



# Yolo County Benefits Open Enrollment Health, Dental, Vision & Voluntary Insurance

2019

SEPTEMBER 10 – OCTOBER 5, 2018

## Benefits Open Enrollment & Planning Guide

*It's that wonderful, special, magical time of year again – benefits open enrollment for all Yolo County employees! Don't miss this opportunity to make changes or additions to your coverages.*

**NEW THIS YEAR, we have moved to a combined open enrollment, meaning we now have a single concurrent health, dental, vision, and voluntary insurance open enrollment period.** The following pages offer important information on the benefit plans for 2019. From September 10th-October 5<sup>th</sup> you can ...

- **Change** health insurance plans;
- **Enroll** in a County sponsored health, dental, or vision insurance plan, a flexible spending account or other voluntary insurance plan;
- **Add** eligible dependents to your health, dental or vision insurance coverage; and/or
- **Complete** the health insurance opt out form and provide proof of coverage.

Read on and contact your Department HR Generalist or the Human Resources Office for more details.

### INSIDE...

Pay & Holiday Schedule ..... Page 2  
 Health Insurance ..... Page 3-8  
 Health Rates for 2019 ..... Page 9-11  
 Dental Open Enrollment ..... Page 12-14  
 Vision Open Enrollment ..... Page 15-16  
 FSA & Voluntary Benefits..... Page 17-18  
 Benefit Contacts..... Page 19

### STAY INFORMED WITH [MyCalPERS](#)

Visit [www.calpers.ca.gov](http://www.calpers.ca.gov) for the most up-to-date information regarding 2019 Health Benefits Open Enrollment.

### YOUR YOLO COUNTY HUMAN RESOURCES OFFICE

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More: <http://insideryolo2.yolocounty.org/your-hr-team>

## Employee Health & Wellness Fair Benefits Open Enrollment Event

**Mark Your Calendar!**

*Attend to learn more about available insurance plans and many other health and wellness related programs and services.*

Wednesday, September 26<sup>th</sup> • 11 AM ~ 1 PM  
Administration Building Atrium  
625 Court Street, Woodland

### 2019 Holiday Schedule

Date	Holiday	Day of Week
January 1, 2019	New Year's Day	Tuesday
January 21	Martin Luther King, Jr. Day (DSA & SMA excluded)	Monday
February 18	President's Day	Monday
May 27	Memorial Day	Monday
July 4	Independence Day	Thursday
September 2	Labor Day	Monday
November 11	Veteran's Day	Monday
November 28 & 29	Thanksgiving Day & Day After	Thursday & Friday
December 25	Christmas Day	Wednesday
January 1, 2020	New Year's Day	Wednesday

### County of Yolo 2019 Pay Period Schedule

#	Payroll Period	HR Document Cutoff	Pay Dates
1	12/23 – 01/5/19	December 31	January 11
2	01/06 - 01/19	January 15	January 25
3	01/20 – 02/02	January 29	February 8
4	02/03 – 02/16	February 12	February 22
5	02/17 – 03/02	February 26	March 8
6	03/03 – 03/16	March 12	March 22
7	*03/17 – 03/30	March 26	April 5
8	03/31 – 04/13	April 9	April 19
9	04/14 – 04/27	April 23	May 3
10	04/28 – 05/11	May 7	May 17
11	05/12 – 05/25	May 21	May 31
12	05/26 – 06/08	June 4	June 14
13	06/09 – 06/22	June 18	June 28
14	06/23 – 07/06	July 2	July 12
15	07/07 – 07/20	July 16	July 26
16	07/21 – 08/03	July 30	August 9
17	08/04 – 08/17	August 13	August 23
18	08/18 – 08/31	August 27	September 6
19	09/01– 09/14	September 10	September 20
20	*09/15– 09/28	September 24	October 4
21	09/29 – 10/12	October 8	October 18
22	10/13 – 10/26	October 22	November 1
23	10/27 – 11/09	November 5	November 15
24	11/10 – 11/23	November 19	November 29
25	11/24 – 12/07	December 03	December 13
26	12/08 – 12/21	December 17	December 27
1	12/22– 01/04/20	December 31	January 10

\*Free Payroll- No Benefit Deductions

# Health Insurance

Yolo County employees eligible for the health insurance benefits have a variety of HMO and PPO plans options. Visit Inside Yolo ([Departments](#) » [Human Resources](#) » [Health & Wellness](#) » [Employee Benefits](#)) for detailed information, publications and other resources to help you make the best plan choice for you and your family.

Health Plans Available in 2019 - Seven (7) HMO plans and four (4) PPO plans are available.

- Anthem Blue Cross - Traditional.....[www.anthem.com/ca/calpershmo](http://www.anthem.com/ca/calpershmo)
- Anthem Blue Cross - Select.....[www.anthem.com/ca/calpershmo](http://www.anthem.com/ca/calpershmo)
- Blue Shield Access+ .....[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)
- Health Net .....[www.healthnet.com/calpers](http://www.healthnet.com/calpers)
- Kaiser ..... [www.kp.org/calpers](http://www.kp.org/calpers)
- United Healthcare .....[www.uhc.com/calpers](http://www.uhc.com/calpers)
- Western Health Advantage.....[www.westernhealth.com/calpers](http://www.westernhealth.com/calpers)

## HEALTH PLAN BENEFIT CHANGES (COVERAGE, CO-PAYS, DEDUCTIBLES)

There have been no changes to the health plan benefits for 2019. The benefits provided by the plans will remain the same and the co-pays/deductibles for services have not changed. Please refer to the **CalPERS 2019 Health Benefit Summary** for a side-by-side comparison of the plans (starting at page 16). Each plan also has a detailed Evidence of Coverage (EOC) booklet available on their respective websites. A listing of the websites for all health plans is available on page 22 and all plan websites can be accessed via the CalPERS open enrollment website (go to [www.calpers.ca.gov](http://www.calpers.ca.gov) then then click on “View Health Plan Rates” on the left column of the web page to access health plan and rate information).

### Important Information For Those Opting-Out of County-Provided Health Insurance

**ALL** employees who wish to opt-out of County-provided health insurance for the 2019 plan year must complete the health insurance opt-out form and provide proof of coverage to Human Resources by the end of the open enrollment period. Acceptable proof of coverage is a group health insurance plan that is a non-Covered California health insurance plan. The proof of coverage must include the employee.

#### WE'RE NOT GOING TO TELL YOU WHAT TO DO, BUT...

- ◆ The HMOs all have the same benefits, although the Rx formulary list may vary.
- ◆ There are more affordable options to access all of our local medical providers.
- ◆ **IF** you want to use the **Woodland Clinic**, you may want to consider enrolling in Western Health Advantage.
- ◆ **IF** you want to use the **UC Davis Medical Group**, you may want to consider enrolling in Blue Shield Access+ OR Health Net
- ◆ **IF** you wish to use the **Sutter Medical Group**, may want to consider enrolling in United Healthcare or Anthem Blue Cross Traditional

For General Unit and Supervisor Unit employees, Human Resources will enroll the employee in the lowest cost available employee-only health plan for the 2019 plan year, if acceptable proof of coverage is not received by the end of the open enrollment period. The employee shall be responsible for any employee-required contributions toward the health plan.

## Premiums for 2019

Each year, CalPERS negotiates premiums with each plan to set the rates for the new year. It can be difficult to understand why some plans continue to have higher monthly premiums even though the benefits (co-pays and services) are the same for all HMOs. A higher premium does not necessarily mean the plan is better or provides more coverage than the others.

**BIG NEWS! Employees who are enrolled in Health Net will want to review the premiums and consider the other health plans that are available as Health Net will only be available to those employees who reside in Solano County.**

Employees who live in and use medical providers in the Bay Area region and the Other Northern California Counties region will have a different premium structure than the Sacramento region. The costs for each health plan and the availability varies by region. In some areas, a plan may or may not be available depending on zip code. Please use the [CalPERS Zip Code Search](#) on their website to confirm the available health plans where you live. **Employees who live in other regions have the option to use their work address to qualify for the Sacramento region premiums but that also requires using local medical providers.** In addition to completing the open enrollment change, a “CalPERS Zip Code Election” form will need to be completed and submitted to Human Resources.

## SETTING THE COUNTY CONTRIBUTION FOR 2019

Each employee group has language in their labor agreement that specifies the County’s share of the health insurance premiums. For 2019, those shares are:

- General Unit and Correctional Officers: Same amount as the 2018 contribution.
- Deputies and Probation: Same amount as the 2018 contribution.
- Management & Sheriff’s Mgmt.: Same amount as the 2018 contribution.
- Supervisors, Attorneys, Supervising Attorneys, & Unrepresented: Same amount as the 2018 contribution.

The biweekly premiums for employees and the County’s share of the premium are contained in the charts that appear later in this publication. The employee payroll deduction is the difference between the premium for the chosen health plan and the fixed County contribution for employees. Employees who receive a benefit package will continue to see a payroll deduction for the entire health premium but the value of the benefit package will vary based on bargaining unit.

## FAMILY MEMBERS ENROLLMENT

Below is a listing of family members who are eligible for coverage. Due to requirements under the Affordable Care Act, employees must provide social security numbers for all family members when enrolling. If you do not provide the social security number, your dependent will not be enrolled.

- **Spouse.** You are required to provide a copy of your marriage certificate. If the marriage certificate is not readily available, an Affidavit of Marriage may be completed in its place.
- **Registered domestic partner.** Same sex domestic partnerships or an opposite sex partnership where one partner is at least age 62 are eligible to register with the Secretary of State and must provide applicable documentation.
- **Children up to age 26.** This includes natural, adopted, step-children and a domestic partners' child.
- **Children up to age 26, if you have assumed a parent-child relationship and are considered the primary care parent.** An Affidavit of Parent-Child Relationship must be completed.
- **Certified disabled dependent children over age 26.** Additional documentation is required by CalPERS.

Ineligible family members: Our health plans do not provide coverage for former spouses or partners (or their children), children over age 26, parents, grandparents or siblings.

### UNENROLL INELIGIBLE FAMILY MEMBERS IMMEDIATELY!

It is against the law to continue enrollment of an ineligible family member. If you do so, you may have to pay all costs incurred by the ineligible person during the ineligibility period.



#### CAN'T DECIDE ON A HEALTH INSURANCE PLAN?

*CalPERS has additional on-line tools at [www.calpers.ca.gov](http://www.calpers.ca.gov). The open enrollment website provides a variety of publications, links to the health plan websites and access to the full Evidence of Coverage for each plan. For information customized to you, login to myCalPERS (create an account and password) to review your current enrollment, review the 2019 Health Benefit Summary and access the Find a Medical Plan Tool. Creating a myCalPERS account also gives you access to your annual member statement, retirement planning calculators, downloadable publications and training opportunities. Check it out!*

## HMO SERVICE AREAS ARE BASED ON THE ZIP CODE OF YOUR RESIDENCE.

### UPDATE YOUR BENEFICIARY DESIGNATIONS

All newly-hired County employees make a beneficiary designation for their final paycheck. Do you remember who you named to receive your final payoffs should something happen to you? Many employees also have a County-sponsored life insurance policy, a CalPERS account, and possibly a deferred compensation plan. Please contact Stacie Danielson at 666-8067 if you need assistance making any changes.

All HMO's are available to County employees based on the service area of the health insurance company. The zip code of your residence is used to determine if a plan is available to you. **Before you make any changes, confirm health plan availability by using the "Health Plan Search by Zip Code" feature at the CalPERS website, [www.calpers.ca.gov](http://www.calpers.ca.gov). Select the link to the "Health Open Enrollment" and you will see the link to the Zip Code search.**

*If a health plan is not available using your home zip code, you may wish to designate your work address to qualify. If you use your work zip code, the premium you pay will be for Yolo County residents. Please call HR for more information.*



### OUR EMPLOYEE ASSISTANCE PROVIDER (EAP) OFFERS A WIDE VARIETY OF CONFIDENTIAL SUPPORT SERVICES.

*Each fiscal year, Yolo County employees are entitled to six (6) face to face, telephone, or web-video counseling/consultations per area of concern or incident. This benefit extends to all members of the household. Visit the [Inside Yolo EAP page under Human Resources-->Health & Wellness-->Employee Benefits](#) for more information about available services.*

*To access your EAP services...*

**Call 1-800-242-6220**

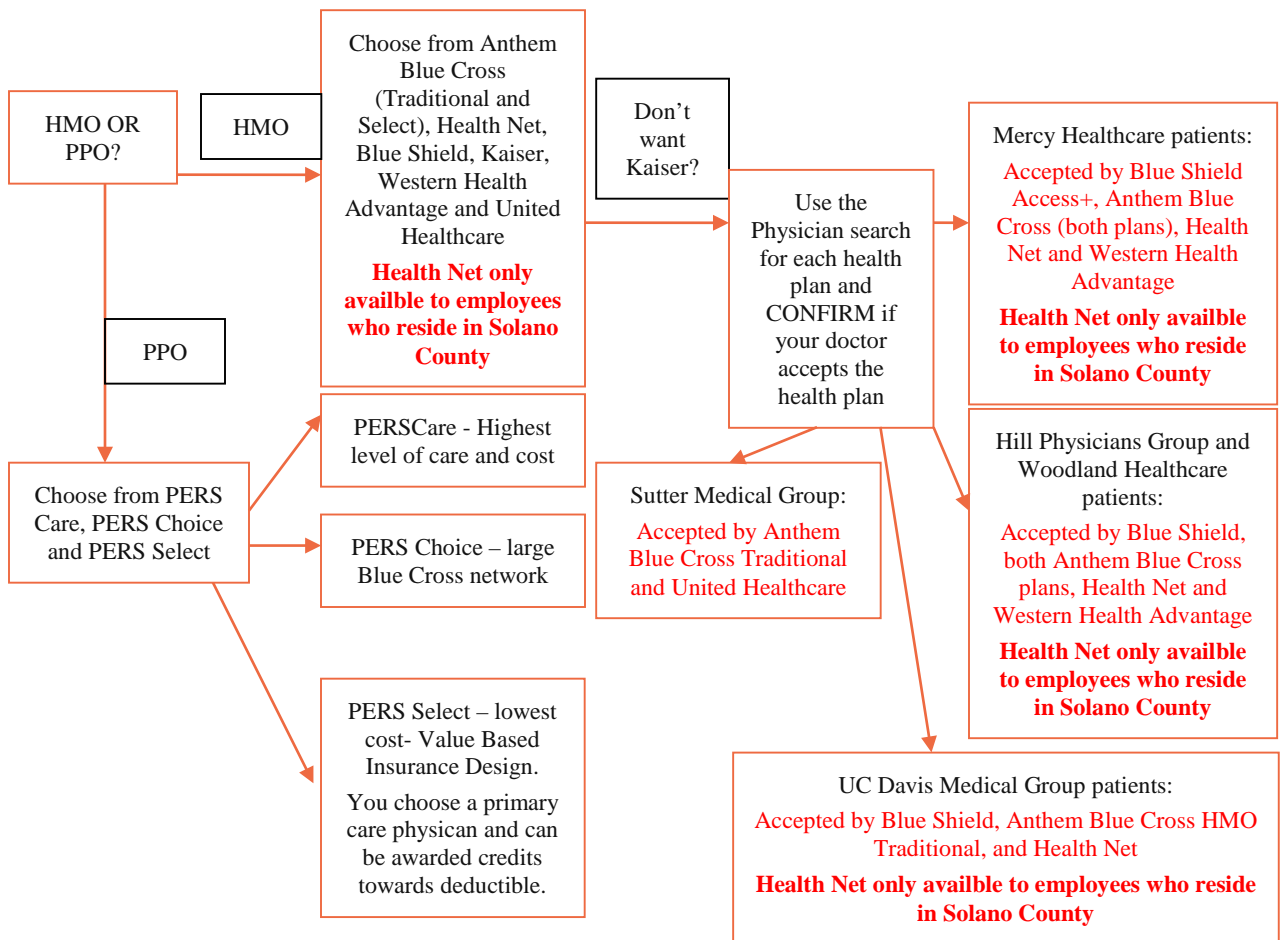
*~OR~*

*Visit <http://members.mhn.com>, click "Log In" and enter the Company Code: "yolocounty"*

## CHOOSING A NEW HEALTH PLAN

Because of premium changes, employees may consider changing their health plan for 2019. If you wish to continue with the same plan, you don't need to do anything, you will automatically continue with the same plan for 2019. If you decide to change plans, you will want to consider the following:

- **Do you want an HMO or would you consider a PPO plan?** Please review the CalPERS 2019 Health Benefit Summary to better understand the differences between an HMO and a PPO.
- **Where do you go to the doctor?** Each health plan has a different list of participating physicians. If you wish to keep your current physician, verify which health plans are accepted. Each health plan has a physician search option on their website. Please use the website specific to the CalPERS sponsored health plan. A listing of health plans and websites is provided on page 20 of this publication.
- **Would you consider Kaiser?** Kaiser clinics and hospitals are located throughout the Sacramento and Bay areas.
- **If you are member of PORAC** (Deputy Sheriff Association and Sheriff's Management employees), you may want to consider the PPO offered by PORAC.
- **United Healthcare:** Not available to residents of "Other Northern California Counties" (Butte, Colusa, Lake, Glenn, etc.)



## A Few Reminders...

- Employees are required to provide social security numbers for all dependents enrolled in a health insurance plan.
- If you are adding your spouse, you must provide a copy of your marriage certificate or a notarized Affidavit of Marriage and you must provide your spouse's social security number and birthdate. Please submit this document to Human Resources.
- Birth certificates are now required for all children added to your plan.
- Eligible Domestic Partnerships must be registered with the Secretary of State to be eligible for coverage. Please contact Human Resources for specific eligibility requirements.
- If you are adding an economically dependent child (other than natural, adopted or step-children), you must provide an Affidavit of Parent-Child Relationship.
- Double coverage is not allowed if a husband/wife or registered domestic partners both have CalPERS sponsored health insurance. The employees may enroll separately but then will not be allowed to cover each other. All children must be enrolled with one parent.
- If you have changed addresses recently, make sure Human Resources has your updated address and phone number. Please use Employee Self-Service on Inside Yolo to make the change. This information is forwarded to CalPERS and the health insurance companies.
- A change of address provides an opportunity to change health plans. It is possible that you may have moved into or out of a health plan service area based on your new zip code. Even if your health plan is still available to you, you may become eligible for a plan that is more convenient based on your new location.

Dependent Eligibility Ages have updated! Now dependents are eligible to stay on Health, Dental and Vision until age 26

Make sure to re-enroll any dependents that are now eligible for coverage



**Yolo County 2019 Health Insurance Rates**  
 (bi-weekly payroll deduction, 24x per year)  
**For Residents of Yolo, Sacramento, Placer and El Dorado Counties**

Health Plan	Coverage Level	(1) Employee Share General Unit	(2) Employee Share Deputy Sheriff, Probation & CO	(3) Employee Share With Benefit Package
Anthem HMO Select	Employee	156.29	163.47	473.07
	Emp. & one	312.58	326.95	946.14
	Emp. & 2 or more	406.34	425.04	1229.98
Anthem HMO Traditional	Employee	272.62	279.80	589.40
	Emp. & one	545.23	559.60	1178.79
	Emp. & 2 or more	708.79	727.49	1532.43
Blue Shield Access+ HMO	Employee	123.73	130.91	440.51
	Emp. & one	247.45	261.82	881.01
	Emp. & 2 or more	321.68	340.38	1145.32
Health Net	Employee	Unavailable in Area	Unavailable in Area	Unavailable in Area
	Emp. & one	Unavailable in Area	Unavailable in Area	Unavailable in Area
	Emp. & 2 or more	Unavailable in Area	Unavailable in Area	Unavailable in Area
Kaiser	Employee	27.22	34.40	344.00
	Emp. & one	54.43	68.80	687.99
	Emp. & 2 or more	70.75	89.45	894.39
United Healthcare HMO	Employee	147.65	154.83	464.43
	Emp. & one	295.29	309.66	928.85
	Emp. & 2 or more	383.87	402.57	1207.51
Western Health Advantage HMO	Employee	31.56	38.74	348.34
	Emp. & one	63.12	77.49	696.68
	Emp. & 2 or more	82.05	100.75	905.69
PERS Select PPO	Employee	0.00	0.00	254.34
	Emp. & one	0.00	0.00	508.68
	Emp. & 2 or more	0.00	0.00	661.29
PERS-Choice PPO	Employee	82.51	89.69	399.29
	Emp. & one	165.02	179.39	798.58
	Emp. & 2 or more	214.52	233.22	1038.16
PERS-Care PPO	Employee	197.22	204.40	514.00
	Emp. & one	394.43	408.80	1027.99
	Emp. & 2 or more	512.75	531.45	1336.39
PORAC PPO (Must be an Association member)	Employee	70.22	77.40	387.00
	Emp. & one	177.94	192.31	811.50
	Emp. & 2 or more	214.36	233.06	1038.00

Rate changes will be effected on the December 2018 paychecks for January 2019 coverage

- 1) **General unit** Yolo County contribution is \$316.78 for employee only, \$633.56 for employee and one, and \$823.64 for employee and family.
- 2) **Deputy Sheriff, Probation Association and Correctional Officers employees.** Yolo County contribution is \$309.60 for employee only, \$619.19 for employee and one, and \$804.95 for employee and family.
- 3) **Management and Sheriff's Management** employees will receive a Management Benefit Package of \$852.25 per payroll to purchase health, dental and vision coverage. **Supervisors, Attorneys, Supervising Attorneys, Assistant Department Heads and other unrepresented employees** will receive \$852.25 per payroll period. The **Department Head** Benefit Package is \$1,060.58 per payroll period. \*The payroll deduction for part-time employees in the General Unit may be higher if the employee was hired after or became part-time after January 1, 2008. Please contact Human Resources for premium information-

**Yolo County 2019 Health Insurance Rates**  
(bi-weekly payroll deduction, 24x per year)

**For Residents of Solano, Sutter, Yuba, San Joaquin and all Bay Area Counties**

Health Plan	Coverage Level	(1) Employee Share General Unit	(2) Employee Share Deputy Sheriff , Probation & CO	(3) Employee Share With Benefit Package
Anthem HMO Select	Employee	98.94	106.12	415.72
	Emp. & one	197.88	212.25	831.44
	Emp. & 2 or more	257.23	275.93	1080.87
Anthem HMO Traditional	Employee	238.79	245.97	555.57
	Emp. & one	477.57	491.94	1111.13
	Emp. & 2 or more	620.83	639.53	1444.47
Blue Shield Access+ HMO	Employee	168.67	175.85	485.45
	Emp. & one	337.34	351.71	970.90
	Emp. & 2 or more	438.53	457.23	1262.17
Health Net	Employee	134.00	141.18	450.78
	Emp. & one	267.99	282.36	901.55
	Emp. & 2 or more	348.38	367.08	1172.02
Kaiser HMO	Employee	67.35	74.53	384.13
	Emp. & one	134.69	149.06	768.25
	Emp. & 2 or more	175.09	193.79	998.73
United Healthcare HMO	Employee	Not available in this area	Not available in this area	Not available in this area
	Emp. & one	Not available in this area	Not available in this area	Not available in this area
	Emp. & 2 or more	Not available in this area	Not available in this area	Not available in this area
Western Health Advantage HMO	Employee	66.73	73.91	383.51
	Emp. & one	133.45	147.82	767.01
	Emp. & 2 or more	173.48	192.18	997.12
PERS Select PPO	Employee	0.00 Employee Cost	0.00 Employee Cost	271.60
	Emp. & one	0.00 Employee Cost	0.00 Employee Cost	543.19
	Emp. & 2 or more	0.00 Employee Cost	0.00 Employee Cost	706.15
PERS-Choice PPO	Employee	116.36	123.54	433.14
	Emp. & one	232.71	247.08	866.27
	Emp. & 2 or more	452.51	471.21	1276.15
PERS-Care PPO	Employee	249.06	256.24	565.84
	Emp. & one	498.12	512.49	1131.68
	Emp. & 2 or more	647.55	666.25	1471.19
PORAC PPO (Must be an Association member)	Employee	70.22	77.40	387.00
	Emp. & one	177.94	192.31	811.50
	Emp. & 2 or more	214.36	233.06	1038.00

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- 2) **Deputy Sheriff, Probation Association and Correctional Officers employees.** Yolo County contribution is \$309.60 for employee only, \$619.19 for employee and one, and \$804.95 for employee and family.
- 3) **Management and Sheriff's Management** employees will receive a Management Benefit Package of \$852.25 per payroll to purchase health, dental and vision coverage. **Supervisors, Attorneys, Supervising Attorneys, Assistant Department Heads and other unrepresented employees** will receive \$852.25 per payroll period. The **Department Head** Benefit Package is \$1,060.58 per payroll period. \*The payroll deduction for part-time employees in the General Unit may be higher if the employee was hired after or became part-time after January 1, 2008. Please contact Human Resources for premium information-

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**For Residents of Other Northern California Counties (Butte, Colusa, Lake, Glenn, etc.)**

Health Plan	Coverage Level	(1) Employee Share General Unit	(2) Employee Share Deputy Sheriff, Probation & CO	(3) Employee Share With Benefit Package
Anthem HMO Select	Employee	0.00	0.00	296.12
	Emp. & one	0.00	0.00	592.23
	Emp. & 2 or more	0.00	0.00	769.90
Anthem HMO Traditional	Employee	350.41	357.59	667.19
	Emp. & one	700.82	715.19	1334.38
	Emp. & 2 or more	911.06	929.76	1734.70
Blue Shield Access+ HMO	Employee	171.63	178.81	488.41
	Emp. & one	343.25	357.62	976.81
	Emp. & 2 or more	446.22	464.92	1269.86
Health Net	<i>(Not Available)</i>			
Kaiser HMO	Employee	74.79	81.97	391.57
	Emp. & one	149.57	163.94	783.13
	Emp. & 2 or more	194.43	213.13	1018.07
United Healthcare HMO	Employee	Not available in this area	Not available in this area	Not available in this area
	Emp. & one	Not available in this area	Not available in this area	Not available in this area
	Emp. & 2 or more	Not available in this area	Not available in this area	Not available in this area
Western Health Advantage HMO	Employee	31.56	38.74	348.34
	Emp. & one	63.12	77.49	696.68
	Emp. & 2 or more	82.05	100.75	905.69
PERS Select PPO	Employee	0.00	0.00	255.67
	Emp. & one	0.00	0.00	511.34
	Emp. & 2 or more	0.00	0.00	664.74
PERS-Choice PPO	Employee	116.70	123.88	433.48
	Emp. & one	233.39	247.76	866.95
	Emp. & 2 or more	303.40	322.10	1127.04
PERS-Care PPO	Employee	226.14	233.32	542.92
	Emp. & one	452.27	466.64	1085.83
	Emp. & 2 or more	587.94	606.64	1411.58
PORAC PPO <i>(Must be an Association member)</i>	Employee	70.22	77.40	387.00
	Emp. & one	177.94	192.31	811.50
	Emp. & 2 or more	214.36	233.06	1038.00

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  - 3) **Management and Sheriff's Management employees** will receive a Management Benefit Package of \$852.25 per payroll to purchase health, dental and vision coverage. **Supervisors, Attorneys, Supervising Attorneys, Assistant Department Heads and other unrepresented employees** will receive \$852.25 per payroll period. **The Department Head Benefit Package** is \$1,060.58 per payroll period.
- \*The payroll deduction for part-time employees in the General Unit may be higher if the employee was hired after or became part-time after January 1, 2008. Please contact Human Resources for premium information-

# Delta Dental Insurance

Yolo County contracts with Delta Dental for dental insurance coverage. The current basic plan covers 100% of the cost of diagnostic and preventive care and there is no deductible. If all you ever do is go to the dentist every six months for a cleaning and x-rays, the plan will pay for the visits in full. The plan pays 80% for basic services such as fillings, extractions and periodontic care. Crowns, bridges, dentures and implants are 50% paid by the plan. The basic plan has a maximum contribution of \$1,000 each calendar year for each family member. In addition, there is one-time payment of up to \$500 for children's orthodontic care. Before receiving any dental care your dental office should confirm your benefits and let you know the portion you will need to pay. If you are eligible for coverage as a dependent on someone else's plan (for example: your spouse covers you as well), the second plan will help to pay any expenses not paid by the Yolo County plan. Double coverage is a wonderful thing!

The optional Buy Up Delta Dental plan has a similar benefit structure but with higher annual limits. Instead of the \$1,000 limit per calendar year, each family member is eligible for up to \$2,000 of dental coverage (there is a \$50 deductible for care beyond the customary cleaning and x-rays) and the lifetime orthodontic benefit is \$2,000 per family member which applies to children and adults.

## Opportunities for “Buy Up” Policies

All regular employees are required to be enrolled in the County-sponsored dental plan which provide a basic level of coverage at an affordable premium. An enhanced “Buy Up” dental plan is available for employees to consider.

### How do I decide if a “Buy Up” plan is right for me and my family?

Before you automatically assume that the Buy Up plans must be better, you need to determine if the current dental plan is meeting your needs. Keep in mind that every member of your family will be eligible for the higher level of benefits at the same flat rate premium. The annual premium increase for the Dental Buy Up plan is \$288.00. Is the increase in premium worth it for you and your family? Ask yourself the following questions:

- How much have you had to pay out of pocket for dental care not covered by your insurance plan?  
*If your use of the dental plan has been primarily for routine care, the basic plan may provide the coverage you need. However, if you anticipate expensive procedures in the future (including braces!), the higher annual maximum of the Buy Up plan may save you money in the long run.*
- Have you been thinking about getting braces?  
*The Buy Up dental plan has a lifetime maximum contribution of \$2,000 for adult and child orthodontic care. The basic plan offers \$500 lifetime for children under age 13.*
- How many family members are on your plan and using the benefits?  
*If you and your family members are simply having routine dental care without any great expense for extra procedures and materials, the Buy Up plan may not be worth it. Look at the increased cost of the premiums and decide if the plan offers enough value for your family.*

## Compare the Plans

In this document is a side-by-side comparison of the basic Delta Dental plan provided to all employees and the enhanced “Buy Up” plan design. The most significant differences are:

- The Buy Up plan has a \$2,000 annual maximum instead of the \$1,000 limit of the basic plan (*limits are \$100 higher annually if you use a Delta PPO dentist*)
- The orthodontic benefit has a \$2,000 lifetime benefit for children and adults. The basic policy has a \$500 lifetime benefit for children only.
- The Buy Up plan has a \$50 deductible which will be waived for preventive and diagnostic care. The basic plan does not have a deductible.

*For more information about Delta Dental and to search for dentists:*

**Delta Dental of California**  
[www.deltadentalins.com](http://www.deltadentalins.com)  
 Customer Service 800-765-6003



## Dental Plan Premium Comparison

If you elect to continue coverage in the basic plan you will have no change to your current payroll deductions. If you decide to enroll yourself in the Delta Dental Buy Up plan, the premiums are higher.

Employee Group	Per Payroll Deduction (24 times per year)	
	Basic Dental Plan	Buy Up Dental Plan
Employees in the General Unit, Probation Unit, Investigator’s Unit, Correctional Officers and Deputy Sheriff’s *	\$4.40	\$16.40
Employees in the Supervisor’s Unit, Management Unit, Attorney’s, and all other unrepresented employees receiving a benefit package	\$44.00	\$56.00

\* The County dental insurance contribution is \$39.60 per payroll period for each employee or 90% of the basic plan premium.

## Yolo County Delta Dental Plan Comparison

Plan Allowances	Basic Dental Plan		Buy-Up Dental Plan	
	PPO*	Non-PPO	PPO*	Non-PPO
<b>COPAYMENT</b>				
Diagnostic and Preventative	100%	100%	100%	100%
Basic	80/20	80/20	80/20	80/20
Crowns & Cast Restorations	50/50	50/50	50/50	50/50
Prostodontics	50/50	50/50	50/50	50/50
Child Orthodontics	50/50	50/50	N/A	N/A
Adult & Child Orthodontics	N/A	N/A	50/50	50/50
<b>DEDUCTIBLES</b>				
Per Patient per Calendar Year	\$0		\$50	
Per Family per Calendar Year	\$0		\$150	
D & P Exempt from Deductible	N/A		Yes	
<b>MAXIMUMS</b>				
Per Patient per Calendar Year	\$1,100	\$1,000	\$2,100	\$2,000
Orthodontic Lifetime Maximum	\$500 (children only)		\$2,000	
<b>AGE LIMITATIONS</b>				
Children (years of age)	26		26	

\* What is a PPO Dentist? A dentist in the Delta Dental PPO network has agreed to a fee structure that will save you money on dental services and procedures. You will be able to stretch your dollars to cover more services and you will also have a higher annual maximum paid on your behalf. More information about the advantages of the Delta Dental PPO plan is included in this brochure.

# Medical Eye Services (MES) Insurance

Yolo County contracts with Medical Eye Services of California for vision coverage for all County employees. There are two levels of coverage available ~ a standard level of coverage providing annual eye examinations and materials (lens & frames or contacts) every 24 months and a "Buy Up" plan that provides a greater annual allowance toward materials. Employees may choose a plan at the beginning of regular employment and may elect to change plans each year during the open enrollment period.

## Opportunities for "Buy Up" Policies

All regular employees are required to be enrolled in the County-sponsored vision plan which provide a basic level of coverage at an affordable premium. An enhanced "Buy Up" vision plan is available for employees to consider.

## How do I decide if a "Buy Up" plan is right for me and my family?

Before you automatically assume that the Buy Up plans must be better, you need to determine if the current vision plan is meeting your needs. Keep in mind that every member of your family will be eligible for the higher level of benefits at the same flat rate premium. The annual premium increase for the Vision Buy Up plan is \$111.36. Is the increase in premium worth it for you and your family? Ask yourself the following questions:

- How much have you had to pay out of pocket for vision care, glasses and/or contact lenses not covered by your insurance plan?  
*The Buy Up vision plan offers a higher contribution to pay for frames and contact lenses. In addition, you can get a new pair of glasses or supply of contact lenses each year with this plan. If a new set of frames every 24 months is too long to wait, the Buy Up plan may be right for you.*
- How many family members are on your plan and using the benefits?  
*If you and your family members are simply having routine eye exams without any great expense for extra procedures and materials, the Buy Up plan may not be worth it. Look at the increased cost of the premiums and decide if the plan offers enough value for your family.*

## Compare the Plans

A comparison of the Medical Eye Services Vision policies is also included in this document. The significant differences between the policies are:

- The Buy Up plan offers up to \$150 for frames or contact lenses.
- Participants are eligible for glasses or contact lenses every 12 months (*the basic plan is every 24 months*)

*For more information about MES and to search for Eye Care Professionals:*

**Medical Eye Services**  
[www.mesvision.com](http://www.mesvision.com)  
800-877-6372



## Yolo County Medical Eye Services Plan Comparison

Benefit Eligibility	Basic Plan	Buy-Up Plan
Copay:	\$0	\$0
Comprehensive Vision Exam:	One every 12 months	One every 12 months
Lenses:	One pair every 24 months	One pair every 12 months
Frame:	One frame every 24 months	One frame every 12 months
Contact Lenses:	One pair every 24 months	One pair every 12 months

### Coverage for Services with Participating and Non-Participating Providers

BASIC PLAN	Participating Provider	Non-Participating Provider	BUY UP PLAN	Participating Provider	Non-Participating Provider
Comprehensive Exam	Covered	Up to \$40.00	Ophthalmologic Exam	Covered	Up to \$40.00
Single Vision Lenses	Covered	Up to \$30.00	Optometric Exam	Covered	Up to \$40.00
Bifocal Lenses	Covered	Up to \$50.00	Single Vision Lenses	Covered	Up to \$30.00
Trifocal Lenses	Covered	Up to \$65.00	Bifocal Lenses	Covered	Up to \$50.00
Polycarbonate Lenses	Up to \$85.00	Up to \$55.00	Trifocal Lenses	Covered	Up to \$65.00
Progressive Lenses	Up to \$86.51	Up to \$65.00	Polycarbonate Lenses	Up to \$85.00	Up to \$65.00
Aphakic Monofocal	Covered	Up to \$125.00	Progressive Lenses	Up to \$86.51	Up to \$55.00
Aphakic Multifocal	Covered	Up to \$125.00	Aphakic or Lenticular Lenses	Covered	Up to \$125.00
Frame	Up to \$105	Up to \$40.00	Frame	Up to \$150	Up to \$75.00
Contact Lenses: Medically Necessary	Covered	Up to \$250.00	Contact Lenses: Medically Necessary	Covered	Up to \$250.00
Cosmetic or Convenience	Up to \$105	Up to \$100.00	Cosmetic or Convenience	Up to \$150	Up to \$150.00

The policy provides full coverage for Covered Services when you go to a Participating Provider of the MES Vision Network. If Covered Services are provided by a Non-Participating Provider, charges will be paid, but not to exceed the limits listed above.

### Vision Plan Premium Comparison

Employee Group	Per Payroll Deduction (24 times per year)	
	Basic Vision Plan	Buy Up Vision Plan
Employees in the General Unit, Probation Unit, Investigator's Unit, Correctional Officers and Deputy Sheriff's *	\$0.46	\$5.28
Employees in the Supervisor's Unit, Management Unit, Attorney's, and all other unrepresented employees receiving a benefit package	\$4.63	\$9.45

\* The County vision insurance contribution is \$4.17 per payroll period for each employee or 90% of the basic plan premium.



# Flexible Spending Accounts & Voluntary Benefits

Yolo County offers a variety of voluntary benefit options to expand coverage. In addition to the benefits already provided by Yolo County, employees are able to purchase other insurance policies such as universal life, disability and accident, cancer insurance, heart/stroke policies, and long-term care. Additionally, flexible spending accounts which may aid in reducing taxable income on related expenses are available for medical and dependent care. Explore the information below for more information.

## Medical Reimbursement Accounts

### Program Description

Setting up a medical reimbursement account will give you a tax break on all of the expenses you pay out-of-pocket for medical, dental and vision care. Add up everything you pay out-of-pocket that is not covered by insurance: prescription drug co-pays, fabulous new eyeglasses, a mouth full of braces and any other qualifying expenses.

The maximum pre-tax contribution amount is \$2,650 for the calendar year. The amount that you pledge for the year will be taken out of your paycheck in equal deductions for the remaining pay periods in the year (24 if you are enrolled for the whole year). A word of warning: Be conservative when determining the amount you wish to deduct for the year. You can only be reimbursed for your actual expenses. Any amount remaining in the account at the end of the year will be forfeited. When you pay for medical expenses, submit an AFLAC claim form with the receipts attached and a reimbursement check will be issued to you.

### Program Administrator

Yolo County contracts with AFLAC to provide the program administration for our Dependent Care and Medical Spending Account Programs. Each payroll period, employee pre-tax payroll deductions are forwarded to AFLAC to hold in individual accounts for each enrollee. When qualifying receipts are submitted, AFLAC reimburses the employee via check or direct deposit shortly after the payroll period.

## Dependent Care Accounts

### Program Description

This program is a great way to receive a tax break throughout the year on the expenses you have for childcare. Simply calculate the amount you spend for the year on childcare and have 24 equal pre-tax deductions during the year. Then complete the reimbursement paperwork with your childcare provider (one form may cover the entire year) and your pre-tax deduction will be reimbursed to you each payday.

The maximum deduction amount is \$5,000 for the calendar year. With a dependent care reimbursement program, you are eligible for up to \$5,000 even if you only have one child. An added tax break is that the pre-tax payroll deduction for the dependent care program is pre-tax for Social Security, Medicare, and federal and State withholding taxes. When you take the deduction on your tax return, you will only see the savings in federal and State withholding taxes. Your contributions to Social Security and Medicare will not be reduced.

### Program Administrator

Yolo County contracts with AFLAC to provide the program administration for our Dependent Care and Medical Spending Account Programs. Each payroll period, employee pre-tax payroll deductions are forwarded to AFLAC to hold in individual accounts for each enrollee. When qualifying receipts are submitted, or if a current Dependent Care Bill from Provider is on file, AFLAC reimburses the employee via check or direct deposit shortly after the payroll period.

## Voluntary Insurance Policies

Yolo County offers several voluntary insurance policies for employees to purchase.

Universal Life Insurance - purchase additional life insurance for yourself and your family members

- Accident Insurance - this insurance will provide cash compensation for covered injuries
- Heart/Stroke Insurance - provides additional cash benefits when a heart or stroke occurs
- Cancer Insurance - provides additional cash benefits to assist with out-of-pocket expenses
- Long Term Care - in order to offer these policies there must be a minimum of three enrollments in the County. Learn more about the Underwriting Process and see a Summary of Benefits.

This is an opportunity to purchase a policy with competitive rates and the convenience of payroll deductions.

**Benefits Contact List**

Benefit	Provider	Group or ID#	Telephone	Website/Email
Deferred Compensation	ICMA Rick Luerra	Yolo-300412 Your SS#	(408) 360-8752	<a href="http://www.icmarc.org">www.icmarc.org</a> <a href="mailto:rluerra@icmarc.org">rluerra@icmarc.org</a>
Dental Insurance – Basic	Delta Dental	Yolo-3559-0001 Your SS#	(888) 335-8227	<a href="http://www.deltadentalca.org">www.deltadentalca.org</a>
Dental Insurance – Buy Up	Delta Dental	Yolo-3559-1001 Your SS#	(888) 335-8227	<a href="http://www.deltadentalca.org">www.deltadentalca.org</a>
Dependent Care	AFLAC	Your SS#	---	---
Employee Assistance Program	MHN	Your SS#	1-800-242-6220	<a href="https://members.mhn.com">https://members.mhn.com</a>
Health Insurance	Anthem Blue Cross HMO (Traditional and Select)	---	(855) 839-4524	<a href="http://www.anthem.com/ca/calpershmo">www.anthem.com/ca/calpershmo</a>
Health Insurance	Blue Shield Net Value HMO	PH0010	(800) 334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Health Insurance	Blue Shield Access+ HMO	PH0001	(800) 334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Health Insurance	Health Net	---	(888) 926-4921	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Health Insurance	Kaiser Permanente	00003-20, Medical Record #	(800) 464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
Health Insurance	PERS Select	---	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Health Insurance	PERS Choice	CB050A	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Health Insurance	PERS Care	KB050A	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Health Insurance	PORAC	---	(800) 288-6928	<a href="http://ibt.porac.org/sbcs">http://ibt.porac.org/sbcs</a>
Health Insurance	United Healthcare	---	(877) 359-3714	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>
Health Insurance	Western Health Advantage	---	(888) 942-7377	<a href="http://www.westernhealth.com/calpers/">www.westernhealth.com/calpers/</a>
Insurance – Auto, Home, Life	Liberty Mutual Colby Bell	---	(916) 476-0792	---
Insurance – Life, Disability, Cancer, Heart	AFLAC	Your SS#	---	---
Medical Reimbursement Account	AFLAC	Your SS#	---	---
Retirement	CalPERS	Yolo-6380137448 Your SS#	(888) 225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
Vision – Basic	Medical Eye Services	Yolo-15174 Your SS#	(800) 877-6372	<a href="http://www.mesvision.com">www.mesvision.com</a>
Vision – Buy Up	Medical Eye Services	Yolo-24889 Your SS#	(800) 877-6372	<a href="http://www.mesvision.com">www.mesvision.com</a>