



# Employee Benefits

Health • Dental • Vision

2024

PLAN YEAR

## Employee Benefits Guide

*Welcome to the Yolo County employee benefits planning guide, developed for the 2024 Plan Year open enrollment period. During the annual open enrollment period (typically beginning mid-September), employees can make changes to health, dental and vision benefits for 2024. The rest of the year, this guide supports new employees and those with qualifying events, by offering plan year information for available health, dental, and vision insurance coverage.*



### VIRTUAL BENEFITS ENROLLMENT!

Review this guide to help make decisions for your 2024 health, dental, and vision choices. Use the worksheet on page 14 to summarize your elections. To enroll, log in to your Infor Cloud Suite Employee Space portal to finalize your 2024 plan year enrollment.

### The information in this guide can assist you in...

- **Enrolling** in a County sponsored health, dental, or vision insurance plan
- **Adding** eligible dependents to your health, dental or vision insurance coverage;
- **Changing** health, dental, vision or insurance plans (*open-enrollment only*);
- **Completing** the health insurance opt out form, with required proof of coverage.

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### STAY INFORMED WITH

**MyCalPERS**

Visit [www.calpers.ca.gov](http://www.calpers.ca.gov) for the most up-to-date information regarding 2024 Health Benefits.

## Yolo County Human Resources

625 Court Street, Room 101, Woodland, CA 95695 • (530) 666-8055

Visit us on Inside Yolo: <https://insideyolo.yolocounty.org/your-hr-team>

## COUNTY OF YOLO 2024 PAY PERIOD SCHEDULE

Pay Period	Payroll Period Begins	Payroll Period Ends	Pay Date
1	12/17/2023	12/30/2023	01/05/2024
2	12/31/2023	1/13/2024	01/19/2024
3	1/14/2024	1/27/2024	2/2/2024
4	1/28/2024	2/10/2024	2/16/2024
5	2/11/2024	2/24/2024	3/1/2024
6	2/25/2024	3/9/2024	3/15/2024
7	3/10/2024	3/23/2024	3/29/2024 *Free
8	3/24/2024	4/6/2024	4/12/2024
9	4/7/2024	4/20/2024	4/26/2024
10	4/21/2024	5/4/2024	5/10/2024
11	5/5/2024	5/18/2024	5/24/2024
12	5/19/2024	6/1/2024	6/7/2024
13	6/2/2024	6/15/2024	6/21/2024
14	6/16/2024	6/29/2024	7/5/2024
15	6/30/2024	7/13/2024	7/19/2024
16	7/14/2024	7/27/2024	8/2/2024
17	7/28/2024	8/10/2024	8/16/2024
18	8/11/2024	8/24/2024	8/30/2024 *Free
19	8/25/2024	9/7/2024	9/13/2024
20	9/8/2024	9/21/2024	9/27/2024
21	9/22/2024	10/5/2024	10/11/2024
22	10/6/2024	10/19/2024	10/25/2024
23	10/20/2024	11/2/2024	11/8/2024
24	11/3/2024	11/16/2024	11/22/2024
25	11/17/2024	11/30/2024	12/6/2024 †
26	12/1/2024	12/14/2024	12/20/2024
1	12/15/2024	12/28/2024	1/3/2025 †

\*Free "Free Payroll" – No deductions or benefit package. Also see "Setting the County Contribution for 2024" on page 6.

† Pay dates may be impacted by observed holidays and are subject to change.

## 2024 HOLIDAY SCHEDULE

Date	Holiday
January 1, 2024	New Year's Day
January 15, 2024	Martin Luther King, Jr. Day (DSA & SMA excluded)
February 19, 2024	President's Day
March 31, 2024- Observed Monday April 1st	Cesar Chavez
May 27, 2024	Memorial Day
June 19, 2024	Juneteenth
July 4, 2024	Independence Day
September 2, 2024	Labor Day
November 11, 2024	Veteran's Day
November 28 & 29, 2024	Thanksgiving Day and the Day After
December 25, 2024	Christmas Day

## HEALTH INSURANCE

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

### Health Plans Available in 2024

#### HMOs

- Anthem Blue Cross - Traditional ..... [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)
- Anthem Blue Cross – Select ..... [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)
- Blue Shield Trio ..... [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)
- Blue Shield Access+ ..... [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)
- Kaiser Permanente..... [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)

#### PPOs

- PERS Platinum ..... [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)
- PERS Gold ..... [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### Health Plan Benefit Changes (Coverage, Co-Pays, Deductibles)

There have been no changes to the health plan benefits for 2024. 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 website for Health Benefit Summary information](#) for a side-by-side comparison of the plans. Each plan has a detailed Evidence of Coverage (EOC) booklet available on their respective websites (see above) or visit [CalPERS Open Enrollment Website](#).



#### WANT MORE INFORMATION ON HEALTH INSURANCE PLANS?

CalPERS has 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 2024 Health Benefit Summary
- 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.

## Family Member 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.** You are required to provide a copy of your Declaration of Domestic Partnership.
- **Children up to age 26.** This includes natural, adopted, stepchildren 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.

**Regarding 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 during the ineligibility period.

## IMPORTANT: For Those Opting-Out of County-Provided Health Insurance

**ALL** employees who wish to opt-out of County-provided health insurance for the 2024 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 name of the employee who is opting out.

### UPDATE YOUR BENEFICIARY DESIGNATIONS

During onboarding, you were asked to designate an individual to receive your final paycheck should something happen to you. Additionally, County-sponsored life insurance policies, CalPERS accounts, and 457 Deferred Compensation plans, as applicable, all require that you have a designated beneficiary on listed.

*Do you recall who you named?*

*Need to make any updates?*

Just a reminder to contact your HR Generalist or HR's benefits guru, [Rita Cital](#) (530-666-8425), if you need assistance making any changes.

For employees in the listed bargaining units (see right), Human Resources will automatically enroll the employee in the lowest cost available employee-only health plan for the 2024 plan year if acceptable proof of coverage is not received by the end of the enrollment period. The employee shall be responsible for any employee-required contributions toward the health plan.

- ◆ General
- ◆ Supervisor & Professional
- ◆ Management
- ◆ Attorney
- ◆ Correctional Officer
- ◆ Supervising Attorneys

## HMO (Health Maintenance Organization) Members

HMO service areas are based on the zip code of your residence. Employees who live in and use medical providers outside of Region 1 will have a different premium structure than Region 1. 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 Region 1 premiums but that also requires using Region 1 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.

## CHOOSING A NEW HEALTH PLAN

If you are currently enrolled in a plan and you wish to continue with the same plan, you don't need to do anything during open enrollment. You will automatically continue with the same plan for 2024.

However, because of premium changes or any other reason, during open enrollment, employees may consider changing their health plan for 2024. 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?

Review the CalPERS 2024 Health Benefit Summary to ensure you 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. Be sure to use the website specific to the CalPERS sponsored health plan (see page 3 of this brochure).



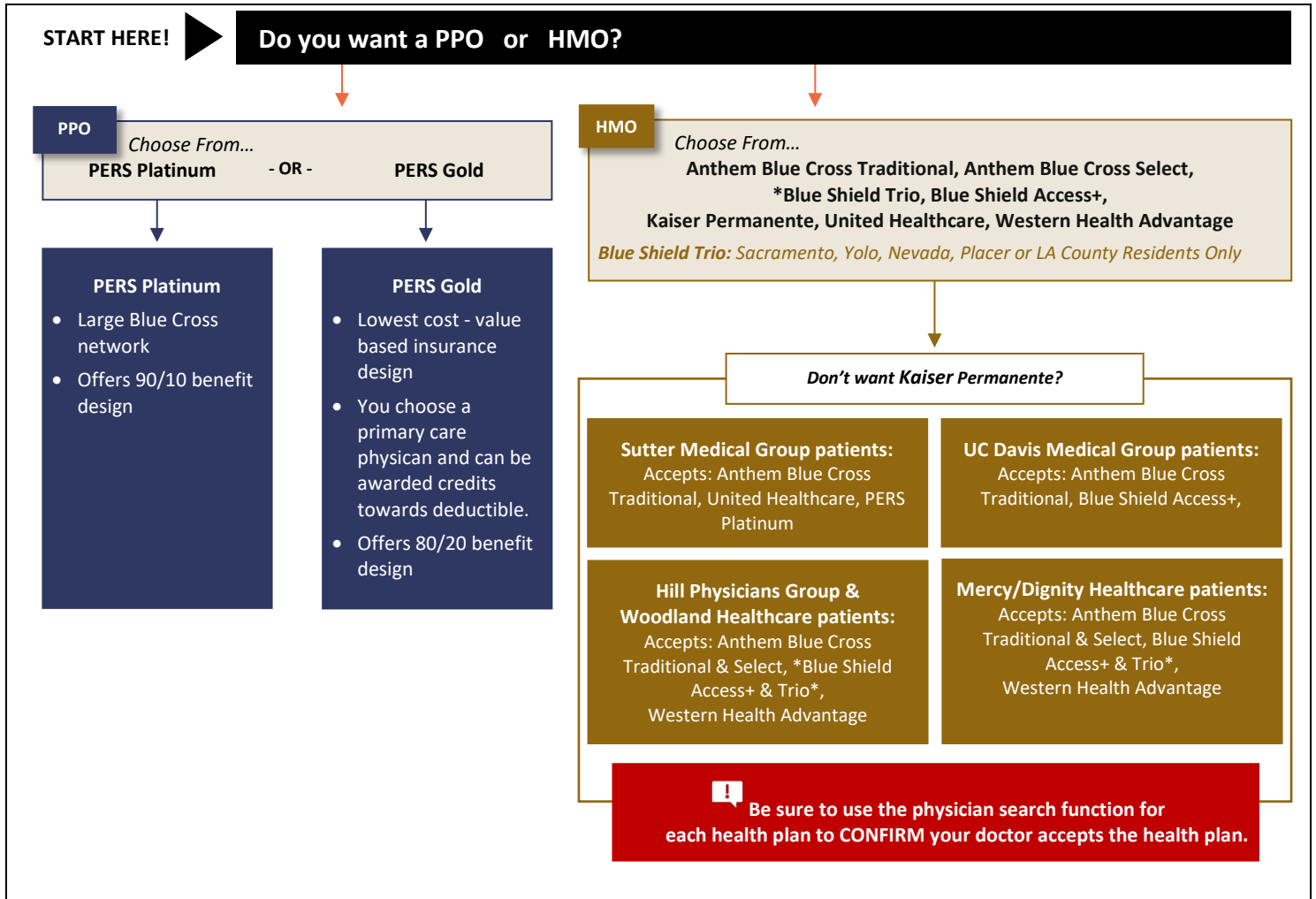
### Are you a member of PORAC?

PORAC members, employees in the Deputy Sheriff Association (DSA), Sheriff's Management Association (SMA), or safety members of the Yolo County Supervisory and Professional Association (SPEA), may want to consider the PPO offered by PORAC.

### HINTS & TIPS

- ◆ The HMOs all have the same benefits, although the Rx formulary list may vary.
- ◆ 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+
- ◆ IF you wish to use the **Sutter Medical Group**, you may want to consider enrolling in United Healthcare, Anthem Blue Cross Traditional or PERS Platinum

## Health Plan Choice Decision Tree



### Setting the County Contribution for 2024

The bi-weekly premiums for employees and the County's share of the premium are contained later in this publication. Payroll benefit deductions occur 24 times a year, with 2 "free payroll" periods where no deductions are taken (26 total pay periods per calendar year). 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.

### Premiums for 2024

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.

## Yolo County 2024 Region 1 Health Insurance Rates (bi-weekly payroll deduction, 24x per year)

For Residents of Alameda, Alpine, Amador, Butte, Calaveras, **Colusa**, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, **Placer**, Plumas, **Sacramento**, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, **Solano**, Sonoma, Stanislaus, **Sutter**, Tehama, Trinity, Tuolumne, **Yolo** and **Yuba** Counties  
(If your county of residence is not listed, contact [Your Human Resources Team](#))

Health Plan	Coverage Level	Employee Share	Employee Share With Benefit Package
Anthem HMO Select	Employee Only	206.17	569.43
	Employee & One (1)	412.35	1138.86
	Employee & Two (2) or more	536.06	1480.52
Anthem HMO Traditional	Employee Only	306.59	669.85
	Employee & One (1)	613.19	1339.70
	Employee & Two (2) or more	797.15	1741.61
Blue Shield Access+ HMO	Employee Only	175.16	538.42
	Employee & One (1)	350.33	1076.84
	Employee & Two (2) or more	455.43	1399.89
Blue Shield Trio HMO <i>Only available to Sacramento, Yolo, Nevada, Placer and LA County Residents</i>	Employee Only	110.16	473.42
	Employee & One (1)	220.33	946.84
	Employee & Two (2) or more	286.43	1230.89
Kaiser Permanente HMO	Employee Only	147.45	510.71
	Employee & One (1)	294.90	1021.41
	Employee & Two (2) or more	383.38	1327.84
United Healthcare HMO	Employee Only	182.31	545.57
	Employee & One (1)	364.62	1091.13
	Employee & Two (2) or more	474.01	1418.47
Western Health Advantage HMO	Employee Only	40.36	403.62
	Employee & One (1)	80.72	807.23
	Employee & Two (2) or more	104.94	1049.40
PERS Gold	Employee Only	94.15	457.41
	Employee & One (1)	188.31	914.82
	Employee & Two (2) or more	244.81	1189.27
PERS Platinum	Employee Only	293.88	657.12
	Employee & One (1)	587.76	1314.27
	Employee & Two (2) or more	764.09	1708.55
PORAC PPO <i>Must be a DSA / SMA Association Member / SPEA Safety Members</i>	Employee Only	102.24	465.50
	Employee & One (1)	331.99	1058.50
	Employee & Two (2) or more	381.04	1325.50

1: Blue Shield EPO available only to Colusa, Mendocino, Sierra, Lassen, or Shasta County residents. If you live in one of these locations and are interested in more information, contact [hr@yolocounty.org](mailto:hr@yolocounty.org).

## Rate Changes

Rate changes will be effective on the December 2023 paychecks for January 2024 coverage.

- 1) **General Unit, Correctional Officer, Deputy Sheriff and Probation Association employees.** Yolo County's contribution is **\$363.26** for employee only, **\$726.51** for employee and one, and **\$944.46** for employee and two or more.
- 2) **Supervisors, Assistant Department Heads, Management, Sheriff's Management, Attorneys, Supervising Attorneys, Deputy County Counsel, and other unrepresented and confidential employees** will receive **\$988.21** per eligible pay period to purchase health, dental and vision coverage.
- 3) **Department Heads and Elected Officials** will receive **\$1,196.54** per eligible pay period to purchase health, dental and vision coverage.

**NOTE:** *If you elect to opt-out of County-provided health insurance, the amount you will receive may vary from above. Refer to your applicable MOU for detailed information.*

## 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 required for all children added to your plan.
- Dependents are eligible to stay on Health, Dental and Vision until age 26.
- 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 stepchildren), 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.



## DENTAL INSURANCE – DELTA DENTAL

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!

For information & to search dentists:

**Delta Dental of California**

[www.deltadentalins.com](http://www.deltadentalins.com)

Customer Service 800-765-6003



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 provides 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

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.

## 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 (24x Per Year)	
	Basic Dental Plan	Buy Up Dental Plan
Employees in the General Unit, Probation Unit, Correctional Officers and Deputy Sheriff's *	\$4.40	\$16.40
All other represented and 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>		<b>COPAYMENT</b>		<p><i>*What is a PPO Dentist? A dentist in the Delta Dental PPO network has agreed to a fee structure designed to save you money on dental services and procedures. Theoretically 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.</i></p>
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	
Prosthodontics	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>		<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>		<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>		<b>AGE LIMITATIONS</b>		
Children (years of age)	26		26		

## VISION INSURANCE – EYEMED

Yolo County contracts with EyeMED 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.

For more information and to search for  
Eye Care Professionals:

EyeMED

[www.eyemed.com](http://www.eyemed.com)



### 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 EyeMED 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*).

## Yolo County EyeMED 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
<b>Comprehensive Exam</b>	Covered	Up to \$40
<b>Single Vision Lenses</b>	Covered	Up to \$30
<b>Bifocal Lenses</b>	Covered	Up to \$50
<b>Trifocal Lenses</b>	Covered	Up to \$65
<b>Polycarbonate Lenses</b>	Up to \$85	Up to \$55
<b>Progressive Lenses</b>	Up to \$86.51	Up to \$65
<b>Aphakic Monofocal</b>	Covered	Up to \$125
<b>Aphakic Multifocal</b>	Covered	Up to \$125
<b>Frame</b>	Up to \$105	Up to \$40
<b>Contact Lenses:</b>		
Medically Necessary	Covered	Up to \$250
Cosmetic or Convenience	Up to \$105	Up to \$100

BUY UP PLAN	Participating Provider	Non-Participating Provider
<b>Ophthalmologic Exam</b>	Covered	Up to \$40
<b>Optometric Exam</b>	Covered	Up to \$40
<b>Single Vision Lenses</b>	Covered	Up to \$30
<b>Bifocal Lenses</b>	Covered	Up to \$50
<b>Trifocal Lenses</b>	Covered	Up to \$65
<b>Polycarbonate Lenses</b>	Up to \$85	Up to \$65
<b>Progressive Lenses</b>	Up to \$86.51	Up to \$55
<b>Aphakic or Lenticular Lenses</b>	Covered	Up to \$125
<b>Frame</b>	Up to \$150	Up to \$75
<b>Contact Lenses:</b>		
Medically Necessary	Covered	Up to \$250
Cosmetic or Convenience	Up to \$150	Up to \$150

*The policy provides full coverage for Covered Services when you go to a Participating Provider of the EyeMED 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, Correctional Officers and Deputy Sheriff's *	\$0.46	\$5.28
All other represented and 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.

## VOLUNTARY BENEFITS

For the 2024 plan year, Yolo County offers a separate open enrollment period for voluntary benefits. New hires are eligible to enroll for the remainder of the plan year. All Voluntary Benefits are enrolled, renewed, cancelled, or changed directly with our voluntary benefits broker, Rumbaugh Insurance Solutions. Voluntary Benefits include:

- Flexible Spending Account (FSA)
- Dependent Care Account (DCA)
- Life Insurance
- Additional AFLAC Insurance Options

**Visit [Inside Yolo](#) for detailed information on available voluntary benefits .**

## INFOR EMPLOYEE SPACE VIRTUAL BENEFITS ENROLLMENT

Use the following worksheet to indicate your health, dental, and vision choices for the current plan year prior to going to the Infor Employee Space. New hires will receive enrollment instructions via email following initial onboarding with the County.

Health Plan	Coverage Level	<input checked="" type="checkbox"/>
Anthem HMO Select	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Anthem HMO Traditional	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Blue Shield Access+ HMO	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Blue Shield Trio HMO <small>Only available to Sacramento, Yolo, Nevada, Placer, and Los Angeles County Residents</small>	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Kaiser Permanente HMO	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
United Healthcare HMO	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Western Health Advantage HMO	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
PERS Gold	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
PERS Platinum	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
PORAC PPO <small>Must be DSA / SMA Association Member / SPEA Safety Member</small>	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
N/A - Waive Health Insurance	N/A - Waive Health Insurance	<input type="checkbox"/>

Dental Plan	Coverage Level	<input checked="" type="checkbox"/>
Dental Basic	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Dental Buy-Up	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>

Vision Plan	Coverage Level	<input checked="" type="checkbox"/>
Vision Basic	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>
Vision Buy-Up	Employee Only	<input type="checkbox"/>
	Employee & One (1)	<input type="checkbox"/>
	Employee & Two (2) or more	<input type="checkbox"/>

### Do You Have Everything You Need for Online Enrollment?

Birth Certificates

Marriage Certificates

Dates of Birth

Social Security Numbers

Other Legal Documents  
(as needed)

## BENEFIT PROVIDER CONTACT LIST

Benefit	Provider	Group or ID#	Telephone	Website / Email
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>
Health Insurance	Anthem Blue Cross	---	(855) 839-4524	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Health Insurance	Blue Shield	---	(800) 334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Health Insurance	Kaiser Permanente	---	(800) 464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
Health Insurance	PERS Platinum	---	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Health Insurance	PERS Gold	---	(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="https://ibtofporac.org">https://ibtofporac.org</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>
Retirement	CalPERS	Yolo– 6380137448 Your SS#	(888) 225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
Vision Insurance – Basic	EyeMED	Yolo–15174 Your SS#	(866) 939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
Vision Insurance – Buy Up	EyeMED	Yolo–24889 Your SS#	(866) 939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>