

Thank you for joining!

We will get started
shortly!



HMO Plans vs. High-Deductible Plans

Understanding the Difference

Employee Benefits Team
September 2025

MEDICAL PLAN OPTIONS

KAISER PERMANENTE

SUTTER HEALTH PLUS

**WESTERN HEALTH
ADVANTAGE**

**YOU CAN CHOOSE
EITHER**

**Health Maintenance
Organization (HMO)**

OR

**High Deductible Health
Plan (HDHP)**



High-Deductible Health Plan

HDHP

- As its name implies, this plan has a higher deductible than a traditional insurance plan, but the monthly premium is usually much lower. You pay more health care costs yourself—until you hit your deductible and insurance kicks in and shares the cost.
- A [high deductible plan \(HDHP\)](#) is the only plan that can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

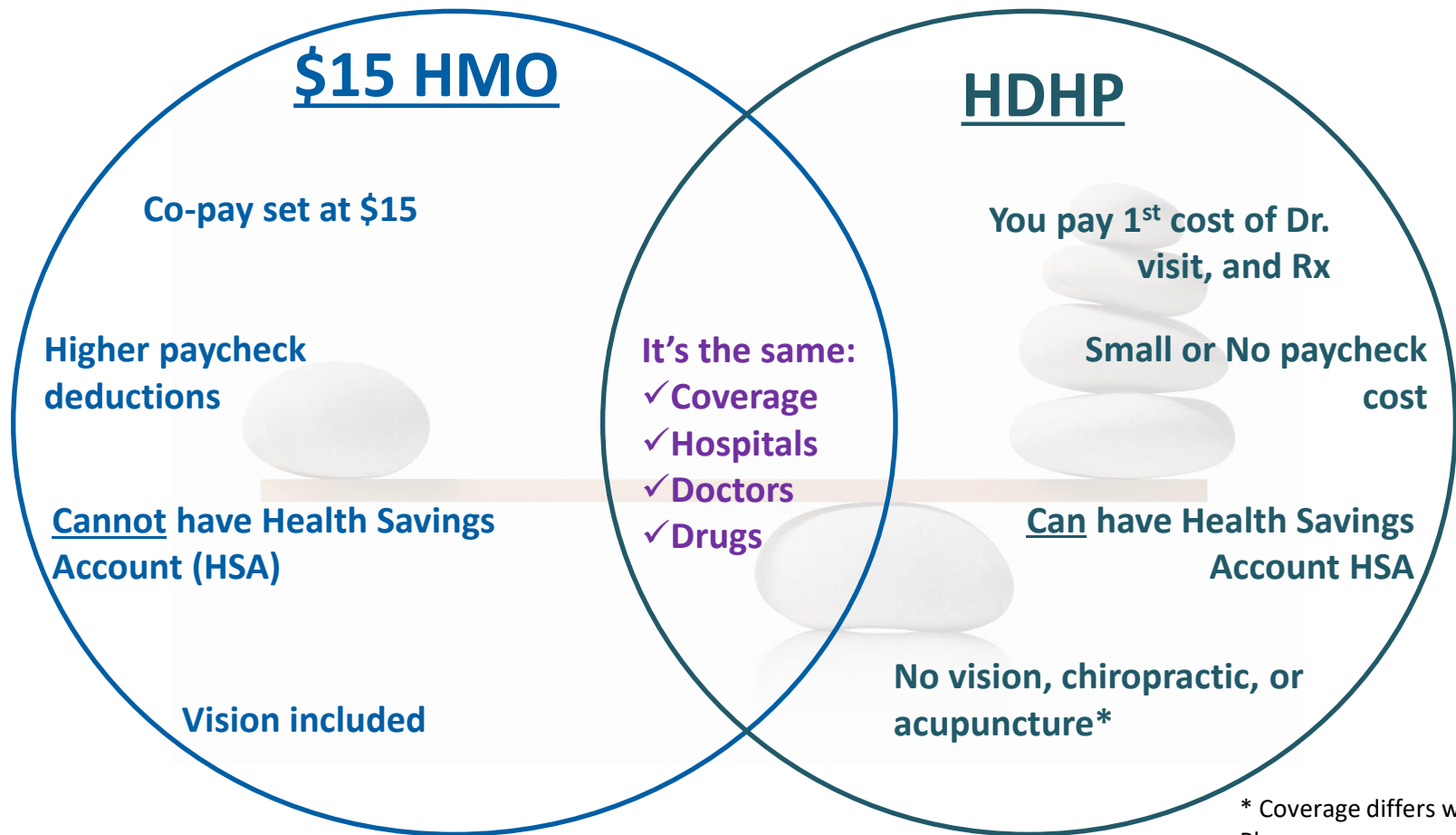


Health Maintenance Organization HMO

A health maintenance organization (HMO) typically provides integrated care and focuses on prevention and wellness. Coverage generally limited to care from in-network doctors/hospitals/medical providers (who work for or contract with the HMO). An HMO generally won't cover out-of-network care except in the case of an emergency. And an HMO may require you to live or work in its service area to be eligible for coverage.



\$15 HMO AND HDHP COVERAGE



* Coverage differs with Plans

Preventative services are FREE

HIGH DEDUCTIBLE-ALL PLANS

Single Deductible \$1,700-(2026)

- You pay the first \$1,700 for medical and prescriptions
 - Covered medical services covered at 100% after \$1,700
- Then only copays on prescriptions until you reach \$3,400 annual total
 - Prescriptions covered at 100% after \$3,400



Family Deductible \$3,400-(2026)

- You pay the first \$3,400 (shared between all family)
 - Then all covered services are covered at 100% for the remainder of the year for all family
-



Vision Benefits - VSP

- Vision is bundled with the HMO plans
- Option to elect voluntary vision coverage if:
 - Waived medical coverage
 - Enrolled in a High-Deductible plan
- Enhanced plan option
 - Frame allowance every 12 months
 - Choose upgrade option
 - Frame/contact lens allowance
 - Anti-reflective lenses
 - Progressive lenses
 - Light-reactive transition lenses



Vision Benefits - VSP

- Employee single coverage cost
 - \$5.16/month for basic
 - \$9.94 for enhanced
- Employee family coverage cost
 - \$13.22/month for basic
 - \$25.47 for enhanced.
- Coverage details can be found at:
<https://personnel.saccounty.gov/Benefits/Pages/Resources.aspx>

Example HDHP Savings

Per Year Saving - Tier B		Employee Only Coverage
Kaiser		
HMO*	HDHP**	Saving
\$ 7,384.80	\$ 2,310.72	\$5,074.08
Sutter		
\$ 3,492.00	\$ 198.48	\$3,293.52
WHA		
\$ 2,354.40	\$ -	\$2,354.40
Per Year Saving		Family Coverag
Kaiser		
HMO*	HDHP**	Saving
\$ 18,857.28	\$ 5,881.92	\$12,975.36
Sutter		
\$ 8,927.04	\$ 506.40	\$8,420.64
WHA		
\$ 6,027.84	\$ -	\$6,027.84

Billing and Charges

Doctors

HD visits might mean the bill comes after the encounter



- Timing of charges may not be real time.
- Prescriptions charges are due at pick-up; medical services billing can vary. Keep track of your receipts. Use websites or apps to confirm encounters and payments.
- May need to use personal funds and apply for reimbursement when funds become available.

HSA must be open and active to reimburse future expenses, no reimbursements for past claims allowed.

Rx

Pay when you pick up prescription

HSA Debit card can track payments...always keep track of your charges, and call Customer Service when over the deductible!

Health Savings Accounts (HSA)

You can set aside much more than your total annual deductible exposure !

SINGLE ANNUAL MAX

\$4,400 (<55)

\$5,400 (>55)

FAMILY ANNUAL MAX

\$8,750 (<55)

\$9,750 (>55)

Tax free
in, and
out

Annual
roll over

Instant
vesting

Earns
interest

Portable
& can use
when
retired

Cashable

Use on
other
family
members

Survivor
ability

Premiums
at Age 65

- ✓ Use it for medical, dental, vision, acupuncture, chiro & Rx
- ✓ Change the contribution amount anytime all year
- ✓ Coverage must be an HDHP and nothing else (no other group coverage that is not an HSA HD plan, no other FSA)
- ✓ No "front load" of HSA, consider cushion for next year

HSA Partners

Kaiser HDHP = Optum Bank
Sutter HDHP

WHA HDHP= Health Equity

HSA and Medicare

- UNDER 65 –
 - Can contribute to HSA on post-tax basis until Medicare entitlement
- OVER 65 -
 - Once RHSP funds are depleted, no more HSA contributions are allowed because of Medicare entitlement.

Open Enrollment

October 1, 2025,
through October 31,
2025

Supporting documents
due by November 7,
2025

BenefitBridge
(online enrollment)

In-person fairs, vendor
presentations, and
virtual Airbo site

Watch communications
through mail, email,
SacCounty News, and
the EBO website

Medical Tiers

- The County contributes toward medical coverage (medical subsidy based on tier)
 - **Tier B:** All Units hired after 12/31/2006 or voluntarily moved to Tier B
 - **Tier A1:** all bargaining units except 003, 006, 017, 019, and 030, hired before 1/1/2007
 - **Tier A2:** Bargaining units 003, 006, 017, 019, and 030, hired before 1/1/2007
 - You pay pre-tax payroll deductions for any premium amount over the subsidy
-

Medical Tiers



- 2026 monthly subsidy for County medical coverage:
 - Tier B
 - Employee only \$784.86/month,
 - Family \$2009.30/month
 - Tier A1
 - Employee only and family \$826.90 (frozen)
 - Tier A2
 - Employee only and family \$1,148.80 (frozen)
 - Tier A1-A2 employees can move to Tier B
 - Cost-savings for family coverage
 - Cannot return to Tier A
 - Lose potential Cashback or PSI incentives in Tier A1 or A2
 - No effect on your medical choice or your pension
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MEDICAL PLAN PREMIUMS - 2026 (Tier B)

County provides a monthly medical subsidy; any extra costs are paid by EE:

Tier B: all bargaining units hired After 12/31/2006

ER Subsidy Employee Only = \$686.30/month, ER Subsidy Family= \$1,756.98/month
(80% of the lowest HMO plan and is reset every year)

Plan		Kaiser HMO	Kaiser HDHP	Sutter HMO	Sutter HDHP	WHA HMO	WHA HDHP
	Per Pay Period - Individual	\$ 307.70	\$ 96.28	\$ 145.50	\$ 8.27	\$ 98.10	\$ -
	Per Month - Individual	\$ 615.40	\$ 192.56	\$ 291.00	\$ 16.54	\$ 196.20	\$ -
	Per Year - Individual	\$ 7,384.80	\$ 2,310.72	\$ 3,492.00	\$ 198.48	\$ 2,354.40	\$ -
	Per Pay Period - Family	\$ 785.72	\$ 245.08	\$ 371.96	\$ 21.10	\$ 251.16	\$ -
	Per Month - Family	\$ 1,571.44	\$ 490.16	\$ 743.92	\$ 42.20	\$ 502.32	\$ -
	Per Year - Family	\$ 18,857.28	\$ 5,881.92	\$ 8,927.04	\$ 506.40	\$ 6,027.84	\$ -

MEDICAL PLAN PREMIUMS - 2026 (Tier A1)

County provides a monthly medical subsidy; any extra costs are paid by EE:
 Tier A1 - all bargaining units except 003, 006, 017, 019, and 030, hired before 1/1/2007, and have not voluntarily selected Tier B
 ER Subsidy – single and family \$826.90 (frozen)



Plan	Kaiser HMO	Kaiser HDHP	Sutter HMO	Sutter HDHP	WHA HMO	WHA HDHP
 Per Pay Period - Individual	\$ 286.68	\$ 75.26	\$ 124.48	\$ -	\$ 77.08	\$ -
Per Month - Individual	\$ 573.36	\$ 150.52	\$ 248.96	\$ -	\$ 154.16	\$ -
Per Year - Individual	\$ 6,880.32	\$ 1,806.24	\$ 2,987.52	\$ -	\$ 1,849.92	\$ -
 Per Pay Period - Family	\$ 1,376.92	\$ 836.28	\$ 963.16	\$ 612.30	\$ 842.36	\$ 549.40
Per Month - Family	\$ 2,753.84	\$ 1,672.56	\$ 1,926.32	\$ 1,224.60	\$ 1,684.72	\$ 1,098.80
Per Year - Family	\$ 33,046.08	\$ 20,070.72	\$ 23,115.84	\$ 14,695.20	\$ 20,216.64	\$ 13,185.60

MEDICAL PLAN PREMIUMS - 2026 (Tier A2)

County provides a monthly medical subsidy; any extra costs are paid by EE:

Tier A2 - bargaining units 003, 006, 017, 019, and 030, hired before 1/1/2007, and have not voluntarily selected Tier B

ER Subsidy – single and family \$1,148.80 (frozen)

Plan	Kaiser HMO	Kaiser HDHP	Sutter HMO	Sutter HDHP	WHA HMO	WHA HDHP
 Per Pay Period - Individual	\$ 125.73	\$ -	\$ -	\$ -	\$ -	\$ -
Per Month - Individual	\$ 251.46	\$ -	\$ -	\$ -	\$ -	\$ -
Per Year - Individual	\$ 3,017.52	\$ -	\$ -	\$ -	\$ -	\$ -
 Per Pay Period - Family	\$ 1,215.97	\$ 675.33	\$ 802.21	\$ 451.35	\$ 681.41	\$ 388.45
Per Month - Family	\$ 2,431.94	\$ 1,350.66	\$ 1,604.42	\$ 902.70	\$ 1,362.82	\$ 776.90
Per Year - Family	\$ 29,183.28	\$ 16,207.92	\$ 19,253.04	\$ 10,832.40	\$ 16,353.84	\$ 9,322.80



Contact Resources

- Employee Benefits Office: 916-874-2020 or mybenefits@saccounty.gov;
<https://personnel.saccounty.net/Benefits/Pages/default.aspx>
- Kaiser – 800-464-4000
- Sutter – 855-315-5800
- WHA – 888-563-2250
- Optum (HSA provider for Kaiser and Sutter)
844-326-7967
- Health Equity (HSA provider for WHA)
877-300-4987

Questions

What questions can we answer?

Thank you for your time!

