyofsacramento |
| LIFE INSURANCE CONVERSION | | |
| Voya | 800-955-7736 | https://presents.voya.com/EBRC/saccounty |
| BEHAVIORAL HEALTH | | |
| Optum Behavioral (Sutter) | 855-202-0984 | www.liveandworkwell.com |
| Magellan Health (WHA) | 800-424-1778 | www.magellanhealth.com |
| CHIROPRACTIC | | |
| ASH (Kaiser) | 800-678-9133 | https://www.ashlink.com/ash/ashco.aspx?hp=KaiserCA |
| ACN Group of California, Inc. (SHP) | 800-428-6337 | www.myoptumhealthphysicalhealthofca.com |
| OptumHealth Physical Health (UHC) | PPO 866-785-1654 HMO 800-428-6337 | www.myoptumhealthphysicalhealthofca.com |
| Landmark (WHA) | 800-638-4557 | www.lhp-ca.com |
| RETIREE HEALTH SAVINGS PLAN | | |
| Meritain (claims processor) | 888-587-9441 | www.meritain.com |
| MissionSquare Retirement | 800-669-7400 | https://www.missionsq.org/ |
| RX | | |
| CVS Caremark-For Sutter | 855-315-5800 | https://www.sutterhealthplus.org/pharmacy |
| OptumRx-For WHA | 800-356-3477 | www.Optumrx.com |
| OptumRx-Mail Order | 844-568-4150 | |
| VISION | | |
| VSP | 800-877-7195 | www.vsp.com |
| COUNTY RETIREMENT | | |
| SCERS | 916.874.9119 | www.scers.org |

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USING THIS HANDBOOK

PROGRAM OVERVIEW

We encourage you to thoroughly review this Benefit Summary and contact the Department of Personnel Services Employee Benefits Office (EBO) if you need additional information or have questions. The EBO has additional, comprehensive benefit information for all benefit programs, which you may review at 700 H Street, Room 4650 (4th Floor), Sacramento, CA 95814 from 8:00 a.m. until 5:00 p.m., Monday through Friday, or you may reach our staff by calling (916) 874-2020 or emailing MyRetireeBenefits@saccounty.gov.

GENERAL INFORMATION

PREMIUM PAYMENTS

Medical, Dental, and Vision plan premiums will be deducted from your monthly pension payment while you are participating in the benefits program. If your premiums are greater than your pension payment, you will be required to make monthly payments through the Department of Finance - Revenue Recovery. Employee Benefits Office will set up your payment billing invoice with DRR, so please wait until Revenue Recovery sends you the billing notices. Payment must be made within 30 calendar days of the date due, your County-sponsored coverage will be cancelled retroactively to the last day of paid coverage, and you will not be permitted to re-enroll in the plan later if unpaid.

ADDRESS CHANGES

You must keep your address current with SCERS to receive information from the Benefits Office after you retire. Your physical address is required to confirm that you live within the medical plan service area; no addresses containing a post office box can be accepted as confirmation.

OPEN ENROLLMENT

Open Enrollment is generally held in the fall. This is the once-a-year opportunity to change plans or add dependents without a qualifying event. Enrollment or

coverage changes made during Open Enrollment become effective on January 1st of the following year. **If you do not change your coverage during Open Enrollment, your current benefits will automatically continue next year. Unless otherwise instructed, you do not need to re-enroll if you are keeping the same coverage for the same family members.**

NEW RETIREES

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

If you are enrolled in a County plan, your coverage as an active eligible employee ends the end of the month in which you terminate your employment.

Once retired, the County offers retiree medical, dental, and vision coverage for eligible retirees and their eligible dependents. Each benefit can be elected independently. You should elect retiree medical, dental, and/or vision coverage at least one month before you retire to ensure you do not have a break in coverage. You can elect any of the coverages independently from the other (e.g., Single medical, Family dental, Waive vision). You are responsible for all or a portion of the post-tax cost of your retiree medical, dental, and vision coverage, as well as future increases to the cost of coverage. Retiree benefits are effective the first day of the month following your retirement date and the submission of your benefit election form(s) for enrollment.

MEDICAL, DENTAL & VISION COVERAGE

When you retire, you have three options for medical, dental, and vision coverage enrollment:

1. Enroll in a County sponsored retiree plan. Read through this book and complete enrollment selecting the benefits for yourself and any eligible dependent(s) you wish to enroll. Enrollment can be done online at <http://www.benefitbridge.com/saccounty> or using a paper form delivered to

the EBO Office. Deductions for coverage(s) are taken automatically post-tax from your pension check in most cases.

2. Continue your medical, dental, and vision coverage under COBRA for up to 18 months. Review COBRA packet that is mailed at retirement, sign the election form in the packet and return to the Employee Benefits Office by the election deadline. COBRA deductions are not taken from the pension check. Please review the COBRA notice for payment details.
3. Enroll in coverage through another option such as individual plans through other medical carriers, Medi-Cal, or Covered CA.

WAIVING COVERAGE

If you do not enroll within your first 30 calendar days of retirement, you will be deemed to have waived your medical, dental, and vision coverage.

If you waive medical coverage, you can only enroll later if you experience a life event or during open enrollment and you meet one of the following eligibility requirements:

1. Have been continuously covered by another group health plan, individual Medicare Advantage plan, or Medicare with a Supplement or Medi-gap plan for at least 12 months, or
2. Request the enrollment within 30 calendar days of losing your group or Medicare coverage.

Dental/Vision - If you waive dental/vision coverage at the time of retirement you can only enroll later at Open Enrollment or have a life event.

LIFE INSURANCE

Your life insurance coverage will terminate the last day of the month in which you are in paid status. You can continue your basic and/or optional coverage for

yourself and/or your dependents directly through the life insurance carrier and you can select lower coverage amounts if desired.

Once you contact the carrier, you will receive conversion information directly from the provider and must submit the conversion application directly to the life insurance provider within 31 calendar days of the coverage terminating. Contact the Employee Benefits Office for more information.

If you have converted your life insurance policy to an individual contract, please work directly with the insurance carrier for all future transactions, including beneficiary changes and notification of a retiree or dependent passing.

DEPENDENT COVERAGE

If you are enrolling dependents in your medical, vision, or dental plan, **you will need to provide documentation to show their relationship to you, even if they were enrolled in your benefits while you were working.**

| Dependent: | Document required: |
|------------------|---|
| Spouse | Marriage certificate |
| Domestic Partner | Registration from Secretary of State |
| Child | Birth certificate and/or Adoption paperwork |

Depending on your situation, additional documentation may be required. Notarized/certified translation is required if the documents are not in English.

HEALTH SAVINGS ACCOUNT

If you contributed to a Health Savings Account (HSA) via payroll deduction while working, your payroll contributions will end on your last month of employment.

Any funds in your account remain yours to use for qualified retiree health expenses. Please review the section Health Savings Account later in this Summary.

FLEXIBLE SPENDING

Enrollment in Flexible Spending Accounts will end on the last day of the month of your employment. For claim expenses incurred during your eligibility in the plan year, you have until April 30th of the following year to submit your request for reimbursement. Expenses must be incurred before your coverage ends, although you have a run-out period to submit claims. If you were enrolled in the Medical Reimbursement Account, you might be able to continue coverage past your retirement date by electing COBRA coverage.

RETIREE HEALTH SAVING PLAN

The Retiree Health Savings Plan (RHSP) is a post-employment health savings benefit where the County contributed \$25 per pay period while you were working. Your RHSP account is to be used for reimbursement of qualified health expenses. Some bargaining units chose not to have this benefit. 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. The forms you receive in your retiree packet should be sent directly to MissionSquare Retirement. You are encouraged to use your RHSP prior to your HSA if you have one, as the RHSP is less flexible than the HSA.

PENSION DEDUCTIONS

Deductions for benefits are taken one month in advance of the coverage. Depending on the timing of your retirement and first pension check, you may have a double deduction for your benefits. If your pension check is not enough to cover your premiums, you will be required to send in monthly payments. Please see the section above, General Information, for additional Premium Payment details.

MEDICARE ELIGIBILITY

MEDICARE ELIGIBILITY

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 (Part B) without incurring a late enrollment penalty later. You then would need to activate Part B immediately once you retire.

Once you plan your retirement, contact your local Social Security office to enroll in Medicare Parts A & B under the Medicare Special Enrollment Period (SEP). You should contact the Social Security office at least two months ahead of your retirement so that you can transition immediately into a retiree Medicare plan.

If you or your covered dependent(s) become eligible for Medicare after you are retired, you and/or your dependent(a) must enroll in Medicare parts A & B, and transition to a County-sponsored Medicare plan. Medicare eligibility generally begins the 1st of the month you turn 65. For example, if your birthday is October 15th, you are eligible for Medicare on October 1st.

Once you are retired and eligible to receive Medicare, failure to enroll in Medicare will result in cancellation of your County-sponsored medical plan. You may also incur a Medicare late enrollment penalty if you do not follow

Medicare’s enrollment requirements and sign up later. Those penalties are assessed to your premiums for your lifetime. For details of what’s covered under Medicare, how to enroll, and your options regarding Medicare coverage, contact your local Social Security office or visit www.medicare.gov.

If you are enrolling in the County’s Medical benefits that include Medicare, you should provide notice the beginning of the month prior to the effective date of the plan to ensure proper deductions and coverage dates. For example: If you are retiring on March 31st, the County should be notified no later than March 1st. The notice also applies when you are disenrolling from the County’s Medical/Medicare plans.

Medicare coverage consists of the following options:

| Part | Coverage | Summary | <u>Required as Part of the County Benefits</u> |
|-----------------|---------------------------------|---|---|
| <u>A</u> | Hospital Insurance | Generally, covers inpatient hospital stays and related services, skilled nursing facilities, home health care, and hospice services. Part A entitlement is based on age, disability, or End Stage Renal Disease (ESRD). | Yes. All County of Sacramento Medicare Advantage Plans require enrollment in Part A |
| <u>B</u> | Medical Insurance | Generally, covers 80% of the cost of medically necessary physician services such as office visits, lab and X-ray services, outpatient surgical procedures, and a wide variety of other benefits. | There is a cost associated with this election, which is paid to the Social Security Administration. Enrollment in Part B is required to participate in all County of Sacramento Medicare Advantage Plans. |
| <u>C</u> | Medicare Advantage Plans | Advantage plans are approved by Medicare and are administered by private companies to provide all your Parts A, B, and D benefits. | All County of Sacramento Plans are considered Medicare Advantage Plans and include Parts A, B, and D benefits. |

| | | | |
|-----------------|-------------------------|---|---|
| <u>D</u> | Rx Drug Coverage | Individual separate prescription drug plans are usually administered by insurance companies approved by Medicare. Each plan can vary in cost and drugs covered. Part D entitlement generally occurs at the same time as Part A. | Since all County of Sacramento Medicare Advantage Plans include prescription coverage, do not enroll in Medicare Part D Plans or your coverage will be automatically cancelled. |
|-----------------|-------------------------|---|---|

For details of what’s covered under Medicare, how to enroll, and your options regarding Medicare coverage, contact your local Social Security office or visit www.medicare.gov or www.cms.gov.

ELIGIBILITY FOR COVERAGE

All Retirees - You are eligible for health insurance coverage under the retiree group plans if you are a County retiree, a survivor, or beneficiary receiving a monthly retirement allowance as defined by the County of Sacramento Retiree Medical, Dental and Vision Insurance Program Administrative Policy. You may not be enrolled in double medical, vision, or dental plans as a retiree and as a beneficiary or as a retiree and a spouse/domestic partner of another retiree.

Current Retirees - If you do not enroll within the first 30 calendar days of retirement, you may be able to enroll within 30 calendar days of a life event or during Open Enrollment if you meet the eligibility criteria. Proof of continuous, comparable group coverage will be required.

Dependents - You may elect to enroll your eligible dependents in the same coverages that you select. A dependent must be enrolled in the same medical plan as the Annuitant if there is no Medicare entitlement for any participant. In situations where one or more participant(s) has Medicare entitlement and one or more participant(s) has no Medicare entitlement, all Medicare enrollments must be in the same Medicare plan and all non-Medicare enrollments must be in the same non-Medicare plan.

Who can be enrolled?

| | |
|------------------|--|
| Spouse | <i>Legally married</i> |
| Domestic Partner | <i>Registered with Secretary of State in accordance with CA Family Code Section 297 or 299.2</i> |
| Child - Under 21 | <i>Foster/ Legal Guardianship</i> |
| Child - Under 26 | <i>Natural/ Step/ Adopted</i> |
| Child - Over 26 | <i>Disabled</i> |

Grandchildren are not eligible for coverage unless the retiree, spouse, or domestic partner has legal guardianship of the child.

- Limited coverage may be available for dependents that live outside of the carrier's local HMO service areas and/or in states other than California. In most cases only emergency services are available.
- You may not enroll a dependent who is also a County of Sacramento retiree covered under our group health plans.
- Dependents must normally be enrolled in the same coverage as the retiree. However, split enrollments for mixed Medicare and non-Medicare coverage situations are available.
- See description below of medical plans for additional information.

SURVIVING SPOUSE OR DOMESTIC PARTNER COVERAGE

In the event of the death of a retiree, the surviving spouse, or domestic partner, who will receive a continuing SCERS pension benefit may be eligible to continue medical, dental, or vision insurance benefits. Please contact SCERS at (916) 874-9119 **within 30 calendar days of the date of death** to determine if retirement benefits can be continued.

A surviving spouse or domestic partner will also receive a COBRA continuation letter. Please ensure you are aware of which provisions apply to your situation.

A surviving spouse or domestic partner beneficiary who is receiving a continuing SCERS pension benefit may add a newly acquired dependent to any plan within 30 calendar days of a qualified life event or at Open Enrollment. You must go to <http://www.benefitbridge.com/sacounty> to enroll in the medical, dental, and/or vision insurance plans or contact the Employee Benefits Office to receive, fill out, and turn in a paper enrollment form.

CHANGING COVERAGE

When you need to make a change to your medical, dental, or vision coverage, contact the Employee Benefits Office at 916-874-2020 or email at Myretireebenefits@saccounty.gov. Some changes are time sensitive and need to be completed within 30 calendar days, and some changes require documentation to support the change. The Benefits Office staff can provide you with the correct forms to complete and inform you if your change requires any additional steps or paperwork. Forms can also be found at:

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

| | |
|--|---|
| 1. Experience a Life Event - Examples of common life events: | |
| Birth or adoption of child | Child turning 26 |
| Marriage/Divorce | Death |
| | Loss of other group coverage* |
| | Gain other coverage* |
| 2. Submit your request within 30 calendar days | |
| Changes to coverage must be made using County-required documentation. It is the retiree'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/Grandchild | Birth certificate; hospital verification letter (newborns only); Adoption or legal guardianship papers for newly adopted/placed children |
| Loss or gain of other coverage – Employees Under Age 65 | HIPAA Certificate, COBRA notice, or employer letter indicating the date of the loss/gain of other group coverage (coverage by Covered CA or an individual plan disqualifies you to return to a County plan) |
| Loss or gain of other coverage – Employees Age 65 or Older on Medicare | Should the annuitant seek to return to a County-sponsored Medicare Advantage plan, they must be able to demonstrate continuous Medicare Supplement and Part D coverage for the prior 12-month period. Annuitants that can satisfactorily meet that requirement may return to the County's Medicare Advantage plan at any eligibility period, including Open Enrollment, Loss of Coverage, or a Qualified Status Change Life Event. This enrollment may apply to Dependents that meet the same eligibility standard. |

OPEN ENROLLMENT - If you miss the 30-day window to make a change from a life event, or you want to add dependents or change medical plan carriers, you may do so during Open Enrollment, which is generally in the Fall. Changes made during Open Enrollment are effective the following year January 1st.

DROPPING COVERAGE/DEPENDENTS - As a retiree, you are allowed to remove dependents and waive coverage at any time without a qualifying event. You can make these changes online at <http://www.benefitbridge.com/saccounty> or contact the Employee Benefits Office. To waive a coverage, the change will take effect the month following when the form is submitted. If you wish to elect County retiree medical benefits in the future, you will have to provide **proof of continuous group or Medicare Advantage or Supplement coverage** up to the point of your intended return.

To drop your dependents, the effective date will terminate the last day of the month.

Ineligible Dependents

- If your dependent is no longer eligible for coverage due to divorce, termination of a domestic partnership, overage dependent, it is your responsibility to remove them at the time they lose eligibility.
- Under no circumstance can an ex-spouse/domestic partner continue to be covered under your plan, even if the divorce settlement indicates you are responsible to maintain health coverage. Generally, you would pay for COBRA or private insurance to comply with the court order.

IMPORTANT: If a dependent is determined to have lost coverage more than 30 calendar days in the past, the dependent's retroactive termination date will be determined by the carrier.

- Retroactive premiums will be refunded where possible in accordance with the terms of the contract with the carrier.
- Failure to remove ineligible dependents within 60 calendar days of a

change in status may result in a loss of continuation coverage (COBRA) rights for your dependent(s).

- You may become financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.
- You and/or the dependent may be subject to any sanctions or actions taken by the carrier.

ADDING DEPENDENTS

- You must add eligible dependents to coverage within 30 calendar days of the life event. See page 17 for common life events.
- Coverage is effective the first day of the month following the event and submission of all required forms.
- You must present documents which verify the identity of the dependent, their relationship to you, and the date of the event.
- Failure to add dependents and present required documents within the required timeframe will result in your inability to add your dependent(s) until the next Open Enrollment period.

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MEDICAL PLANS

You have a variety of medical plan options available to you as a County retiree. In most cases you will pay the full monthly cost of the coverage for yourself and any eligible dependents that you enroll. A basic explanation of the plan types offered through the County's benefit program is described below.

| Plan Type | HMO | HDHP | PPO* |
|---------------------------|---|---|-------------------------|
| Choice of Doctor | Network Primary Care Physician (PCP) selection required | Network Primary Care Physician (PCP) selection required | You see any doctor |
| Medical Specialist | Requires PCP referral | Requires PCP referral | No referral needed |
| Monthly cost | Median cost | Lower cost | Median-High cost |
| Cost for visits | Set copay, \$15 for most services | You pay annual deductible, then plan pays 100% | Set copay or percentage |
| Vision | Option to purchase | Option to purchase | Option to purchase |

*Limited PPO availability in non-Medicare situations - only available if no other County HMO coverage in the area.

HEALTH MAINTENANCE ORGANIZATION (HMO)

Under an HMO plan, a Primary Care Physician (PCP) directs all your medical care and specialty referrals. You and each of your enrolled family members may select a PCP, and if you do not, one will be assigned. Each enrolled member of the plan may choose a different PCP. You may change your PCP at any time by calling the carrier's customer service number. You will generally pay a fixed copayment at the time you seek care.

Some points to consider in making this choice:

- The doctor you choose becomes your Primary Care Physician (PCP) and all medical care, including routine care, hospitalization, and referral to other health professionals must be coordinated under the direction of your PCP.
- Preventive and well-care services are provided at no additional cost.
- Copayments apply to doctor's office visits and prescriptions.
- HMOs generally do not require you to submit claim forms, except in cases when emergency care takes place outside of your coverage area.

HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

High Deductible plans are still HMO plans requiring in-network services and a PCP. However, in a HDHP both medical (except for certain types of preventive care) and prescription expenses must apply to the deductible. These plans are lower in monthly premiums than traditional HMO plans but have a larger initial out-of-pocket expense. You pay for the services incurred up to the deductible. Once you reach the deductible maximum, services are covered at 100%. If you choose to enroll in one of the HDHP plans, you may also be eligible to establish a post-tax Health Savings Account (HSA) with an outside financial institution or renew contributions to an existing HSA if you have no remaining funds in the RHSP. Be sure to review all provisions that will apply to a post-employment HSA.

Some points to consider in making this choice:

- With the HDHP, the doctor you choose becomes your PCP and all medical care, including routine care, hospitalization, and referral to other health professionals must be coordinated under the direction of your PCP.
- Preventive care and routine physicals are provided at no additional cost.
- Expenses for doctor's office visits **and prescriptions** apply to the deductible.
- Coverage for chiropractic and acupuncture is generally not included.

All County HDHP's are Health Savings Account-qualified plans, which means if you and your spouse/domestic partner have double HDHP coverage, the deductibles are not waived when coordinating benefits.

PREFERRED PROVIDER ORGANIZATION (PPO) - Limited Availability for Non-Medicare Participants. Non-Medicare Retirees seeking PPO coverage cannot have any other County HMO coverage available in their service area.

A PPO plan allows you to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You have the option to utilize in-network preferred providers or out-of-network providers. You may go to any licensed physician or hospital. You can utilize the PPO anywhere within the United States.

Some points to consider in making this choice:

- With the PPO, you have the flexibility to choose any provider, in or out-of-network, and still receive benefits. Your cost will be greater for out-of-network services.
- Premiums can be very expensive.

HMO PLANS NON-MEDICARE

Monthly Cost

| PLAN CARRIER | RETIREE | RETIREE +1 | RETIREE +2/More |
|--------------------|------------|------------|-----------------|
| Kaiser Permanente | \$1,208.42 | \$2,416.82 | \$3,419.82 |
| Sutter Health Plus | \$990.60 | \$1,942.00 | \$2,754.70 |
| WHA | \$919.10 | \$1,838.20 | \$2,601.10 |

Coverage

| HMO MEDICAL PLAN COVERAGE | | | |
|--|-----------------------------------|----------------|-----------|
| COVERAGE CATEGORY | KAISER | SUTTER | WHA |
| Annual Deductible | \$0 | | |
| Annual Out-of-Pocket Limit | \$1,500 Individual/\$3,000 Family | | |
| Annual Wellness Exam | \$0 | | |
| Inpatient Care (Hospitalization, Mental Health, Substance Abuse) | \$0 | | |
| Diagnostic X-Ray/Lab Tests | \$0 | | |
| Primary Care Office Visit | \$15 | | |
| Outpatient Care (Hospitalization, Mental Health, Substance Abuse) | \$15 | | |
| Specialist Visit | \$15 | | |
| Short Term Therapy (Physical, Occupational, Speech) | \$15 | | |
| Home Health Care (100 visits/year) | \$0 | | |
| Skilled Nursing Facility (100 days/year) | \$0 | | |
| Durable Medical Equipment | \$0 | | |
| Generic Rx | \$10 | | |
| Brand Name Rx | \$20 | | |
| Mail Order Rx (G/B/Non-Preferred) | \$10/\$20 | \$20/\$40/\$70 | |
| Chiropractic/annual visit limit (v) | \$15/ 30v | \$15/ 20v | |
| Acupuncture /annual visit limit (v) | \$15 | \$10/ 30v | \$15/ 20v |
| Emergency Room Visit | \$35 (waived if admitted) | | |
| Ambulance | \$0 | | |

See the appropriate plan EOC booklet for more details on coverage and exclusions.

HIGH DEDUCTIBLE PLANS NON-MEDICARE

Monthly Cost Coverage

| PLAN CARRIER | RETIREE | RETIREE +1 | RETIREE +2/More |
|--------------------|----------|------------|-----------------|
| Kaiser Permanente | \$863.62 | \$1,727.24 | \$2,444.04 |
| Sutter Health Plus | \$739.20 | \$1,451.10 | \$2,056.60 |
| WHA | \$706.60 | \$1,413.20 | \$1,999.70 |

HIGH DEDUCTIBLE MEDICAL PLAN COVERAGE

| COVERAGE CATEGORY | KAISER | SUTTER | WHA |
|---|---|--------|-----|
| Annual Deductible | \$1,650 Individual/\$3,300 Family | | |
| Annual Out-of-Pocket Limit (OOP) | \$3,300 Individual/\$3,300 Family | | |
| Annual Wellness Exam Preventive Exams/Lab Tests | \$0 (deductible waived) | | |
| Primary Care Office Visit Skilled Nursing Facility (100 visits/year) Short Term Therapy (Phys, Speech, Occupational) Inpatient Care (Hospitalization, Mental Health, Substance Abuse) Outpatient Care (Hospitalization, Mental Health, Substance Abuse) Specialist Visit Emergency Room Visit Ambulance Home Health Care (100 visits/year) Generic/Brand Name RX Chiropractic/Acupuncture | <p>Single High Deductible (Med and Rx) \$1,650, after the first \$1,650 deductible is met, the remaining \$1,650 is for prescription <u>co-pay charges only</u>.</p> <p>After the entire \$3,300 deductible is met, <u>all expenses are covered at 100%</u></p> | | |

See the appropriate plan EOC booklet for more details on coverage and exclusions.

MEDICARE ENTITLEMENT

See pages 12 and 13 for Medicare Eligibility, an explanation of Parts A, B, C, and D, rules around when you need to enroll, and which parts apply to County-sponsored Medicare Advantage plans.

SPLIT ENROLLMENTS

If you have dependent medical coverage and one of you has Medicare and the other does not, you will be considered a “split” enrollment. Normally your dependents must be enrolled in the same medical plan that you have, but special rules apply to non-Kaiser plans when one individual has Medicare.

MEDICARE ADVANTAGE PLANS

MEDICARE ADVANTAGE PLANS

Under a Medicare Advantage Plan, you must have enrolled with the Social Security Office for Medicare Parts A & B and assign your Medicare benefits directly to the Medicare Advantage Plan. You cannot enroll in two Medicare Advantage Plans at the same time since your individual Medicare benefits are assigned to the Medicare Advantage Plan you select.

Participants in County Medicare Advantage plans are also enrolled in Medicare Part D automatically. You should not enroll in any other non-County Part D plan. Enrolling in any other Part D plan will terminate your County medical plan, since you cannot have two Part D plans at the same time.

Coverage for services outside of your plan may be limited or subject to additional requirements or costs. For further details, please refer to the plan’s Evidence of Coverage (EOC).

The County currently has four Medicare Advantage plans through two medical carriers available:

- UnitedHealthcare
 - UHC Advantage HMO
 - UHC Advantage NPPO
- Kaiser Permanente
 - Senior Advantage Silver
 - Senior Advantage Gold

Those choosing to enroll in UnitedHealthcare have enhanced customer service support through RetireeFirst. RetireeFirst Advocates assist with UnitedHealthcare enrollment and customer service items such as:

- Plan design questions
- Outreach to providers and pharmacies
- Medical and prescription authorizations
- Mail order prescription assistance
- Formulary lookup
- Medical and prescription reimbursements
- Medical and prescription billing issues
- Updating personal information changes
- Enrolling into Medicare
- Assistance in choosing a doctor

Additionally, a Retiree Advocacy Webpage has been set up for easy access to the RetireeFirst UnitedHealthcare plan and contact information. You can access this page at www.retireefirst.com/countyofsacramento.

REMEMBER: As a Retiree, if either you or your dependent are eligible for Medicare, you must enroll in and keep Medicare Parts A and B to participate in the County-Sponsored Medicare Advantage Plans. If you drop Part A and/or Part B, your County coverage will be cancelled. The Medicare part B and D premium is a separate cost from the County Medicare Advantage Premium costs and is paid through Social Security. For questions regarding Medicare premiums, please contact the Social Security Administration, or go online to <https://www.medicare.gov/>.

MEDICARE ADVANTAGE PLAN PREMIUMS

Monthly Cost

| ONE MEMBER HAS MEDICARE | | | |
|--------------------------------|----------------|-------------------|------------------------|
| PLAN CARRIER | RETIREE | RETIREE +1 | RETIREE +2/More |
| UnitedHealthcare HMO | \$434.67 | NA* | NA* |
| UnitedHealthcare NPPO | \$585.82 | NA* | NA* |
| Kaiser Senior Advantage GOLD | \$331.33 | \$1,539.73 | \$2,542.73 |
| Kaiser Senior Advantage SILVER | \$229.05 | \$1,437.45 | \$2,440.45 |

| TWO MEMBERS HAVE MEDICARE | | |
|----------------------------------|-------------------|------------------------|
| PLAN CARRIER | RETIREE +1 | RETIREE +2/More |
| UnitedHealthcare HMO | \$869.34 | NA* |
| UnitedHealthcare NPPO | \$1,171.64 | NA* |
| Kaiser Senior Advantage GOLD | \$662.64 | \$1,665.64 |
| Kaiser Senior Advantage SILVER | \$458.08 | \$1,461.08 |

*Contact the Benefits Office for information on coverage options

UNITEDHEALTHCARE MEDICARE PLANS

| MEDICARE ADVANTAGE PLAN COVERAGE | | |
|--|---------|---|
| COVERAGE CATEGORY | UHC HMO | UHC NPPO |
| Annual Deductible | | \$0 |
| Annual Out-of-Pocket Limit/Individual | | \$3,400 |
| Preventive Exam | | \$0 |
| Inpatient Care (Hospitalization, Mental Health, Substance Abuse) | | \$0 190 days lifetime limit for mental health/substance abuse |
| Home Health Care | | \$0 |
| Skilled Nursing Facility (100 days/year) | | \$0 |
| Durable Medical Equipment | | \$0 |
| Short Term Therapy (Physical, Occupational, Speech) | | \$0 |
| Primary Care Office Visit | | \$15 |
| Specialist Visit (Podiatry limited to 6 visits per year) | | \$15 |
| Diagnostic X-Ray/Lab Tests | | \$0 |
| Outpatient Care (Mental Health, Substance Abuse) | | \$15 Individual and Group \$55 Partial Hospitalization per day |
| Generic Rx | | \$3 |
| Brand Rx | | \$10/\$20 |
| Chiropractic and Acupuncture Services (Limited to combined 30 visits/year) | | \$10 |
| Emergency Room | | \$50 (waived if admitted within 24 hours) |
| Hearing Screening (1 per year) | | \$0 |
| Hearing Aid(s) | | \$500 allowance (every 36 months) |
| Ambulance | | \$35 |
| Silver Sneakers Coverage (Fitness) | | Free to Members |
| Foreign Travel Coverage | | \$50 Emergency Room (waived if admitted within 24 hours, \$0 Urgent Care |

See the appropriate plan EOC booklet for more details on coverage and exclusions.

KAISER PERMANENTE - Senior Advantage

MEDICARE ADVANTAGE PLAN COVERAGE

| COVERAGE CATEGORY | Kaiser Gold Plan | Kaiser Silver Plan |
|--|---|---|
| Annual Deductible | \$0 | |
| Annual Out-of-Pocket Limit/Individual | \$1,000 Per Individual | |
| Preventive Exam | \$0 | |
| Home Health Care | \$0 | |
| Diagnostic X-Ray/Lab Tests | \$0 | |
| Chiropractic Services (30 visit limit/year) | \$15 | |
| Generic Rx (30-day supply) | \$10 | |
| Brand Rx (30-day supply) | \$20 | \$25 |
| Durable Medical Equipment | \$0 | 20% co-pay |
| Emergency Room (waived if admitted) | \$35 | \$50 |
| Inpatient Care (Hospitalization, Mental Health, Substance Abuse) | \$0 | \$500 |
| Primary Care Office Visit | \$15 | \$25 |
| Specialist Visit | \$15 | \$25 |
| Short Term Therapy (Physical, Occupational, Speech) | \$15 | \$25 |
| Skilled Nursing Facility (Limited to 100 days/year) | \$0 | \$0 (first 20 days) \$75 (days 21-100) |
| Mental Health Outpatient Care | \$15 Ind/\$7 Group | \$25 Ind/\$12 Group |
| Substance Abuse Outpatient Care | \$15 Ind/\$5 Group | \$25 Ind/\$5 Group |
| Hearing Screening | \$15 | \$25 |
| Ambulance | \$0 | \$125 |
| Hearing Aid(s) | \$1,000 allowance one device per ear, every 36 months | |
| Silver And Fit | Free to Members | |

See the appropriate plan EOC booklet for more details on coverage and exclusions.

OUT-OF-AREA COVERAGE

RETIREEES LIVING OUT-OF-AREA

If you are a non-Medicare retiree and you live outside of the HMO service area, your only option for coverage is the non-Medicare National PPO plan. Please note this plan is only available if you have no other County-sponsored HMO coverage available to you in your residential area.

To enroll in a Kaiser plan outside of the Sacramento area, you must reside in another Kaiser Permanente service region, which is limited to specific states and regions within those states. Medicare retirees living out of the area may enroll in the UnitedHealthCare NPPO.

If you move out of the area during the calendar year, you should notify the Employee Benefits Office to confirm what coverage is available or to change plans.

WHA/Anthem PPO – non-Medicare Plan:

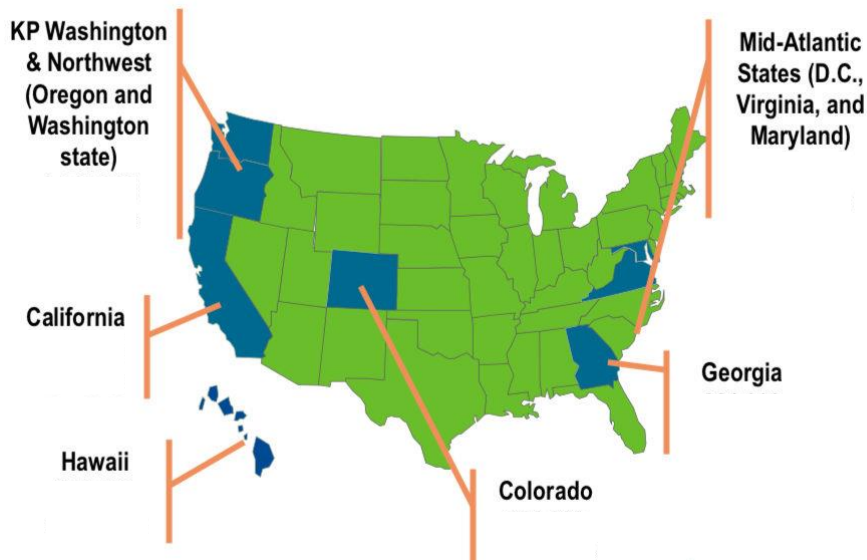
| Anthem Blue Cross NPPO | RETIREE | RETIREE+1 | RETIREE+2/MORE |
|------------------------|------------|------------|----------------|
| | \$1,818.17 | \$3,636.34 | \$5,145.48 |

Kaiser Out-of-Area – non-Medicare Plan

| Kaiser KPMP | RETIREE | RETIREE+1 | RETIREE+2/MORE |
|--------------|------------|------------|----------------|
| NO MEDICARE | | | |
| WASHINGTON | \$1566.91 | \$2,217.27 | \$3,161.56 |
| NORTHWEST | \$1,375.06 | \$2,750.11 | \$4,125.17 |
| COLORADO | \$1,757.00 | \$3,511.00 | \$5,075.00 |
| GEORGIA | \$1,347.72 | \$2,695.44 | \$4,043.16 |
| MID ATLANTIC | \$1,461.00 | \$3,024.00 | \$4,208.00 |
| HAWAII | \$1,006.69 | \$2,013.39 | \$3,020.08 |

Kaiser Out-of-Area – Medicare

| Kaiser KPMP | RETIREE | RETIREE+1 MEDICARE DEPENDENT | RETIREE+1 NON- MEDICARE DEPENDENT |
|--------------|---------------|------------------------------------|--|
| | WITH MEDICARE | | |
| WASHINGTON | \$407.90 | \$815.80 | \$1,113.07 |
| NORTHWEST | \$343.68 | \$687.36 | \$1,605.94 |
| COLORADO | \$232.43 | \$464.86 | \$1,848.56 |
| GEORGIA | \$407.94 | \$815.88 | \$1,724.03 |
| MID ATLANTIC | \$260.72 | \$521.44 | \$1,636.70 |
| HAWAII | \$342.43 | \$684.86 | \$1,263.69 |



RETIREE HEALTH SAVINGS PLAN (RHSP)

During your employment, the County may have been contributing \$25 per pay period into this account for you to use after you separate from service if in certain bargaining units. This employer-sponsored health savings account allows you to be reimbursed on a tax-free basis for qualifying health expenses for you, your spouse/domestic partner, and/or your dependents after you leave County employment. Expenses eligible for reimbursement consist of all medical expenses eligible under the Internal Revenue Code Section 213 (IRS Publication 502), and include:

- Premiums
- Medical, dental, and vision expenses such as copays, out-of-network expenses, lenses/frames
- Prescriptions
- Medicare Part B expenses

You should receive a packet in the mail from Meritain Health, the MissionSquare claims administrator, a few weeks after you retire that explains the plan. Claims for medical expenses are submitted for reimbursement on a *Retirement Health Savings Plan Benefits Reimbursement Request Form* or online at <https://www.meritain.com/>. This form is available at: <http://personnel.saccounty.gov/Benefits> or directly from Meritain Health, (888) 587-9441 and should be returned directly to Meritain for processing.

Once you separate from the County, the account becomes active for claims and administrative fees are assessed to your account at the rate of \$25 annually plus \$7.75 per quarter.

Upon your death, any remaining assets are transferred for continuing tax-free use by your surviving IRS eligible spouse and/or specific dependents for their own qualifying health expenses. Please contact MissionSquare Retirement (formerly ICMA-RC) or Meritain Health, Inc. if you have any questions.

HEALTH SAVINGS ACCOUNT (HSA)

You are not required to have an HSA if you enroll in HDHP coverage. However, if you do choose to enroll in an HDHP before you reach Medicare eligibility, you have the option to continue to set aside funds in an HSA for reimbursement of qualified expenses. Contributions will be made on a **post-tax** basis, directly to an HSA provider of your choice. You will take a deduction when filing your itemized Federal income tax return.

If you have HDHP coverage and elect to have an HSA, you cannot make any contributions until you have exhausted the funds set aside for you in the Retiree Health Savings Account. Once you have exhausted your RHSP funds, you are eligible to begin contributing to an HSA again.

ELIGIBLE EXPENSES

In addition to medical expenses, you can use the funds in your HSA account to pay for qualified dental, vision, and hearing expenses, as well as premiums if the accountholder is 65 years of age or older.

Even if you are no longer eligible to contribute to an HSA, whether you switch from an HDHP, gain other coverage, or become entitled to Medicare, you can continue to use your HSA account for qualified expenses until it is depleted.

Non-eligible withdrawals are considered taxable income, and a 20% penalty for those withdrawals will also apply if you are under 65.

STRATEGIES TO STRETCH YOUR TAX-FREE RHSP AND HSA:

- Use funds in the correct order to maximize flexibility!
- Remember, RHSP funds first, then HSA funds.
- Prioritize using your RHSP first since the HSA is more versatile.
- Using the funds will depend on the timing of your retirement, so planning is important.

DENTAL COVERAGE

Retirees have the option to enroll in the retiree dental plan. Enrollment is separate from medical and vision. You may also enroll any eligible dependents.

ENROLLMENT

- Eligible retirees, beneficiaries, or dependents, as defined by the Sacramento County Retiree Medical, Vision and Dental Insurance Program, may participate in the retiree dental insurance program.
- You may not be enrolled in a dental plan as a retiree and as a beneficiary or as a spouse of another County retiree.
- Retirees may elect to enroll their spouse, registered domestic partner, and/or dependent children at the time of retirement, a life event, or during Open Enrollment.
- Children may only be enrolled as dependents of one County retiree.
- Once you have enrolled in the dental plan, coverage will continue year-to-year until you make a change.
- Dental insurance cards are not mailed to retirees, although you can print a member card through Delta Dental’s online portal or download to your virtual wallet. Retirees can also provide their Social Security number to the dentist office to verify eligibility in the plan.

COST

You pay the full monthly cost for yourself, your covered spouse, domestic partner, and/or dependent children’s coverage.

| DENTAL CARRIER | RETIREE | RETIREE +1 | RETIREE +2/More |
|------------------------------|---------|------------|-----------------|
| Delta Dental – Standard Plan | \$41.33 | \$75.58 | \$113.10 |
| Delta Dental – Enhanced Plan | \$53.14 | \$98.35 | \$149.91 |

Remember: If you have enrolled in Sacramento County Retired Employee Association (SCREA) dental coverage, you must contact your provider and/or carrier for plan details. The County Employee Benefits Office is unable to help on SCREA-provided benefits.

The Standard Plan will pay the percentages are as follows:

DELTA DENTAL® Standard Plan Coverage

County of Sacramento Retirees – Group No. 30015915-001

| Delta Dental PPO | | Program A- Plan I (Base Plan) | |
|---|-------------------------------------|---|-------------------------------------|
| | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Non-Delta Dental Dentist |
| Basis for Member Cost Sharing | PPO Contracted Fees | Premier Contracted Fees | 80th Percentile |
| Benefits | | | |
| Diagnostic & Preventive | 80% | 60% | 60% |
| Sealants | 80% | 60% | 60% |
| Space Maintainers | 60% | 60% | 60% |
| Basic Restorative | 60% | 60% | 60% |
| Oral Surgery | 55% | 50% | 50% |
| Simple Extractions | 55% | 50% | 50% |
| Endodontics | 55% | 50% | 50% |
| Surgical Periodontics | 55% | 50% | 50% |
| Non-Surgical Periodontics | 55% | 50% | 50% |
| Major Restorative | 55% | 50% | 50% |
| Prosthodontics-Fixed & removable | 55% | 50% | 50% |
| Denture Repair, Reline, Rebase | 55% | 50% | 50% |
| Implants | 55% | 50% | 50% |
| Orthodontics – Child | Not Covered | Not Covered | Not Covered |
| Orthodontics – Adult | Not Covered | Not Covered | Not Covered |
| TMJ | Not Covered | Not Covered | Not Covered |
| Deductible (Annual deductible does not apply to Diagnostic and Preventive Services) | | | |
| Per Patient / Calendar year | \$25 | \$25 | \$25 |
| Per Family / Calendar year | \$0 | \$0 | \$0 |
| Lifetime Ortho deductible/ Patient | NA | NA | NA |
| Maximums | | | |
| Per Patient / Calendar year | \$1500 | \$1500 | \$1500 |
| Lifetime Ortho maximum/ Patient | NA | NA | NA |
| Waiting Periods (Calculated from each primary enrollee's effective date in a dental program as reported by the employer) | | | |
| Oral Surgery, Endo, Perio | NA | NA | NA |
| Orthodontics | NA | NA | NA |
| Major Restorative, Prosthodontics | NA | NA | NA |

The Enhanced Plan will pay the percentages are as follows:

DELTA DENTAL® Enhanced Plan Coverage

County of Sacramento Retirees – Group No. 30015915-1000

| Delta Dental PPO | | Program A- Plan II (Enhanced Plan) | |
|---|-------------------------------------|---|-------------------------------------|
| | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Non-Delta Dental Dentist |
| Basis for Member Cost Sharing | PPO Contracted Fees | Premier Contracted Fees | 80th Percentile |
| Benefits | | | |
| Diagnostic & Preventive | 100% | 50% | 50% |
| Sealants | 100% | 50% | 50% |
| Space Maintainers | 60% | 50% | 50% |
| Basic Restorative | 60% | 50% | 50% |
| Oral Surgery | 55% | 50% | 50% |
| Simple Extractions | 55% | 50% | 50% |
| Endodontics | 55% | 50% | 50% |
| Surgical Periodontics | 55% | 50% | 50% |
| Non-Surgical Periodontics | 60% | 50% | 50% |
| Major Restorative | 55% | 50% | 50% |
| Prosthodontics-Fixed & removable | 55% | 50% | 50% |
| Denture Repair, Reline, Rebase | 55% | 50% | 50% |
| Implants | 55% | 50% | 50% |
| Orthodontics – Child | Not Covered | Not Covered | Not Covered |
| Orthodontics – Adult | Not Covered | Not Covered | Not Covered |
| TMJ | Not Covered | Not Covered | Not Covered |
| Deductible (Annual deductible does not apply to Diagnostic and Preventive Services) | | | |
| Per Patient / Calendar year | \$25 | \$50 | \$50 |
| Per Family / Calendar year | \$0 | \$0 | \$0 |
| Lifetime Ortho deductible/ Patient | NA | NA | NA |
| Maximums | | | |
| Per Patient / Calendar year | \$2500 | \$1000 | \$1000 |
| Lifetime Ortho maximum/ Patient | NA | NA | NA |
| Waiting Periods (Calculated from each primary enrollee’s effective date in a dental program as reported by the employer) | | | |
| Oral Surgery, Endo, Perio | NA | NA | NA |
| Orthodontics | NA | NA | NA |
| Major Restorative, Prosthodontics | NA | NA | NA |

The Enhanced Plan provides a much higher maximum benefit for services by an In Network PPO dentist and a reduced maximum for an out-of-network dentist. There is no accident rider. Consultants are available to assist you with getting the best use out of your dental plan, such as the benefits of a specific procedure and types of services offered by dentists; call Delta Dental – at 888-335-8227 for assistance.

Please review the dental booklet for coverage resulting from dental accidents and limitations on coverage (you can find the booklet in your retireepacket, or online at:

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

VISION COVERAGE

Vision coverage is available as an independent coverage election to all retirees who are eligible for benefits. You can purchase vision coverage separately from medical or dental on an optional voluntary basis. Kaiser \$15 HMO and Medicare Advantage participants who have Kaiser vision included in the medical plan can still buy VSP but there is no coordination of benefits.

You may only enroll in optional vision during Open Enrollment or within 30 calendar days of a qualified life event. The voluntary vision coverage is provided through Vision Services Plan (VSP) and there are two plans to choose from.

OPTION TO PURCHASE - The monthly costs and coverages are listed below.

| VISION CARRIER | RETIREE | RETIREE +1 | RETIREE +2/More |
|---|---------|---------------|--------------------|
| Vision Services Plan (VSP)- Standard Base Plan (Group number – 30015915-0001) | \$5.16 | \$10.32 | \$14.60 |
| Vision Services Plan (VSP)- Enhanced Buy-Up Plan (Group number – 30015915-1000) | \$9.94 | \$19.88 | \$28.12 |

Standard Base Plan

VSP Coverage (Group No. 30015915)

VSP Provider Network: VSP Choice

| Benefit | Description | Copay | Frequency |
|--|---|--------------------------------------|---------------------------|
| Your Standard Base Plan 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 | <ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Walmart, Sam's Club®, Costco® frame allowance | Combined with exam | Every other calendar year |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children | Combined with exam | Every calendar year |
| Lens Enhancements | <ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements | \$0 \$95 - \$105 \$150 - \$175 | Every calendar year |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> • \$130 allowance for contacts • 15% savings on a contact lens exam (fitting and evaluation) | \$0 | Every calendar year |
| Essential Medical Eye Care | <ul style="list-style-type: none"> • 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. | \$0 per screening \$20 per exam | As needed |
| Extra Savings | Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/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 <ul style="list-style-type: none"> • No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam | | |
| | Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. | | |
| See the appropriate plan EOC for more details on coverage and exclusions | | | |

Enhanced Buy-Up Plan

| Benefit | Description | Copay | Frequency |
|--|---|--------------------------------------|---------------------|
| Your Enhanced Buy-Up Plan 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 | <ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Walmart, Sam's Club®, Costco® frame allowance | Combined with exam | Every calendar year |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children | Combined with exam | Every calendar year |
| Lens Enhancements | <ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements | \$0 \$95 - \$105 \$150 - \$175 | Every calendar year |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) | Up to \$60 | Every calendar year |
| Essential Medical Eye Care | <ul style="list-style-type: none"> • 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. | \$0 per screening \$20 per exam | As needed |
| Extra Savings | Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/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 <ul style="list-style-type: none"> • No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam | | |
| | Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. | | |
| VSP EasyOptions | Choose one of these upgrades each calendar year <ul style="list-style-type: none"> • 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 | | |
| 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.

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 our FAQ document can be found at the Employee Benefits Office resource page: <https://personnel.saccounty.gov/Benefits/Pages/Resources.aspx>

CONTINUATION COVERAGE (COBRA)

What is Continuation of Coverage?

COBRA* is a continuation of health coverage under the plan when coverage would otherwise end because of a “qualifying event.” After a qualifying event, COBRA must be offered to each person who is a “qualified beneficiary.” The covered retiree, their covered spouse/domestic partner, and their dependent children could become qualified beneficiaries if coverage under the plan is lost because of a qualifying event. Qualified beneficiaries who elect COBRA pay the full cost of the benefits at group rates.

Who is eligible for Continuation Coverage?

Each family member who loses County-sponsored group coverage due to a qualifying event is eligible to elect continuation coverage. A COBRA notice will be mailed to the last address we have on file if the below event triggers a loss of coverage:

Retirees

- When you terminate active employment

Spouse/Domestic Partner/Child

- Upon the retiree’s death
- Divorce/Legal separation/Dissolution of Domestic Partnership
- Child no longer meets age requirements
- Retiree gains Medicare and waives coverage

Domestic partners of retirees and the children of domestic partners are not eligible to independently elect to continue coverage after a loss of eligibility. Domestic partners may continue coverage as a dependent of a retiree who elects continuation coverage.

What should I do when there is a qualifying event?

Our office must be notified within 60 calendar days of the date of the qualifying event for your dependent to be eligible to continue coverage. It is the responsibility of each retiree or covered family member to inform the Employee Benefits Office within 60 calendar days of a qualifying event to be eligible to continue coverage.

What benefits can be continued?

Medical, vision, dental, EAP, and Medical Reimbursement plans may be continued with COBRA. You will receive a notice that explains the benefits that may be continued, the election time frames, cost, and the length of time that coverage may be continued.

Do I have to take COBRA benefits?

No, COBRA is offered by the County as a requirement under the law*. You are not obligated to elect COBRA coverage. If you are a new retiree, and are electing benefits through the County, you will not need to elect COBRA benefits.

How long can benefits continue under Continuation Coverage?

Coverage may be continued for 18 to 36 months.

What if I have questions about Continuation Coverage?

Direct your questions about your Continuation Coverage rights to the:

Department of Personnel Services

Employee Benefits Office

700 H Street, Room 4650

Sacramento, CA 95814

Phone: (916) 874-2020 or MyRetireeBenefits@saccounty.gov

*Consolidated Omnibus Budget Reconciliation Act of 1985

DEFERRED COMPENSATION

Employees are encouraged to contribute their accrual balances, pre-tax into the deferred compensation plan at retirement. If you would like more information on how to complete the transaction, please contact us at: Mybenefits@saccounty.gov or 916-874-2020.

Once you have separated employment from the County of Sacramento, you have several options available to you related to your 457(b) Plan, including:

- Keep your account balance in the County of Sacramento 457(b) and/or 401(a) Plan(s);
- Request a distribution of a lump sum, partial lump sum, monthly/quarterly/annual distribution, or stop a distribution arrangement at any time. Distributions can be made as soon as Fidelity is notified of your separation;
- Rollover to another retirement plan such as an IRA, 401(k), etc. As a reminder, when rolling over to another retirement plan, you should carefully consider the impact on your account balances and fund costs, as you will be leaving a large governmental plan with preferential pricing.

401(a) Plan- If you were in Recognized Employee Organization (REO) 020, 021, 024, 029, 032, 033, Unrepresented Management (050) or Elected Officials, you may have been eligible for the 401(a) Plan. If you are under age 59 ½ and taking a withdrawal, you may be assessed additional 10% early withdrawal penalty.

Taxes on distributions are paid as ordinary income. The default tax amount for any distribution from your 457(b) and 401(a) Plan is 20% Federal and State of residence tax (CA = 2%). You must begin taking a Required Minimum Distribution no later than the year you turn 73 years old.

More information about the impact of taxes on your distributions is available at www.irs.gov. For more information, you may also contact Fidelity at (800)-343-0860 or www.netbenefits.com/saccounty.

Group Numbers for Plans

| <u>Plan Name</u> | <u>Group Number</u> |
|---|---|
| <u>Kaiser HMO \$15 co-pay</u> | <u>600644-0001</u> |
| <u>Kaiser High Deductible</u> | <u>600644-2301</u> |
| <u>Kaiser Senior Advantage Silver</u> | <u>600644-0020</u> |
| <u>Kaiser Senior Advantage Gold</u> | <u>600644-0018</u> |
| <u>Sutter HMO \$15 co-pay</u> | <u>001001-000002-ML33</u> |
| <u>Sutter High Deductible</u> | <u>001001-100002-HE05</u> |
| <u>WHA HMO \$15 co-pay</u> | <u>107272-A001-PR15AI</u> |
| <u>WHA High Deductible</u> | <u>107282-A001-WH13</u> |
| <u>UHC Medicare Advantage HMO</u> | <u>24041-001-E24</u> |
| <u>UHC Medicare Advantage PPO</u> | <u>24034-001-E23-001</u> |
| <u>Anthem WHA PPO</u> | <u>P107282-A501-HD200-PPO</u> |
| <u>Delta Dental PPO Basic</u> | <u>21482-00001</u> |
| <u>Delta Dental PPO Enhanced</u> | <u>21482-00002</u> |
| <u>VSP Vision Basic</u> | <u>30015915-0101</u> |
| <u>VSP Vision Enhanced</u> | <u>30015915-1000</u> |

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Important:

Always keep your information up to date:

- **Beneficiaries**
 - **New life event(s) (e.g., marriage, divorce, death, etc.)**
- **Current Address**
- **Current Phone number or email address**

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: MyRetireeBenefits@saccounty.gov

Website: <http://personnel.saccounty.gov/Benefits>