2027 Active Employee Benefits Summary

SACRAMENTO COUNTY

Welcome to Your Benefits Guide

At Sacramento County, we are committed to supporting your wellbeing through a comprehensive benefits program that reflects our PRIDE values.

We make decisions with honesty and integrity (Principled), treat every employee with dignity and compassion (Respect), and continually explore creative ways to enhance your benefits experience (Innovation). We honor the diversity of our workforce and ensure our programs are inclusive, accessible, and reflective of the community we serve (Diversity & Inclusion). Above all, we strive to provide clear, high-quality, and responsive services (Excellence).

This Benefits Summary is designed to help you understand the coverage options available to you and make informed decisions for yourself and your family. It provides an overview of the benefits the County offers, along with guidance on where to find more detailed plan information.

The benefits in this summary are effective :
January 1, 2027, through December 31, 2027

IMPORTANT NOTE: This is a summary overview and does not provide a complete description of all benefit provisions. While we have made every effort to make sure that this overview is comprehensive, it cannot provide a complete description of all benefits. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC), Certificate of Coverage, etc. Plan documents contain relevant provisions and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail.

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SACRAMENTO COUNTY

OPEN ENROLLMENT

SEPTEMBER 21 - OCTOBER 30, 2026

For the 2027 Plan year, the County is excited to share **changes to benefit premiums, increased dental benefits, and a NEW Voluntary Accident Supplemental Health Insurance plan.** To help understand these changes and make informed enrollment decisions, we are pleased to provide one-on-one benefit education and enrollment support during Open Enrollment.

Your Benefit Specialist Conversation – What to Expect

During your 30-minute phone appointment, your Benefit Specialist can:

- Provide personalized benefit education
- Explain new benefit offering and highlight plan change
- Review your current elections and available plan options
- Complete the enrollment on your behalf

This confidential conversation is designed to help you better understand your benefits, evaluate your options and feel confident in the coverage you select for the upcoming plan year.

We encourage you to take advantage of this valuable opportunity.

Schedule an appointment with a Benefit Specialist by visiting:

www.myenrollmentschedule.com/sacramento

Or

<<< scan the QR Code with your phone's camera

Benefit Specialists are available Monday-Friday from 7am – 7pm PST.

Active Employee Benefit Fairs

Open Enrollment for 2027 Benefit Elections is from
September 21 to October 30, 2026.

During Employee Benefit Fairs, employees will have the opportunity to meet with carrier representatives and receive a high-level overview of available products, services, and how to access additional resources.

Please be advised that this is not an enrollment fair. For reasons of safety, security, and accuracy, benefit elections must be completed online. Visit BenefitBridge.com/cos to make your selections, review your choices for accuracy, sign, and submit your elections as required.

Department of Personnel Services **(DPS) - Tech Center** 9310 Tech Center Drive Sacramento, CA 95826	Wednesday October 7, 2026	9 am – 12 pm (closed 12 – 1 pm) 1 pm – 4 pm
Department of Health Services **(DHS) – East Parkway** 7001-A East Parkway Sacramento, CA 95823	Tuesday October 13, 2026	9 am – 12 pm (closed 12 – 1 pm) 1 pm – 4 pm
Department of Human Assistance **(DHA) – East Commerce** 4450 E. Commerce Way Sacramento, CA 95834	Thursday October 22, 2026	9 am – 12 pm (closed 12 – 1 pm) 1 pm – 4 pm
County Administration 700 H Street - Lobby Sacramento, CA 95814	Tuesday October 27, 2026	9 am – 12 pm (closed 12 – 1 pm) 1 pm – 4 pm

Contacts

BENEFITS OFFICE CONTACTS

CONTACT	PHONE	WEBSITE / EMAIL
Employee Benefits Office	(916) 874-2020	http://personnel.saccounty.gov/Benefits MyBenefits@saccounty.gov
BenefitBridge	(800) 814-1862	www.benefitbridge.com/saccounty benefitbridge@keenan.com

PROVIDER CONTACTS

PROVIDER	GROUP #	PHONE	WEBSITE
Kaiser Permanente - HMO	600644-0000	(800) 464-4000	www.kp.org
Kaiser Permanente - HDHP	600644-2001	(800) 390-3507	www.kp.org
Sutter Health Plus - HMO	001001-000001	(833) 437-1832	www.sutterhealthplan.org www.sutterhealthplan.org/sacramento-county-health-benefits
Sutter Health Plus - HDHP	001001-100001	(833) 437-1832	www.sutterhealthplan.org www.sutterhealthplan.org/sacramento-county-health-benefits
Western Health Advantage - HMO	107272-A000-PR15ALI	(888) 563-2250	www.mywha.org/personalaccess
Western Health Advantage - HDHP	107282-A000-W15L	(888) 563-2250	www.mywha.org/personalaccess
VSP Vision - Basic	30015915-0001	(800) 877-7195	www.vsp.com
VSP Vision - Enhanced	30015915-1000	(800) 877-7195	www.vsp.com
Delta Dental	2476-20001	(800) 765-6003	www.deltadentalins.com/cos
Optum Bank (HSA for Kaiser/Sutter)		(844) 326-7967	www.optumbank.com
HealthEquity (All FSA, HSA for WHA)		(877) 300-4987	https://learn.healthequity.com/countyofsacramento
Voya (Life, Critical Illness, LTD)	721492	(877) 236-7564	https://presents.voya.com/EBRC/saccounty
Magellan Healthcare (EAP)	17946	(800) 327-0632	https://member.magellanhealthcare.com/
Chubb (Long-Term Care)		(855) 203-3716	https://chubb.benselect.com/cos
MissionSquare Retirement (RHSP)	801033	(800) 669-7400	www.missionsq.org
Meritain Health (RHSP claims)		(888) 587-9441	www.meritain.com
Fidelity Investments (457(b)/401(a))	90168 & 71635	(800) 343-0860	http://netbenefits.com/saccounty
SCERS (Pension)		(916) 874-9119	https://www.scers.org/
ScholarShare (529 plan)		(800) 544-5248	https://www.scholarshare529.com/

Who is eligible?

Benefit-eligible employees can participate in the benefits outlined in this handbook. An Eligible Employee is defined as a regular employee who is working full-time, in an eligible part-time position, temporarily transferred to a benefited limited position, or an elected official and their exempt deputy or assistant. This does not include an employee of a temporary agency, a contractor, or those not in a permanent position.

Refer to this handbook, your Labor Agreement, and the benefit plan documents for specific eligibility criteria for various benefits.

Members NOT eligible for coverage include (but are not limited to):

Parents, grandparents, boyfriends, girlfriends, or other significant others who are not a spouse or registered domestic partner. Dependents of employee's children are not eligible unless the employee/spouse/RDP has legal guardianship, are fostering, or adopt the child(ren).

Dependents

The following dependents are eligible for benefits:

Eligible Dependents	Required Documentation
Your legal spouse	Certified Marriage Certificate
Your domestic partner as certified under a registered domestic partnership (RDP) *see imputed income below	Certificate of Domestic Partnership as registered with the State of California (California Family Code Section 297 or 299.2)
Your natural or legally adopted children, stepchildren, and RDP's children who are under age 26	Certified Birth Certificate, Adoption Certificate, or legal custody order
Your child over age 26 who has a mental or physical disability. A diagnosis prior to age 18 of a certified disability.	Certified Medical Disability from the medical plan provider

You may enroll your eligible dependents in coverage under a medical, dental, vision, and some voluntary benefit plans. To do so, you must provide documentation within seven (7) days of enrollment, verifying that your dependents are eligible.

* ***Imputed Income;*** *The value of health coverage for RDP and their child(ren) who are not the employee's tax dependent under Internal Revenue Code Sections 105(b) and 152 will be treated as income (imputed) for federal tax purposes, but not for California state tax purposes.*

Enrolling & Effective Dates

New hires can enroll in benefits within 30 days of becoming an Eligible Employee and the plan will become effective at the beginning of the month following enrollment with timely documentation. Enrollment cannot be retroactive. If employees do not enroll within the first 30 days, they will be enrolled in the default plan described in their labor agreement.

Once coverage is effective--even if you are still within your 30-day window, it cannot be changed until open enrollment, the employee becomes ineligible, or the employee has a life event.

When becoming ineligible, the coverage ends at the end of the month. Thus, employees must be in paid status at the beginning of the month for coverage to remain in effect. Additionally, transferring between temporary and permanent status as an employee, being on an unpaid leave of absence, or a reduction in hours can affect eligibility. This may require re-enrollment if becoming eligible again after a period of ineligibility.

Open Enrollment

Employees may make changes to their benefits at open enrollment including changing plans, adding or dropping coverage, and adding or dropping dependents. Supporting documentation is required within 7 days for adding dependents or waiving coverage.

Open enrollment is generally held in October each year and the benefit elections become effective January 1st of the following year. Most benefits are evergreen, so if the employee wants their benefits to remain the same, they do not need to make a new enrollment. Exceptions to this are Flexible Spending Accounts (FSA), which require election each year, and waiving coverage that requires an affidavit of other group coverage every year.

Ineligible Dependents

Ineligible dependents must be removed 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 the employee may be financially responsible for the cost of premiums and any services received by the spouse or dependent(s) after the loss of eligibility.

COMMON MISTAKES

New Baby

Submitting paperwork to Personnel Services Medical/Leaves Team to request FMLA/CFRA or Parental Leave for the birth of a newborn does not add a new baby to coverage. Employees must take action to enroll a newborn, elect the benefits, and complete the enrollment along with required documentation!

Divorce - Former Spouse

Ex-spouses must be removed within 30 calendar days of the divorce. Required documentation for the life event is the divorce decree.

If family court orders continued benefits for an ex-spouse, elect COBRA continuation coverage or purchase coverage privately; former spouses are not eligible for County benefit coverage.

Changing your Benefits

Qualifying life events include events such as marriage, divorce, registration of domestic partnership, birth or adoption of a child, loss or gain of group coverage. Employees can make changes to their benefits **within 30 days of a life event and must provide appropriate documentation within 7 days of enrollment**.

Notarized/certified translation is required for documents not in English. If a Social Security Number has not yet been received at the time of enrollment, enroll the spouse and/or dependent(s) and notify the Employee Benefits Office in writing to request additional time to provide the required Social Security Number.

For coverage to be effective, the following three things must all occur:

STEP 1: EXPERIENCE A LIFE EVENT

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

*__NOTE__: If the employee or dependent gains or loses either Medi-Cal or SCHIP/Healthy Families coverage under certain conditions, then there are **60 calendar days** to enroll in or waive County coverage. See the Flexible Benefit Plan document for a complete list of Change in Status Events: https://personnel.saccounty.gov/Benefits/Pages/Documents.aspx

STEP 2: SUBMIT REQUEST WITHIN 30 CALENDAR DAYS

Make changes to coverage online at www.benefitbridge.com/saccounty

STEP 3: PROVIDE SUPPORTING DOCUMENTATION (WITHIN 7 DAYS)

Spouse or 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

LIFE EVENT EFFECTIVE DATES

For birth or adoption, medical coverage becomes effective on the date of birth or adoption as allowed by HIPAA regulations so long as enrolled within 30 days and timely documentation was provided. All other mid-year life events become effective the first day of the month following timely enrollment and documentation.

County of Sacramento Online Benefits Enrollment is easy with BenefitBridge!

Need Help?

For all questions related to your benefits, please contact your employer's benefits administrator. For BenefitBridge technical assistance ***only***, please contact BenefitBridge Customer Care at 800-814-1862; Mon – Fri, 8:00 AM – 5:00 PM, PST or email benefitbridge@keenan.com.

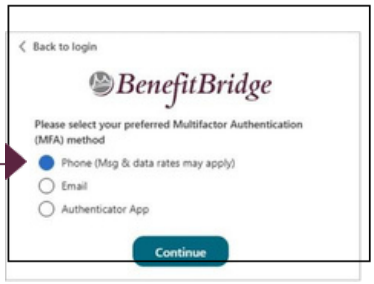
A Multifactor Authentication (MFA) code is required to confirm your identity each time before you can log in to the system.

Below are instructions to help you obtain your MFA code.

Registration and Login

Already have login credentials?

1. Login to BenefitBridgeat www.benefitbridge.com/saccounty
2. **For your first login only**, you will be asked to change your password.
   - If you have forgotten your password, click on **Forgot User Name/Password?** And follow the prompts.
3. The MFA selection popup will appear.
4. Select the MFA method you would like to use and select "Continue". 5. Different popup windows will appear, depending on your selection.



MFA Methods:

1.Select your preferred Multifactor Authentication Method: **Phone**, **Email or Authenticator App** and follow the prompts.

Download the Authenticator App

- Download the Microsoft Authenticator app (or the authenticator app of your choice) to your phone device using the Google Play Store or the Apple App Store.

***NOTE**: If you do not have a phone number or email listed in BenefitBridge, those options **will not be available** to you as preferred methods. Please contact your Benefits department to have your phone number and email address updated in BenefitBridge.*

Need to create login credentials?

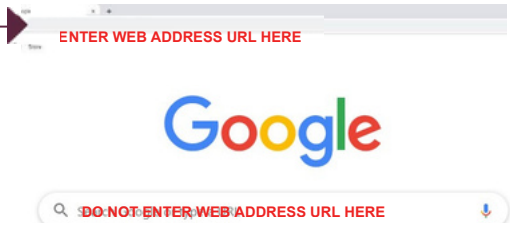
1. In the **address bar**, type www.benefitbridge.com/saccounty (Not in the Bing, Google, Yahoo search engine field) Click the **Enter** key, then follow the instructions below to
2. register:

– **STEP 1**: Select **Register** to Create an Account
  - You will need to create an account using your first and last names as they appear on your payroll statement.

– **STEP 2**: Create a Username and Password

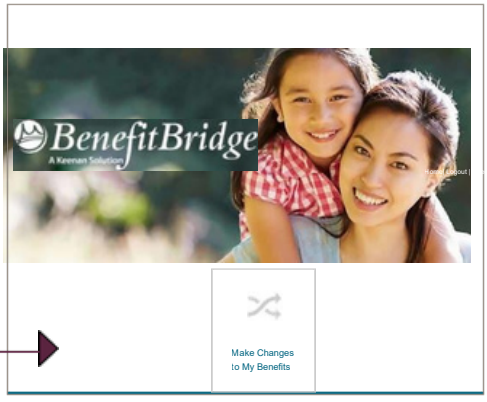
– **STEP 3**: Select a picture, as instructed. You will be redirected to the User Login page to sign in.

– **STEP 4:** Follow instructions in the **MFA Methods** section above.



Enrolling in Benefits

Access your enrollment via the **Make Changes to My Benefits"** button



For BenefitBridge technical assistance only, please contact BenefitBridge Customer Care at

800-814-1862

Monday - Friday, 8:00 AM - 5:00 PM, PST or email benefitbridge@keenan.com

Keenan & Associates - CA License No. 0451271

🔔 Enrollment Submission Reminder

You MUST sign and submit your online enrollment for it to be processed. Once submitted, you will receive an email confirmation from BenefitBridge. Please allow the Benefits Office up to 5 business days for processing. Processing times may be longer during Open Enrollment. Do not reopen the enrollment or you must sign and submit again.

IMPORTANT:
If you reopen a submitted enrollment, you MUST submit it again.
If you do not resubmit, your enrollment will remain in pending status and cannot be approved.

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. The primary difference between the HMO and HDHHP is how services are paid.

HMO

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.

Except for emergencies, the plan participant must contact their PCP first for their healthcare to be covered. The employee may have a higher paycheck deduction in exchange for a fixed copayment.

HDHP

HIGH-DEDUCTIBLE HEALTH PLANS (HDHP)

HDHPs are still HMO plans that require PCP direction. Both medical (except for certain preventive care) and prescription expenses apply to the deductible. HDHPs are lower in monthly premiums but have a larger out-of-pocket expense for services paid at the time of care. Once the deductible is reached, most services are covered at 100%.

HDHP plans do not have vision benefits, but employees can elect a separate vision plan. Chiropractic and acupuncture services are also excluded.

HMO	THE SAME	HDHP
• Higher premiums	• Medical coverage	• Lower premiums
• $15 fixed copays	• Hospitals & doctors	• Pay until deductible is met
• Includes vision, chiropractic, & acupuncture	• Medications	• Pay for prescriptions until out of pocket maximum is met
• No HSA	•Free preventive services	• No vision, chiropractic, or acupuncture
	• Must use network providers	• HSA eligible

HDHP Savings Comparisons

By electing an HDHP, annual savings can be significant. For employees electing the HDHP plan mid-year (new enrollment/life event) savings will be less. HDHP enrollment in most situations allows the employee to contribute to a Health Savings Account (HSA), setting aside pre-tax funds to offset their deductible costs. Please review the Health Savings Account (HSA) section later in this Benefits Summary for more information. Savings are even greater if not reaching the annual out-of-pocket maximum.

Annual Savings Example - Tier B Employee - Family Coverage: Kaiser

Kaiser Permanente	HMO	HDHP
Payroll Deduction Per Pay Period	$384.96	$0.00
Total Annual Payroll Deduction	$9,239.04	$0.00
Copays (5 Visits, 5 Rx) - Max Copay/Deductible	$175.00	$3,500.00
Payroll Deduction + Copays & OOP Maximum	$9,414.04	$3,500.00
HDHP Savings with Full Out-of-Pocket Maximum		**$5,914.04**

Annual Savings Example - Tier B Employee - Family Coverage: Sutter

Sutter Health Plan (SHP)	HMO	HDHP
Payroll Deduction Per Pay Period	$401.12	$54.11
Total Annual Payroll Deduction	$9,626.88	$1,298.64
Copays (5 Visits, 5 Rx) - Max Copay/Deductible	$175.00	$3,500.00
Payroll Deduction + Copays & OOP Maximum	$9,801.88	$4,798.64
HDHP Savings with Full Out-of-Pocket Maximum		**$5,003.24**

Annual Savings Example - Tier B Employee - Family Coverage: WHA

Western Health Advantage (WHA)	HMO	HDHP
Payroll Deduction Per Pay Period	$271.62	$0.00
Total Annual Payroll Deduction	$6,518.88	$0.00
Copays (5 Visits, 5 Rx) - Max Copay/Deductible	$175.00	$3,500.00
Payroll Deduction + Copays & OOP Maximum	$6,693.88	$3,500.00
HDHP Savings with Full Out-of-Pocket Maximum		**$3,193.88**

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

HMO Plan Comparisons

Group Number	Kaiser Permanente 600644-0000	Sutter Health Plus 001001-00001	Western Health Advantage 107282-A000-PR15ALI
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	None		
Annual Out-of-Pocket Limit	$1,500 Individual / $3,000 Family		
Deductibles Included in out-of-pocket limits?	N/A		
Office Visit/Exam/Outpatient Specialist	$15		
Outpatient Services (Preventive)			
Adult Periodic Exams with Preventive Tests	100% covered		
Well-Child Care	100% covered		
Immunizations	100% covered		
Well Woman Exams	100% covered		
Mammograms	100% covered		
Diagnostic X-Ray and Lab Tests	100% covered		
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal)	$15	100% covered	
Inpatient Hospital/Surgerical Services			
Inpatient Hospitalization	100% covered		
Outpatient Facility Charge	$15		
Emergency Services			
Emergency Room (waived if admitted)	$35		
Air of Ground Ambulance	100% covered		
Mental Health Benefits			
Inpatient Care	100% covered		
Outpatient Care	$15 individual / $7 group		
Substance Abuse			
Inpatient Hospitalization	100% covered (detox only)	100% covered	
Outpatient Services	$15 individual / $5 group		
Prescription Drugss			
	Kaiser Permanente	**Sutter Health Plus**	**Western Health Advantage**
Retail	Up to 100 Day Supply	Up to 30 Day Supply	
Most Generic (Formulary Tier 1)	$10		
Most Brand (Formulary Tier 2)	$20		
Most Brand (Non-Preferred Tier 3)	N/A	$35	
Mail Order	Up to 100 Day Supply	Up to 90 Day Supply	
Most Generic (Formulary Tier 1)	$10	$20	
Most Brand (Formulary Tier 2)	$20	$40	
Most Brand (Non-Preferred Tier 3)	N/A	$70	
Specialty	Up to 30 Day Supply		
Most Specialty Items (Formulary Tier 4)	$20	20% coinsurance up to $100	$100
Other Services and Supplies			
Durable Medical Equipment & Prosthetics	100% covered		
Home Health Care (limited to 100 visits/year)	100%, 3 visits per day	100%	
Skilled Nursing/Extended Care (100 days/year)	100% covered		
Outpatient Rehab Therapy (PT, OT, Speech)	$15		
Chiropractic Services	$15; 30 visits		$15; 20 medically necessary visits
Acupuncture Services	$15 PCP referred	$10; 30 visits	$15; 20 medically necessary visits

High-Deductible HMO Plan Comparisons

Group Number	Kaiser Permanente 600644-2001	Sutter Health Plus 001001-100001	Western Health Advantage 107282-A000-W15L
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	$1,750 Individual / $3,500 Family		
Annual Out-of-Pocket Limit	$3,500 Individual / $3,500 Family		
Deductibles 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	Most plans cover these services at 100%; please review the plan's coverage estimates for additional details		
Well-Child Care			
Immunizations			
Well Woman Exams			
Mammograms			
Diagnostic X-Ray and Lab Tests	100% covered after deductible; deductible waived for preventative screens		
Maternity Care			
Pregnancy and Maternity Care (Pre0Natal)	Deductible Waived		
Inpatient Hospital/Surgerical Services			
Inpatient Hospitalization	100% covered after deductible		
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	100% covered after deductible		
Outpatient Services	100% covered after deductible		
Prescription Drugs			
	Kaiser Permanente	**Sutter Health Plus**	**Western Health Advantage**
Retail	Up to 100 Day Supply	Up to 30 Day Supply	
Most Generic (Formulary Tier 1)	$10 after individual deductible, 100% covered after family deductible		
Most Brand (Formulary Tier 2)	$20 after individual deductible, 100% covered after family deductible		
Most Brand (Non-Preferred Tier 3)	N/A	$35 after deductible, 100% covered after family deductible	
Mail Order	Up to 100 Day Supply	Up to 90 Day Supply	Up to 100 Day Supply
Most Generic (Formulary Tier 1)	$10 after deductible	$20 after individual deductible, 100% covered after family deductible	
Most Brand (Formulary Tier 2)	$20 after deductible	$40 after individual deductible, 100% covered after family deductible	
Most Brand (Non-Preferred Tier 3)	N/A	$70 after individual deductible, 100% covered after family deductible	
Specialty	Up to 30 Day Supply		
Most Specialty Items (Formulary Tier 4)	$20	No charge after deductible	$100 after individual deductible, 100% covered after family deductible
Other Services and Supplies			
Durable Medical Equipment & Prosthetics	100% after deductible, $2,500 annual limit		100% after deductible
Home Health Care (limited to 100 visits/year)	100% after deductible, 3 visits per day	100% after deductible	
Skilled Nursing/Extended Care (100 days/year)	100% after deductible		
Outpatient Rehab Therapy (PT, OT, Speech)	100% after deductible		
Chiropractic Services	Not covered		
Acupuncture Services	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	Coverage is only in the greater Sacramento Region and nearby areas. Please contact the Employee Benefits Office to inquire about the live-or-work rule. Coverage may not be applied to dependents based on the carrier's policy.	Employees or dependents residing out of the health plan coverage area may find that their preferred coverage is unavailable. Please refer to the plan's Evidence of Coverage (EOC) documents of the preferred medical plan to ensure coverage is available in actual residence area. The EOCs are available on the Employee Benefits Office website.
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 unless the newborn is a non-eligible dependent, such as a grandchild. 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 $1,700 to $3,400. Pre-natal refers to preventative care before the birth of a child. Childbirth is not considered preventive and is subject to the deductible under the HDHP.
Infertility Coverage	Currently, the HMO Plan and HDHP cover infertility services as required by California law.	If on a HDHP, use HSA funds to help cover additional infertility services.

NOTE: For complete details refer to the plan's Evidence of Coverage.

MEDICARE WHILE WORKING

If the employee is eligible to participate in the County medical plans as an active employee and wishes to continue working after reaching age 65, they may be able to delay enrollment in some parts of Medicare without incurring a late enrollment penalty later. The County active medical plan remains primary to Medicare while working. The County plan will pay claims first, before Medicare. If an employee declines to enroll in Medicare Part B when first eligible and does not remain covered under a group medical plan sponsored by an employer or union, they may incur lifetime Medicare late enrollment penalties once they do enroll. Please also see section on Health Savings Accounts for information regarding HSA rules when becoming 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 the employee began working for the County and their Recognized Employee Organization (REO). Subsidies are categorized as **Tier A1, Tier A2,** or **Tier B**. Currently, most employees are in Tier B.

TIER A1 or A2 (Grandfathered and Frozen)
If an employee was hired into a benefit eligible position before January 1, 2007, and have not voluntarily elected to move to Tier B, they are in Tier A. The subsidy amount is determined by their bargaining agreement (or Board of Supervisors resolution for unrepresented employees) and are either Tier A1 or Tier A2. If the plan selected costs more than the amount of the subsidy, the remaining amount will be deducted from their pay, pre-tax*. If the employee chooses a plan that costs less than their subsidy, there is no employee payroll deduction.

CASHBACK
Some employees may be eligible for cashback if they were hired into their REO prior to the "designated date". The applicable "designated date" is listed on the last page of this summary. If the cost of coverage is less than the cashback limit, or if the County provided medical benefit with proof of other group medical coverage is waived, cashback is given in the employee paycheck less appropriate taxes.

PLAN SELECTION INCENTIVE (PSI)
For employees hired after the "designated date" but before January 1, 2007, who have not moved to Tier B, and their REO has negotiated with the County for PSI, or they are an eligible unrepresented employee or Elected Official, they may be eligible for a PSI payment if waiving medical coverage and providing documentation showing other group medical coverage.

NOTE: A Waiver of Employer Coverage Affidavit must be submitted annually to maintain Cashback/PSI payments under Affordable Care Act regulations or payments will be suspended. Payments will resume at the first of the month following receipt of the Waiver in the Employee 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 selected costs more than the subsidy, the difference is deducted from pay, pre-tax*. There is no cashback or PSI when in Tier B.

Note: An employee 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 an employee moves from Tier A to Tier B, they cannot return to Tier A.

**Premiums associated with coverage for registered domestic partners and/or dependents of registered 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.*

2027 MEDICAL PREMIUM COSTS - Tier B

The following chart provides details on the costs of medical insurance based on medical tier and Recognized Employee Organization (REO) bargaining unit. The overall premiums and employer subsidy are shown per month and then by employee contributions per pay period, month, and year. Employee premium contributions are 24 out of 26 pay periods.

**Kaiser Traditional HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage through VSP, basic or enhanced.*

***HDHPs do NOT include vision coverage. Employees can purchase vision coverage separately through VSP, basic or enhanced.*

**** Sutter and WHA Traditional HMOs include basic vision coverage through VSP. Employees can upgrade to enhanced vision coverage at the cost difference.*

Tier B	All bargaining units						Hired after 12/31/2006 Or opted in	
Monthly County Subsidy	Individual	$ 848.78						
	Family	$ 2,172.98						
		Individual Plans						
		Kaiser		Sutter		WHA		
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***	
Total Monthly Premium		$ 1,150.83	$ 804.00	$ 1,162.56	$ 891.10	$ 1,060.96	$ 813.80	
Employee Contribution	Per Pay Period	$ 151.02	$ -	$ 156.89	$ 21.16	$ 106.09	$ -	
	Per Month	$ 302.04	$ -	$ 313.78	$ 42.32	$ 212.18	$ -	
	Per Year	$ 3,624.48	$ -	$ 3,765.36	$ 507.84	$ 2,546.16	$ -	
		Family Plans						
		Kaiser		Sutter		WHA		
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***	
Total Monthly Premium		$ 2,942.90	$ 2,055.99	$ 2,975.22	$ 2,281.20	$ 2,716.22	$ 2,083.40	
Employee Contribution	Per Pay Period	$ 384.96	$ -	$ 401.12	$ 54.11	$ 271.62	$ -	
	Per Month	$ 769.92	$ -	$ 802.24	$ 108.22	$ 543.24	$ -	
	Per Year	$ 9,239.04	$ -	$ 9,626.88	$ 1,298.64	$ 6,518.88	$ -	

2027 MEDICAL PREMIUM COSTS - Tier A2

The following chart provides details on the costs of medical insurance based on medical tier and Recognized Employee Organization (REO) bargaining unit. The overall premiums and employer subsidy are shown per month and then by employee contributions per pay period, month, and year. Employee premium contributions are 24 out of 26 pay periods.

**Kaiser Traditional HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage through VSP, basic or enhanced.*

***HDHPs do NOT include vision coverage. Employees can purchase vision coverage separately through VSP, basic or enhanced.*

**** Sutter and WHA Traditional HMOs include basic vision coverage through VSP. Employees can upgrade to enhanced vision coverage at the cost difference.*

Tier A2	Bargaining units 003, 006, 017, 019, and 030						Hired before 1/1/2007	
Monthly	Individual	$ 1,148.80						
County Subsidy	Family	$ 1,148.80						
Monthly Waiver	Cashback up to	$ 894.52						
		Individual Plans						
		Kaiser		Sutter		WHA		
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***	
Total Monthly Premium		$ 1,150.83	$ 804.00	$ 1,162.56	$ 891.10	$ 1,060.96	$ 813.80	
Individual Contribution	Per Pay Period	$ 1.01	$ -	$ 6.88	$ -	$ -	$ -	
	Per Month	$ 2.02	$ -	$ 13.76	$ -	$ -	$ -	
	Per Year	$ 24.24	$ -	$ 165.12	$ -	$ -	$ -	
	If Cashback	$ -	$ 42.04	$ -	$ -	$ -	$ 37.49	
		Family Plans						
		Kaiser		Sutter		WHA		
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***	
Total Monthly Premium		$ 2,942.90	$ 2,055.99	$ 2,975.22	$ 2,281.20	$ 2,716.22	$ 2,083.40	
Family Contribution	Per Pay Period	$ 897.05	$ 453.59	$ 913.21	$ 566.20	$ 783.71	$ 467.30	
	Per Month	$ 1,794.10	$ 907.18	$ 1,826.42	$ 1,132.40	$ 1,567.42	$ 934.60	
	Per Year	$ 21,529.20	$ 10,886.16	$ 21,917.04	$ 13,588.80	$ 18,809.04	$ 11,215.20	
	If Cashback	$ -	$ -	$ -	$ -	$ -	$ -	

NOTE: The subsidy in Tier A2 is less than the subsidy in Tier B at the family level

2027 MEDICAL PREMIUM COSTS - Tier A1

The following chart provides details on the costs of medical insurance based on medical tier and Recognized Employee Organization (REO) bargaining unit. The overall premiums and employer subsidy are shown per month and then by employee contributions per pay period, month, and year. Employee premium contributions are 24 out of 26 pay periods.

**Kaiser Traditional HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage through VSP, basic or enhanced.*

***HDHPs do NOT include vision coverage. Employees can purchase vision coverage separately through VSP, basic or enhanced.*

**** Sutter and WHA Traditional HMOs include basic vision coverage through VSP. Employees can upgrade to enhanced vision coverage at the cost difference.*

Tier A1	All other bargaining units not in tier A2					Hired before 1/1/2007			
Monthly	Individual	$ 826.90							
County Subsidy	Family	$ 826.90							
Waiver - Cashback up to		$ 535.00							
Waiver - Plan Selection Incentive		$ 150.00							
				Individual Plans					
		Kaiser		Sutter		WHA			
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***		
Total Monthly Premium		$ 1,150.83	$ 804.00	$ 1,162.56	$ 891.10	$ 1,060.96	$ 813.80		
Individual Contribution	Per Pay Period	$ 161.96	$ -	$ 167.83	$ 32.10	$ 117.03	$ -		
	Per Month	$ 323.92	$ -	$ 335.66	$ 64.20	$ 234.06	$ -		
	Per Year	$ 3,887.04	$ -	$ 4,027.92	$ 770.40	$ 2,808.72	$ -		
				Family Plans					
		Kaiser		Sutter		WHA			
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***		
Total Monthly Premium		$ 2,942.90	$ 2,055.99	$ 2,975.22	$ 2,281.20	$ 2,716.22	$ 2,083.40		
Family Contribution	Per Pay Period	$ 1,058.00	$ 614.54	$ 1,074.16	$ 727.15	$ 944.66	$ 628.25		
	Per Month	$ 2,116.00	$ 1,229.08	$ 2,148.32	$ 1,454.30	$ 1,889.32	$ 1,256.50		
	Per Year	$ 25,392.00	$ 14,748.96	$ 25,779.84	$ 17,451.60	$ 22,671.84	$ 15,078.00		

NOTE: Tier A1 subsidy is less than the Tier B subsidy at both the individual and family levels

Vision Plans

Vision coverage is available to all Eligible Employees. Coverage options and costs vary depending on the type of medical plan the employee is enrolled in.

Employees enrolled in a traditional HMO medical plan through Kaiser automatically receive Kaiser's vision coverage. These employees may choose to purchase VSP Basic or VSP Enhanced Buy-Up vision coverage separately, but VSP benefits do not coordinate with Kaiser's included vision plan.

Employees enrolled in a traditional HMO medical plan through Sutter or Western Health Advantage have VSP Standard Basic vision coverage automatically included in their medical premium. These employees may upgrade to the VSP Enhanced Buy-Up Plan, paying only the additional cost for the enhanced level of coverage.

Employees who waive medical coverage or who are enrolled in a High-Deductible Health Plan (HDHP) may purchase VSP vision coverage at either the Standard Basic or Enhanced Buy-Up level.

With so many in-network choices, VSP makes it easy to get the most out of the benefits. Participants will have access to preferred private practice, retail, and online in-network choices. Log in to www.vsp.com to find an in-network provider. Coverage with a participating retail chain may be different. Coverage information is subject to change. In the event of a conflict between this information and the organization's contract with VSP, the terms of the contract will prevail. In Washington state, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

ID Cards Are Not Provided Simply provide your name, date of birth, and Member ID or Social Security number. If your family members are covered under your plan, they should provide your information.

If you are enrolled in Sutter Traditional HMO or Western Health Advantage Traditional HMO, your vision choices are:

Coverage Type		Standard Basic Plan	Enhanced Buy-Up Plan
Employee Only	Per Pay Period	Included in HMO plan	$2.39
	Per Month	Included in HMO plan	$4.78
Family	Per Pay Period	Included in HMO plan	$6.13
	Per Month	Included in HMO plan	$12.25

If you are enrolled in Kaiser HMO, any of the High-Deductible Health Plans, or have Waived Medical Enrollment, your vision choices are:

Coverage Type		Standard Basic Plan	Enhanced Buy-Up Plan
Employee Only	Per Pay Period	$2.58	$4.97
	Per Month	$5.16	$9.94
Family	Per Pay Period	$6.61	$12.74
	Per Month	$13.22	$25.47

VSP Vision Plan Comparison

VSP Provider Network: VSP Choice

Benefit	Standard Base Plan (Group No. 30015915-0001)	Enhanced Buy-Up Plan (Group No. 30015915-1000)
Well Vision Exam **Frequency**	$15 copay Every calendar year	$15 copay Every calendar year
Frame **Frequency**	$130 allowance $150 for featured brands 20% savings on the amount over the allowance $70 Walmart, Sam's Club®, Costco® frame allowance Every other calendar year	$130 allowance $150 for featured brands 20% savings on the amount over the allowance $70 Walmart, Sam's Club®, Costco® frame allowance Every calendar year
Lenses **Frequency**	Single vision, bifocal, trifocal Combined with exam copay Every other calendar year	Single vision, bifocal, trifocal Combined with exam copay Every calendar year
Lens Enhancements **Frequency**	Standard progressive: $0 Premium: $95-$105 Custom: $150-$175 Every calendar year	Standard progressive: $0 Premium: $95-$105 Custom: $150-$175 Every calendar year
Contacts **(instead of glasses)**	$130 allowance towards both lens fitting & materials 15% discount on fitting Every calendar year	$130 allowance for materials Up to $60 copay for lens fitting 15% discount on fitting Every calendar year
Essential Medical Eye Care	$20 per exam $0 per screening As needed	$20 per exam $0 per screening As needed
Easy Options		**Choose one upgrade each calendar year:** • An additional $120 frame allowance • Fully covered premium or custom progressive lenses, • Fully covered light-reactive lenses, • Fully covered anti-glare coating, • An additional $70 contact lens allowance

VSP Member Perks

Glasses and Sunglasses

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 last WellVision Exam.

Retinal Screening

No more than $39 copay on routine retinal screening as an enhancement to the WellVision Exam

Laser Vision Correction

Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

TruHearing Benefits

Discounts on hearing aids through TruHearing, for more information contact TruHearing at (877) 396-7194

Delta Dental PPO

Group Number 02476-0001

The County provides a comprehensive dental plan through Delta Dental of California for Eligible Employees and their eligible dependents. The dental coverage is paid by the County. Copays and deductible information is below. The contract level of the dentist determines the level of benefit and covered services.

Plan Details	
Deductible	$25 per person / $75 per family each calendar year
Deductibles waived for D&P, Sealants, Orthodontics?	Yes
Annual Maximum (Delta Dental PPO dentists)	$3,000 per person each calendar year
Annual Maximum (Non-Delta Dental PPO dentists)	$2,500 per person each calendar year
D&P counts toward maximum?	Yes
Waiting Periods	None for Basic, Major, Prosthodontics, or Orthodontics

Benefits & Covered Services	Delta Dental PPO Dentists	Delta Dental Premier Dentists	Non-Delta Dental PPO Dentists
Diagnostic & Preventive (D&P) Exams, cleanings, and x-rays	100%	100%	100%
Basic Services Fillings, posterior composites, and sealants	90%	80%	80%
Endodontics (root canals)	90%	80%	80%
Periodontics (gum treatment)	90%	80%	80%
Periodontics Maximums	$175 Lifetime	$175 Lifetime	$175 Lifetime
Oral Surgery	90%		80%
Major Services Crowns, inlays, onlays, and cast restorations	90%	80%	80%
Prosthodontics Bridges, dentures, and implants	90%	80%	80%
TMJ Benefits	90%	80%	80%
Orthodontic Benefits Adults and dependent children	50%	50%	50%
Orthodontic Maximums	$2,500 Lifetime	$2,500 Lifetime	$2,500 Lifetime
Dental Accident Benefits	100% (No Maximums)	100% (No Maximums)	100% (No Maximums)

**Limitations or waiting periods may apply for some benefits; some services may be excluded from the 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.*

Financial Wellness

Financial wellness is about feeling confident in your ability to manage day-to-day expenses, prepare for unexpected costs, and plan for the future. Whether you're saving for retirement, reducing debt, building an emergency fund, or working toward a major life goal, the County offers benefits and resources to help support your financial journey every step of the way.

What You Need to Know	
Health Savings Account (HSA)	Use tax-free dollars for healthcare related expenses. Carry over balances for future years and retirement healthcare.
General-Purpose Medical Reimbursement Account (MRA)	Use tax-free dollars for healthcare related expenses. For current year healthcare expenses. Not for use with a HSA.
Limited-Purpose Medical Reimbursement Account (LMRA)	Use tax-free dollars for healthcare related expenses. For current year dental and vision expenses when using a HSA.
Dependent Care Reimbursement Account (DCRA)	Use tax-free dollars for childcare expenses.
Deferred Compensation	Work towards your retirement goals.
Retiree Health Savings Plan (RHSP)	Work towards your retirement goals for healthcare costs.
529 Education Savings Plan	Save for dependent's education.

Health Savings Account (HSA)

IMPORTANT: You must be enrolled in the High-Deductible Health Plan (HDHP) to be eligible for an HSA.

A Health Savings Account (HSA) is a voluntary savings account with employee contributions and is used for payment or reimbursement of qualified health expenses. An HSA is not a medical plan. The employee must be enrolled in an HDHP and have no other medical coverage that can offset their deductible expenses to be eligible to contribute to an HSA. The employee may enroll, change, or stop contributions to the HSA at any time throughout the year without a qualifying event if enrolled in a HDHP. HSA eligibility is set at the beginning of the month. Changes to an 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 the HSA account balance. Debit cards are provided for convenience.

See more information in the FSA section of this summary for plan compatibility.

2027 Contribution Limits

Coverage	Under Age 55	Age 55+
Individual	$4,500	$5,500
Family	$9,000	$10,000

You are ELIGIBLE for an HSA if:

- Enrolled in a High-Deductible Health Plan (HDHP) medical plan
- No other coverage that offsets deductible expenses
- Not claimed as a dependent on someone else's tax return
- Not enrolled in Medicare
- Can enroll in a **Limited-Purpose FSA** alongside HSA

You are NOT ELIGIBLE for an HSA if:

- Enrolled in a traditional HMO plan
- Enrolled in a General-Purpose Flexible Spending Account (FSA)
- Enrolled in Medicare
- Claimed as a dependent on someone else's tax return
- Have other health coverage that offsets deductible expenses

Take Advantage of your HSA

Tax-Free Contributions
Reduce taxable income with pre-tax payroll deductions

Tax-Free Growth
Investment earnings grow tax-free

Tax-Free Withdrawals
No taxes on qualified medical expenses

Rollover Savings
Unused funds carry over every year - no deadline to spend

Portable
Your account stays with you if you change jobs

Retirement Benefit
After age 65, use funds for any expense (taxed as income, no penalty)

Medicare & HSA ⚠️

Stop making HSA contributions at least six (6) months before enrolling in Medicare.

The Medicare lookback period can make contributions six months prior to Medicare enrollment subject to IRS tax penalties.

THINGS TO KNOW

- Employee incurs a $2/month admin fee for Optum HSA (Kaiser/Sutter HDHPs); waived at $5,000+ balance.
- HealthEquity's admin fee is covered by WHA.
- General-Purpose FSA balance must be exhausted before contributing to an HSA. Cannot be enrolled in both at once.
- A Limited-Purpose (dental/vision) FSA is allowed alongside an HSA.
- Switching from HDHP to HMO or enrolling in Medicare ends HSA contributions, but remaining funds can be used until depleted.
- Non-qualified withdrawals are taxable income with a 20% penalty if under age 65.
- HSA funds can be used for medical premiums once age 65+.

IMPORTANT: You must enroll in this account each year. Elections do not rollover.

Flexible Spending Accounts

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, employees contribute a pre-determined portion of their salary to the FSAs for dependent and/or health care expenses. FSAs are "use it or lose it", meaning unused funds in the FSAs are forfeited at the end of the plan year runout period. Enroll within 30 calendar days of hire, rehire, transfer from a non-benefited position to a benefited position, or of a life event. Benefit starts the beginning of the following month. Open enrollment elected benefits begin January 1st. **Re-enrollment in an FSA is required every year; it is not automatic. You must elect this benefit every year that you want to be enrolled.**

Please note: The County's Medical FSA contribution limit is based on the IRS-allowed maximum from the prior calendar year, which may differ from the current year's IRS limit.

GENERAL-PURPOSE MEDICAL REIMBURSEMENT ACCOUNT (MRA)

This account allows employees to set aside pre-tax money for out-of-pocket medical, dental, and vision expenses that are not paid or reimbursed by insurance or other plans and are incurred during the plan year for themselves or their eligible dependents. Expenses include, but are not limited to, insurance copays, deductibles, prescription drug costs, dental, and vision expenses. Premium deductions and expenses for treatments for cosmetic reasons are not reimbursable.

The entire annual election amount is available from the first day of coverage and can be reimbursed upon incurring expenses. If employment ends after receiving more reimbursements than payroll contributions, IRS regulations protect employees from making up the difference.

Although a MRA is elected for a calendar year (January 1 - December 31), there is an additional 2 ½ month "grace period" (January 1 – March 15 of the following year) to incur expenses and be reimbursed if funds are still left in the MRA. The grace period only applies if the enrollment election period remains active through the end of the plan year. If enrollments end early before the end of the plan year, any claims incurred during the grace period will be denied.

NOTE: *IRS regulations do not permit participation in a General-Purpose MRA account and contributing to a Health Savings Account at the same time or in the same calendar year, even if the General-Purpose MRA account balance is exhausted. HSA eligibility is delayed until April 1 of the following calendar year if there are funds left in a General-Purpose MRA account that carry over into the "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 employees are eligible to contribute to a Health Savings Account all year long if they 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 more of their HSA funds to be preserved for later medical expenses.

IRS regulations do not allow a General-Purpose and a Limited-Purpose MRA simultaneously, but there is an exception for the overlapping 2-½ month grace period if any MRA funds carried over into the next calendar year.

Are You Eligible?

You can enroll in the General-Purpose MRA even if not enrolled in any of the County medical plans. You cannot enroll if in a HSA plan.

Limited-Purpose FSA

If you are enrolled in an HDHP and contribute to an HSA, you can enroll in a Limited-Purpose LMRA for dental and vision expenses only, with the same $3,300 annual limit.

Annual Limits (2027)

General Purpose MRA:
Up to $3,400

Limited-Purpose LMRA:
Up to $3,400

Dependent Care DCRA:
Up to $5,000

Deadline to Incur Claims

Expenses must be incurred between 01/01/2027 and 03/15/2028 (2 ½ month "grace period" after the end of the plan year).

Deadline to Submit Claims

Claims must be submitted for reimbursement no later than 4/30/2028 (Runout period).

Forfeiture

Any remaining balance after the runout period is forfeited. The FSA does not carry over nor is it portable.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

IMPORTANT: You must enroll in this account each year. Elections do not rollover

Save on Eligible Dependent Care Expenses. A Dependent Care Assistance Program (DCRA) allows you to set aside pre-tax money from your paycheck to help pay for eligible dependent care expenses, helping you reduce your taxable income and save money throughout the year. Funds are deducted from your paycheck before taxes and can be used for qualified work-related dependent care expenses. Eligible expenses may include:

- Daycare and childcare services
- Before and after school care
- Preschool programs
- Summer day camps for children under age 13

DCRA funds may also be used for the care of a spouse or adult dependent who lives with you and is physically or mentally unable to care for themselves.

You can use your account funds to pay providers directly or submit claims for reimbursement of eligible out-of-pocket expenses.

The DCRA is a separate election from the Medical Reimbursement Account. You do not need to enroll in the MRA to elect the DCRA. Unlike the Healthcare FSA, only the amount contributed to date is available for reimbursement.

Category	Details
Sacramento County Annual Limit	$5,000 per household ($2,500 if married filing separately)
Deadline to Incur	December 31 of the plan year (no grace period for DCRA)
Rollover	Unused funds are forfeited at the end of the plan yearor upon termination (use-it-or-lose-it)

ENROLLMENT & REIMBURSEMENT (MRA, LMRA & DCRA)

When can I enroll?

Employees may enroll within 30 calendar days of their 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 the election amount be changed?

The only time a change in deduction elections is allowed during the calendar year is within 30 calendar days of a "change in life status" event. IRS guidelines require that any change requested must be on account of, consistent with, and correspond to the "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 1st of the following year.

How is reimbursement requested?

Submit a reimbursement claim with proof of the expenses incurred (e.g., itemized bills/proof of expenses) to the plan. The administrator offers a direct deposit option so that reimbursement checks may be deposited directly into the employee's 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.

Non-Discrimination Testing

Elected contribution amounts may be adjusted partway through the plan year if more highly compensated participants utilize the plan than non-highly compensated participants. You will be notified if adjustments are made for this IRS requirement.

Save More with Pre-Tax Benefits

Take advantage of these tax-saving programs to reduce your taxable income and save money on everyday expenses.

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 currently the recordkeeper of both the 457(b) Plan and the 401(a) Plan.

ELIGIBILITY & CONTRIBUTIONS

457(b) Plan (Pre-Tax and Post-Tax ROTH) - The 457(b) Plan is a voluntary savings plan for eligible County employees that allows deferral of compensation while working into an account with the goal of having additional income in retirement. Employees elect a percentage of their biweekly pay to be deducted from their paycheck to contribute to the plan. Contribution percentages can be changed at any time at www.netbenefits.com/saccounty, in the netbenefits app, or by contacting Fidelity. Contribution changes will take effect within two pay periods.

With pre-tax contributions, taxes are deferred until later when the monies are withdrawn. With post-tax ROTH contributions, contributions are taxed when you contribute and thus can be withdrawn tax-free later. Growth on post-tax ROTH contributions is not taxed; however, there is a 5-year waiting period and you must be age 59 and a half to avoid penalties. For more information about the pre-tax versus post-tax ROTH contributions, contact Fidelity.

The 457(b) Part-time, Seasonal, and Temporary plan (the PST Plan) is a mandatory Social Security Replacement program for eligible part-time employees. These employees automatically contribute 3.75% of their income and the County matches that amount. The PST Plan only has pre-tax contributions.

401(a) Plan - County employees in specific Recognized Employee Organizations are eligible to participate in the 401(a) Plan. A participant in the 401(a) Plan who is contributing 1% or more of their gross pay into the 457(b) Plan will receive employer matching into the 401(a) Plan up to a maximum percentage. Enrollment in this plan is automatic. If an employee's contribution into the 457(b) Plan drops below 1% of their gross pay of a 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.

FINANCIAL WORKPLACE ADVISOR

As part of the deferred compensation program, a Financial Workplace Advisor is available virtually and in person at various County locations to assist you in financial planning. Go to fidelity.com/schedule to make an appointment.

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

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

Deferred Compensation

The minimum contribution to the 457(b) Plan is 1% of gross pay and the maximum is set annually by the IRS and is projected to be:

2027 Maximum Annual Contribution Limits	
Under age 50	$25,000*
50-59, 64+	$33,000*
60-63	$36,750*
3-year catch-up	$50,000*

**Any 2027 IRS increases (if any) were not available at the time this summary was printed, and these maximums are estimated projections.*

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 the employee 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. Contact the Sacramento County Employees' Retirement System at (916) 874-9119 about eligibility and processes for purchasing service credit.

INVESTMENT ALLOCATION

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 age that reallocates automatically as the employee becomes closer to retirement unless they elect different investments. The employee may change the investment allocation of their account at any time. They may also move their Plan assets between investments at any time, and the changes will take place at the next market closure. These transactions may be accomplished online at www.netbenefits.com/saccounty, in the netbenefits app, or by contacting Fidelity.

FINAL/TERMINAL PAYCHECK CONTRIBUTIONS

Employees are encouraged to contribute their accrual balances as much as possible into the deferred compensation plan at retirement.

- Large balance payouts such as vacation, HIL, CTO, (and if applicable half 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 the employee has reached the annual income maximums.

- Please contact the Deferred Compensation Office at (916) 874-7061 or email at dps-deferredcomp@saccounty.gov to obtain a Final Compensation Amendment or learn more.

Additional Savings

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 $5, $25, or $30 per pay period based on their bargaining agreement into their RHSP account to be used for reimbursement of qualified health expenses including medical premiums.

Upon separation from County employment (for any reason) funds may be used for reimbursement for the former employee, their eligible spouse, and/or their eligible dependents. It is recommended to use the RHSP funds prior to HSA funds when no longer employed at the County. You will not be able to contribute to an HSA when claim-eligible for the RHSP.

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

If an employee's REO has negotiated to participate in the program, enrollment is automatic for eligible employees. At the time of publishing this summary, the following bargaining units had the RHSP at the following contribution levels. Check your labor agreement for the most recent information on participation in the RHSP.

Bargaining Unit	County Contribution Per Pay Period	Employee Contribution Per Pay Period
002, 004, 008, 025	$5	Not participating
003, 005,007,010, 013, 014, 018, 019, 020, 021, 024, 027, 030	$25	Not participating
001, 006, 016, 017, 028, 029, 031, 032, 033, 034, 050, 080, Elected Officals, BOS	$30	Not participating
026	$30	$10
022, 023	Not participating	Not participating

Where will my RHSP assets be invested?

Upon initial enrollment, RHSP assets are automatically invested in a target date fund, which may change investments over time based on the length of time to retirement age. However, a participant 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 (800) 669-7400 or accessing their account online at www.missionsq.org.

529 College Savings Program

The County of Sacramento offers the State of California's ScholarShare529 College Savings Plan on a voluntary basis to save for dependents' educational expenses. Contributions for this benefit are set up through automatic deductions from the participant's bank account.

A 529 college savings plan can help you save for education expenses while offering valuable tax advantages. If funds remain unused, you have several options available. Beginning in 2024, eligible 529 plan funds may be rolled over to a Roth IRA for the beneficiary, subject to IRS requirements. The 529 account must have been open for at least 15 years, and rollovers are subject to annual contribution limits and a lifetime rollover limit of $35,000.

In addition, up to $10,000 in 529 funds may be used to repay qualified student loans for the beneficiary, as well as up to $10,000 for each of the beneficiary's siblings. Unused funds may also be transferred to another eligible family member, withdrawn subject to applicable taxes and penalties, or withdrawn up to the amount of a tax-free scholarship without incurring the federal penalty.

To find out more, visit ScholarShare's website www.scholarshare529.com or call (800) 544-5248.

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. Employees may also purchase additional voluntary life coverage through payroll deductions.

Basic dependent coverage for an employee's spouse/registered domestic partner and dependent children up to age 26 is tied to the employee's basic life coverage and is either $2,000 or $5,000, based on bargaining unit.

Employees in bargaining units 005 and 008 (UPE) have $5,000 in dependent coverage available. Dependents need to be enrolled for coverage. 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 life 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 shown 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	
005, 008	$15,000	$5,000*
020, 021, 024, 027, 028, 029, 030, 032, 033, 050, Elected Officials	$50,000	$2,000
All others	$18,000	$2,000

**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. Children, domestic partner, and/or their children must be enrolled in the basic 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	$1.27	$2.06
Value	$.05	$.06	$.08	$.09	$.10	$.15	$.23	$.43	$.66		

OPTIONAL LIFE INSURANCE

In addition to County-paid basic life coverage, employees can purchase additional coverage for themselves in multiples equal to their annual salary. This is a term policy with no cash value.

Option Available	Amount of Coverage, listed as multiples of employee's base salary (includes basic coverage listed above)
1	1 time 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) always. Other options may require EOI if a late enrollment or life event.*

Guaranteed issue is the maximum amount an employee 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 more coverage is selected than the guaranteed issue level for either the employee or their spouse/registered domestic partner, or if enrolling as a late entrant after the initial eligibility period. One can increase one times their salary every open enrollment without EOI until they reach 5 times their salary or $600,000, whichever is less.

In addition to the basic life insurance benefit for dependents, employees may elect voluntary term life coverage. The employee must be enrolled in voluntary term life coverage themselves to elect voluntary term life dependent coverage.

SPOUSE/REGISTERED DOMESTIC PARTNER

Minimum Coverage	Maximum Coverage	Guaranteed Issuance 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/REGISTERED DOMESTIC PARTNER?

The cost of coverage for the employee is based on annual salary and age. Premiums will be deducted from paychecks post-tax. Premiums will increase automatically if salary increases allowing coverage up to the guaranteed issuance amount, or age puts the employee into the next premium age band. If coverage is more than the guaranteed issuance amount, the amount is static at the amount approved through EOI; increasing the amount requires new EOI. Coverage for a spouse/registered domestic partner will be selected in an annual amount, in increments of $10,000 and is based on the spouse/registered domestic partner's age. The amount of coverage selected is deducted from employee paychecks on a post-tax basis.

Use the chart below to calculate the monthly premium for both the employee and spouse/registered 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 their salary is $86,514, rounded up is $87,000. Monthly premium is $4.88/month ($0.056 times $87,000 dividied by $1,000 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

Employees can elect voluntary life insurance coverage for their unmarried dependent child up to age 26 if enrolled in any level of voluntary term life coverage for themselves. The child benefit is a maximum of $15,000 and the cost is $0.90 per month, which is $0.45 post-tax per pay period. 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
$0.90	$0.06

HOW IS LIFE INSURANCE COVERAGE INCREASED?

A spouse/registered domestic partner can be enrolled within 30 calendar days of an employee's hire date up to the guaranteed issue amount. Guaranteed issue is the maximum amount an employee 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 more coverage is selected than the guaranteed issue level for either the employee or their spouse/registered domestic partner, or if enrolling as a late entrant after the initial eligibility period.

Current employees can increase optional coverage two ways:

- Experience a life event, such as getting married or having a baby. Coverage can be increased within 30 calendar days of the event. Request the increase (up to the guaranteed issue level, no medical underwriting needed if not declined in the past).
- If no life event has occurred and an employee requests an increase in coverage, Evidence of Insurability (EOI) approval is needed for any amount.
  - One can increase one time their salary every open enrollment without EOI until they reach 5 times their salary or $600,000, whichever is less.

Enroll online at www.benefitbridge.com/saccounty. Employees can apply at any time during the year or increase their coverage, but EOI could be required.

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 Temporary to Permanent employment. Medical underwriting is required if enrolling as a late entrant after the initial eligibility period.
- Employees with a qualified life event change may elect any coverage up to guaranteed issue with no EOI required if within 30 days of the life event. Also, spouse and child can elect up to guarantee amount $30,000 (Spouse), $15,000 (child).
- If the requested life insurance is more than the guaranteed issue amount of $600,000 or if salary increases putting the amount above $600,000, EOI is required to go above $600,000. Otherwise, the employee's coverage will be capped at $600,000.
- During Open Enrollment EOI is not required if increasing one additional time salary, not to exceed 5 times annual earnings or $600,000 whichever is less.

Beneficiary Reminder:

You must name your beneficiaries— they can be the same as those for your Basic Life insurance or different.

- Website: https://presents.voya.com/EBRC/saccounty
- To make changes: http://www.benefitbridge.com/saccounty
- Login to Benefit Bridge and select "Make Changes to My Benefits." Navigate to Basic Life and Voluntary Term Life page and select "Add/Change Beneficiaries and Distribution".
- Contact Voya (877) 236 7564

Long-Term Disability

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 an employee from working and lasts longer than a few months. This insurance protects the employee's income during this time.

ELIGIBILITY AND COVERAGE

If an employee has an illness or injury that prevents them from working for 180 consecutive days within 360 calendar days, then eligibility for the LTD benefit begins. If disability began before age 60, the LTD benefit continues until recovery from the disability, or until 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 age. The benefit pays 60% of monthly earnings up to $10,000. While receiving LTD benefits, LTD premiums do not need to be paid. Earnings are based on covered payroll, meaning base pay, and do 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 an employee purchases 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 the employee has a pre-existing condition during the 3-month period prior to the coverage effective date, benefits are not payable if the disability began in the first twelve months after the coverage effective date and the disability is caused by, contributed by, or the result of a pre-existing condition. On 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 an employee's lifetime if the 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 an employee is eligible to receive while disabled. This includes income from other forms of employment, unemployment benefits, other income replacements from the employer, Workers' Compensation benefits, judgments or settlements received related to the 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 the employer's retirement plan.

How much does coverage cost?

The coverage cost is age-rated and is linked to the age of the covered individual. Premiums for the coverage will be deducted from the employee's paycheck post-tax.

The following is a chart of the monthly premium rates. Determine the monthly premium and divide that by two to determine the per pay period amount.

Age	Monthly rate per $100 of Monthly Covered Payroll
Under 25	$0.08
25-29	$0.11
30-34	$0.27
35-39	$0.16
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.

Another example: employee is age 58 and has $13,500 in base wages/covered payroll, the cost would be $90 per month, or $45 per paycheck.

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 the employee chooses.

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. The policy also has a Wellness benefit that rewards for wellness activities.

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/registered 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 EE amount	Lessor of $15,000 or 50% of EE amount
Step Increment	$10,000	$5,000	$2,500
Guaranteed Issue	$60,000	$30,000	All amounts

Critical Illness coverage for employee, spouse, and child is offered at the guaranteed maximum amount without providing proof of good health through underwriting or medical questionnaires (Evidence ofInsurability (EOI)).

How Is Coverage Changed?

Current employees who want to increase coverage or enroll can make the request up to the guaranteed issue maximum amount without going through EOI during open enrollment or within 30 days of a qualifying life event. Employees log in to www.benefitbridge.com/saccounty to enroll or increase coverage. Coverage can be dropped or increased at annual open enrollment or qualifying life events.

How Much Does the Coverage Cost?

The coverage cost is age-rated and is linked to the age of the covered individual. Premiums for the coverage will be deducted from employees' 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.

Critical Illness

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	$6.80
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

Accident Supplemental Health

If an unforeseen event results in a bodily injury, the accident can be covered under Accident Supplemental Health (ASH). This is a post-tax voluntary benefit that is offered to employees, their spouse, and dependent children.

This is not a health insurance plan but rather helps offset costs with fixed benefits for specific treatment and events tied to a covered accident. This policy pays a lump sum for specific treatments and diagnoses related to an accident.

What Does the Policy Cover?

Accident Supplemental Health (ASH) provides benefits for certain procedures or diagnoses related to an accident such as surgery, ambulance, chiropractic, doctor visits, laceration care, skin grafts, fractures, dislocations, burns, emergency dental care, emergency room visits, etc. For additional information regarding covered conditions and policy limitations, please review the benefit schedule and Certificate of Coverage. This plan also covers Sports Accidents with an additional 25% of specific care up to $1,000 for a covered accident that is the result of an organized sporting activity. There is also a Wellness Benefit Rider that rewards for wellness activities.

What Are the Coverage Amounts?

A benefit schedule of covered care and diagnoses ranges from $40 to $27,500. With an injury, a claim is likely to include multiple covered items. For example, a person might have an ambulance ride, an emergency room visit, a laceration, a fracture, and a concussion. Each of these items have a benefit payout.

How Is Coverage Changed?

Employees can enroll or make changes during annual open enrollment or within 30 days of a qualifying life event. Employees log in to www.benefitbridge.com/saccounty to enroll or increase coverage. Eligible employees must be active at work in order to qualify for coverage.

What is Excluded?

Accidents that occur during a felony or other illegal activity are not covered. Accidents while operating a motorized vehicle while intoxicated is not covered. Suicide, attempted suicide, or other intentionally self-inflicted injury is excluded. War or acts of war are excluded. Accidents from being on active duty in the armed forces are excluded. Accidents due to alcoholism, drug abuse, or misuse of drugs and alcohol are excluded. Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test is not covered under this plan.

How Much Does the Coverage Cost?

The ASH plan is offered at two benefit levels and the premium is based on who has been added to the plan. The levels are employee, employee and spouse, employee and children, or family (which would be employee, spouse, and child(ren)).

Coverage Level	Employee	Employee & Spouse	Employee & Child(ren)	Family
Level 2 - Per Pay Period	$1.93	$3.86	$4.15	$6.07
Level 2 - Per Month	$3.86	$7.71	$8.29	$12.14
Level 4 - Per Pay Period	$3.59	$7.17	$7.71	$11.29
Level 4 - Per Month	$7.17	$14.33	$15.41	$22.57

Accident Supplemental Health

Benefit Schedules

Below are examples of the benefit schedules at each of the benefit levels.

Accident Hospital Care	Level 2	Level 4
Surgery (open abdominal, thoracic)	$1,000	$1,500
Surgery (exploratory or without repair)	$140	$200
Blood, Plasma, Platelets	$500	$625
Hospital Admission	$1,125	$1,750
Hospital Confinement (per day up to 365 days)	$250	$275
Critical Care Unit Confinement (per day up to 15 days)	$400	$450
Rehabilitation Facility Confinement (per day up to 90 days)	$150	$200
Coma (duration of 14 or more days)	$14,500	$18,500
Transportation (per trip, up to once per accident)	$650	$800
Lodging (per day up to 30 days)	$150	$200
Family Care (per child up to 45 days)	$20	$30

Accident Care	Level 2	Level 4
Initial Doctor Visit	$1,000	$1,500
Urgent Care Facility Treatment	$140	$200
Emergency Room Treatment	$500	$625
Ground Ambulance	$1,125	$1,750
Air Ambulance	$250	$275
Follow Up Treatment	$400	$450
Chiropractic Treatment	$150	$200
Medical Equipment	$14,500	$18,500
Physical Therapy (per treatment up to 6)	$650	$800
Occupational & Speech Therapy	$150	$200
Prosthetic Device (one)	$20	$30
Prostheic Device (two or more)	$140	$200
Major Diagnostic Exams	$500	$625
Outpatient Surgery (once per accident)	$1,125	$1,750
X-ray	$500	$625

Accident Supplemental Health

Benefit Schedules Continued

Below are examples of the benefit schedules at each of the benefit levels.

Common Injuries	Level 2	Level 4
Burns (2nd degree, at least 36% of body)	$1,125	$1,500
Burns (3rd degree, at least 9 but less than 35 square inches	$6,000	$8,500
Burns (3rd degree, more than 35 square inches)	$12,500	$20,000
Skin Graft	50% of burn benefit	50% of burn benefit
Emergency Dental Work (Crown)	$300	$400
Emergency Dental Work (Extraction)	$75	$125
Eye Injury (removal of a foreign object)	$80	$110
Eye Injury (surgery)	$275	$400
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	$175	$250
Torn Knee Cartilage (surgical repair)	$650	$900
Laceration (treated - no sutures) *	$25	$50
Laceration (sutures up to 2") *	$50	$90
Laceration (sutures 2" to 6") *	$200	$350
Laceration (sutures over 6") *	$400	$750
Ruptured Disk (surgical repair)	$650	$900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$350	$600
Tendon, LIgament, Rotator Cuff (1 surgical repair)	$675	$925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,000	$1,400
Concussion	$175	$275
Paralysis (paraplegia)	$13,500	$18,000
Paralysis (quadriplegia)	$20,000	$27,000

**Laceration benefits are a total of all lacerations per accident.*

Common Injuries - Dislocations Closed / Open Reduction **	Level 2	Level 4
Hip Joint	$3,200 / $6,400	$4,000 / $8,000
Knee	$2,000 / $4,000	$2,500 / $5,000
Ankle or foot bone(s) (other than toes)	$1,200 / $2,400	$1,700 / $3,400
Shoulder	$1,500 / $3,000	$2,000 / $4,000
Elbow	$900 / $1,800	$1,250 / $2,500
Wrist	$250 / $500	$1,250 / $2,500
Finger / toe	$900 / $1,800	$300 / $600
Hand bone(s) (other than fingers)	$900 / $1,800	$1,250 / $2,500
Lower jaw	$900 / $1,800	$1,250 / $2,500
Collarbone	$900 / $1,800	$1,250 / $2,500
Partial Dislocations	25% of the closed reduction amount	25% of the closed reduction amount

*** Closed reduction of dislocation = non-surgical reduction of a completely separated joint; Open reduction of dislocation = surgical reduction of a completely separated joint.*

Accident Supplemental Health

Benefit Schedules Continued

Below are examples of the benefit schedules at each of the benefit levels.

Common Injuries - Fractures Closed / Open Reduction	Level 2	Level 4
Hip	$2,500 / $5,000	$5,000 / $10,000
Leg	$1,800 / $3,600	$2,700 / $5,400
Ankle	$1,500 / $3,600	$2,250 / $4,500
Kneecap	$1,500 / $3,000	$2,250 / $4,500
Foot (excluding toes / heel)	$1,500 / $3,000	$2,250 / $4,500
Upper arm	$1,750 / $3,500	$2,400 / $4,800
Forearm, hand, wrist (except fingers)	$1,500 / $3,000	$2,250 / $4,500
Finger, Toe	$200 / $400	$300 / $600
Vertebral body	$2,800 / $5,600	$4,000 / $8,000
Vertebral processes	$1,200 / $2,400	$1,750 / $3,500
Pelvis (except coccyx)	$2,750 / $5,500	$3,500 / $7,000
Coccyx	$300 / $600	$450 / $900
Bones of the face (except nose)	$1,000 / $2,000	$1,300 / $2,600
Nose	$500 / $1,000	$650 / $1,300
Upper jaw	$1,250 / $2,500	$1,600 / $3,200
Lower jaw	$1,200 / $2,400	$1,750 / $3,500
Collarbone	$1,200 / $2,400	$1,750 / $3,500
Ribs or rib	$350 / $700	$450 / $900
Skull - Simple (except bones of the face)	$1,250 / $2,500	$1,500 / $3,000
Skull - Depressed (except bones of the face)	$2,500/ $5,000	$4,000 / $8,000
Sternum	$300 / $600	$400 / $800
Shoulder blade	$1,500 / $3,000	$2,250 / $4,500
Chip fractures	$25% of the closed reduction amount	25% of the closed reduction amount

Long-Term Care

The County of Sacramento offers Long-Term Care (LTC) coverage for employees, their spouse/registered 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 the employee to pay for long-term care expenses. If not used for LTC, upon the employee's death, the LBT pays a cash death benefit directly to their family. Thus, this benefit protects the employee for needed care and helps protect their family if 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 the employee's 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 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/registered domestic partners up to half the amount the employee purchases for themselves. Spouse/registered 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 the employee's 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 the 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 the coverage has been in force for two years, the employee can receive 50% of the death benefit, up to $100,000, if diagnosed as terminally ill.

The death benefit is guaranteed 100% during an employee's 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 interst 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 the employee stops paying premiums, a reduced paid-up benefit is issued, and the policy can never be lapse. That means when the employee retires, they can stop paying the premium if they so choose and still ahve a guaranteed death benefit.

Long-Term Care

How much does 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 bank account and routing number ready to set up the payment account. Below are the rates per month for the employee or their spouse/registered 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

Long-Term Care

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

Long-Term Care

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

Long-Term Care

Smoker Rate Issue Age	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,00	$250,000
66	$68.71	$171.78	$343.57	$515.35	$687.14	$1,030.71	$1,374.28	$1,717.85
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

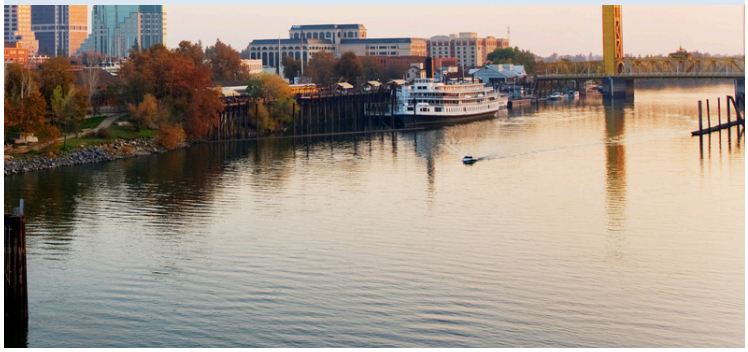
CHILDREN

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 enrolled. 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

How to Enroll

To enroll in this coverage, visit the CHUBB self-service website at https://chubb.benselect.com/cos. Your login will be your SSN and your pin will be the last 4 digits of your SSN+last 2 digits of your birth year.



Employee Assistance Program (EAP)

The EAP through Magellan HealthCare can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources. Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 5 visits per situation
- Unlimited webaccessto helpful articles, resources, and self-assessment tools

Services to help with life's journey

Coaching—when there is a goal to achieve, a coach can help 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 the employee's unique situation.

Online programs—self-guided apps can help improve health and overall emotional well-being if struggling with depression, anxiety, insomnia, chronic pain, substance misuse, or an obsessive-compulsive disorder.

Discount Program—Savings on a wide variety of products and services.

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 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.

Contact the EAP

EAP is available 24/7/365:

Call (800) 327-0632 to contact the appropriate resource or professional

https://member.magellanhealthcare.com/

Program Code: County of Sacramento

Leave of Absence

There are times during employment where an employee 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 health benefits, while during other types of leave, the employee is required to pay all or a portion of the cost of their health benefits to maintain coverage during the leave.

Contact the Medical/Leaves team to determine eligibility for leave protection* (Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL), Workers' Compensation) and determine leave accrual balances. For State Disability Insurance (SDI) Integration, contact the SDI Integration Team. LOA situations vary considerably and are based on individual circumstances, so contact the Employee Benefits Office for more information about how leave impacts benefits.

*ADA does not protect eligibility for benefits and employer subsidies while on LOA.

For regular employees, if a LOA is under a protected leave type that protects benefits, health benefits and the employer contribution towards those benefits will be maintained during the leave under the same conditions as if the employee continued to work.

If the employee normally pays a portion of the premiums for health benefits on their payroll check, they 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 the employee share of health premiums may result in cancellation of health benefits. During leaves that are unprotected for benefits, employees will be required to self-pay for the premiums at 100% of cost during an unpaid leave.

COMMENCEMENT OF LEAVE

Regardless of when a leave of absence begins, health, dental, vision, EAP, and Life insurance benefits will terminate the last day of the month the employee is in paid status, if going on unprotected leave. The employee will receive a notice from the County's Employee Benefits Office regarding their responsibilities and options to continue their benefits coverage during the leave. Generally, there is no employer contribution to benefit coverage in unprotected leave situations, and the employee would be responsible for 100% of the cost to keep coverage in effect while on leave of absence. The notice the employee receives will contain specific details on how to continue coverage.

IMPORTANT: LIFE EVENTS DURING A LEAVE OF ABSENCE

Getting married, having a baby, or experiencing another qualifying life event while on leave does not automatically update your benefits coverage.

To add or change coverage, you must submit a Life Event Enrollment Form through the online BenefitBridge enrollment system or to the Employee Benefits Office within 30 calendar days of the event. Forms can be submitted by email to MyBenefits@saccounty.gov.

Don't miss the deadline! If you do not submit your request within 30 calendar days, you will have to wait until Open Enrollment or another qualifying life event to make changes.

Because benefit eligibility and coverage can vary based on the type and length of leave, contact the Employee Benefits Office as soon as possible if you have questions.

Leave of Absence

RETURNING TO WORK

Depending on the length and type of leave, employees may need to take action to enroll in benefits when they return to work. If the leave type is protected, then benefits will be automatically enrolled from their previous plan prior to their leave. If the leave type is unprotected, then enrollment is required, and benefit coverage is effective the first day of the month following their return from leave AND their completed enrollment; therefore, it is important for employees to contact the Employee Benefits Office before their return to work.

Voluntary Term 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. Life insurance will revert to Basic coverage only if payment is not received for Voluntary Term Life. An employee may apply again at any time once they return to work for Voluntary Life Insurance but will be required to obtain Evidence of Insurability (EOI) approval.

Additional 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, 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. 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 a transit agency is not a part of the Connect Card program, employees 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 the Department of Finance at (916) 874- 6744 to register for the monthly transit voucher program.

Guaranteed Ride Home

If an employee is carpooling, biking, or taking transit and has an emergency that requires a ride home for their normal commute, a ride will be provided. The origin or destination of the ride should be their work address. This service can be used up to five times per year. Log into https://norcalgo.org to access a guaranteed ride home.

Commuter Club

Join NorCal GO 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://norcalgo.org/#/

Special Parking Rates for Alternative Transportation Users

If an employee is using alternative transportation at least 60% of the time but has an occasional need to drive to downtown work 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 a 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.

Additional Benefits

PET INSURANCE

Employees can obtain pet insurance through ASPCA Pet Health Insurance at https://www.aspcapetinsurance.com/saccounty. For the County employee discount, use priority code **EBO20SACCOUNTY**. 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. Preventive care can also be added to the policy to cover things like vaccines, dental cleanings, and screenings. This insurance works as a reimbursement for vet expenses.

Pet insurance is also available through Figo. Enjoy a 10% discount for being a County employee. Visit https://bit.ly/3wDQJIK for more information.

Other discounts for pet insurance are also available through the County Employee Assistance Program (EAP) https://member.magellanhealthcare.com/. Just log in and search for Discount Center, 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.

DISCOUNT PROGRAMS

The County has discounts on anti-virus protection, cell phones, Dell computers, and Microsoft. For more information on these programs visit: https://saccounty.sharepoint.com/SitePages/Employee-Discounts.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, 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 a phone app to search for discounts at the time needed.

COBRA Continuation Coverage

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.

Registered domestic partners of employees and the children of registered domestic partners are not eligible to independently elect to continue coverage after a loss of eligibility. Registered 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 employees may elect to continue their medical, dental, General and Limited Medical Reimbursement Account (MRA), vision, and Employee Assistance Program (EAP) benefits at their own expense.

What should I do when there is a qualifying event?
The employee's department will notify the Employee Benefits Office of the 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. Employees will receive a notice that explains the benefits that may continue, the election timeframes, the cost, and the length of time that they may continue their 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. The employee may be eligible for State (CalCOBRA) benefits continuation laws. For information on CalCOBRA, contact the insurance carrier directly.

What if I have questions about Continuation Coverage?
Direct questions about Continuation Coverage Rights to the Employee Benefits Office at (916) 874-2020 or email MyBenefits@saccounty.gov.

Recognized Employee Organization (REO) Index

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	$50,000
029	Law Enforcement Management (LEMA)	2/1/1998	$50,000
030	Firefighters	10/11/1998	$50,000
031	Peace Officers (SCALE)	11/21/1999	$18,000
032	Management (SCMA)	2/1/1998	$50,000
033	Attorney-Civil (SCMA)	2/1/1998	$50,000
034	Administrative Professionals Association (SCAPA)	2/1/1998	$18,000
050	Unrepresented Management	2/1/1998	$50,000
080	Unrepresented	2/1/1998	$18,000
E01	Elected Officials	2/1/1998	$50,000

COUNTY OF SACRAMENTO·DEPARTMENT OF PERSONNEL SERVICES·EMPLOYEE BENEFITS OFFICE
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Phone (916) 874-2020 · Fax (916) 874-4621
Email: MyBenefits@saccounty.gov
http://personnel.saccounty.gov/Benefits