

# 2022 MyBenefits Summary

Helping you make informed choices so you and your family members live and stay healthy



**COBRA**  
SACRAMENTO  
C O U N T Y

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.gov/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.

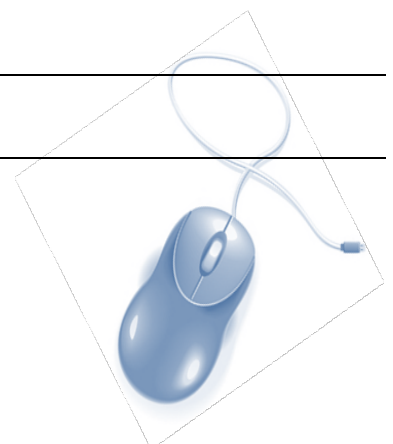
Reasonable attempts will be made to inform you of any changes to the information in this booklet. However, it is your responsibility to read, understand, and comply with the County's policies, and stay informed of changes. Changes will take effect regardless of whether any particular notice is received.

# CONTACTS

COUNTY OFFICES	PHONE	EMAIL
Employee Benefits Office	916-874-2020	<a href="mailto:MyBenefits@saccounty.gov">MyBenefits@saccounty.gov</a>
SCERS-Retirement Office	916-874-9119	<a href="mailto:Sacretire@saccounty.gov">Sacretire@saccounty.gov</a>

MEDICAL CARRIERS	PHONE	WEBSITE
Kaiser Permanente-HMO	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.sutterhealthplus.com">www.sutterhealthplus.com</a>
Western Health Advantage	888-563-2250	<a href="http://www.mywha.org/personalaccess">www.mywha.org/personalaccess</a>
United Healthcare Advantage	877-714-0178	<a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a>

OTHER VENDORS	PHONE	WEBSITE
Optum Bank (Kaiser & Sutter HDHP HSA)	844-326-7967	<a href="http://www.Optumbank.com">www.Optumbank.com</a>
Health Equity (WHA HDHP HSA) & (All FSA)	877-300-4987	<a href="http://www.myhealthequity.com">www.myhealthequity.com</a>
Delta Dental	800-765-6003	<a href="http://www.deltadentalins.com/cos">www.deltadentalins.com/cos</a>
Delta Dental (for Retirees)	800-335-8227	<a href="http://www.deltadentalins.com/cos">www.deltadentalins.com/cos</a>
Fidelity Investments	800-343-0860	<a href="http://netbenefits.com/saccounty">http://netbenefits.com/saccounty</a>
Magellan Healthcare	800-327-0632	<a href="http://www.magellanascend.com">www.magellanascend.com</a>
Voya ( Life and Critical Illness )	877-236-7564	<a href="https://presents.voya.com/EBRC/saccounty">https://presents.voya.com/EBRC/saccounty</a>
Vision Service Plan (VSP)	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Mission Square Retirement (formerly ICMA-RC)	800-669-7400	<a href="http://www.icmarc.org">www.icmarc.org</a>



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## OVERVIEW

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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

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## 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/RETIRES

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. You can also terminate coverage by contacting the Employee Benefits Office by email. Terminations are always at the end of the month the email is received. **Early Termination of COBRA does not qualify as a Life Event.**

# GENERAL INFORMATION – cont'd

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## 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.

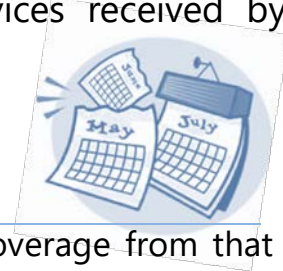
If you add dependents, supporting documentation is required and must be submitted to the Employee Benefits Office or your changes may not go into effect. **Changes made during Open Enrollment are generally done in October and coverage is effective on January 1st of the following year.** If you do not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

# GENERAL INFORMATION – cont'd

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## 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
<b>General Plan Information</b>			
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	
<b>Outpatient Services (Preventive)</b>			
Adult Periodic Exams with Preventive Tests		100% covered	
Well-Child Care			
Immunizations			
Well Woman Exams			
Mammograms			
Diagnostic X-Ray and Lab Tests			
<b>Maternity Care</b>			
Pregnancy and Maternity Care (Pre-Natal)	\$15	100% covered	
<b>Inpatient Hospital/Surgical Services</b>			
Inpatient Hospitalization		100% covered	
Outpatient Facility Charge		\$15	
<b>Emergency Services</b>			
Emergency Room (Waived if admitted)		\$35	
Air or Ground Ambulance		100% covered	
<b>Mental Health Benefits</b>			
Inpatient Care		100% covered	
Outpatient Care	\$15/individual/\$7 group	\$15	
<b>Substance Use Disorder</b>			
Inpatient Hospitalization	100% covered (detox only)	100% covered	
Outpatient Services	\$15/individual--\$5/group	\$15	
<b>Prescription Drugs</b>			
<b>Retail</b>	100 Day Supply	30 Day Supply	
Generic		\$10	
Brand (Formulary/Preferred)		\$20	
Brand (Non-Formulary/Non-preferred)	N/A	\$35	
<b>Mail Order</b>	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
<b>General Plan Information</b>			
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		
<b>Outpatient Services (Preventive)</b>			
Adult Periodic Exams with Preventive Tests	100% covered, Deductible Waived		
Well-Child Care, Immunizations			
Well Woman Exams, Mammograms			
Diagnostic X-Ray and Lab Tests			
<b>Maternity Care</b>			
Pregnancy and Maternity Care (Pre-Natal)	Deductible Waived		
<b>Inpatient Hospital/Surgical Services</b>			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Facility Charge			
<b>Emergency Services</b>			
Emergency Room, Ambulance	100% covered after deductible		
<b>Mental Health Benefits</b>			
Inpatient / Outpatient Care	100% covered after deductible		
<b>Substance Abuse</b>			
Inpatient Hospitalization	100% covered after deductible		
Outpatient Services			
<b>Prescription Drugs</b>			
<b>Retail</b>	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 2022, the maximums are:

<u>Coverage</u>	<u>Under Age 55</u>	<u>Age 55+</u>
Individual	\$3,650.00	\$4,650.00
Family	\$7,300.00	\$8,300.00

**EXPENSES**

You can use your HSA funds to pay for COBRA premiums only if you are no longer employed with the County. Leave of Absence COBRA does not qualify for the HSA. 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

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.

# RETIREE HEALTH SAVINGS PLAN (RHSP)

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## 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 \$25 per pay period into your 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) you may use the funds for reimbursement for you, your eligible spouse and/or your eligible dependents.

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

If your REO has negotiated for you to participate in the program, enrollment is automatic for regular full-time employees and regular part-time employees who work a minimum of forty (40) hours per biweekly pay period. Currently, employees in REOs **002, 004, 008, 022, 023 and 025** do not participate in the RHSP program.

## Where will my RHSP assets be invested?

Upon initial enrollment, your RHSP assets are automatically invested in a life cycle fund, which may change over time. However, you may change the investment allocation for future contributions or transfer existing balances at any time by contacting Mission Square Retirement (formerly ICMA-RC) at:

- Toll-free at (800) 669-7400;
- Online through Account Access: [www.icmarc.org](http://www.icmarc.org)



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

<b>Diabetic Eye care Plus Program</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	\$20	As needed
	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/special">vsp.com/special</a> offers for details.</li> <li>20% savings on additional glasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
<b>Extra Savings</b>	<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 Well Vision 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>		

**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](http://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 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).

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

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

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



# EMPLOYEE ASSISTANCE PROGRAM

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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:

<b>FAMILY MATTERS</b>	<b>LEGAL MATTERS</b>	<b>FINANCIAL</b>	<b>GENERAL MATTERS</b>
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

## 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](http://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

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	\$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P), Sealants and Orthodontics?	Yes			
<b>Maximums</b>	<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			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None
<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO-dentists**</b>		<b>Non-Delta Dental PPO dentist**</b>	
<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>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Oral Surgery</b> Covered Under Basic Services	90 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	80 %	80 %
<b>Prosthodontics</b> Bridges, dentures and implants	80 %	80 %
<b>Temporomandibular Joint (TMJ) Benefits</b>	90 %	80 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime
<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 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:

The Standard Plan will pay the percentages are as follows:

## DELTA DENTAL® Standard Plan Coverage

### County of Sacramento Retirees

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

The Enhanced Plan will pay the percentages and limits listed below

The Enhanced Plan will pay the percentages are as follows:

## DELTA DENTAL® Enhanced Plans Coverage

### County of Sacramento Retirees

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

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.gov/Benefits/Pages/Documents.aspx>).

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 Delta Dental at 1-888-335-8227 for assistance.

## **DEFERRED COMPENSATION-End of Employment**

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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.

## DEFERRED COMPENSATION-Cont'd

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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](http://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.gov](mailto:MyBenefits@saccounty.gov).

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

## 2022 MONTHLY COBRA RATES for 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
<b>Kaiser \$15 HMO</b>	<b>S</b>	<b>\$948.88</b>
	<b>F</b>	<b>\$2,426.46</b>
<b>Kaiser HD HMO</b>	<b>S</b>	<b>\$686.22</b>
	<b>F</b>	<b>\$1,754.80</b>
<b>Sutter \$15 HMO</b>	<b>S</b>	<b>\$866.76</b>
	<b>F</b>	<b>\$2,220.72</b>
<b>Sutter HD HMO</b>	<b>S</b>	<b>\$638.70</b>
	<b>F</b>	<b>\$1,635.10</b>
<b>WHA \$15 HMO</b>	<b>S</b>	<b>\$803.56</b>
	<b>F</b>	<b>\$2,057.22</b>
<b>WHA HD HMO</b>	<b>S</b>	<b>\$613.70</b>
	<b>F</b>	<b>\$1,571.10</b>

<b>VISION</b>			
VSP	Single	\$5.16	Family \$13.22

<b>DENTAL</b>	
DELTA DENTAL	\$118.50

<b>EAP</b>	
Magellan Healthcare	\$2.82



## 2022 MONTHLY COBRA RATES-NON-MEDICARE for 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	\$948.88	\$1,897.76	\$2,685.34
Sutter Health Plus	\$862.10	\$1,692.70	\$2,399.10
WHA	\$798.40	\$1,596.80	\$2,259.50

### High Deductible Health Plans (HDHP)

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

### DENTAL

DELTA DENTAL	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	\$5.16	\$10.32	\$14.60

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

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