

2022 MyBenefits Summary

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



SACRAMENTO
COUNTY
Retiree

INTRODUCTION

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

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

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

DISCLAIMER

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

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

CONTACT US



(916) 874-2020



700 H Street Room 4650, Sacramento, CA 95814



MyRetireeBenefits@saccounty.gov



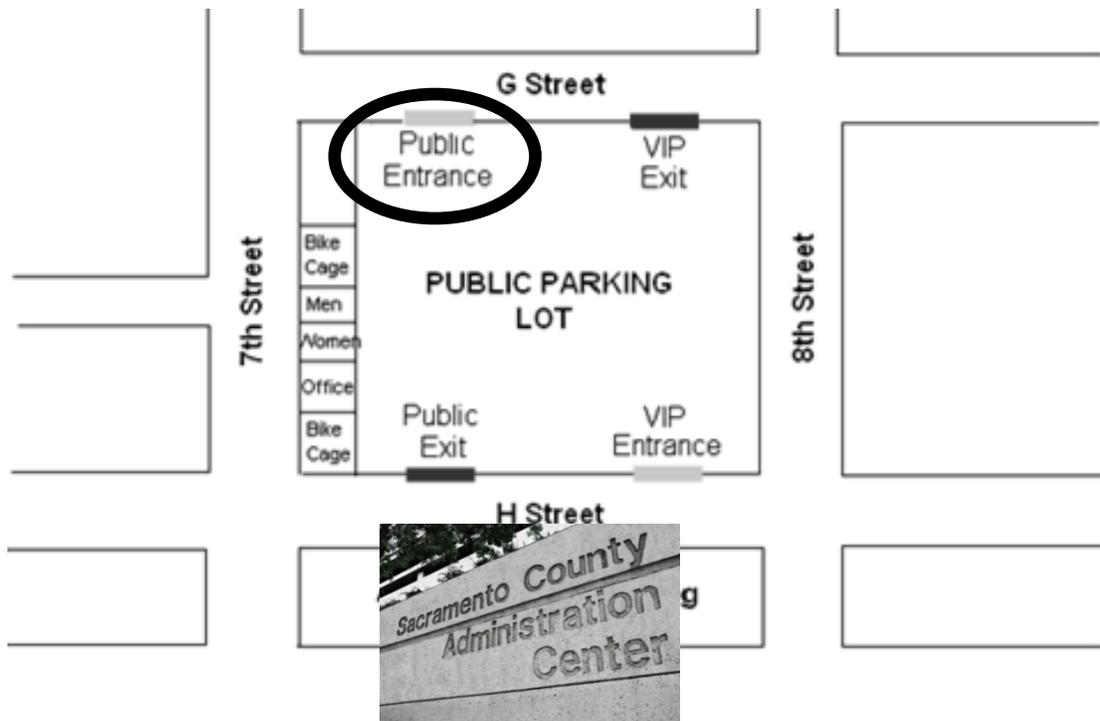
www.personnel.saccounty.gov/benefits



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



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



Carrier Contacts

DEFERRED COMPENSATION		
County of Sacramento	916.874.2020	www.personnel.saccounty.gov/benefits
Fidelity Investments	800.343.0860	www.Netbenefits.com/saccounty
DENTAL PLAN		
Delta Dental	888-335-8227	www.deltadentalins.com/cos
MEDICAL PLANS		
Kaiser Permanente	800.464.4000	www.kp.org
Sutter Health Plus	855.315.5800	www.sutterhealthplus.org
Western Health Advantage	888.563.2250	www.westernhealth.com
UnitedHealthcare	877.714.0178	www.UHCRetiree.com
LIFE INSURANCE CONVERSION		
Voya	800-955-7736	https://presents.voya.com/EBRC/saccounty
BEHAVIORAL HEALTH		
Optum Behavioral (Sutter)	855.202.0984	www.liveandworkwell.com
Magellan Health (WHA)	800.424.1778	www.magellanhealth.com
CHIROPRACTIC		
ASH (Kaiser)	800.678.9133	https://www.ashlink.com/ash/ashco.aspx?hp=KaiserCA
ACN Group of California, Inc. (SHP)	800.428.6337	www.myoptumhealthphysicalhealthofca.com
OptumHealth Physical Health (UHC)	PPO 866-785-1654 HMO 800-428-6337	www.myoptumhealthphysicalhealthofca.com
Landmark (WHA)	800-638-4557	www.lhp-ca.com
RETIREE HEALTH SAVINGS PLAN		
Meritain	888.587.9441	www.meritain.com
Mission Square Retirement (formerly ICMA-RC)	800.669.7400	www.icmarc.org
RX		
Express Scripts –For Sutter	877.787.8661	www.express-scripts.com
Optumrx Scripts-For WHA	800-356-3477 844-568-4150 (Mail Order)	www.Optumrx.com
VISION		
VSP	800.877.7195	www.vsp.com
COUNTY RETIREMENT		
SCERS	916.874.9119	www.retirement.saccounty.gov

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USING THIS HANDBOOK

PROGRAM OVERVIEW

These benefit programs bring considerable value to you as a Sacramento County annuitant. We encourage you to thoroughly review this Benefit Summary and contact the Department of Personnel Services Employee Benefits Office with any questions you might have. This handbook is only a summary and may not address all of your specific questions. The Department of Personnel Services Employee Benefits Office has additional, comprehensive benefit information for all of the benefit programs, which you may review at 700 H Street, Room 4650 (4th Floor), in the County Administration Center from 8:00 a.m. until 5:00 p.m., Monday through Friday, or you may reach our staff by calling (916) 874-2020, or send an email to MyRetireeBenefits@saccounty.gov.

GENERAL INFORMATION

PREMIUM PAYMENTS

Medical, Dental and Vision plan premiums will be deducted from your monthly pension payment while you are participating in the benefits program. If your premiums are greater than your pension payment, you will be required to make monthly payments. If you are required to make direct payments for your coverage and the payment is not made within 60 calendar days of the date due, your County-sponsored coverage will be cancelled retroactively to the last day of paid coverage, and you will not be permitted to re-enroll in the plan at a later date.

ADDRESS CHANGES

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

OPEN ENROLLMENT

Open Enrollment is generally held in the fall. This is the once a year opportunity to change plans or add dependents without a qualifying event. Enrollment or coverage changes made during Open Enrollment become effective on January 1st of the following year. **If you do not change your coverage during Open Enrollment your current benefits generally will automatically continue next year. Unless otherwise instructed, you do not need to re-enroll if you are keeping the same coverage.**

NEW RETIREES

WHAT HAPPENS TO MY BENEFITS WHEN I RETIRE?

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

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

MEDICAL, DENTAL & VISION COVERAGE

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

1. Enroll in a County sponsored retiree plan
 - Read through this book and complete the enrollment form selecting the benefits for yourself and any eligible dependent(s) you wish to enroll. Deductions for coverage(s) are taken automatically post-tax from your pension check in most cases.
 - Continue your medical, dental and vision coverage under COBRA for up to 18 months
2. Review COBRA packet that is mailed at retirement, sign election form in packet and return to the Employee Benefits Office by the election deadline. COBRA deductions are not taken from pension check. Please review the COBRA notice for payment details.
3. Enroll in coverage through another option such as spouse/domestic partner, individual plans through other medical carriers, or through Covered CA.

WAIVING COVERAGE

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

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

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

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

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

LIFE INSURANCE

Your life insurance coverage will terminate the last day of the month in which you are in paid status. You are able to continue your basic and/or optional coverage for yourself or your dependents directly through the life insurance carrier and you have the opportunity to select lower amounts if desired.

You will receive conversion information directly from the provider and must submit the conversion application direct to the life insurance provider within 31 calendar days of the coverage terminating. Contact the Benefits Office for more information.

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

DEPENDENT COVERAGE

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

Dependent:	Document required:
Spouse	Marriage certificate
Domestic Partner	Registration from Secretary of State
Child	Birth certificate

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

HEALTH SAVINGS ACCOUNT

If you contributed to a Health Savings Account (HSA) via payroll deduction while working, your payroll contributions will end on your last month of employment. Any funds in your account remain yours to use for qualified retiree health expenses. Please review the section Health Savings Account later in this Summary book.

FLEXIBLE SPENDING

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

RETIREE HEALTH SAVING PLAN

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

PENSION DEDUCTIONS

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

MEDICARE ELIGIBILITY

MEDICARE ELIGIBILITY

If you are eligible to participate in the County medical plans as an active employee and wish to continue working after reaching age 65, you may be able to delay enrollment in some parts of Medicare (Part B) without incurring a late enrollment penalty at a later date. You can activate Part B immediately once you retire. Once you plan your retirement, please contact your local Social Security office to enroll in Medicare Parts A & B under the Medicare Special Enrollment Period (SEP). You should contact the Social Security office at least two months ahead of your retirement so that you can transition immediately into a retiree Medicare plan. For additional information, please contact the Employee Benefits group at: 916-874-2020 or myretireebenefits@saccounty.gov

If you or your covered dependent(s) becomes eligible for Medicare once you are retired, in order to retain your County of Sacramento medical benefits, you or your dependent(a) must enroll in Medicare parts A & B, and transition to a County sponsored Medicare plan. Medicare eligibility generally begins the 1st of the month you turn 65. For example, if your birthday is October 15th, you are eligible for Medicare October 1st. Failure to enroll in Medicare parts A & B when eligible may result in cancellation of your County sponsored coverage without the opportunity to enroll at a later date.

Once you are retired and eligible to receive Medicare, failure to enroll in Medicare will result in cancellation of your County sponsored medical plan. You may also incur a Medicare late enrollment penalty if you do not follow Medicare’s enrollment requirements and sign up at a later date. Those penalties are assessed to your premiums for your lifetime. For details of what’s covered under Medicare, how to enroll, and your options regarding Medicare coverage, contact your local Social Security office or visit www.medicare.gov.

If you are enrolling in the County’s Medical benefits that include Medicare, you should provide at least 21 calendar days notice prior to the effective date of the plan to ensure proper deductions and coverage dates. For example: If you are retiring on March 31, the County should be notified no later than March 10th. The same 21 day requirement applies when you are dis-enrolling in the County’s Medical/Medicare plans.

Medicare coverage consists of the following options:

<u>Part</u>	<u>Coverage</u>	<u>Summary</u>	<u>Required as Part of the County Benefits</u>
<u>A</u>	<u>Hospital Insurance</u>	Generally covers inpatient hospital stays and related services, skilled nursing facilities, home health care, and hospice services. Part A entitlement is based on age, disability or End Stage Renal Disease (ESRD).	Yes, all County of Sacramento Plans require enrollment in Part A

Part	Coverage	Summary	<u>Required as Part of the County Benefits</u>
<u>B</u>	Medical Insurance	Generally covers 80% of the cost of medically necessary physician services such as office visits, lab and X-ray services, outpatient surgical procedures, and a wide variety of other benefits.	There is a cost associated with this election, which is paid to the Social Security Administration. Enrollment in Part B is required to participate in all County of Sacramento Medicare Advantage Plans.
<u>C</u>	Medicare Advantage Plans	Advantage plans are approved by Medicare and are administered by private companies to provide all of your Part A, Part B and Part D benefits.	All County of Sacramento Plans are considered Medicare Advantage Plans and include Part A, B and D benefits.
<u>D</u>	Rx Drug Coverage	Individual separate prescription drug plans are usually administered by insurance companies approved by Medicare. Each plan can vary in cost and drugs covered. Part D entitlement generally occurs at the same time as Part A.	Since all County of Sacramento Medicare Advantage Plans include prescription coverage, please do not enroll in Medicare Part D Plans or it may cancel your County coverage. If you are enrolling in a County sponsored Medicare care plan, do not enroll in Part D, or your coverage will be automatically cancelled.

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

ELIGIBILITY FOR COVERAGE

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

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

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

Who can be enrolled?

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

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

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

SURVIVING SPOUSE OR DOMESTIC PARTNER COVERAGE

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

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

A surviving spouse or domestic partner beneficiary who is receiving a continuing SCERS pension benefit may add a newly acquired dependent to any plan within 30 calendar days of a qualified life event or at Open Enrollment. You must contact the Employee Benefits Office to enroll in the medical, dental, and vision insurance plans.

CHANGING COVERAGE

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

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

1. Experience a Life Event -Examples of common life events:	
Birth or adoption of child	Child turning 26
Marriage/Divorce	Death
	Loss of other group coverage*
	Gain other coverage*
2. Submit your request within 30 calendar days	
Changes to coverage must be made using the County required documentation. It is the retiree's responsibility to submit the enrollment changes within 30 calendar days of the event and provide supporting documentation. Upon approval, changes are effective the first day of the month following the enrollment or after the qualifying event date occurs.	
3. Provide supporting documentation-(7 calendar days) Examples of supporting documents include:	
Spouse/Domestic Partner	Marriage certificate/Declaration of Domestic Partnership/Dissolution of Marriage (Final Judgment)
Child/Grandchild	Birth certificate; hospital verification letter (newborns only); Adoption or legal guardianship papers for newly adopted/placed children
Loss or gain of other coverage – Employees Under Age 65	HIPAA Certificate, COBRA notice, or employer letter indicating the date of the loss/gain of other group coverage (coverage by Covered CA or an individual plan disqualifies you to return to a County plan)
Loss or gain of other coverage – Employees Age 65 or Older on Medicare	Should the annuitant seek to return to a County sponsored Medicare Advantage plan, they must be able to demonstrate continuous Medicare Supplement and Part D coverage for the prior 12 month period. Annuitants that are able to satisfactory meet that requirement may return to the County's Medicare Advantage plan at any eligibility period, including Open Enrollment, Loss of Coverage or a Qualified Status Change Event. This enrollment may apply to Dependents that meet the same eligibility standard.

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

DROPPING COVERAGE- As a retiree, you are allowed to drop coverage at any time without qualifying event. In order to waive your coverage, you will need to make an election to drop coverage, and the change will take effect the month following when the form is submitted. Please be advised that if you wish to elect County retiree medical benefits in the future, you will have to provide **proof of continuous group coverage** up to the point of your intended return.

ADDING DEPENDENTS

- You must add eligible dependents to coverage within 30 calendar days of the life event. (*Examples include birth, adoption, placement for foster care or guardianship, marriage, registration of domestic partnership, or loss of eligibility of other group coverage*).
- Coverage is effective the first day of the month following the event and submission of all required forms.
- You must present documents which verify the identity of the dependent, their relationship to you, and the date of the event.
- Failure to add dependents and present required documents within the time frame will result in your inability to add your dependent(s) until the next Open Enrollment period.

REMOVING DEPENDENTS

There are two types of dependents: those eligible for coverage, and those not eligible for coverage. If your dependent is not eligible for coverage, he/she **MUST** be removed from the plan(s).

Eligible Dependents

- You may remove an eligible dependent from your medical, dental and/or

vision plan at any time.

- Coverage will terminate on the last day of the month that the appropriate forms are received by the Employee Benefits Office.
- Eligible dependents that are removed from coverage may only be re-enrolled during Open Enrollment, unless there is a life event. **Proof of continuous, creditable group coverage will be required if re-enrolling in a medical plan** in accordance with the Retiree Health Insurance Program Administrative Policy. A copy of this policy is available through the Department of Personnel Services Employee Benefits Office or on the website.

Ineligible Dependents

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

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

- Retroactive premiums will be refunded where possible in accordance with the terms of the contract with the carrier.
- Failure to remove ineligible dependents within 60 calendar days of a change in status may result in a loss of continuation coverage (COBRA) rights for your dependent(s).
- You may become financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.
- You and/or the dependent may be subject to any sanctions or actions taken by the carrier.

MEDICAL PLANS

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

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

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

HEALTH MAINTENANCE ORGANIZATION (HMO)

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

Some points to consider in making this choice:

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

HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

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

Some points to consider in making this choice:

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

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

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

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

Some points to consider in making this choice:

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

HMO PLANS NON-MEDICARE

Monthly Cost

PLAN CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
Kaiser Permanente	\$948.88	\$1,897.76	\$2,685.34
Sutter Health Plus	\$862.10	\$1,692.70	\$2,399.10
WHA	\$798.40	\$1,596.80	\$2,259.50

Coverage

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

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

HIGH DEDUCTIBLE PLANS NON-MEDICARE

Monthly Cost

PLAN CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
Kaiser Permanente	\$686.22	\$1,372.44	\$1,942.00
Sutter Health Plus	\$638.70	\$1,253.80	\$1,776.90
WHA	\$613.70	\$1,227.40	\$1,736.80

Coverage

HIGH DEDUCTIBLE MEDICAL PLAN COVERAGE			
COVERAGE CATEGORY	KAISER	SUTTER	WHA
Annual Deductible	\$1,400 Individual/\$2,800 Family		
Annual Out-of-Pocket Limit (OOP)	\$2,800 Individual/\$2,800 Family		
Annual Wellness Exam Preventive Exams/Lab Tests	\$0 (deductible waived)		
Primary Care Office Visit Skilled Nursing Facility (100 visits/year) Short Term Therapy (Phys, Speech, Occupational) Inpatient Care (Hospitalization, Mental Health, Substance Abuse) Outpatient Care (Hospitalization, Mental Health, Substance Abuse) Specialist Visit Emergency Room Visit Ambulance Home Health Care (100 visits/year) Generic/Brand Name RX Chiropractic/Acupuncture	Single HD Deductible (Med and Rx) \$1400, after the first \$1,400 deductible is met, the remaining \$1,400 is for Rx <u>co-pay charges only</u> . After the entire \$2,800 deductible is met, <u>all expenses are covered at 100%</u>		

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

MEDICARE ENTITLEMENT

If you are enrolled in a County sponsored medical plan when you become eligible for Medicare, you must enroll in Medicare Parts A & B in order to continue participation in the County-sponsored retiree medical plans by enrolling in a County Medicare plan.

MEDICARE PARTS A & B

- Contact the Employee Benefits Office 60 calendar days before your Medicare takes effect to enroll in a Medicare Advantage plan. You must complete additional forms and we will require a copy of your Medicare card or verification letter from the Social Security office.
- If you and/or your dependent are eligible for Medicare and do not enroll in or keep Medicare Parts A & B, your County-sponsored medical coverage will be cancelled.

MEDICARE PART D

The County sponsored plans provide prescription drug coverage that is comparable to Medicare Part D coverage or better.

Under the Medicare Part D rules from the Center for Medicare and Medicaid Services (CMS), you can only be covered under one Medicare Part D policy at a time. If you purchase Medicare Part D from another non-County-sponsored plan (through a pharmacy or online), your medical coverage with the County-sponsored plan will be cancelled. Before electing Part D coverage through a private source, please consult our office to fully understand the impact.

SPLIT ENROLLMENTS

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

MEDICARE ADVANTAGE PLAN

MEDICARE ADVANTAGE PLANS

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

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

The County currently has four Medicare Advantage plans available:

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

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

REMEMBER: As a Retiree, if either you or your dependent are eligible for Medicare, you must enroll in and keep Medicare Parts A and B in order to participate in the County Sponsored Medicare Advantage Plans. If you drop Part A and/or Part B, your County coverage will be cancelled.

MEDICARE ADVANTAGE PLAN PREMIUMS

Monthly Cost

ONE MEMBER HAS MEDICARE			
PLAN CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
UnitedHealthcare HMO	\$295.51	NA*	NA*
UnitedHealthcare NPPO	\$436.41	NA*	NA*
Kaiser Senior Advantage GOLD	\$287.42	\$1,236.30	\$2,023.88
Kaiser Senior Advantage SILVER	\$198.70	\$1,147.58	\$1,935.16

TWO MEMBERS HAVE MEDICARE		
PLAN CARRIER	RETIREE +1	RETIREE +2/More
UnitedHealthcare HMO	\$591.02	NA*
UnitedHealthcare NPPO	\$872.82	NA*
Kaiser Senior Advantage GOLD	\$574.84	\$1,362.42
Kaiser Senior Advantage SILVER	\$397.40	\$1,184.98

*Contact the Benefits Office for information on coverage options

UNITEDHEALTHCARE MEDICARE PLANS

MEDICARE ADVANTAGE PLAN COVERAGE		
COVERAGE CATEGORY	UHC HMO	UHC NPPO
Annual Deductible		\$0
Annual Out-of-Pocket Limit/Individual		\$3,400
Preventive Exam		\$0
Inpatient Care (Hospitalization, Mental Health, Substance Abuse)		\$0
Home Health Care		\$0
Skilled Nursing Facility (100 days/year)		\$0
Durable Medical Equipment		\$0
Short Term Therapy (Physical, Occupational, Speech)		\$0
Primary Care Office Visit		\$15
Specialist Visit		\$15
Diagnostic X-Ray/Lab Tests		\$0
Outpatient Care (Mental Health, Substance Abuse)		\$15
Generic Rx		\$3
Brand Rx		\$10/\$20
Chiropractic and Acupuncture Services (Limited to combined 30 visits/year)		\$15
Emergency Room		\$50 (waived if admitted)
Hearing Screening		\$0
Hearing Aid(s)		\$500 allowance (every 36 months)
Ambulance		\$35
Silver Sneakers Coverage		Free to Members

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

KAISER PERMANENTE-Senior Advantage

MEDICARE ADVANTAGE PLAN COVERAGE		
COVERAGE CATEGORY	Kaiser Gold Plan	Kaiser Silver Plan
Annual Deductible	\$0	
Annual Out-of-Pocket Limit/Individual	\$1,500 Ind. / \$3,000 Family	
Preventive Exam	\$0	
Home Health Care	\$0	
Diagnostic X-Ray/Lab Tests	\$0	
Chiropractic Services (30 visit limit/year)	\$15	
Generic Rx (30 day supply)	\$10	
Brand Rx (30 day supply)	\$20	\$25
Durable Medical Equipment	\$0	20% co-pay
Emergency Room (waived if admitted)	\$35	\$50
Inpatient Care (Hospitalization, Mental Health, Substance Abuse)	\$0	\$500
Primary Care Office Visit	\$15	\$25
Specialist Visit	\$15	\$25
Short Term Therapy (Physical, Occupational, Speech)	\$15	\$25
Skilled Nursing Facility (Limited to 100 days/year)	\$0	\$0 (first 20 days) \$75 (days 21-100)
Mental Health Outpatient Care	\$15 Ind \$7 Group	\$25 Ind \$12 Group
Substance Abuse Outpatient Care	\$15 Ind \$5 Group	\$25 Ind \$5 Group
Hearing Screening	\$15	\$25
Ambulance	\$0	\$125
Hearing Aid(s)	Not covered	
Silver And Fit	Free to Members	

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

OUT of AREA COVERAGE

RETIREES LIVING OUT-OF-AREA

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

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

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

	RETIREE	RETIREE +1	RETIREE +2/More
NO MEDICARE			
Kaiser KPMP	\$1,165.76	\$2,331.52	\$3,497.28
Anthem Blue Cross NPPO	\$1,368.17	\$2,736.34	\$3,871.92
ONE MEMBER WITH MEDICARE			
Kaiser KPMP	\$368.07	\$1,533.83	\$2,699.59
UnitedHealthcare NPPO	\$436.41	NA	NA
TWO MEMBERS HAVE MEDICARE			
Kaiser KPMP	NA	\$736.14	\$1,901.90
UnitedHealthcare NPPO	NA	\$872.82	NA

RETIREE HEALTH SAVINGS PLAN (RHSP)

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

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

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

Once the account becomes active, administrative fees assessed to your account at the rate of \$25 annually plus \$7.75 per quarter.

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

HEALTH SAVINGS ACCOUNT (HSA)

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

If you have HDHP coverage and elect to have an HSA, you cannot make any contributions until you have exhausted the funds set aside for you in the Retiree Health Savings Account. Once you have exhausted your RHSP funds, you are eligible to begin contributing to an HSA again. You will take a deduction when filing your itemized Federal income tax return.

ELIGIBLE EXPENSES

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

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

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

STRATEGIES TO STRETCH YOUR TAX-FREE RHSP AND HSA REMEMBER:

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

DENTAL COVERAGE

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

ENROLLMENT

- Eligible retirees, beneficiaries, or dependents, as defined by the Sacramento County Retiree Medical, Vision and Dental Insurance Program, may participate in the retiree dental insurance program.
- You may not be enrolled in a dental plan as a retiree and as a beneficiary or as a spouse of another County retiree.
- Retirees may elect to enroll their spouse, registered domestic partner, and/or dependent children at the time of retirement, a life event, or during Open Enrollment.
- Children may only be enrolled as dependents of one County retiree.
- Once you have enrolled in the dental plan, coverage will continue year to year until you make a change.

COST

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

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

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

The Standard Plan will pay the percentages are as follows:

Standard Plan Coverage

County of Sacramento Retirees

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

The Enhanced Plan will pay the percentages are as follows:

DELTA DENTAL® Enhanced Plans Coverage

County of Sacramento Retirees

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

This Plan provides a much higher maximum benefit for services by an In Network PPO dentist and a reduced maximum for an out of network dentist. There is no accident rider.

Consultants are available to assist you with getting the best use out of your dental plan, such as the benefits of a specific procedure and types of services offered by dentists; call Delta Dental – at 888-335-8227 for assistance.

Please review the dental booklet for coverage resulting from dental accidents and limitations on coverage (you can find the booklet in your retiree packet, or <https://personnel.saccounty.gov/Benefits/Pages/Documents.aspx> online at:

VISION COVERAGE

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

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

OPTION TO PURCHASE-The monthly cost and coverage is listed below.

VISION CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
Vision Services Plan (VSP)	\$5.16	\$10.32	\$14.60

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

VSP Coverage (Group No. 30015915)

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Costco® frame allowance 	Combined with exam	Every other calendar year
Benefit	Description	Copay	Frequency
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Combined with exam	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Glasses and Sunglasses			
<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. • 20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 			
Extra Savings			
Retinal Screening			
<ul style="list-style-type: none"> • No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam 			
Laser Vision Correction			
<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 			
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network details.			
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			
See the appropriate plan EOC for more details on coverage and exclusions			

Purchasing VSP coverage also provides for discounts on hearing aids, fittings and hearing aid batteries through TruHearing, with a nationwide network of hearing specialists. Contact TruHearing at 877.396.7194 and mention VSP for your discount services.

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

CONTINUATION COVERAGE (COBRA)

What is Continuation of Coverage?

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

Who is eligible for Continuation Coverage?

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

Retirees

- When you terminate active employment

Spouse/Domestic Partner/Child

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

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

What should I do when there is a qualifying event?

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

What benefits can be continued?

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

Do I have to take COBRA benefits?

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

How long can benefits continue under Continuation Coverage?

Coverage may be continued for 18 to 36 months.

What if I have questions about Continuation Coverage?

Direct your questions about your Continuation Coverage rights to:

Department of Personnel Services, Employee Benefits Office

700 H Street, Room 4650, Sacramento, CA 95814

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

*Consolidated Omnibus Budget Reconciliation Act of 1985

DEFERRED COMPENSATION

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

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

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

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

Taxes on distributions are paid as ordinary income. The default tax amount for any distribution from your 457(b) and 401(a) Plan is 20% Federal and the commensurate State of residence tax (CA = 2%). You must begin taking a Required Minimum Distribution no later than the year you turn 72 years old.

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

Important: Always keep your beneficiary information updated with any new life event (marriage, divorce, death, etc.) and your address current!

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

700 H Street, Room 4667, Sacramento, CA 95814

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

Email: MyRetireeBenefits@saccounty.gov

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