



SACRAMENTO COUNTY

2025 Benefits Summary

Empowering your choices for a healthier, happier life for you and your family.

Active Employee

INTRODUCTION

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

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

DISCLAIMER

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

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

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CONTACTS

BENEFITS OFFICE CONTACTS	PHONE	WEBSITE
Employee Benefits Office	916-874-2020	http://personnel.saccounty.gov/Benefits email us at: MyBenefits@saccounty.gov
BenefitBridge	800-814-1862	www.benefitbridge.com/saccounty
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 (457(b) and 401(a))	800-343-0860	http://netbenefits.com/saccounty
MissionSquare Retirement (RHSP)	800-669-7400	www.missionsq.org
Magellan Healthcare (EAP)	800-327-0632	https://member.magellanhealthcare.com/
Meritain Health (RHSP claims)	888-587-9441	www.meritain.com
Voya (Life Insurance, Critical Illness, and Long-Term Disability)	(877) 236-7564	https://presents.voya.com/EBRC/saccounty
SCERS (Pension)	916-874-9119	https://www.scers.org/
Chubb (Long-Term Care)	855-203-3716	https://chubb.benselect.com/cos
VSP (Vision)	800-877-7195	www.vsp.com
ASPCA Pet Health Insurance	888-716-1203	https://www.aspcapetinsurance.com/saccounty
ScholarShare (529 plan)	800-544-5248	https://www.scholarshare529.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
- Long-Term Disability (LTD)
- Health Savings Accounts (HSA)
- Flexible Spending Accounts (FSA)
- Retiree Health Savings Plan (RHSP)
- Employee Assistance Program (EAP)
- Deferred Compensation
- Long-Term Care (LTC)
- 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 eligible part-time position for the County;
- 2) an elected official and their exempt deputy or assistant;
- 3) any regular employee who temporarily transfers to a benefited limited position; or
- 4) An employee who returns from Leave of Absence or a reduction of hours becomes eligible the month **following** their 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 registered 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 that begin prior to age 18 are also eligible regardless of age. Diagnosis of the disability must occur prior to the child reaching the age limit.

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

****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. Although you have 30 days from an event to enroll yourself and your eligible dependents, coverage cannot be retroactive under IRS regulations (except in the case of birth or adoption of a child).

NEW HIRES/REHIRES/TRANSFERS FROM TEMPORARY TO PERMANENT

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 using BenefitBridge, our online enrollment system. Additional information for new hires can be found on our website at: <http://personnel.saccounty.gov/Benefits>. Any required supporting documentation must be submitted to the Employee Benefits Office for final approval within seven (7) calendar days of your benefit elections. Coverage is effective the 1st day of the month following the enrollment. Once coverage is effective, no other changes can be made until the next qualifying life event or during open enrollment, even if you are still within your 30-day new-hire period.

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/Limited Purpose Medical Reimbursement Accounts.

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 (Tiers A1 and A2 only), 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 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 midyear enrollment changes associated with a birth or adoption, only medical coverage becomes effective on the date of birth or adoption in accordance with HIPAA regulations, if you enroll and provide any required documentation in a timely manner. For all other midyear qualifying events, the coverage is effective the first day of the month following eligibility **and** enrollment, provided you timely submit required documentation.

The change must be made online within **30 calendar days** of the event using BenefitBridge at www.benefitbridge.com/saccounty

Documentation to verify the event is also required within 7 calendar days of the enrollment request.

MAKING CHANGES - To make changes three things must all 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 document 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 employees' responsibility to submit enrollment changes within 30 calendar days of the life 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 - (within 7 calendar days of enrollment)

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 is required if the foreign 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 still enroll the dependent and notify the Employee Benefits Office in writing to 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 life event change 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. 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

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!

Divorce - Former Spouse

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.

MEDICAL PLANS

Eligible Employees can 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 their own PCP and may have a different medical group. The PCP and/or medical group can be changed at any time by calling your plan's customer service number. Except for emergencies, you must contact your PCP first for your healthcare to be covered. You may have a higher paycheck deduction in exchange for a fixed co-payment under an HMO.

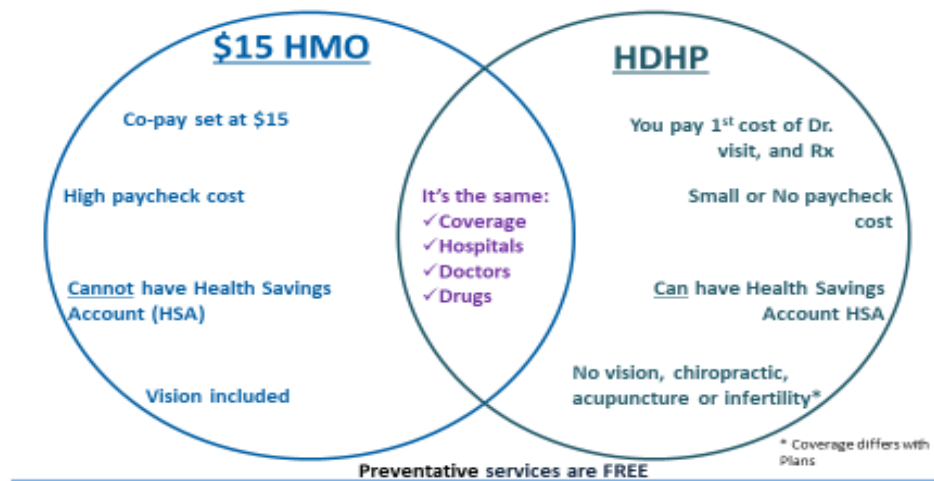
HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

High Deductible plans are still HMO plans that require PCP direction. In a HDHP both medical (except for certain preventative care) and prescription expenses apply to the deductible. HDHP's are lower in monthly premiums than traditional HMO plans but have a larger out-of-pocket expense for services which you pay for at the time of care. Once you reach the deductible under the family plan, most services are covered at 100%. For individual coverage you only have prescription co-payments once you reach your deductible up to the out-of-pocket maximum. HDHP plans do not have vision benefits associated with the plan, so you may need to elect a separate vision plan if necessary. Chiropractic, acupuncture, and infertility services are also excluded from a HDHP plan.

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 MyBenefits@saccounty.gov.

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

\$15 HMO AND HDHP COVERAGE



Savings Example – Tier B Employee – Family Coverage

Kaiser

Payroll Deduction Per Pay Period

Total Annual Payroll deduction without visits or RX

Copay (5 Visits, 5 prescriptions) - max copay/deductible

Payroll deduction and max copay/deductible

Your HDHP Savings even if max copay/deductible

Kaiser	
HMO	HDHP
\$598.63	\$157.77
\$14,367.17	\$3,786.48
\$125.00	\$3,300.00
\$14,492.12	\$7,086.48
\$7,405.64	

Savings Example – Tier B Employee – Family Coverage

Western Health Advantage (WHA)

Payroll Deduction Per Pay Period

Total Annual Payroll deduction without visits or RX

Copay (5 Visits, 5 prescriptions) - max copay/deductible

Payroll deduction and max copay/deductible

Your HDHP Savings even if max copay/deductible

WHA	
HMO	HDHP
\$236.61	\$0.00
\$5,678.64	\$0.00
\$125.00	\$3,300.00
\$5,803.64	\$3,300.00
\$2,503.64	

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 in most situations allows you to contribute to a Health Savings Account (HSA), setting aside pre-tax funds to 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) coverage details and costs.

HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
Group Number	600644-000	001001-00001	107272-A000-PR15ALI
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			
	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
Durable Medical Equipment & Prosthetics		100% covered	
Home Health Care (limited to 100 visits per year)	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
Group Number	600644-2001	001001-100001	107282-A000-W15L
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	\$1,650 Individual / \$3,300 Family		
Annual Out-of-Pocket Limit	\$3,300 Individual / \$3,300 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 Well-Child Care, Immunizations Well Woman Exams, Mammograms	Most plans cover these services at 100%; please review your plan's coverage estimates for additional details		
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 Outpatient Facility Charge	100% covered after deductible		
Emergency Services			
Emergency Room, Ambulance	100% covered after deductible		
Mental Health Benefits			
Inpatient / Outpatient Care	100% covered after deductible		
Substance Abuse			
Inpatient Hospitalization Outpatient Services	100% covered after deductible		

HIGH DEDUCTIBLE HMO PLAN COMPARISONS - continued

Prescription Drugs			
	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
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/year)	100% covered after deductible (3 visits per day)	100% covered after deductible	
Skilled Nursing or Extended Care Facility--limited to 100 days per calendar year	100% covered after deductible		
Outpatient Rehabilitative Therapy Services (Physical, Occupational, Speech)	100% covered after deductible		
Chiropractic Services; Calendar year limit	Not covered		
Acupuncture Services; Calendar year limit	Not covered		

PLAN LIMITATIONS

Below is a summary of 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. Please contact Employee Benefits Office to inquire about the live-or-work rule. Coverage may not be applied to dependents based on the carrier's policy.	Employees or dependents residing out of the health plan coverage area may find that their preferred coverage is unavailable. Please refer to the plan's Evidence of Coverage (EOC) documents of your preferred medical plan to ensure coverage is available in your actual residence area. The EOCs are available on the Employee Benefits Office website.

PLAN LIMITATIONS - continued

Limitation	Explanation	Potential Alternative Coverage
Childbirth-related High Deductible Health 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 \$1,650 to \$3,300. 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 Plan does not offer complete infertility services, partial coverage options are available. The HDHP does not cover infertility services.	n/a

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

MEDICARE WHILE WORKING

If you are eligible to participate in the County medical plans as an active employee and wish to continue working after reaching age 65, you may be able to delay enrollment in some parts of Medicare without incurring a late enrollment penalty later. Your County active medical plan remains primary to Medicare while you are working. That is, the County plan will pay claims first, before Medicare. If you decline to enroll in Medicare Part B when you are first eligible and you do not remain covered under a group medical plan sponsored by an employer or union, you may incur a lifetime 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.

INSURANCE SUBSIDY

The County of Sacramento 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 amount left 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 will be 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 life 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 and are imputed income but are exempt from State tax.*

2025 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). The overall premiums are shown monthly and then biweekly - the amount employees pay each pay period based on tier, and annually by tier.

Plan	Kaiser \$15 HMO	Kaiser HDHP HMO	Sutter \$15 HMO	Sutter HDHP HMO	WHA \$15 HMO	WHA HDHP HMO		
Full Monthly Premium Single	\$1,208.42***	\$863.62	\$995.56****	\$738.30	\$924.26****	\$706.60		
Full Monthly Premium Family	\$3,090.16	\$2,208.44	\$2,548.72****	\$1,890.00	\$2,366.12****	\$1,808.90		
Tier B (All units hired after 12/31/2006) Monthly Single Subsidy: \$739.42 Family Subsidy: \$1,892.90	Kaiser \$15 HMO***	Kaiser HDHP HMO	Sutter \$15 HMO****	Sutter HDHP HMO	WHA \$15 HMO****	WHA HDHP HMO	Monthly Cashback If Waiving Coverage	
Employee Deduction Per Pay Period*/Year** Single	(\$234.50)/ (\$5,628.00)	(\$62.10)/ (\$1,490.40)	(\$128.07)/ (\$3,073.68)	\$0.00	(\$92.42)/ (\$2,218.08)	\$0.00	N/A	
Employee Deduction Per Pay Period*/Year** Family	(\$598.63)/ (\$14,367.17)	(\$157.77)/ (\$3,786.48)	(\$327.91)/ (\$7,869.84)	\$0.00	(\$236.61)/ (\$5,678.64)	\$0.00	N/A	
Tier A2 (Units 003, 006, 017, 019, 030 hired before 1/1/2007) Monthly Single and Family Subsidy: \$1,148.80	Kaiser \$15 HMO***	Kaiser HDHP HMO	Sutter \$15 HMO****	Sutter HDHP HMO	WHA \$15 HMO****	WHA HDHP HMO	Monthly Cashback If Waiving Coverage	
Employee Deduction Per Pay Period*/Year** Single	Cashback	\$(29.81)/ \$(715.44)	\$14.35/ \$344.40	\$0.00	\$72.56/ \$1,741.44	\$0.00	\$87.28/ \$2,094.72	\$894.52
	No Cashback	\$(29.81)/ \$(715.44)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Deduction Per Pay Period*/Year** Family	(\$970.68)/ (\$23,296.32)	(\$529.82)/ (\$12,715.68)	(\$699.96)/ (\$16,799.04)	(\$370.60)/ (\$8,894.40)	(\$608.66)/ (\$14,607.84)	(\$330.05)/ (\$7,921.20)	N/A	
Tier A1 (All Other Units hired before 1/1/2007) Monthly Single and Family Subsidy: \$826.90	Kaiser \$15 HMO***	Kaiser HDHP HMO	Sutter \$15 HMO****	Sutter HDHP HMO	WHA \$15 HMO****	WHA HDHP HMO	Monthly Cashback If Waiving Coverage	
Employee Deduction Per Pay Period*/Year** Single	Cashback	(\$190.76)/ (\$4,578.24)	(\$18.36)/ (\$440.64)	(\$84.33)/ (\$2,023.92)	\$0.00	(\$48.68)/ (\$1,168.32)	\$0.00	\$535.00
	No Cashback	(\$190.76)/ (\$4,578.24)	(\$18.36)/ (\$440.64)	(\$84.33)/ (\$2,023.92)	\$0.00	(\$48.68)/ (\$1,168.32)	\$0.00	PSI \$150.00
Employee Deduction Per Pay Period*/Year** Family	(\$1,131.63)/ (\$27,159.12)	(\$690.77)/ (\$16,578.48)	(\$860.91)/ (\$20,661.84)	(\$531.55)/ (\$12,757.20)	(\$769.61)/ (\$18,470.64)	(\$491.00)/ (\$11,784.00)	N/A	

*Employee Deduction Per Pay Period = (Monthly Premium – Monthly Subsidy)/2

**Employee Deduction Per Year = Employee Deduction Per Pay Period x 24 Pay Periods

*** Kaiser HMO includes Kaiser vision coverage

**** Sutter and WHA HMOs include basic VSP vision coverage

VISION BENEFITS

Vision coverage is available to all Eligible Employees. If you have an HMO medical plan through Kaiser, Kaiser vision coverage is included. You can choose to purchase VSP coverage at either standard or enhanced buy up level, but it does not coordinate services with Kaiser's vision coverage.

If you have an HMO medical plan through Sutter or Western Health Advantage, the standard basic Vision Services Plan (VSP) vision coverage is included in your premium, but you can choose to upgrade to the enhanced buy up VSP plan.

If you have waived medical coverage or are enrolled in one of the high deductible health plans (HDHP) you have the option to purchase VSP vision coverage at either the basic or enhanced buy up level.

The 2025 costs for the voluntary vision plans are:

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

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

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

The following are summaries of VSP vision benefit plans:

Standard Base Plan

VSP Coverage (Group No. 30015915-0001)

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

VSP Coverage (Group No. 30015915-1000)

VSP Provider Network: VSP Choice

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.

Hearing Benefits

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

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

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 02476-0001			
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 dentist**
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	90 %	80 %
Prosthodontics Bridges, dentures, and implants	90 %	80 %
Temporomandibular Joint (TMJ) Benefits	90 %	80 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	\$2,500	\$2,500
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 a 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 prescription expenses; however, the amount available is limited to your account balance. Debit cards are provided for convenience.

Some of the benefits of an HSA are:

- Contributions, earnings, and interest are exempt from Federal (not State) taxes;
- Distributions are tax free when used for qualified medical expenses;
- Assets roll over from year to year—no “use it or lose it”;
- You can change the contribution at any time all year but no “front loading”;
- 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 2025, the maximums are:

Coverage	Under Age 55	Age 55+
Individual	\$4,300	\$5,300
Family	\$8,550	\$9,550

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

You cannot immediately contribute to an HSA if you have a balance in your General Medical Reimbursement Account (FSA) at the end of the calendar year or until the grace period has expired. However, you can have a Limited Purpose Medical Reimbursement Account (FSA) 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) Plan Number 801033

What is the Retiree Health Savings Plan (RHSP)?

The Retiree Health Savings Plan (RHSP) is 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 investments over time based on the length of time to retirement age. However, you may change the investment allocation for future contributions or transfer existing balances to any funds in the fund lineup at any time by contacting MissionSquare Retirement at:

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

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) 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”, meaning unused funds in the FSAs are forfeited at the end of the plan year or the date employment terminates.

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 copays, 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 from the first day your coverage begins to be reimbursed to you upon incurring expenses, 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 a MRA for a calendar year (January 1 - December 31), you have an additional 2 ½ month “grace period” (January 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 end early before the end of the plan year, any claims incurred during the grace period will be denied. If your employment ends prior to the end of the calendar year, the account balance is forfeited.

NOTE: IRS regulations do not permit you to participate in a General-Purpose MRA account and 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 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 (if 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 \$3,200 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 fulltime. This is a separate election from the MRA, and you can but do not need to enroll in the MRA to elect the DCRA.

You may elect up to \$5,000 per year for the DCRA if you are married and file a joint return or are a single parent. You may elect up to \$2,500 for the DCRA if you are married and file separate tax returns. Depending on plan statistics throughout the year, the maximum amount could be lowered. If this happens, participants are notified.

FOR FSAs - MRA, LMRA, AND DCRA

When can I enroll?

You may enroll within 30 calendar days of your hire date, rehire, transfer from a temporary to a permanent position, a "change in life 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 life status" event. IRS guidelines require that any change you request must be on account of, consistent with, and correspond to your "change in life 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 recurring 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 at no cost to the employee. This coverage is effective on the first day of the month following hiring for active employment. You may also purchase additional voluntary life coverage for yourself through payroll deductions.

Basic dependent coverage for your spouse/domestic partner and dependent children up to age

26 is tied to the employee’s Basic coverage and is either \$2,000 or \$5,000, depending on your bargaining 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 at any time). Dependents must be enrolled within 30 calendar days of initial employment, a “change in status” event, or Open Enrollment. Since \$5,000 is above the IRS allowable amounts for non-taxable basic coverage, the difference in premiums between \$2,000 and \$5,000 in coverage, is taxable imputed income.

BASIC LIFE INSURANCE

The Basic Life 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 children, your domestic partner, and/or their children in the life insurance plan to calculate the taxes and receive the benefit.*

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

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

OPTIONAL LIFE INSURANCE

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)

* Requires approved Evidence of Insurability (EOI)

Guaranteed issue is the maximum amount you can receive without providing proof of good health through underwriting or medical questionnaires. Proof of good health, also known as Evidence of Insurability (EOI) is required if you select more coverage than the guaranteed issue level for either yourself or your spouse/domestic partner, or if you enroll as a late entrant after the initial eligibility period.

In addition to the basic life insurance benefit for your dependents, you may also elect optional voluntary term life coverage for them. You must be enrolled in optional coverage to elect optional dependent 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 allowing coverage up to the guaranteed issuance amount, or your age moves you into the next age band. If you have more coverage than the guaranteed issuance amount, the amount is static at the amount approved through EOI. 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 paycheck and will be taken from the first two paychecks 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 voluntary 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 LIFE INSURANCE COVERAGE?

Your spouse/domestic partner can be enrolled within 30 calendar days of your employment hire date for up to the guaranteed issued amount 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, you can increase coverage 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:

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

CRITICAL ILLNESS

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

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

HOW MUCH DOES THE COVERAGE COST?

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

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

Spouse Coverage*
Monthly Rates

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

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

Children Coverage
Monthly Rates

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

HOW DO I CHANGE MY COVERAGE?

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

- You can enroll in critical illness during the Annual Open Enrollment period; or
- If you experience a qualifying life event change (such as getting married or divorce, birth, or adoption of your child, within 30 calendar days of the event you may elect up to the guaranteed issue maximum amount without going through medical underwriting. Log in to www.benefitbridge.com/saccounty to enroll.
- You can decrease coverage anytime by logging into BenefitBridge at www.benefitbridge.com/saccounty.

LONG-TERM DISABILITY (LTD)

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

ELIGIBILITY AND COVERAGE

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

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

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

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

INTEGRATION WITH OTHER INCOME

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

HOW MUCH DOES THE COVERAGE COST?

The coverage cost is age-rated just like voluntary life insurance and is linked to the age of the covered individual. Premiums for the coverage will be deducted from your paycheck post-tax.

The following is a chart of the monthly premium rates. Once you determine your monthly premium, divide that by two to determine your per pay period amount.

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

For example: employee is age 43 and has \$6,000 per month in base wages/covered payroll, the cost would be \$25.20 per month, or \$12.60 per paycheck.

LONG-TERM CARE (LTC)

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

ELIGIBILITY AND COVERAGE

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

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

The LTC benefit is triggered by:

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

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

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

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

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

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

HOW MUCH DOES THE COVERAGE COST?

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

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

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

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

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

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

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

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

CHILDREN

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

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

DEFERRED COMPENSATION

The County of Sacramento Deferred Compensation 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-tax or post-tax (Roth) basis.

The County of Sacramento 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 recordkeeper of both the 457(b) Plan and the 401(a) Plan.

ELIGIBILITY

457(b) Plan (Pre-Tax and Post-Tax ROTH) - The 457(b) Plan is a voluntary savings plan for all active fulltime County employees that allows you to 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) 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 to receive matching into the 401(a) Plan. Enrollment in this plan is automatic. If an employee's contribution into the 457(b) Plan drops below 1% of their gross pay each pay period and 1% of their annual gross pay, 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-tax vs. post-tax contributions, contact Fidelity.

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

- The 2025 maximum for participants under age 50 is projected to be \$24,000*
- The 2025 maximum for participants age 50+ is projected to be \$32,000*

- The 2025 maximum for participants ages 60-63 is projected to be \$36,000*

**Any 2025 IRS increases (if any) were not available at the time this summary was printed and these maximums are estimated projections.*

Contribution amounts may be changed at any time by contacting Fidelity. Contribution changes made by payroll deadlines will take effect the following pay period.

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

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

401(a) Plan - The County matching contribution 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 contributions are less than 1% of your pay period gross AND your year-to-date contributions to the 457(b) Plan fall below 1% of gross pay. Remember when calculating the 457(b) contribution for your final check, the 1% of gross pay includes vacation cash out, holiday in lieu, compensatory time off, vacation, and sick leave payouts.

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 along with 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 in 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 eligibility and processes for purchasing service credit.

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 Compensation to defer Federal and State taxes. Social Security and Medicare (7.65%) will still be deducted unless you have reached the annual income maximum.
- Please contact the Employee Benefits Office at: 916-874-2020 or email at Mybenefits@saccounty.gov 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, legal forms, 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 connect with the appropriate resource or professional
- Learn more about all the services available at <https://member.magellanhealthcare.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 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/Medical 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 Integration Team.

**ADA does not protect eligibility for benefits and subsidy while on a leave of absence.*

If you are a regular employee, and your LOA is any of the protected leave types that protect benefits, 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.** Payment will be made to the Employee Benefits Office arranged through the Department of Finance - Revenue Recovery 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 of absence begins, your health, dental, vision, EAP, and Life insurance 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 benefits coverage during the leave. Generally, there is no employer contribution to benefit coverage in unprotected leave situations and you would be responsible for 100% of the cost 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 leave of absence, you may experience a life status change such as getting married or having a baby. You must complete and submit a life event enrollment form within 30 calendar days to the Employee Benefits Office via email at MyBenefits@saccounty.gov. Remember **your newborn or new spouse is not automatically added to the County's health coverage!** If you miss the 30-day timeframe, 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 when you return to work. If your leave type is protected, then your benefits will be automatically enrolled from your previous plan prior to your leave. If your leave type is unprotected, then enrollment is required, benefit 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, Critical Illness coverage (Employee, Spouse, and Child), and Long-Term Disability insurance will not be reinstated unless premiums are continuously paid during LOA, whether protected or unprotected leave. Your life insurance will revert to Basic coverage only if payment is not received. You may apply again at any time once you return to work for Voluntary Life Insurance, but you may be required to obtain Evidence of Insurability (EOI) approval.

ADDITIONAL EMPLOYEE BENEFITS

EMPLOYEE TRANSIT PROGRAMS

The County of Sacramento Employee Transportation Program provides a monthly subsidy of \$75 per month to employees with a regular schedule working at minimum 20 hours per week to support public transit use or ridesharing at least 60% of the time they commute to and from work.

Connect Card

County employees can 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, Yuba-Sutter Transit, and Natomas Flyer (cash value option only).

Connect Cards are issued by the Employee Benefits Office (EBO), Monday through Friday 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 at several SacRT retail locations. Visit 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>

Transit Subsidy Check

If your transit agency is not a part of the Connect Card program, you may be eligible for a transit subsidy check paid to the provider if purchasing a monthly pass directly from a participating transit vendor, such as Amtrak or Paratransit or are paying a vanpool driver. Please contact our Department of Finance at (916) 874-6744 to register for our monthly transit voucher program.

Guaranteed Ride Home

If you are carpooling, biking, or taking transit and you have an emergency that requires a ride home for your normal commute, a ride will be provided. The origin or destination of the ride

should be your work address. This service can be used up to five times per year. Log into www.SacRegion511.org to access a guaranteed ride home. For more details, see the flyer here: <https://insideet.saccounty.gov/Documents/RideHome.pdf>

Commuter Club

Join Sac Region 511 to access commuter services such as carpool and vanpool matching, bicycle maps, links to transit providers, commute diary to win prizes, and join in community alternative transit events. <https://sacregion511.org/#/>

Special Parking Rates for Alternative Transportation Users

If you use alternative transportation at least 60% of the time but have occasional need to drive to our downtown locations, the County's public lot has a reduced rate of \$5 per ticket up to three times per month. This includes vanpool participants. To receive your ticket validation, go to the Parking Office at 725 7th Street (just inside the garage on the street level at the corner of 7th Street and H Street) anytime between 7:00 AM and 6:00 PM.

PET INSURANCE

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

Other discounts for pet insurance are also available through the County Employee Assistance Program (EAP) <https://member.magellanhealthcare.com/>. Just log in and then search for Discount Center and click on Check out the Discount Center, then Continue to LifeMart. At the top right type in Pet Insurance in the "What can we help you find?" search box. One search shows more than eight (8) pet insurance providers and discounts available.

DISCOUNT PROGRAMS

The County has discounts on anti-virus protection, cell phones, Dell computers, and Microsoft. For more information on these programs visit:

<https://inside.saccounty.gov/ForEmployees/Pages/default.aspx>

Other discounts for all kinds of providers are available through the County Employee Assistance Program (EAP) <https://member.magellanhealthcare.com/>. Just log-in and then search for Discount Center and click on Check out the Discount Center, then Continue to LifeMart. There are all kinds of categories from travel, phone service, insurance, electronics, theme park tickets, fitness centers, solar programs, childcare, and other home services. There is even an app you can put on your phone to search for discounts at the time you need it.

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 dependent's educational expenses. ScholarShare529 offers an easy and tax-advantaged way to save for education expenses and enjoy tax free growth to use for yourself or a beneficiary. To find out more about ScholarShare 529 accounts, following are some resources that you can access at any time:

- Informational Videos: <https://www.scholarshare529.com/buzz/tips.shtml>
- Additional Research: <https://www.scholarshare529.com/plan/>

Additionally, beginning in 2024, money saved in a 529 plan for 15 years can be converted into a Roth post-tax Individual Retirement Account (IRA), up to a lifetime limit of \$35,000.

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

CONTINUATION COVERAGE (COBRA)

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 to be eligible to continue coverage. You will receive a notice that explains the benefits you may continue, the election timeframes, 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



Plans and Group Numbers

Plan Name	Group Number
Kaiser HMO \$15 co-pay	600644-0000
Kaiser High Deductible	600644-2001
Sutter HMO \$15 co-pay	001001-000001
Sutter High Deductible	001001-100001
WHA HMO \$15 co-pay	107272-A000-PR15ALI
WHA High Deductible	107282-A000-W15L
Delta Dental PPO	2476-20001
VSP Vision Basic	30015915-0001
VSP Vision Enhanced	30015915-1000
VOYA Basic Life Insurance/Voluntary Life	721492
MissionSquare Retiree Health Savings Plan (RHSP)	801033
Magellan (EAP)	17946

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

Remember to keep your address and beneficiaries up to date!

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

700 H Street, Room 4667, Sacramento, CA 95814

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

Email: MyBenefits@saccounty.gov

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