

# 2026 Active Employee Benefits Summary

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*Stephanie Taylor, American River, Sacramento County Administration Building Mural*

SACRAMENTO  
COUNTY

## **Sacramento County Employee Benefits**

The County of Sacramento is committed to employee health and wellbeing and offers a comprehensive benefit program.

Review this summary for an understanding of the benefits offered and to make informed choices for you and your family.

For more information, please see the Summary of Benefit Coverage (SBC) or the more detailed Evidence of Coverage (EOC) for each medical carrier, which can be found online at <http://personnel.saccounty.gov/Benefits>.

*\*This summary is for informational purposes only. Changes may be made without notice. Contracts, EOC, and plan documents govern the plans.*

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## CONTACTS

BENEFITS OFFICE CONTACTS	PHONE	WEBSITE / EMAIL
Employee Benefits Office	(916) 874-2020	<a href="http://personnel.saccounty.gov/Benefits">http://personnel.saccounty.gov/Benefits</a> <a href="mailto:MyBenefits@saccounty.gov">MyBenefits@saccounty.gov</a>
BenefitBridge	(800) 814-1862	<a href="http://www.benefitbridge.com/saccounty">www.benefitbridge.com/saccounty</a> <a href="mailto:benefitbridge@keenana.com">benefitbridge@keenana.com</a>
PROVIDER CONTACTS	PHONE	WEBSITE
Kaiser Permanente – HMO Plan	(800) 464-4000	<a href="http://www.kp.org">www.kp.org</a>
Kaiser Permanente – HDHP Plan	(800) 390-3507	<a href="http://www.kp.org">www.kp.org</a>
Sutter Health Plus	(855) 315-5800	<a href="http://www.sutterhealthplan.org">www.sutterhealthplan.org</a>
Western Health Advantage	(888) 563-2250	<a href="http://www.mywha.org/personalaccess">www.mywha.org/personalaccess</a>
VSP (Vision)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Delta Dental	(800) 765-6003	<a href="http://www.deltadentalins.com/cos">www.deltadentalins.com/cos</a>
Optum Bank (HSA for Kaiser/Sutter)	(844) 326-7967	<a href="http://www.optumbank.com">www.optumbank.com</a>
HealthEquity (All FSA, HSA for WHA)	(877) 300-4987	<a href="https://learn.healthequity.com/countyofsacramento">https://learn.healthequity.com/countyofsacramento</a>
Voya (Life Insurance, Critical Illness, and Long-Term Disability Insurance)	(877) 236-7564	<a href="https://presents.voya.com/EBRC/saccounty">https://presents.voya.com/EBRC/saccounty</a>
Magellan Healthcare (EAP)	(800) 327-0632	<a href="https://member.magellanhealthcare.com/">https://member.magellanhealthcare.com/</a>
Chubb (Long-Term Care Insurance)	(855) 203-3716	<a href="https://chubb.benselect.com/cos">https://chubb.benselect.com/cos</a>
MissionSquare Retirement (RHSP)	(800) 669-7400	<a href="http://www.missionsq.org">www.missionsq.org</a>
Meritain Health (RHSP claims)	(888) 587-9441	<a href="http://www.meritain.com">www.meritain.com</a>
Fidelity Investments (457(b) and 401(a) plans)	(800) 343-0860	<a href="http://netbenefits.com/saccounty">http://netbenefits.com/saccounty</a>
SCERS (Pension)	(916) 874-9119	<a href="https://www.scers.org/">https://www.scers.org/</a>
ASPCA Pet Health Insurance	(888) 716-1203	<a href="https://www.aspcapetinsurance.com/saccounty">https://www.aspcapetinsurance.com/saccounty</a>
ScholarShare (529 plan)	(800) 544-5248	<a href="https://www.scholarshare529.com/">https://www.scholarshare529.com/</a>



## OVERVIEW

### BENEFITS AND BARGAINING

Represented employees may have different benefit packages based on their negotiated labor contracts.

### ELIGIBILITY FOR BENEFITS

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#### EMPLOYEE

An “Eligible Employee” is defined as:

1. A regular County employee who is
  - a. Working full-time
  - b. In an eligible part-time position
  - c. Temporarily transferred to a benefited limited position
2. An elected official and their exempt deputy or assistant

Any of the above employees that are new hires or return from a Leave of Absence or reduction in hours become eligible the month **following** their enrollment/return to work.

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

#### DEPENDENTS

Eligible dependents include:

1. Legally married spouse
2. Registered Domestic Partner (RDP)\*  
(California Family Code Section 297 or 299.2)
3. Children up to age 26 (natural, adopted, stepchildren, children of RDP\*)
4. Children over age 26 with a certified medical disability that was diagnosed prior to age 18 and are tax dependents

Dependents of employee’s children are not eligible unless the employee/spouse/RDP has legal guardianship, are fostering, or adopt the child(ren).

\* 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.



## **COVERAGE EFFECTIVE DATES**

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

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## **ENROLLING**

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, 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 can affect their 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 1<sup>st</sup> 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.

## LIFE EVENTS – CHANGES TO COVERAGE

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 foreign 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 occur:

1. Experience a Life Event - Examples of common life events:	
Birth or adoption of child	Child turning 26
Marriage	Divorce
	Loss of other group coverage*
	Gain other group coverage*
<p><b>*NOTE:</b> If the employee or dependent gains or loses either Medi-Cal or SCHIP/Healthy Families coverage under certain conditions, then there are <b>60 calendar days</b> to enroll in or waive County coverage. See the Flexible Benefits Plan Summary of Benefits document for a complete list of "Change in Status Events." <a href="https://personnel.saccounty.gov/Benefits/Pages/Documents.aspx">https://personnel.saccounty.gov/Benefits/Pages/Documents.aspx</a></p>	
2. Submit the request within 30 calendar days of a Life Event	
Make changes to coverage online at <a href="http://www.benefitbridge.com/saccounty">www.benefitbridge.com/saccounty</a>	
3. Provide supporting documentation – Supporting documents include: (within 7 calendar days of enrollment)	
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

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.

## 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.

If family court orders continued benefits for an ex-spouse, elect COBRA continuation coverage or purchase coverage privately; former spouses cannot stay on County coverage.



## MEDICAL PLANS

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

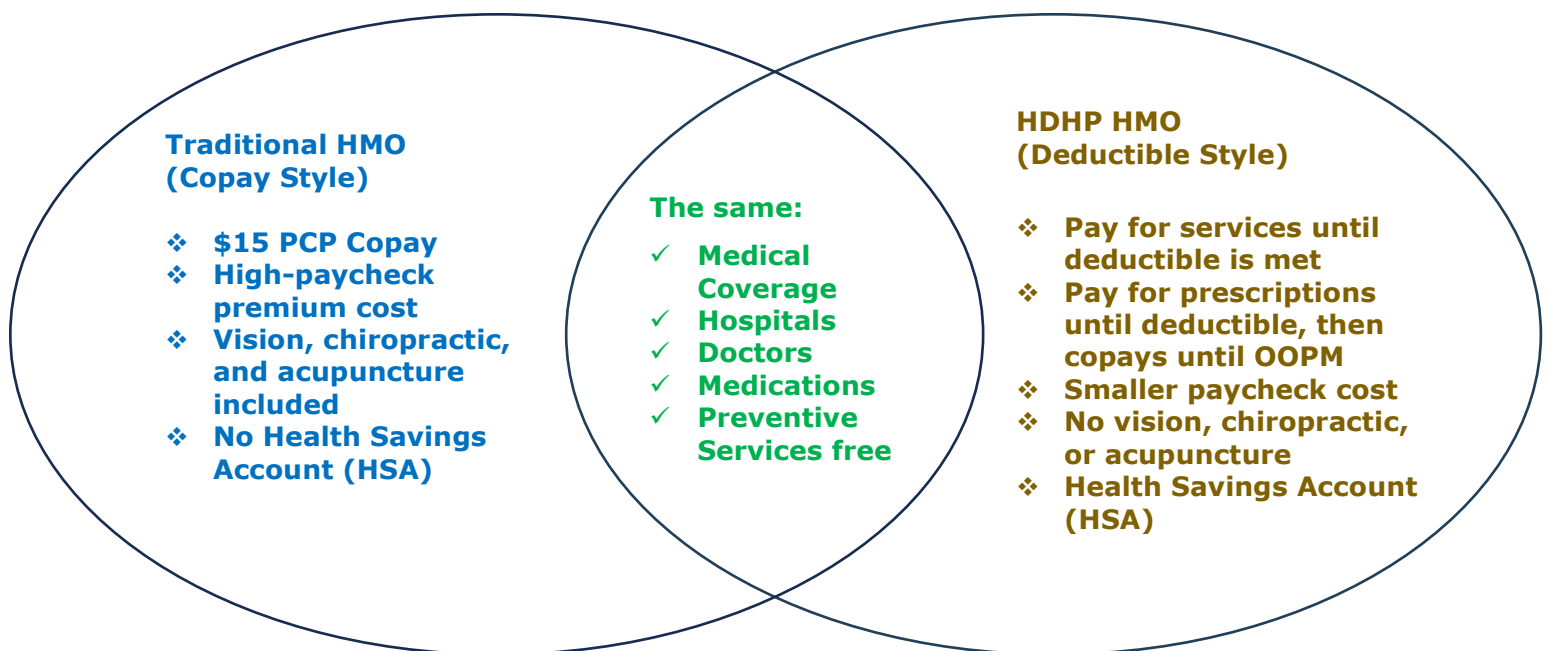
### HEALTH MAINTENANCE ORGANIZATION (HMO)

A primary care physician (PCP) directs all medical care and specialist referrals in a Health Maintenance Organization (HMO). Each family member may choose their own PCP and may have a different medical group. The PCP and/or medical group can be changed at any time by calling their plan's customer service number. 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 under an HMO.

### HIGH-DEDUCTIBLE HEALTH PLANS (HDHP)

High-Deductible Health Plans (HDHP) are still HMO plans that require PCP direction. In HDHP both medical (except for certain preventive care) and prescription expenses apply to the deductible. HDHP's are lower in monthly premiums than traditional HMO plans but have a larger out-of-pocket expense for services that are paid at the time of care. Once the plan participant reaches the deductible under the family plan, most services are covered at 100%. For individual coverage, prescription copayments are still made after the deductible is met until the out-of-pocket maximum (OOPM) is fulfilled. HDHP plans do not have vision benefits associated with the plan, but employees can elect a separate vision plan. Chiropractic and acupuncture services are also excluded from HDHPs.

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



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

### **Savings Example – Tier B Employee – Family Coverage**

#### **Kaiser**

Payroll Deduction Per Pay Period

Total Annual Payroll deduction

Copays (5 Visits, 5 prescriptions) - maximum copay/deductible

Payroll deduction and Copays and Out-of-Pocket Maximum

HDHP Savings with Out-of-Pocket Maximum

<b>Kaiser</b>	
<b>HMO</b>	<b>HDHP</b>
\$785.72	\$245.08
\$18,857.28	\$5,881.92
\$190.00	\$3,400.00
\$19,047.28	\$9,281.92
<b>\$9,765.36</b>	

### **Savings Example – Tier B Employee – Family Coverage**

#### **Sutter Health Plan (SHP)**

Payroll Deduction Per Pay Period

Total Annual Payroll deduction

Copays (5 Visits, 5 prescriptions) - maximum copay/deductible

Payroll deduction and Copays and Out-of-Pocket Maximum

HDHP Savings with Out-of-Pocket Maximum

<b>Sutter</b>	
<b>HMO</b>	<b>HDHP</b>
\$371.96	\$21.10
\$8,927.04	\$506.40
\$190.00	\$3,400.00
\$9,117.04	\$3,906.40
<b>\$5,210.64</b>	

### **Savings Example – Tier B Employee – Family Coverage**

#### **Western Health Advantage (WHA)**

Payroll Deduction Per Pay Period

Total Annual Payroll deduction

Copays (5 Visits, 5 prescriptions) - maximum copay/deductible

Payroll deduction and Copays and Out-of-Pocket Maximum

HDHP Savings with Out-of-Pocket Maximum

<b>WHA</b>	
<b>HMO</b>	<b>HDHP</b>
\$251.16	\$0.00
\$6,027.84	\$0.00
\$190.00	\$3,400.00
\$6,217.84	\$3,400.00
<b>\$2,817.84</b>	

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.

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

## HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
Group Number	600644-000	001001-00001	107272-A000-PR15ALI
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	None		
Annual Out-of-Pocket Limit	\$1,500/Individual--\$3,000/Family		
Deductible Included In Out-of-Pocket Limits	N/A		
Office Visit/Exam	\$15		
Outpatient Specialist Visit	\$15		
Outpatient Services (Preventive)			
Adult Periodic Exams with Preventive Tests	100% covered		
Well-Child Care			
Immunizations			
Well Woman Exams			
Mammograms			
Diagnostic X-Ray and Lab Tests			
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal)	\$15	100% covered	
Inpatient Hospital/Surgical Services			
Inpatient Hospitalization	100% covered		
Outpatient Facility Charge	\$15		
Emergency Services			
Emergency Room (Waived if Admitted)	\$35		
Air or Ground Ambulance	100% covered		
Mental Health Benefits			
Inpatient Care	100% covered		
Outpatient Care	\$15 individual/\$7 group	\$15 individual/\$7 group	
Substance Use Disorder			
Inpatient Hospitalization	100% covered (detox only)	100% covered	
Outpatient Services	\$15/individual/\$5 group	\$15 individual/\$5 group	
Prescription Drugs			
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 per year)	100% covered (3 visits/day)	100% covered	
Skilled Nursing or Extended Care Facility (limited to 100 days per calendar year)	100% covered		
Outpatient Rehabilitative Therapy Services (Physical, Occupational, Speech)	\$15		
Chiropractic Services; Calendar year limit	\$15; 30 visits		\$15; 20 medically necessary visits
Acupuncture Services; Calendar year limit	\$15 PCP referred	\$10; 30 visits	\$15; 20 medically necessary visits

## HIGH-DEDUCTIBLE HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
Group Number	600644-2001	001001-100001	107282-A000-W15L
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	\$1,700 Individual / \$3,400 Family		
Annual Out-of-Pocket Limit	\$3,400 Individual / \$3,400 Family		
Deductible Included in out-of-pocket limits?	Yes		
Office Visit / Exam/Outpatient Specialist	100% covered after deductible		
Outpatient Services (Preventive)			
Adult Periodic Exams with Preventive Tests	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 (Pre-Natal)	Deductible Waived		
Inpatient Hospital/Surgical Services			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Facility Charge			
Emergency Services			
Emergency Room, Ambulance	100% covered after deductible		
Mental Health Benefits			
Inpatient / Outpatient Care	100% covered after deductible		
Substance Abuse			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Services			
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 individual deductible, 100% after family deductible	
Mail Order	100 Day Supply	Up to 90 Day Supply	Up to 100 Day Supply
Most Generic (Formulary Tier 1)	\$10 after individual deductible	\$20 after individual deductible	
	100% covered after family deductible		
Most Brand (Formulary Tier 2)	\$20 after individual 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% after family deductible
Other Services and Supplies			
Durable Medical Equipment & Prosthetics Annual limits	100% covered after deductible \$2,500		100% covered after deductible
Home Health Care (limited to 100 visits/year)	100% covered after deductible (3 visits per day)	100% covered after deductible	
Skilled Nursing or Extended Care Facility-- limited to 100 days per calendar year	100% covered after deductible		
Outpatient Rehabilitative Therapy Services (Physical, Occupational, Speech)	100% covered after deductible		
Chiropractic Services; Calendar year limit	Not covered		
Acupuncture Services; Calendar year limit	Not covered		

## PLAN LIMITATIONS

Below is a summary of several important plan limitations associated with the County's medical benefits.

Limitation	Explanation	Potential Alternative Coverage
Out-of-Area Coverage	Coverage is only in the greater Sacramento Region and nearby areas.  Please contact Employee Benefits Office to inquire about the live-or-work rule. Coverage may not be applied to dependents based on the carrier's policy.	Employees or dependents residing out of the health plan coverage area may find that their preferred coverage is unavailable.  Please refer to the plan's Evidence of Coverage (EOC) documents of 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. 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 required by California law.	If on a HDHP, use HSA funds to help cover additional infertility services.
<b>NOTE: Always refer to the plan's Evidence of Coverage for complete details!</b>		

## 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](http://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 A(1)**, **Tier A(2)**, or **Tier B**.

### **TIER A (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 A(1) or Tier A(2). 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 domestic partners and/or dependents of domestic partners who do not meet the IRS definition of a tax dependent, are subject to applicable federal taxes and are imputed income but are exempt from State tax.*



## 2026 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 HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage, basic or enhanced.

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

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

Tier B	All bargaining units				Hired after 12/31/2006		
Monthly	Individual	\$ 784.86			Or opted in		
County Subsidy	Family	\$ 2,009.30					
		Kaiser		Sutter		WHA	
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium		\$ 1,400.26	\$ 977.42	\$ 1,075.86	\$ 801.40	\$ 981.06	\$ 752.20
Individual	Per Pay Period	\$ 307.70	\$ 96.28	\$ 145.50	\$ 8.27	\$ 98.10	\$ -
Contribution	Per Month	\$ 615.40	\$ 192.56	\$ 291.00	\$ 16.54	\$ 196.20	\$ -
	Per Year	\$ 7,384.80	\$ 2,310.72	\$ 3,492.00	\$ 198.48	\$ 2,354.40	\$ -
		Kaiser		Sutter		WHA	
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium		\$ 3,580.74	\$ 2,499.46	\$ 2,753.22	\$ 2,051.50	\$ 2,511.62	\$ 1,925.70
Family	Per Pay Period	\$ 785.72	\$ 245.08	\$ 371.96	\$ 21.10	\$ 251.16	\$ -
Contribution	Per Month	\$ 1,571.44	\$ 490.16	\$ 743.92	\$ 42.20	\$ 502.32	\$ -
	Per Year	\$ 18,857.28	\$ 5,881.92	\$ 8,927.04	\$ 506.40	\$ 6,027.84	\$ -

## 2026 MEDICAL PREMIUM COSTS - Tiers A2 and 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 HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage, basic or enhanced.

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

\*\*\* Sutter and WHA HMOs include basic vision coverage. 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										
		Kaiser		Sutter		WHA							
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***						
Total Monthly Premium		\$	1,400.26	\$	977.42	\$	1,075.86	\$	801.40	\$	981.06	\$	752.20
Individual Contribution	Per Pay Period	\$	125.73	\$	-	\$	-	\$	-	\$	-	\$	-
	Per Month	\$	251.46	\$	-	\$	-	\$	-	\$	-	\$	-
	Per Year	\$	3,017.52	\$	-	\$	-	\$	-	\$	-	\$	-
	If Cashback	\$	-	\$	-	\$	-	\$	43.25	\$	-	\$	66.10
		Kaiser		Sutter		WHA							
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***						
Total Monthly Premium		\$	3,580.74	\$	2,499.46	\$	2,753.22	\$	2,051.50	\$	2,511.62	\$	1,925.70
Family Contribution	Per Pay Period	\$	1,215.97	\$	675.33	\$	802.21	\$	451.35	\$	681.41	\$	388.45
	Per Month	\$	2,431.94	\$	1,350.66	\$	1,604.42	\$	902.70	\$	1,362.82	\$	776.90
	Per Year	\$	29,183.28	\$	16,207.92	\$	19,253.04	\$	10,832.40	\$	16,353.84	\$	9,322.80
	If Cashback	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
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										
		Kaiser		Sutter		WHA							
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***						
Total Monthly Premium		\$	1,400.26	\$	977.42	\$	1,075.86	\$	801.40	\$	981.06	\$	752.20
Individual Contribution	Per Pay Period	\$	286.68	\$	75.26	\$	124.48	\$	-	\$	77.08	\$	-
	Per Month	\$	573.36	\$	150.52	\$	248.96	\$	-	\$	154.16	\$	-
	Per Year	\$	6,880.32	\$	1,806.24	\$	2,987.52	\$	-	\$	1,849.92	\$	-
		Kaiser		Sutter		WHA							
		HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***						
Total Monthly Premium		\$	3,580.74	\$	2,499.46	\$	2,753.22	\$	2,051.50	\$	2,511.62	\$	1,925.70
Family Contribution	Per Pay Period	\$	1,376.92	\$	836.28	\$	963.16	\$	612.30	\$	842.36	\$	549.40
	Per Month	\$	2,753.84	\$	1,672.56	\$	1,926.32	\$	1,224.60	\$	1,684.72	\$	1,098.80
	Per Year	\$	33,046.08	\$	20,070.72	\$	23,115.84	\$	14,695.20	\$	20,216.64	\$	13,185.60

## VISION BENEFITS

Vision coverage is available to all Eligible Employees. If an employee has a traditional HMO medical plan through Kaiser, Kaiser vision coverage is included. They can choose to purchase VSP coverage at either standard basic or enhanced buy-up level, but it does not coordinate services with Kaiser’s vision coverage.

If the employee has a traditional HMO medical plan through Sutter or Western Health Advantage, the standard basic Vision Services Plan (VSP) vision coverage is included in their premium, but they can choose to upgrade to the enhanced buy-up VSP plan and pay the difference premium.

If the employee has waived medical coverage or is enrolled in one of the high-deductible health plans (HDHP), they have the option to purchase VSP vision coverage at either the basic or enhanced buy-up level.

The 2026 costs for the voluntary vision plans are:

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

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

*\*\* The difference is the amount that those in an HMO medical plan coverage with Sutter and Western Health Advantage would pay if electing the VSP enhanced buy-up plan.*

The following are summaries of VSP vision benefit plans:

## Standard Base Plan

VSP Coverage (Group No. 30015915-0001)

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Standard Base Plan Coverage with a VSP Provider			
WellVision Exam	Focuses on eyes and overall wellness	\$15 for exam and glasses	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"><li>• \$130 allowance for a wide selection of frames</li><li>• \$150 allowance for featured frame brands</li><li>• 20% savings on the amount over the allowance</li><li>• \$70 Walmart, Sam’s Club®, Costco® frame allowance</li></ul>	Combined with exam	Every other calendar year
Lenses	<ul style="list-style-type: none"><li>• Single vision, lined bifocal, and lined trifocal lenses</li><li>• Impact-resistant lenses for dependent children</li></ul>	Combined with exam	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"><li>• Standard progressive lenses</li><li>• Premium progressive lenses</li><li>• Custom progressive lenses</li><li>• Average savings of 30% on other lens enhancements</li></ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"><li>• \$130 allowance for contacts</li><li>• 15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every calendar year
Essential Medical Eye Care	<ul style="list-style-type: none"><li>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Retinal screening for eligible members with diabetes. Coordination with medical coverage may apply. Ask a VSP doctor for details. Available as needed.</li></ul>	\$0 per screening \$20 per exam	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <b>vsp.com/offers</b> for details.</li><li>• 20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of their last WellVision Exam.</li></ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"><li>• No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li></ul>		
See the appropriate plan EOC for more details on coverage and exclusions			

## Enhanced Buy-Up Plan

VSP Coverage (Group No. 30015915-1000)

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Enhanced Buy-Up Plan Coverage with a VSP Provider			
WellVision Exam	Focuses on eyes and overall wellness	\$15 for exam and glasses	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"><li>• \$130 allowance for a wide selection of frames</li><li>• \$150 allowance for featured frame brands</li><li>• 20% savings on the amount over the allowance</li><li>• \$70 Walmart, Sam’s Club®, Costco® frame allowance</li></ul>	Combined with exam	Every calendar year
Lenses	<ul style="list-style-type: none"><li>• Single vision, lined bifocal, and lined trifocal lenses</li><li>• Impact-resistant lenses for dependent children</li></ul>	Combined with exam	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"><li>• Standard progressive lenses</li><li>• Premium progressive lenses</li><li>• Custom progressive lenses</li><li>• Average savings of 30% on other lens enhancements</li></ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"><li>• \$130 allowance for contacts; copay does not apply</li><li>• Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every calendar year
Essential Medical Eye Care	<ul style="list-style-type: none"><li>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Retinal screening for eligible members with diabetes. Coordination with medical coverage may apply. Ask a VSP doctor for details. Available as needed.</li></ul>	\$0 per screening \$20 per exam	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <b>vsp.com/offers</b> for details.</li><li>• 20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of their last WellVision Exam.</li></ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"><li>• No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li></ul>		
VSP EasyOptions	<b>Choose one of these upgrades each calendar year</b> <ul style="list-style-type: none"><li>• An additional \$120 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$70 contact lens allowance</li></ul>		
See the appropriate plan EOC for more details on coverage and exclusions			

With so many in-network choices, VSP makes it easy to get the most out of the benefits. Participants will have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider. Coverage with a participating retail chain may be different. Once the benefit is effective, visit **vsp.com** for details. 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. Based on applicable laws, benefits may vary by location. In Washington state, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

### **Hearing Benefits**

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

Additional information, including coverage details and a FAQ document, can be found at the Employee Benefits Office resource page:

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



## DENTAL BENEFITS

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

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

Plan Benefit Highlights for:		County of Sacramento – Group Number 02476-0001			
Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26				
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P), Sealants and Orthodontics?	\$25 per person / \$75 per family each calendar year				
	Yes				
<b>Maximums</b> D & P counts toward maximum?	<b>Delta Dental PPO dentists:</b> \$2,500 per person each calendar year <b>Non-Delta Dental PPO dentists:</b> \$2,000 per person each calendar year				
	Yes				
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None	

Benefits and Covered Services*	Delta Dental PPO-dentists**	Non-Delta Dental PPO dentist**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, and x-rays	100%	80 %
<b>Basic Services</b> Fillings, posterior composites, and sealants	90 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	90 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	90 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	90 %	80 %
<b>Major Services</b> Crowns, inlays, onlays, and cast restorations	90 %	80 %
<b>Prosthodontics</b> Bridges, dentures, and implants	90 %	80 %
<b>Temporomandibular Joint (TMJ) Benefits</b>	90 %	80 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	\$2,500	\$2,500
<b>Dental Accident Benefits</b>	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.*

Additional information, including coverage details and a FAQ document can be found at the Employee Benefits Office resource page:

<https://personnel.sacounty.gov/Benefits/Pages/Resources.aspx>

## HEALTH SAVINGS ACCOUNT (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 coverage that can offset their deductible expenses to be eligible to contribute to an HSA. The employee may enroll, change, or stop their contributions to the HSA at any time throughout the year without a qualifying event. Changes to their 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 their account balance. Debit cards are provided for convenience. Enrollment in a General-Purpose Flexible Spending Account and an HSA at the same time is prohibited. However, enrollment is allowed in a Limited-Purpose Flexible Spending Account along with an HSA. See more information in the FSA section of this summary.

### Some of the benefits of an HSA are:

- Contributions, earnings, and interest are exempt from Federal (not State) taxes;
- Distributions are tax-free when used for qualified medical expenses;
- Assets roll over from year-to-year—no “use it or lose it”;
- Change the contribution at any time all year but no “front loading”;
- The HSA is portable, so the participant can use the assets even if they leave the County.
- Contribute significantly more than the HDHP-deductible and save for future medical costs.

### To contribute to an HSA, it is required to:

- Be enrolled in an HDHP;
- Have no other non-HDHP health coverage (except the Limited Purpose FSA);
- Not be enrolled in Medicare Part A and/or Part B;
- Not have received VA medical benefits over the past three months;
- Not be able to be claimed as a dependent on someone else's tax return.
- Not be covered as a dependent on another medical plan that is not also an HDHP.

HSA contribution maximums are set by the IRS. For 2026, the maximums are:

Coverage	Under Age 55	Age 55+
Individual	\$4,400	\$5,400
Family	\$8,750	\$9,750

Once enrolled in the HDHP and the HSA account is established, contributions will be pre-tax via payroll deduction, and contributions will be sent to the HDHP carrier's HSA financial partner. The financial institution in which the HSA is established is based on the medical carrier selected. The employee incurs a **\$2/monthly administrative fee for the Optum HSA** (Kaiser/Sutter HDHPs) unless the account has a balance of \$5,000 or more; HealthEquity's fee is covered by WHA.

The balance in a General Medical Reimbursement Account (FSA) must be exhausted at the end of the calendar year or when the grace period has expired before contributing to the HSA. However, one can have a Limited Purpose Medical Reimbursement Account (FSA) and contribute to an HSA (see the Limited Medical Reimbursement Account information later in this Benefits Summary).

If the employee switches from an HDHP to a traditional HMO or turns 65 and does not delay Medicare enrollment as an Active employee, they are no longer eligible to contribute to an HSA, but they can continue to use the account until it is depleted. Non-qualified withdrawals are considered taxable income, and a 20% penalty will apply if they are under 65.

## **RETIREE HEALTH SAVINGS PLAN (RHSP) Plan Number 801033**

### **What is the Retiree Health Savings Plan (RHSP)?**

The Retiree Health Savings Plan (RHSP) is a post-employment health savings benefit where the County contributes \$5, \$25, or \$30 per pay period based on their REO into their RHSP account to be used for reimbursement of qualified health expenses. This plan does not allow employee contributions. Upon separation from County employment (for any reason) they may use the funds for reimbursement for themselves, their eligible spouse, and/or their eligible dependents.

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

If an employee's REO has negotiated for them to participate in the program, enrollment is automatic for eligible employees. At the time of publishing this summary, some REOs were bargaining and may have since changed their RHSP participation. Thus, check your labor agreement for participation in the RHSP.

<b>Bargaining units</b>	<b>Amount Per Pay Period</b>
002, 004, 008	\$5
003, 005, 007, 010, 013, 014, 018, 019, 020, 021, 024, 027, 029, 030, 032, 033	\$25
001, 006, 016, 017, 026, 028, 031, 034, 050, 080, Elected Officials, Board of Supervisors	\$30
022, 023, 025	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 access your account online at [www.missionsq.org](http://www.missionsq.org).

## FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) permit employees to set money aside on a pre-tax basis, via payroll deduction, for eligible health or dependent care expenses not covered by insurance or other benefit plans. Each year, 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 or the date employment terminates.

### 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. The General-Purpose or Limited-Purpose MRA allows up to \$3,300 for the 2026 calendar year to pay for qualified unreimbursed health expenses.

## **DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)**

Pre-tax contributions can be used to pay for qualified childcare or dependent care expenses necessary for the employee and their spouse (registered domestic partner is not included in this definition) to continue working or going to school full-time. This is a separate election from the MRA, and one does not need to enroll in the MRA to elect the DCRA.

The DCRA allows pre-tax contributions up to \$5,000 per year if married and filing a joint return or as a single parent. The DCRA allows pre-tax contributions up to \$2,500 for the DCRA if married and filing separate tax returns. Depending on plan statistics throughout the year, the maximum amount could be lowered. If this happens, participants are notified.

## **FOR FSAs - MRA, LMRA, AND DCRA**

### **When can I enroll?**

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 1 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.

## 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/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, depending on their bargaining unit.

Employees in bargaining units 005 and 008 (UPE) have \$5,000 in dependent coverage available and must enroll dependents 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	Basic Dependent Life Coverage
005, 008	\$15,000	\$5,000*
020, 021, 024, 027, 029, 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	65—69	70+
Value	\$.05	\$.06	\$.08	\$.09	\$.10	\$.15	\$.23	\$.43	\$.66	\$1.27	\$2.06



## OPTIONAL LIFE INSURANCE

In addition to County paid basic 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)
1A	1 time salary up to \$50,000
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)

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.

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 Issue Level
\$10,000	Lessor of \$250,000 or 100% of employee amount	\$30,000

## HOW MUCH DOES THE OPTIONAL COVERAGE COST FOR EMPLOYEE AND SPOUSE/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 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

\$0.06

## 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 with no underwriting.

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.

Enroll online at [www.benefitbridge.com/saccounty](http://www.benefitbridge.com/saccounty). Employees can apply at any time during the year or increase their coverage, but again 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 \$600,00 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.

## 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.

### 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 employee amount	Lessor of \$15,000 or 50% of employee amount
Step Increment Amount	\$10,000	\$5,000	\$2,500
Guaranteed Issue Level	\$60,000	\$30,000	All amounts guaranteed

Critical Illness coverage for employee, spouse, and child is offered at the guaranteed maximum amount without providing proof of good health through underwriting or medical questionnaires (Evidence of Insurability (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](http://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.

**Employee Coverage  
Monthly Rates**

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

**Spouse Coverage\*  
Monthly Rates**

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

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

**Children Coverage  
Monthly Rates**

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

## LONG-TERM DISABILITY (LTD)

The County of Sacramento offers long-term disability (LTD) coverage for employees. This coverage is not available for spouses, domestic partners, or children. LTD can help when an illness or injury prevents 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, 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 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 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	\$0.16
35 - 39	\$0.27
40 - 44	\$0.42
45 - 49	\$0.67
50 - 54	\$0.84
55 - 59	\$0.90
60-99	\$0.94

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

Another example: employee is age 58 and has \$13,500 in base wages/covered payroll, the cost would be \$121.50 per month, or \$60.75 per paycheck.

## LONG-TERM CARE (LTC)

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 interest rate. There are exclusions for suicide within two years of the date of issuance.

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

## HOW MUCH DOES THE COVERAGE COST?

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

This benefit is post-tax and does not run through payroll but rather is set up directly with the carrier as a bank account deduction. When enrolling, have 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

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

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

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

Smoker Rate								
Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$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

## DEFERRED COMPENSATION

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

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

Fidelity Investments is the recordkeeper of both the 457(b) Plan and the 401(a) Plan.

### ELIGIBILITY

**457(b) Plan (Pre-Tax and Post-Tax ROTH)** - The 457(b) Plan is a voluntary savings plan for eligible County employees that allows deferral of compensation while working into an account with the goal of having additional income in retirement. The 457(b) Part-time, Seasonal, and Temporary plan (the PST Plan) is 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.

**401(a) Plan** - County employees in specific Recognized Employee Organizations are eligible to participate. A participant in the 401(a) Plan must be contributing 1% or more of gross pay into the 457(b) Plan to receive matching into the 401(a) Plan. Enrollment in this plan is automatic. If an employee's contribution into the 457(b) Plan drops below 1% of their gross pay each pay period and 1% of their annual gross pay, the County's matching contribution to the 401(a) Plan for that employee will stop for the remainder of the calendar year. Remember when calculating the 457(b) contribution for a final check, the 1% of gross pay includes vacation cash out, holiday in lieu, compensatory time off, vacation, and potentially sick leave payouts.

### CONTRIBUTIONS

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

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

- The 2026 maximum for participants under age 50 projection is \$24,500\*
- The 2026 maximum for participants ages 50-59, 64+ projection is \$32,500\*
- The 2026 maximum for participants ages 60-63 projection is \$36,500\*
- The 2026 maximum for the special 3-year catch-up projection is \$49,000\*

*\*Any 2026 IRS increases (if any) were not available at the time this summary was printed, and these maximums are estimated projections.*



Contribution amounts may be changed at any time by contacting Fidelity. Contribution changes made will take effect within two pay periods.

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

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

**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 by contacting Fidelity.

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

- Large balance payouts such as vacation, HIL, CTO, (and 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 maximum.
- Please contact the Employee Benefits Office at: (916) 874-2020 or email at [Mybenefits@saccounty.gov](mailto:Mybenefits@saccounty.gov) to obtain a Final Compensation Amendment or learn more about the program.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The County Employee Assistance Program (EAP) is administered by Magellan Healthcare. Whether the employee is just beginning their career, has been working for a while, or is nearing retirement, we recognize that employees have changing needs at work and at home and could benefit from a comprehensive program designed to assist with a variety of services, including counseling, financial coaching, work-life issues, legal services, etc. The EAP is a great resource to help with checking off daily tasks and managing complex issues.

### Key features

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

### Services to help 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.

### How to access the Employee Assistance Program:

EAP is available 24/7/365:

- Call (800) 327-0632 to contact the appropriate resource or professional
- Learn more about all the services available at <https://member.magellanhealthcare.com/>



## LEAVE OF ABSENCE (LOA)

There are times during 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@sacounty.gov](mailto:DRRMail@sacounty.gov) or online at [www.payment-express.net/pay/ca-sacramento-drr](http://www.payment-express.net/pay/ca-sacramento-drr). **Failure to pay the employee share of health premiums may result in cancellation of health benefits. In some cases, employees may 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.

## **LIFE EVENTS WHILE ON LEAVE**

If during a leave of absence the employee experiences a life status change such as getting married or having a baby, they must complete and submit a life event enrollment form within 30 calendar days to the Employee Benefits Office via email at [MyBenefits@sacounty.gov](mailto:MyBenefits@sacounty.gov). Remember **a newborn or new spouse is not automatically added to the County's health coverage!** If the employee misses the 30-day timeframe, they cannot make changes to coverage until Open Enrollment or another life event. Since the length of the leave and the leave type play a significant role in how coverage is impacted, employees should contact the Employee Benefits Office staff immediately with any questions.

## **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 EMPLOYEE BENEFITS**

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### **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](http://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 they purchase 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 [www.SacRegion511.org](http://www.SacRegion511.org) to access a guaranteed ride home. For more details, see the flyer here:

<https://insideet.saccounty.gov/Documents/RideHome.pdf>

#### **Commuter Club**

Join 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 7<sup>th</sup> Street and H Street) anytime between 7:00 AM and 6:00 PM.

## PET INSURANCE

Employees can obtain pet insurance through ASPCA Pet Health Insurance at <https://www.aspcapetinsurance.com/saccounty>. 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.

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

Other discounts for all kinds of providers are available through the County Employee Assistance Program (EAP) <https://member.magellanhealthcare.com/>. Just log-in and then search for Discount Center, 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.

## 529 COLLEGE SAVINGS PROGRAM

The County of Sacramento offers the the State of California's ScholarShare529 College Savings Plan on a voluntary basis to save for dependent's educational expenses. ScholarShare529 offers an easy and tax-advantaged way to save for education expenses and enjoy tax-free growth to use for the employee or a beneficiary. To find out more about ScholarShare 529 accounts:

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

As of 2024, money saved in a 529 plan for 15 years can be converted into a Roth post-tax Individual Retirement Account (IRA), up to a lifetime limit of \$35,000. Contributions made in the past five (5) years cannot be rolled over, but this allows unused college funds up to the limit to be moved to IRA retirement savings. Additionally, some of 529 funds can be used towards student loans, up to \$10,000 per plan beneficiary and the beneficiary's siblings. The 529 has the ability to transfer funds to another beneficiary, take withdrawals with taxes and penalties, and the ability to withdraw up to the amount of a college scholarship penalty-free. To take advantage of this program and to learn more about these new plan flexibilities, contact ScholarShare at (800) 544-5248.

## CONTINUATION COVERAGE (COBRA)

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### 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](mailto:MyBenefits@saccounty.gov).





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

## Plans and Group Numbers

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

**Remember to keep addresses and beneficiaries up to date!**

**COUNTY OF SACRAMENTO • DEPARTMENT OF PERSONNEL SERVICES • EMPLOYEE BENEFITS OFFICE**  
**700 H Street, Room 4650, Sacramento, CA 95814**  
**Phone (916) 874-2020 • Fax (916) 874-4621**  
**Email: [MyBenefits@saccounty.gov](mailto:MyBenefits@saccounty.gov)**  
**<http://personnel.saccounty.gov/Benefits>**