



# Employee Benefits Overview

January 1, 2025 – December 31, 2025



# Let's Talk About...

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Eligibility and enrollment

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The benefits we offer

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Our 2025 benefit plans

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Helpful resources

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# Eligibility



# Eligibility

## Employee

- Full-Time employees working 20 or more hours per week
- Employees are eligible based on hours worked in the previous 12-month period

## Spouse/Domestic Partner

- Legally married spouse (including same-sex spouse)
- Registered Domestic Partner

## Children

- Natural, adopted or step children (including your domestic partner's children) up to age 26
- Children named in Qualified Medical Child Support Order

# Enrollment & Changes



## Enrollment & Changes

### New Hire

- Add or drop dependents
- Enroll or waive coverage

### Annual open enrollment period

- Add or drop dependents
- Enroll in a different plan or add or drop plans

### Outside of new hire or open enrollment

- Must experience a qualifying life event to add or drop dependents or make changes
- Marital status, new baby/child, loss of other coverage, and more
- Submit changes within 31 days of the event



# Benefits

Kaiser HMO

Anthem PPO & HDHP

Delta Dental PPO & DHMO

VSP Vision

Lincoln Financial Group Life and AD&D

Anthem EAP

BCC Flexible Spending Accounts

Colonial Life Voluntary Benefits

Click the video below to learn about  
**key health insurance terms!**



# Kaiser HMO

	HMO High	HMO Low
	In-Network Only	In-Network Only
<b>Calendar Year Deductible</b>		
Individual / Family	\$0   \$0	\$0   \$0
<b>Annual Out-of-Pocket Max</b>		
Individual / Family	\$1,500   \$3,000	\$1,500   \$3,000
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Provider	\$10 per visit	\$20 per visit
Specialist	\$10 per visit	\$20 per visit
<b>Preventive Services</b>	No Charge	No Charge
<b>Lab and X-ray</b>	No Charge	No Charge
<b>Inpatient Hospitalization</b>	No Charge	\$500 copay
<b>Emergency Room</b>	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
<b>Outpatient Surgery</b>	\$10 copay	\$20 copay
<b>PRESCRIPTION DRUG</b>	Generic   Brand	Generic   Brand
<b>Rx Copay Out of Pocket Max</b>	Combined with Medical	Combined with Medical
<b>Retail – up to 100 day supply</b>	\$5   \$15	\$10   \$35
<b>Mail Order – up to 100 day supply</b>	\$5   \$15	\$10   \$35

# Anthem PPO

	PPO 500		PPO 1000		PPO 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$500 Individual \$1,000 Family		\$1,000 Individual \$2,000 Family		\$1,500 Individual \$3,000 Family	
<b>Annual Out-of-Pocket Max</b>	\$3,000 Individual \$6,000 Family	\$10,000 Individual \$20,000 Family	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
<b>Office Visit</b>						
Primary	\$35 copay	40% after deductible	\$45 copay	50% after deductible	\$45 copay	50% after deductible
Specialist	\$35 copay	40% after deductible	\$45 copay	50% after deductible	\$45 copay	50% after deductible
<b>Preventive Services</b>	Plan pays 100%	40% after deductible	Plan pays 100%	50% after deductible	Plan pays 100%	Not covered
<b>Lab &amp; X-Ray</b>	20% after deductible	40% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Inpatient Hospitalization</b>	\$250 copay + 20% after deductible	40% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	\$125 copay + 20% after deductible	40% after deductible	\$250 copay + 20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Emergency Room</b>	\$100 copay + 20% after deductible (copay waived if admitted)	\$100 copay + 20% after deductible (copay waived if admitted)	\$100 copay + 20% after deductible (copay waived if admitted)	\$100 copay + 20% after deductible (copay waived if admitted)	\$100 copay + 20% after deductible (copay waived if admitted)	\$100 copay + 20% after deductible (copay waived if admitted)
<b>Prescription Retail (30-day supply)</b>	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
<b>Mail Order (90-day supply)</b>	\$20/\$40/\$60	Not covered	\$20/\$40/\$60	Not covered	\$20/\$40/\$60	Not covered





# Anthem 3300 HDHP

	HDHP 3300	
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$3,300 Individual / \$6,600 Family	
<b>Annual Out-of-Pocket Max</b>	\$3,300 Individual \$6,600 Family	\$5,000 Individual \$10,000 Family
<b>Office Visit</b> Primary Provider Specialist	0% after deductible 0% after deductible	50% after deductible 50% after deductible
<b>Preventive Services</b>	Plan pays 100%	40%
<b>Lab &amp; X-Ray</b>	0% after deductible	50% after deductible
<b>Inpatient Hospitalization</b>	0% after deductible	50% after deductible
<b>Outpatient Surgery</b>	0% after deductible	50% after deductible
<b>Emergency Room</b>	0% after deductible	50% after deductible
<b>Prescription</b> Retail (30-day supply) Mail Order (90-day supply)	0% after deductible 0% after deductible	50% after deductible Not covered

# Health Savings Account (HSA)



## Triple Tax Advantages

- TAX-FREE\*
  - Contributions
  - Withdrawals for eligible healthcare expenses
  - Interest and earnings

\* Federally tax-free. Contact your tax advisor or HSA administrator for state tax information in CA and NJ.



## Uses

- Pay for out-of-pocket healthcare expenses for you and your family
- Build a nest egg for future healthcare expenses
- Retirement savings strategy for both healthcare and living expenses



## Features

- Medical, dental and vision expenses
- No “use it or lose it” rule—account balance rolls over year after year
- Portable—account is yours if you change plans, retire or change jobs
- Account balance earns interest



# Delta Dental DHMO

## Delta Dental DeltaCare HMO

	In-Network
<b>Calendar Year Deductible</b>	\$0 per individual \$0 per family
<b>Annual Plan Maximum</b>	Unlimited
<b>Waiting Period</b>	N/A
<b>Diagnostic and Preventive</b>	\$0-\$45 copay (varies by services, see contract for fee schedule)
<b>Basic Services</b>	
Fillings	\$0-\$85 copay (varies by services, see contract for fee schedule)
Root Canals	\$0-\$280 copay (varies by services, see contract for fee schedule)
Periodontics	\$0-\$280 copay (varies by services, see contract for fee schedule)
<b>Major Services</b>	\$0-\$240 copay (varies by services, see contract for fee schedule)
<b>Orthodontic Services</b>	
Orthodontia	\$1,700 or \$1,900 copay (see contract for fee schedule)
Lifetime Maximum Dependent Children	Unlimited Covered

# Delta Dental PPO

## PPO Plus Premier 1000

## PPO Plus Premier 2000

	PPO Plus Premier 1000		PPO Plus Premier 2000	
	PPO Network	Premier and Out of Network	PPO Network	Premier and Out of Network
<b>Calendar Year Deductible</b>	\$50 per individual \$100 per family		\$50 per individual \$100 per family	
<b>Annual Plan Maximum</b>	\$1,000 per individual		\$2,000 per individual	
<b>Waiting Period</b>	None	None	None	None
<b>Diagnostic and Preventive</b>	Plan pays 100% deductible waived	Plan pays 100% deductible waived	Plan pays 100% deductible waived	Plan pays 100% deductible waived
<b>Basic Services</b>				
Fillings	Plan pays 85% after deductible	Plan pays 85% after deductible	Plan pays 85% after deductible	Plan pays 85% after deductible
Root Canals	Plan pays 85% after deductible	Plan pays 85% after deductible	Plan pays 85% after deductible	Plan pays 85% after deductible
Periodontics	Plan pays 85% after deductible	Plan pays 85% after deductible	Plan pays 85% after deductible	Plan pays 85% after deductible
<b>Major Services</b>	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
<b>Orthodontic Services</b>				
Orthodontia	Plan pays 50% deductible waived		Plan pays 50% deductible waived	
Lifetime Maximum	\$1,000 (Dependent Children Only)		\$2,000 (Adults and Dependent Children)	





# VSP Vision

## Vision Core Plan PRISM

## Vision Buy-Up Plan PRISM

	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Examination Benefit</b>	\$20 copay	Reimbursed up to \$45	\$10 copay	Reimbursed up to \$45
<b>Frequency</b>	1 x every 12 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply
<b>Materials</b>	Combined with Exam	See schedule below	Combined with Exam	See schedule below
<b>Eyeglass Lenses</b>				
Single Vision Lens	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$30	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$30
Bifocal Lens	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$50	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$50
Trifocal Lens	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$65	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$65
<b>Frequency</b>	1 x every 12 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply
<b>Frames</b>				
<b>Benefit</b>	Reimbursed up to \$130, additional 20% discount on the remaining balance (materials copay applies)	Reimbursed up to \$70	Reimbursed up to \$150, additional 20% discount on the remaining balance (materials copay applies)	Reimbursed up to \$70
<b>Frequency</b>	1 x every 24 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply
<b>Contacts (Elective)</b>				
<b>Benefit</b>	Reimbursed up to \$130, plus a 15% discount on a contacts lens exam (copay waived; instead of eyeglasses)	Reimbursed up to \$105 (in-network limitations apply)	Reimbursed up to \$150, plus a 15% discount on a contacts lens exam (copay waived; instead of eyeglasses)	Reimbursed up to \$105 (in-network limitations apply)
<b>Frequency</b>	1 x every 12 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply



# Life and AD&D

Basic Life and AD&D insurance provides income protection for your beneficiary in the event of your death.

We currently provide Basic Life and AD&D insurance coverage through Lincoln Financial Group at no cost to you. The amount of coverage varies by Bargaining Unit / Employee Classification.

Please refer to your life insurance certificate of coverage for more details.

***Did you know that you have access to additional benefits through Lincoln Financial Group, such as Travel Assistance and Counseling?***



Be sure to review your **Benefit Guide** for more details on how to access these programs!



# Voluntary Life and AD&D

Voluntary Life and AD&D Insurance allows you to purchase additional life insurance coverage.

Offered through Lincoln Financial Group, additional coverage purchased for yourself will pay a benefit to your named beneficiary(ies) should you die.

Employee Voluntary Life Amount	\$10,000 Minimum, up to a maximum of \$250,000 (not to exceed 5x annual earnings). Guarantee issue \$70,000
Spouse Voluntary Life Amount	\$10,000 minimum, up to a maximum of \$250,000 (not to exceed 100% of employee's benefit) Guarantee issue \$20,000
Child(ren) Voluntary Life Amount (over 6 months old)	\$1,000 minimum, up to a maximum of \$10,000 (not to exceed 50% of employee election)



# Employee Assistance Plan

Life can be complicated. With the Anthem EAP, getting help is easy.

Call your Employee Assistance Program for help with life's ups and downs. The EAP can connect or refer you to a professional who can help with:

- Marriage, family and relationship issues.
- Stress, anxiety and sadness.
- Grief, loss or responses to traumatic events.
- Concerns about your use of alcohol or drugs.

Work and Life Services are also available:

- Childcare and Eldercare assistance
- Financial Services
- Legal Services
- Identity Theft Recovery Services
- Daily Living Services

**Employees and eligible household dependents are entitled to six (6) EAP sessions per issue at no cost.**

**Help is available!**  
**(833) 954-1067**

[www.anthemead.com](http://www.anthemead.com)  
Code: PRISM



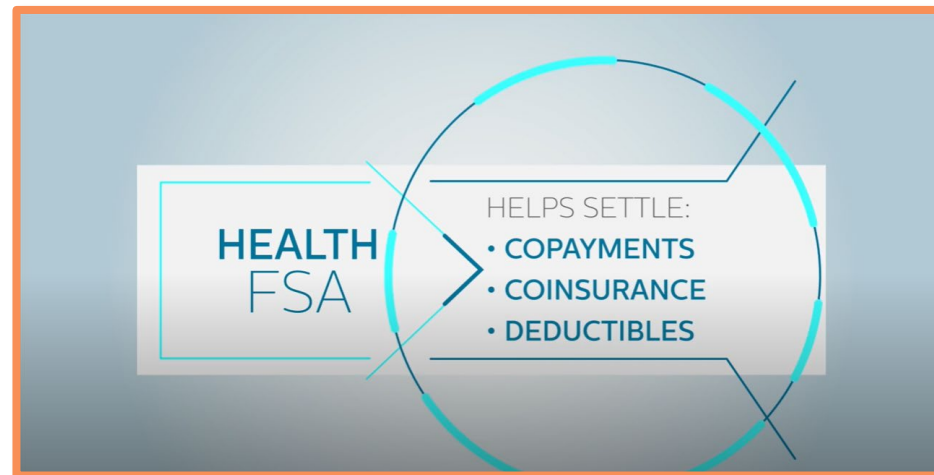


# Flexible Spending Accounts

We offer two Flexible Spending Accounts administered by BCC—the Health Care Spending Account and the Dependent Care Spending Account. These accounts allow you to redirect a portion of your salary on a pre-tax basis into reimbursement accounts.

The maximum annual amount you may contribute to the **Healthcare Spending Account** for the 2025 Plan Year is **\$3,050**.

The maximum annual amount you may contribute to the **Dependent Care Spending Account** for the 2024 Plan Year is \$5,000.



Need more information  
on what you can do with  
your FSA?

Click the image to the left  
for a quick informative  
video!



# Other Benefits

Additional optional benefits that are available through Colonial Life:

- Accident Insurance
- Critical Illness Insurance
- Hospital Confinement Indemnity Insurance
- Short-Term Disability Insurance



Be sure to review your **Benefit Guide** for more details on these plans!



# Navigating Your Benefits

**Help with questions, benefit changes, claim issues**

Human Resources  
Phone: (530) 822-7113  
Email: [hr@co.sutter.ca.us](mailto:hr@co.sutter.ca.us)  
Hours: Monday – Friday, 8 a.m. to 5 p.m. PST

**How to enroll**

Visit <https://benxcel.net/>, please review the BenXcel “How to Enroll” document.

**24/7 plan information, documents, rate charts and forms**

Visit <https://www.suttercounty.org/doc/government/depts/hr/benefits> for more benefit information  
You can also review your Employee Benefits Guide for more information on the plans offered, contact information, and additional details

**Carrier Apps**

Once you select your benefit plans, download each insurance carrier’s mobile app to have your ID information, claim information, and benefits available at the palm of your hand

A group of diverse people are sitting in a circle, smiling and engaged in a discussion. The background is slightly blurred, focusing attention on the individuals in the foreground. The overall atmosphere is positive and collaborative.

# Enrollment Checklist

- 1. Review your benefits summary and other materials.**
- 2. Compare benefits offered through a Spouse/Domestic Partner's employer. Which plan(s) best fit your needs?**
- 3. Consider whether you will contribute to a Flexible Spending Account (FSA). How much will you set aside?**
- 4. Consider your need for voluntary coverages.**
- 5. Review your beneficiary designations.**
- 6. Are you adding a dependent to your plan? Have their Social Security Number, Date of Birth information, and other verification documents ready.**



**Thank You**