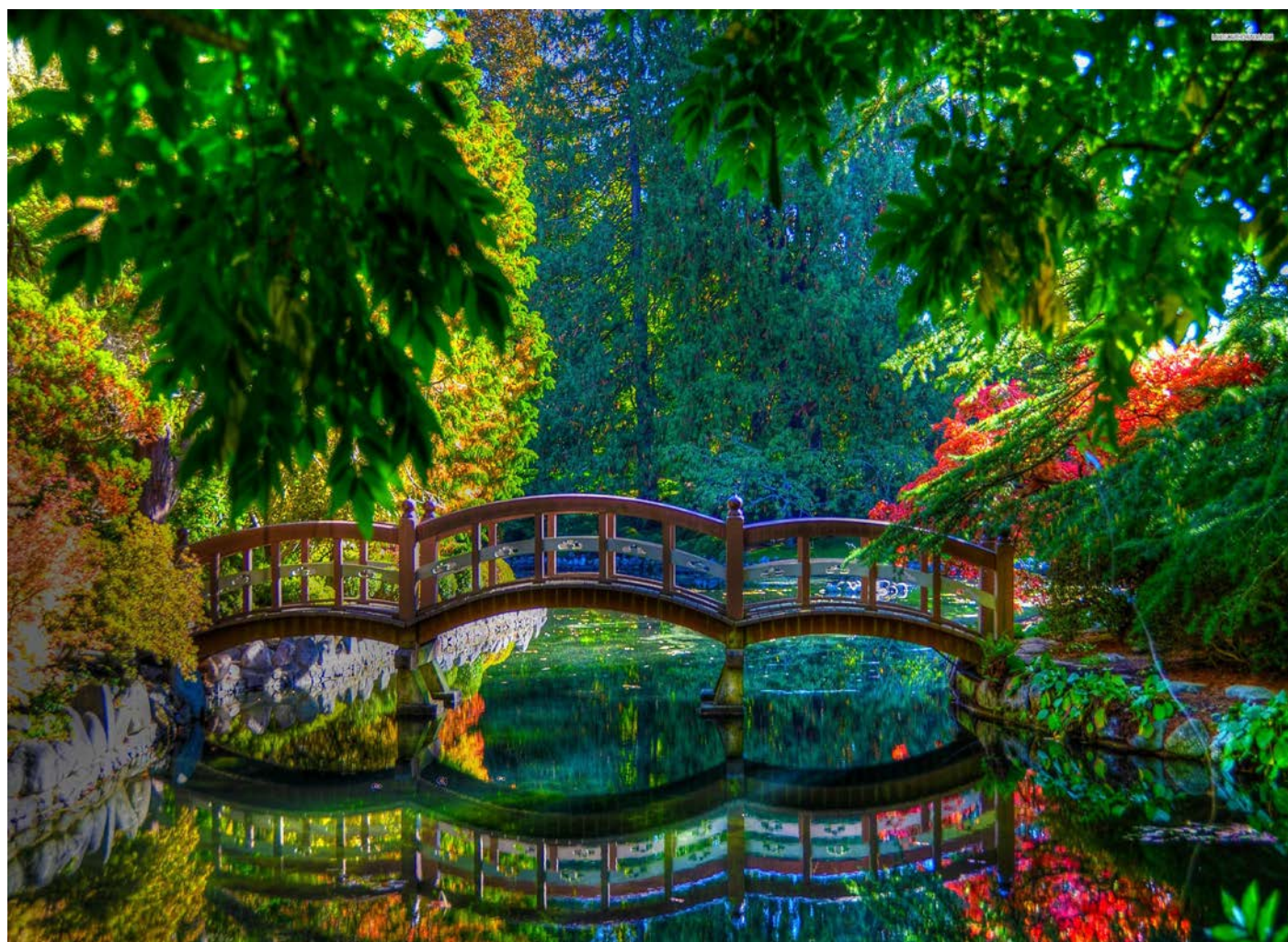


2021 MyBenefits Summary

Helping you make informed choices so you and your family members live and play well



COBRA
SACRAMENTO
COUNTY

INTRODUCTION

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

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

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

DISCLAIMER

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

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

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OVERVIEW

As a participant in the COBRA program for the County of Sacramento, you have a variety of benefits available to you. This Summary provides an overview of:

Medical Plans
Dental Coverage

Vision Benefits
Retiree Health Savings Plan

ALTERNATIVE COVERAGE OPTIONS

In addition to continuing your benefits under COBRA, you also have the option to review coverage options on the Health Insurance Marketplace, for California residents you would apply through Covered California.

Benefits of eligibility through Covered California may include cost-sharing reductions and a tax credit that lowers the monthly premiums. The County's COBRA offer does not limit eligibility for coverage or for a tax credit. You do have a limited timeframe to apply for coverage on the Marketplace. If you miss the window you will likely have to wait until the next open enrollment period to apply for Marketplace coverage. Certain qualifying events may allow you to apply outside of open enrollment.

Terminating COBRA coverage early or not paying the monthly premiums will not be considered a qualifying event to allow you to enroll in coverage through the Marketplace. Early termination of COBRA simply means you did not continue benefits for the full length of your eligibility period. *(Ex. If you were eligible for 18 months of coverage and only continued coverage for 7 months then cancelled, this is considered an early termination).*

You can also determine whether you or your dependents qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP) through the Marketplace. Eligible individuals can apply for and enroll in Medicaid and CHIP at any time. For more information about the Marketplace, including information about Medicaid or CHIP eligibility, visit

HealthCare.gov, or <http://www.coveredca.com/>.



GENERAL INFORMATION

QUALIFIED BENEFICIARIES

An event occurred while you were enrolled in the active employee or retiree health coverage that triggered your loss of coverage. That event may have resulted from a number of reasons, such as you are a former employee of the County, a dependent of a deceased employee or retiree, a former spouse of an employee or retiree, or a child of an employee or retiree that no longer meets eligibility requirements. No matter the reason for how you became eligible to participate in the COBRA program, all enrollees are considered Qualified Beneficiaries, or QB's.

LENGTH OF CONTINUATION

FORMER EMPLOYEE

Former employees can continue coverage for up to 18 months. In certain circumstances, former employees entitled to 18 months of continuation coverage may become entitled to a disability extension of an additional 11 months (for a total maximum of 29 months) or an extension of an additional 18 months due to the occurrence of a second qualifying event.

DEPENDENTS OF EMPLOYEES/RETIREES

If you lose coverage due to divorce, legal separation, death of the employee or retiree, or a child aging out (turning 26) coverage may be continued for up to 36 months. Special rules apply when the former employee or retiree is entitled to Medicare, contact the Employee Benefits Office for more information.

TERMINATION OF COVERAGE

Your coverage may be terminated before the end of your period if you do not pay the required premiums by the end of the grace period, obtain coverage under another group health plan, become entitled to Medicare, or engage in fraud.

GENERAL INFORMATION – cont'd

PAYMENTS

Under COBRA, you pay the entire cost of your coverage. Your premiums are determined by the plans you continue, number of family members enrolled and/or the level of coverage you select. Payments for coverage must be paid in full by the first day of the month with a 30 day grace period. If payment is not received in full by the end of the grace period, your coverage will be terminated and cannot be reinstated.

LIFE EVENTS

After your initial election you can generally only make changes to coverage if you experience a life event. The change must be consistent with the event, and must be made within 30 days of the event. Documentation to verify the event is also required within 7 days of submitting your request. A Social Security number is required for all dependents. **If you do not have the supporting documentation or Social Security number, you still need to complete the enrollment within 30 days and request additional time to provide the missing information.**

Failure to complete your enrollment within 30 days or provide supporting documentation will result in your inability to make changes until you next experience a life event or *Open Enrollment*.

OPEN ENROLLMENT

Open Enrollment is the one time each year where you may make changes to coverage without a life event. You may change health plans or add or delete dependents from coverage.

If you add dependents, supporting documentation is required and must be submitted to the Employee Benefits Office or your changes may not go into effect. **Changes made during Open Enrollment are generally done in October and coverage is effective on January 1st of the following year.** If you do not wish to make changes then you do not need to take action. New premium information is mailed in December.

GENERAL INFORMATION – cont'd

INELIGIBLE DEPENDENTS

You must remove ineligible dependents within 30 days of their loss of eligibility. Notifications beyond 60 days will result in the dependents loss of COBRA rights and **you** may be financially responsible for any services received by your dependent(s) after the loss of eligibility.



MEDICAL PLAN DESCRIPTIONS

Under the COBRA program, there is no difference in the coverage from that of the employee and retiree medical plans.

HEALTH MAINTENANCE ORGANIZATION (HMO)

A primary care physician (PCP) directs all medical care and specialist referrals. Each family member may choose his or her own PCP and may have a different medical group. The PCP and/or medical group can be changed at any time by calling your plan's customer service number. Except for emergencies, you must contact your PCP first in order for your health care to be covered.

HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

High Deductible plans are still HMO plans that require PCP direction. In a HDHP both medical (except for certain prevent care) and prescription expenses apply to the deductible. HDHP's are lower in monthly premiums than traditional HMO plans but have a larger out of pocket expense for services which you pay for at the time of care. Once you reach the deductible under the family plan, most services are covered at 100%. For individual coverage you only have Rx co-payments once you reach your deductible.

Since you pay the cost for services at the time of care under the HDHP, you could face early out of pocket expenses at the beginning of the calendar year. The annual deductible applies in full no matter what time of year you enroll in the HDHP coverage, it is not pro-rated. Finally, for family coverage the entire deductible must be met before services are covered at 100%, there is no single deductible inside of the family deductible.

Individual coverage- You pay the first \$1,400 for all services and prescriptions. After you reach \$1,400 in expenses, professional services are covered at 100%, but you pay your plans Rx copayments from \$1,400-\$2,800.

Once you reach the single deductible professional services are covered at 100%. You are only responsible for prescription co-payments up to the out of pocket maximum of \$2,800

Family coverage- You pay the first \$2,800 for all services and prescriptions. After you reach \$2,800 in expenses, prescriptions and professional services are covered at 100% for all enrolled family members for the remainder of the calendar year.

Once you reach the family deductible, any additional services you incur have no out of pocket costs. All services and prescriptions are covered at 100% for all enrolled family members.

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

HMO vs HDHP

Although there can be substantial annual savings when selecting an HDHP over a traditional HMO, there may be some important factors to consider. For family coverage, the entire deductible must be met before services are covered at 100%. Additionally, prescriptions must be paid in full at the time of pick-up, so you could face early out of pocket expenses at the beginning of the calendar year when deductibles are reset. You can find out the cost of services ahead of time by contacting your medical carrier and requesting an estimate.

The following pages provide a comparison of the HMO Plans and High Deductible Health Plan (HDHP) coverages details and costs.

HMO PLAN COMPARISONS

	Kaiser Permanente	Sutter Health Plus	Western Health Advantage
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			
Well-Child Care			
Immunizations		100% covered	
Well Woman Exams			
Mammograms			
Diagnostic X-Ray and Lab Tests			
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal)	\$15		100% covered
Inpatient Hospital/Surgical Services			
Inpatient Hospitalization		100% covered	
Outpatient Facility Charge		\$15	
Emergency Services			
Emergency Room (Waived if admitted)		\$35	
Air or Ground Ambulance		100% covered	
Mental Health Benefits			
Inpatient Care		100% covered	
Outpatient Care	\$15/individual/\$7 group		\$15
Substance Use Disorder			
Inpatient Hospitalization	100% covered (detox only)		100% covered
Outpatient Services	\$15/individual--\$5/group		\$15
Prescription Drugs			
Retail	100 Day Supply		30 Day Supply
Generic		\$10	
Brand (Formulary/Preferred)		\$20	
Brand (Non-Formulary/Non-preferred)	N/A		\$35
Mail Order	100 Day Supply		90 Day Supply
Generic	\$10		\$20
Brand (Formulary/Preferred)	\$20		\$40
Brand (Non-Formulary/Non-preferred)	N/A		\$70

HMO Comparisons - Continued

Other Services and Supplies			
Durable Medical Equipment & Prosthetics	100% covered		
Home Health Care (limited to 100 visits yr)	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
General Plan Information			
Lifetime Plan Maximum	None		
Annual Deductibles	\$1,400 Individual / \$2,800 Family		
Annual Out-of-Pocket Limit	\$2,800 Individual / \$2,800 Family		
Deductible Included in out-of-pocket limits?	Yes		
Office Visit / Exam/Outpatient Specialist	100% covered after deductible		
Outpatient Services (Preventive)			
Adult Periodic Exams with Preventive Tests Well-Child Care, Immunizations Well Woman Exams, Mammograms	100% covered, Deductible Waived		
Diagnostic X-Ray and Lab Tests	100% covered after deductible; deductible waived for preventative screens		
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal)	Deductible Waived		
Inpatient Hospital/Surgical Services			
Inpatient Hospitalization Outpatient Facility Charge	100% covered after deductible		
Emergency Services			
Emergency Room, Ambulance	100% covered after deductible		
Mental Health Benefits			
Inpatient / Outpatient Care	100% covered after deductible		
Substance Abuse			
Inpatient Hospitalization Outpatient Services	100% covered after deductible		
Prescription Drugs			
Retail	100 Day Supply	30 Day Supply	
Generic	\$10 after deductible-Individual	100% covered after deductible-Family	
Brand (Formulary/Preferred)	\$20 after deductible-Individual	100% after deductible-Family	
Brand (Non-Formulary/Non-preferred)	N/A	\$35 after deductible-Individual 100% after deductible-Family	

HIGH DEDUCTIBLE HMO PLAN COMPARISONS - continued

Mail Order	100 Day Supply	90 Day Supply
Generic	\$10 after deductible-Individual	\$20 after deductible-Individual
	100% covered after deductible-Family	
Brand (Formulary/Preferred)	\$20 after deductible-Individual	\$40 after deductible-Individual
	100% covered after deductible-Family	
Brand (Non-Formulary/Non-preferred)	N/A	\$70 after deductible-Individual
		100% covered after deductible-Family
Other Services and Supplies		
Durable Medical Equipment & Prosthetics Annual limits	100% covered after deductible \$2,500	100% covered after deductible
Home Health Care (limited to 100 visits/yr)	100% covered after deductible (3 visits per day)	100% covered after deductible
Skilled Nursing or Extended Care Facility-- limited to 100 days per cal 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	

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a voluntary savings account that provides a tax saving benefit when funds are used for qualified health expenses. It is not a medical plan with a carrier. It is an individual savings account where you make contributions to use for qualifying health expenses.

If you had an HSA account as an employee, you may continue to use the funds in your account for qualified expenses. You may also continue to contribute to your HSA by making post-tax contributions to the financial institution as long as you remain eligible.

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

ELIGIBILITY - to contribute to an HSA, you must:

- Be enrolled in an HDHP
- Not be enrolled in Medicare
- Have no other non-HDHP health coverage
- Have not received VA medical benefits any time over the past three months
- Not be able to be claimed as a dependent on someone else’s tax return

CONTRIBUTIONS

Contribution maximums are set by the IRS. For 2021, the maximums are:

<u>Coverage</u>	<u>Under Age 55</u>	<u>Age 55+</u>
Individual	\$3,600.00	\$4,600.00
Family	\$7,200.00	\$8,200.00

EXPENSES

You can use your HSA funds to pay for COBRA premiums. Other qualified health care expenses include co-payments and deductibles at doctors’ offices, pharmacies, medical labs, dentists and orthodontists, medical supply stores, chiropractors, hospitals, vision centers, podiatrists and more. You can also use

HEALTH SAVINGS ACCOUNT (HSA) – cont’d

HSA funds tax-free for eyeglasses and contact lenses, mail order prescriptions, and online prescriptions. Over-the-counter (OTC) medications are not reimbursable without a doctor’s prescription. You will be taxed if you use the funds for non-qualified health expenses.

VISION BENEFITS- EMPLOYEE COBRA PROGRAM

If you elected an HMO medical plan through COBRA, then vision benefits are included with your medical coverage. If you did not elect medical coverage or you choose an HDHP, you do not have vision coverage but may elect it separately. You must enroll within 30 days of a qualifying event or during Open Enrollment.

The following chart provides a summary of the vision benefits:

VSP Coverage (Group No. 30015915)

VSP Provider Network: VSP
Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Costco® frame allowance 	Combined with exam	Every other calendar year
Benefit	Description	Copay	Frequency
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Combined with exam	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year

Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. • 20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> • No more than \$39 copay on routine retinal screening as an enhancement to the WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network details.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

VISION BENEFITS- RETIREE COBRA PROGRAM

Vision coverage is available as an independent coverage election to all retirees who are eligible for benefits. You can purchase vision coverage separately from medical or dental on an optional voluntary basis, although it is already included in the Kaiser \$15 HMO and Kaiser Medicare Advantage plans. You may only enroll in optional vision during Open Enrollment or within 30 days of a qualified life event. The voluntary vision coverage is provided through Vision Services Plan (VSP).

VISION BENEFITS- RETIREE COBRA PROGRAM – cont'd

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

VISION CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
Vision Services Plan (VSP)	\$5.42	\$10.84	\$15.36

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

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is administered by **Magellan Healthcare**. The EAP provides confidential, professional short-term counseling services for enrolled QB's and is available 24 hours a day, 7 days a week. All services are confidential and private. There are no co-payments, coinsurance, or deductible payments.

EAP benefits are only available for QB's who have elected coverage in the employee COBRA program.

SERVICES PROVIDED

Counseling sessions are available for a broad range of life issues and include:

FAMILY MATTERS	LEGAL MATTERS	FINANCIAL	GENERAL MATTERS
Marital	Family Law	Budgeting	Wellness Coaching
Grief	Landlord/Tenant Disputes	Credit Issues	Child & Elder Care
Stress	Personal Injury	Financial Planning	Retirement Planning
Emotional Issues	Criminal Matters	Past Due Taxes	Organizing Records

EMPLOYEE ASSISTANCE PROGRAM – cont’d

SESSION OPTIONS

You have three options on how counseling services can be provided:

- ✓ Face-to-Face
- ✓ Telephonic
- ✓ Web-Video

ACCESSING SERVICES

Access to the EAP is available 24 hours a day, 7 days a week

- ✓ Online: www.magellanascend.com
- ✓ By phone: Call (800) 327-0632

DENTAL COVERAGE-EMPLOYEE COBRA PROGRAM

COBRA dental benefits are provided by Delta Dental of California. There is no difference in coverage between the employee plan and coverage for COBRA qualified beneficiaries. Employees moving from Active employment and electing to COBRA dental benefits will be eligible for Delta Dental.

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

Plan Benefit Highlights for: County of Sacramento – Group Number 02476

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

Benefits and Covered Services*	Delta Dental PPO-dentists**	Non-Delta Dental PPO dentist**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	80 %
Basic Services Fillings, posterior composites and sealants	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Oral Surgery Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	80 %	80 %
Prosthodontics Bridges, dentures and implants	80 %	80 %
Temporomandibular Joint (TMJ) Benefits	90 %	80 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	\$1,500 Lifetime	\$1,500
Dental Accident Benefits	100 % (No Maximums)	100 % (No Maximums)

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

DENTAL COVERAGE- RETIREE COBRA PROGRAM

Retiree Dental Benefits are managed by Principal Financial. There is no difference in coverage between the retiree plan and coverage for COBRA qualified beneficiaries.

COVERAGE – Standard Plan

Review the Group Voluntary Dental Insurance booklet for detailed information about what is covered under the dental plan. Booklets are available from the Employee Benefits Office or on the website.

The Standard Plan will pay the percentages and limits listed below:

	EPO	PPO	Non-network
Annual Deductible	\$25/Person	\$25/Person	\$25/Person
Deductible Waived for Preventive	Yes	Yes	Yes
Annual Plan Maximum (Yearly)	\$1,500/Person	\$1,500/Person	\$1,500/Person
Preventative	80%	80%	60%
Basic Services	60%	60%	60%
Major Services	55%	55%	50%

Please review the dental booklet for coverage resulting from dental accidents and limitations on coverage (you can find the booklet in your retiree packet, or online at

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

DENTAL COVERAGE – Enhanced Plan

The Enhanced Plan will pay the percentages and limits listed below:

	PPO	Non-network
Annual Deductible	\$25/Ind/\$75/Fam	\$50/Ind/\$150/Fam
Deductible Waived for Preventive	Yes	No
Annual Plan Maximum (Yearly)	\$2,500/Person	\$1,000/Person
Preventative	100%	50%
Basic Services	60%	50%
Major Services	55%	50%

- This Plan provides a much higher maximum benefit for services by and In Network PPO dentist and a reduced maximum for an out of network dentist.
- No accident rider.
- **Reminder: If member terminates Enhanced Plan coverage, re-enrollment is limited to the Standard Plan for 24 months.**

Consultants are available to assist you with getting the best use out of your dental plan, such as the benefits of a specific procedure and types of services offered by dentists; call Principal Financial at 800-247-4695 for assistance.

DEFERRED COMPENSATION

Once you have separated employment from the County of Sacramento, you are eligible to receive distributions from your deferred compensation account(s). Your options include:

- Keep your account balance in the County of Sacramento 457(b) and /or 401(a) Plan(s);
- Request a distribution of a lump sum, partial lump sum, monthly/quarterly/annual distribution or stop a distribution arrangement at any time;
- Rollover to another retirement plan such as an IRA, 401(k), etc.

Note: You must take a Required Minimum Distribution no later than the year you turn 72 years old.

Distributions can be made as soon as Fidelity is notified of your separation. Taxes are paid as ordinary income. The default tax amount for any distribution from your 457(b) Plan is 20% Federal and 2% CA State.

If you were in Recognized Employee Organization (REO) 020, 021, 024, 029, 032, 033, Unrepresented Management (050) and Elected Official after 7/1/2007, you may have been eligible for the 401(a) Plan. At the time of distribution your default tax amount is 20% Federal, 2% CA State and if you are under age 59 ½ you may be assessed an extra 10%.

More information about the impact of taxes on your distributions is available in IRS form 402(f) which is available at www.irs.gov.

You may also contact Fidelity at (800)-343-0860 or <http://netbenefits.com/saccounty> for more information, or the Deferred Compensation Office at (916) 874-2020 or MyBenefits@saccounty.net.

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

2021 MONTHLY COBRA RATES-EMPLOYEE PLANS

Rates for former employees who have separated from service and lost coverage under the County plan, and dependents who are no longer eligible for coverage due to divorce, death of the employee, or a child of an employee who has turned 26.

Plan	Single/Family	Total Monthly Premium
Kaiser \$15 HMO	S	\$879.56
	F	\$2,249.20
Kaiser HD HMO	S	\$666.24
	F	\$1,703.70
Sutter \$15 HMO	S	\$833.82
	F	\$2,131.60
Sutter HD HMO	S	\$612.90
	F	\$1,568.90
WHA \$15 HMO	S	\$790.32
	F	\$2,023.30
WHA HD HMO	S	\$603.30
	F	\$1,544.52

VISION			
VSP	Single	\$5.42	Family \$13.90

DENTAL	
DELTA DENTAL	\$118.50

EAP	
Magellan Healthcare	\$2.72

2021 MONTHLY COBRA RATES-NON-MEDICARE RETIREE PLANS

Rates for dependents who are no longer eligible for coverage under the retiree medical, dental, or vision plan due to divorce, death of the retiree, or a child of a retiree who has turned 26.

HMO Coverage

PLAN CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
Kaiser Permanente	\$879.56	\$1,759.12	\$2,489.16
Sutter Health Plus	\$828.40	\$1,623.30	\$2,300.50
WHA	\$784.90	\$1,569.80	\$2,221.30

High Deductible Health Plans (HDHP)

PLAN CARRIER	RETIREE	RETIREE +1	RETIREE +2/More
Kaiser Permanente	\$666.24	\$1,332.48	\$1,885.46
Sutter Health Plus	\$612.90	\$1,203.40	\$1,705.30
WHA	\$603.30	\$1,206.60	\$1,707.40

DENTAL

PRINCIPAL FINANCIAL	Retiree	Retiree +1	Retiree +2/More
Standard Plan	\$41.33	\$75.58	\$113.10
Enhanced Plan	\$53.14	\$98.35	\$149.91

VISION

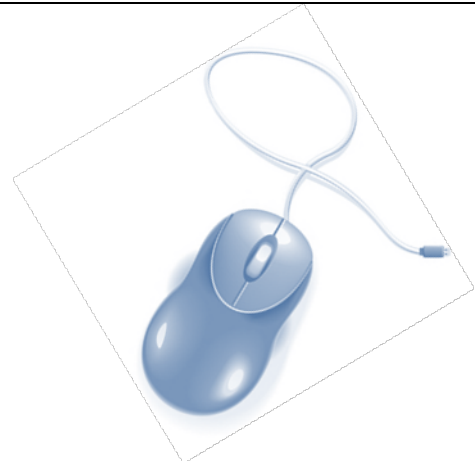
	Retiree	Retiree +1	Retiree +2/More
VSP	\$5.42	\$10.84	\$15.36

CONTACTS

COUNTY OFFICES	PHONE	EMAIL
Employee Benefits Office	916-874-2020	MyBenefits@saccounty.net
SCERS-Retirement Office	916-874-9119	Sacretire@saccounty.net

MEDICAL CARRIERS	PHONE	WEBSITE
Kaiser Permanente	800-464-4000	www.kp.org
Sutter Health Plus	855-315-5800	www.sutterhealthplus.com
Western Health Advantage	888-563-2250	www.mywha.org/personalaccess

OTHER VENDORS		
Delta Dental	800-765-6003	www.deltadentalins.com/cos
Principal Financial	800-247-4695	www.principal.com
Fidelity Investments	800-343-0860	http://netbenefits.com/saccounty
Magellan Healthcare	800-327-0632	www.magellanascend.com
Prudential Life Insurance	800-524-0542	www.prudential.com
Vision Service Plan (VSP)	800-877-7195	www.vsp.com



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

700 H Street, Room 4667, Sacramento, CA 95814

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

Email: MyBenefits@saccounty.net

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