



# Sierra County Employee Benefits Guide



# **What Benefits Can Be Changed & When?**

**During open enrollment or a qualified life event, you can change:**

- **Medical**
- **Dental**
- **Vision**
- **Life Insurance/Supplemental Life**
- **Aflac**
- **Supplemental Savings Plan**

# Benefits Overview

Sierra County Employees have the option to **separate** Medical, Dental and Vision benefits.

The County contributes up to **\$1,125.00** per month towards offered health benefits for full-time employees.

Permanent part-time employees working a minimum of 50 percent of a full-time equivalent position (FTE) shall be prorated based upon the percentage of FTE employment for the employee's position.

During open enrollment or a qualified Life Event, full and permanent part time Sierra County employees may decline County health coverage by providing proof of other qualified group coverage. Other group coverage is typically coverage through a spouse's employer, Medi-Cal, Medicare, etc.

***Privately/individual policies purchased direct through a carrier or Covered California do not qualify as other group coverage.***

Employees who qualify to decline the County provided health insurance coverage shall be eligible to receive, as additional monthly compensation, one-half of the maximum County contribution amount currently in effect towards the employee's qualified "Other" coverage employee's insurance coverage.

- ✓ **Medical is provided through Blue Shield of California**
  - ✓ **Dental is provided through Delta Dental**
  - ✓ **Vision is provided through VSP**

**For Medical, Sierra County offers four Blue Shield options:**

- ✓ **Gold Plan PPO**
- ✓ **EPO**
- ✓ **Silver Plan PPO**
- ✓ **H.S/A 10/90**

## ELIGIBILITY



### ELIGIBLE DEPENDENTS

- ❖ Spouse or Domestic Partner
- ❖ Children, spouse's children, adopted children up to age 26 (varies for Dental/Vision)
- ❖ Certified Disabled Dependent over age 26

## Who is Eligible?

Full time and part time employees hired into permanent benefitted positions, and their eligible dependents.

## Required Documents for Benefit Enrollment:

- ✓ Marriage Certificate or Declaration of Domestic Partnership
- ✓ Birth Certificate or Adoption Papers
- ✓ Social Security Cards

## When can I enroll or change elections?

- ✓ Upon initial hire
- ✓ During open enrollment, currently October
- ✓ When a qualifying event occurs

What is a qualifying event?!

Marriage, Divorce, Birth of a child, or Loss of Coverage

## CHANGES



# 2026 GOLD Plan PPO:

## 2026 Medical Plan Premiums:

Employee	\$1,484.23
Employee+1	\$2970.52
Employee +Family	\$3860.44

## Employee Cost:

The Employee Cost, is the Plan Premium - minus the County Benefit Contribution of up to \$1125.00

## Monthly Cost to Employee

Employee	<b>\$359.23</b>
Employee+1	<b>\$1845.52</b>
Employee+ Family	<b>\$2735.44</b>

### If I add **Dental**:

		<b>Cost to Employee</b>
Employee	\$359.23 + \$49.90 =	<b>\$409.13</b>
Employee+1	\$1845.52 + \$88.30 =	<b>\$1933.82</b>
Employee+ Family	\$2735.44 + \$143.30 =	<b>\$2878.74</b>

### If I add **Vision**:

		<b>Cost to Employee</b>
Employee	\$359.23 + \$8.70 =	<b>\$367.93</b>
Employee+1	\$1845.52 + \$12.40 =	<b>\$1857.92</b>
Employee+ Family	\$2735.44 + \$21.80 =	<b>\$2757.24</b>

### If I add **Dental & Vision**:

		<b>Cost to Employee</b>
Employee	\$359.23 + \$58.60 =	<b>\$417.83</b>
Employee+1	\$1845.52 + \$100.70 =	<b>\$1946.22</b>
Employee+ Family	\$2735.44 + \$165.10 =	<b>\$2900.54</b>

# 2026 GOLD Plan PPO - Summary:

## Provider Network: Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at [blueshieldca.com](http://blueshieldca.com).

## Calendar Year Deductibles (CYD)<sup>2</sup>

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart here.

## Calendar Year medical Deductible

### When using a Participating or Non-Participating Provider:

Individual coverage	\$500
Family coverage	\$500: individual \$1,000: Family

## Calendar Year Out-of-Pocket Maximum

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

### When using any combination of Participating or Non-Participating Providers

Individual coverage	\$2,000
Family coverage	\$2,000: individual \$4,000: Family

## No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services

**For more GOLD Plan details, contact Personnel**

# 2026 SILVER Plan PPO:

## 2026 Medical Plan Premiums:

Employee	\$1066.05
Employee+1	\$2131.07
Employee +Family	\$2766.58

## Employee Cost

The Employee Cost, is the Plan Premiums - minus the County Benefit Contribution of up to \$1125.00

## Monthly Cost to Employee

Employee	<b>\$0</b>
Employee+1	<b>\$1006.07</b>
Employee +Family	<b>\$1641.58</b>

### If I add Dental:

#### Cost to Employee

Employee		<b>\$0</b>
Employee +1	$\$1006.07 + \$88.30 =$	<b>\$1094.37</b>
Employee + Family	$\$1641.58 + \$143.30 =$	<b>\$1784.88</b>

### If I add Vision:

#### Cost to Employee

Employee		<b>\$0</b>
Employee +1	$\$1006.07 + \$12.40 =$	<b>\$1018.47</b>
Employee + Family	$\$1641.58 + \$21.80 =$	<b>\$1663.38</b>

### If I add Dental & Vision:

#### Cost to Employee

Employee		<b>\$0</b>
Employee +1	$\$1006.07 + \$100.70 =$	<b>\$1106.77</b>
Employee + Family	$\$1641.58 + \$165.10 =$	<b>\$1806.68</b>

# 2026 SILVER Plan PPO - Summary:

## Provider Network: Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at [blueshieldca.com](http://blueshieldca.com).

## Calendar Year Deductibles (CYD)<sup>2</sup>

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart here.

## Calendar Year medical Deductible

### When using a Participating or Non-Participating Provider:

Individual coverage	\$2000
Family coverage	\$2000: individual \$4,000: Family

## Calendar Year Out-of-Pocket Maximum

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

### When using any combination of Participating or Non-Participating Providers

Individual coverage	\$5,000
Family coverage	\$5,000: individual \$10,000: Family

## No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services

**For more SILVER Plan details, contact Personnel**

# 2026 EPO Plan:

## 2026 Plan Premiums:

Employee only	\$1776.75
Employee+1	\$3558.65
Employee +Family	\$4627.79

## Employee Cost

The Employee Cost, is the Plan Premiums - minus the County Benefit Contribution of up to \$1125.00

Monthly Cost to Employee

Employee	<b>\$651.75</b>
Employee+1	<b>\$2433.65</b>
Employee +Family	<b>\$3502.79</b>

### If I add Dental:

		Cost to Employee
Employee	$\$651.75 + \$49.90 =$	<b>\$701.65</b>
Employee +1	$\$2433.65 + \$88.30 =$	<b>\$2521.95</b>
Employee + Family	$\$3502.79 + \$143.30 =$	<b>\$3646.09</b>

### If I add Vision:

		Cost to Employee
Employee	$\$651.75 + \$8.70 =$	<b>\$660.45</b>
Employee +1	$\$2433.65 + \$12.40 =$	<b>\$2446.05</b>
Employee + Family	$\$ 3502.79 + \$21.80 =$	<b>\$3524.59</b>

### If I add Dental & Vision:

		Cost to Employee
Employee	$\$651.75 + \$58.60 =$	<b>\$710.35</b>
Employee +1	$\$2433.65 + \$100.70 =$	<b>\$2534.35</b>
Employee + Family	$\$ 3502.79 + \$165.10 =$	<b>\$3667.89</b>

# 2026 EPO Plan - Summary:

## Provider Network: Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. This is an Exclusive Provider Organization (EPO) plan. You must receive all Covered Services from a Participating Provider, but there are some exceptions. Please review your Benefit Booklet for details about how to access care under this Plan. You can find Participating Providers in this network at blueshieldca.com.

## Calendar Year Deductibles (CYD)<sup>2</sup>

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart here.

## Calendar Year medical Deductible

### When using a Participating or Non-Participating Provider:

Individual coverage	\$300
Family coverage	\$300: individual \$600: Family

## Calendar Year Out-of-Pocket Maximum

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

### When using any combination of Participating or Non-Participating Providers

Individual coverage	\$1300
Family coverage	\$1300: individual \$2600: Family

## No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services

**For more EPO Plan details, contact Personnel**

# 2026 HSA 10/90 Plan:

## 2026 Plan Premiums:

Employee only	\$1,237.03
Employee+1	\$2,481.27
Employee +Family	\$3221.84

## Employee Cost

The Employee Cost, is the Plan Premiums - minus the County Benefit Contribution of up to \$1125.00

Employee	<b>\$112.03</b>
Employee+1	<b>\$1356.27</b>
Employee +Family	<b>\$2096.84</b>

### If I add Dental:

#### Cost to Employee

Employee	$\$112.03 + \$49.90 =$	\$161.93
Employee +1	$\$1356.27 + \$88.30 =$	\$1444.57
Employee + Family	$\$2096.84 + \$143.30 =$	\$2240.14

### If I add Vision:

#### Cost to Employee

Employee	$\$112.03 + \$8.70 =$	\$120.73
Employee +1	$\$1356.27 + \$12.40 =$	\$1368.67
Employee + Family	$\$2096.84 + \$21.80 =$	\$2118.64

### If I add Dental & Vision:

#### Cost to Employee

Employee	$\$112.03 + \$58.60 =$	\$170.63
Employee +1	$\$1356.27 + \$100.70 =$	\$1456.97
Employee + Family	$\$2096.84 + \$165.10 =$	\$2261.94

# 2026 HSA 10/90 Plan - Summary:

## Provider Network: Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at [blueshieldca.com](https://blueshieldca.com).

## Calendar Year Deductibles (CYD)<sup>2</sup>

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart here.

## Calendar Year medical and Pharmacy Deductible

### When using a Participating or Non-Participating Provider:

Individual coverage     \$1650

Family coverage         \$3300

\* This Plan combines medical and pharmacy Deductibles into one Calendar Year Deductible

## Calendar Year Out-of-Pocket Maximum

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

### When using any combination of Participating or Non-Participating Providers

Individual coverage     \$2,000

Family coverage         \$2,000: individual

\$4,000: Family

## No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services

**For more HSA 10/90 Plan details, contact Personnel**

# 2026 Premium Prices & Employee Costs Breakdown:

MEDICAL PLANS	2026 PRICE	TOTAL E COST - MED ONLY		DD 2026 PRICE	VSP 2026 PRICE	DD & VSP 2026 PRICE		TOTAL M+DD	TOTAL M+VSP	TOTAL M+D+V	MINUS SC CONT	TOTAL E COST M+DD	TOTAL E COST M+VSP	TOTAL E COST M+D+V
		After SC Cont												
GOLD														
EO	\$1,484.23	\$359.23		\$49.90	\$8.70	\$58.60		\$1,534.13	\$1,492.93	\$1,542.83		\$409.13	\$367.93	\$417.83
E1	\$2,970.52	\$1,845.52		\$88.30	\$12.40	\$100.70		\$3,058.82	\$2,982.92	\$3,071.24		\$1,933.82	\$1,857.92	\$1,946.22
EF	\$3,860.44	\$2,735.44		\$143.30	\$21.80	\$165.10		\$4,003.74	\$3,882.24	\$4,025.54		\$2,878.74	\$2,757.24	\$2,900.54
SILVER														
EO	\$1,066.05	ZERO		\$49.90	\$8.70	\$58.60		\$1,115.95	\$1,074.75	\$1,124.65		ZERO	ZERO	ZERO
E1	\$2,131.07	\$1,006.07		\$88.30	\$12.40	\$100.70		\$2,219.37	\$2,143.47	\$2,231.77		\$1,094.37	\$1,018.47	\$1,106.77
EF	\$2,766.58	\$1,641.58		\$143.30	\$21.80	\$165.10		\$2,909.88	\$2,788.38	\$2,931.68		\$1,784.88	\$1,663.38	\$1,806.68
EPO														
EO	\$1,776.75	\$651.75		\$49.90	\$8.70	\$58.60		\$1,826.65	\$1,785.45	\$1,835.35		\$701.65	\$660.45	\$710.35
E1	\$3,558.65	\$2,433.65		\$88.30	\$12.40	\$100.70		\$3,646.95	\$3,571.05	\$3,659.35		\$2,521.95	\$2,446.05	\$2,534.35
EF	\$4,627.79	\$3,502.79		\$143.30	\$21.80	\$165.10		\$4,771.09	\$4,649.59	\$4,792.89		\$3,646.09	\$3,524.59	\$3,667.89
HSA 10 90														
EO	\$1,237.03	\$112.03		\$49.90	\$8.70	\$58.60		\$1,286.93	\$1,245.73	\$1,295.63		\$161.93	\$120.73	\$170.63
E1	\$2,481.27	\$1,356.27		\$88.30	\$12.40	\$100.70		\$2,569.57	\$2,493.67	\$2,581.97		\$1,444.57	\$1,368.67	\$1,456.97
EF	\$3,221.84	\$2,096.84		\$143.30	\$21.80	\$165.10		\$3,365.14	\$3,243.64	\$3,386.94		\$2,240.14	\$2,118.64	\$2,261.94

# 2026 Prescription Benefits Overview

## Meet Navitus - A Mission Driven Organization

Committed to making prescriptions more affordable for clients and members

- ✓ Founded in 2003 - Owned by SSM Health and Costco
- ✓ Highly rated: Exceptional Service
- ✓ 18 Million Members
- ✓ Regulated Market Expertise: 4.5 out of 5 stars
- ✓ Customer Founded, Aligned Partner
- ✓ Single platform adjudication system NaviClaimRX

As your pharmacy benefits manager (PBM), we:



Negotiate with drug manufacturers to get the best prices for you and your plan



Engage with pharmacies to help save money on medications



Work with your plan to develop a list of cost-effective drug options (formulary)

These cost saving strategies lower drug costs and promote good health

# Providing 360° Member Support



# A Full Spectrum of Support



- ✓ Member Support
- ✓ Drug Coverage
- ✓ Benefit Design
- ✓ Cost Guidance

# Member Benefit Resources

## MEMBER PORTAL:

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

## NAVITUS APP:



## CUSTOMER CARE

24 Hours a Day  
7 Days a Week

Commercial (855) 847-1035  
EGWP (855) 213-1106

## MAIL ORDER

Costco Pharmacy  
M-F, 7a.m.-9p.m. CST  
Sat, 11:30a.m.-4p.m. CST

(800) 607-6861  
[pharmacy.costco.com](http://pharmacy.costco.com)

## SPECIALTY PHARMACY

Lumicera Health Services  
M-Th, 8a.m.-7p.m. CST  
F, 8a.m.-6p.m. CST

(855) 847-3553  
[lumicera.com](http://lumicera.com)

Log in to your secure member portal at  
[www.Navitus.com/members](http://www.Navitus.com/members)



Cost  
Information



Medication  
History



Pharmacy  
Search



Drug  
Search



Drug Side  
Effect and  
Interaction  
Search

## Gain easy access to your benefits information with the Navitus app

**iOS**  
[Navitus on the App Store \(apple.com\)](https://www.apple.com/ios/ Navitus on the App Store)



**Android**  
[Navitus - Apps on Google Play](https://www.google.com/play/store/ Navitus - Apps on Google Play)





We're here for you

## Contact Customer Service

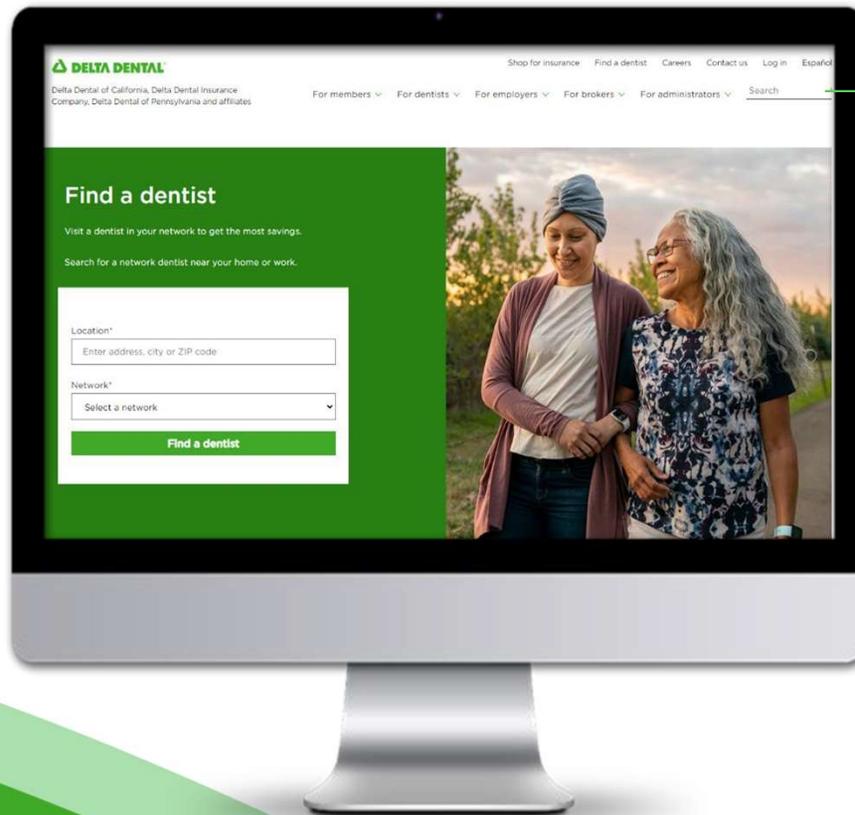
Get help by phone or online

- Call us toll free at (888) 335-8227
- Our automated phone system is available 24/7, or you can speak to a Customer Service representative Monday through Friday, 8 AM to 8 PM PST
- Ask online: Go to [deltadentalins.com](https://deltadentalins.com) > Contact Us, then follow the prompts or fill out the Customer Service Form



# We make it easy to find an in-network dentist

It's easy to refer your dentist, too



Members can search for a new dentist right from the home page of our website.

- Go to **deltadentalins.com**
- Click on the **Find a Dentist** tab.
- Search by name, address, landmark, city or ZIP code.
- Select your network plan.
- Click **Search**.
- **Narrow your search** by location, specialty, network and language.
- Your search results will include a dentist's Yelp rating, address and phone number.



Plan Benefit Highlights for: Sierra County

Group No: 02964

<b>Eligibility</b>	Primary enrollee, spouse (includes same-sex domestic partner only) and eligible dependent children to the end of the month dependent turns age 19 or to the end of the month dependent turns age 25 if dependent is full-time student			
<b>Maximums</b>	\$2,500 per person each calendar year			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None
<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists** In-PPO Network</b>		<b>Non-PPO dentists** Out-of-PPO Network</b>	
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100 %		100 %	
<b>Basic Services</b> Fillings, simple tooth extractions and sealants	85 %		85 %	
<b>Endodontics</b> (root canals)	85 %		85 %	
<b>Periodontics</b> (gum treatment)	85 %		85 %	
<b>Oral Surgery</b>	85 %		85 %	
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	85 %		85 %	
<b>Prosthodontics</b> Bridges, dentures and implants	60 %		60 %	
<b>Orthodontic Benefits</b> Dependent children	50 %		50 %	
<b>Orthodontic Maximums</b>	\$2,500 Lifetime		\$2,500 Lifetime	

\* 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.

**Delta Dental of California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105

**Customer Service**  
888-335-8227

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS

## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM PRISM / SIERRA COUNTY AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

#### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

#### PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

**PREMIER**  
PROGRAM

**Like shopping online?** Go to [eyeconic.com](http://eyeconic.com) and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

#### GET YOUR PERFECT PAIR

**EXTRA \$20** + UP TO **40%**  
TO SPEND ON FEATURED FRAME BRANDS\* | SAVINGS ON LENS ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE  NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://VSP.COM/OFFERS)



#### USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

**YOUR VSP VISION BENEFITS SUMMARY**

PRISM / SIERRA COUNTY and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**

VSP Signature



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	• Focuses on your eyes and overall wellness	\$10	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<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 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<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 35-40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>PRIMARY EYECARE™</b>	<ul style="list-style-type: none"> <li>• Retinal screening for members with diabetes</li> <li>• Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>• Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>• Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details.</li> </ul>	\$0 \$20 per exam	As needed
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <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> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</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 plan details.

Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$75	Progressive Lenses .....	up to \$75
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$100	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$50				

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. 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.



## Group Term Life Insurance Enrollment at a Glance

Convenient, affordable life insurance, offering financial protection for your loved ones.

### What is Group Term Life Insurance?

Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a "term"). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits. Your employer offers Basic Life Insurance and Accidental Death and Dismemberment Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life and Accidental Death and Dismemberment Insurance.

### What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

### How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children's education

### Who is eligible for life insurance?

- You—all active employees working 20+ hours per week.
- Your spouse\*— If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse rider/benefit. Coverage is available only if Employee Life Insurance is elected.
- Your children—birth to age 26. Coverage is available only if Employee Life Insurance is elected. If both you and your spouse are covered under the policy as employees, then only one, but not both, may cover the same children under the children's rider/benefit. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.



## What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- **Continuation:** If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- **Conversion:** You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

### How much does my life insurance cost?

Basic Life Insurance and Basic AD&D Insurance are provided by your employer at no cost to you. The cost for Supplemental Life is calculated based on the age of the employee at the start of the plan's current policy year.

#### Employee and Spouse Supplemental Life Insurance Rates

Employee Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.060
25-29	\$0.060
30-34	\$0.080
35-39	\$0.098
40-44	\$0.143
45-49	\$0.210
50-54	\$0.360
55-59	\$0.600
60-64	\$0.915
65-69	\$1.763
70 +	\$2.865

The rates are per individual.

#### Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage Type	Monthly Rate per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.03

#### Children Life Insurance Rates

Coverage Levels	Monthly Cost
\$2,500	\$0.53
\$5,000	\$1.05
\$7,500	\$1.58
\$10,000	\$2.10

Monthly cost for all eligible children.

### Will my benefits decrease as I get older?

- For you - Benefit amount(s) reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70, and to 30% of original coverage at age 75 and after.
- For your spouse\* - Benefit amount(s) reduce to 65% of original coverage at spouse age 65, to 50% of original coverage at age 75, and to 30% of original coverage at age 75 and after.
- Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).

*\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

### Exclusions and Limitations

Supplemental Life Insurance coverages have a two year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

### Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services:** You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.

*Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.*

- **Employee Assistance Program:** You have access to ComPsych GuidanceResources®, which provides support, resources and information for personal and work-life issues.

*Employee Assistance Program (EAP) services are provided by ComPsych® Corporation, Chicago, IL.*

- **Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

# Aflac Insurance Plans

Aflac helps with expenses health insurance doesn't cover, so you can focus more on everything else!

## Reward yourself.

Some Aflac accident and cancer insurance policies pay a cash benefit for a routine exam or preventative test each year. It's just our way to celebrate your effort to ensure you're healthy.



Here are just a few exams for which the Wellness Benefit<sup>1</sup> pays benefits



### Accident Policy<sup>2</sup>

- Vision and dental exams
- Mammogram
- PSA test
- Physical
- And more



### Cancer Policy<sup>3</sup>

- Mammogram
- Biopsy
- Colonoscopy
- PSA test
- Other cancer screenings

Scan the QR Code to see Aflac Insurance Plans



For more information, contact Personnel

## Supplemental Savings Plans

# Your choice, simplified.

The CalPERS 457 Plan is a voluntary savings program that allows you to easily defer any amount, subject to annual limits, through payroll deduction of contributions. The Plan is designed with your future retirement income needs in mind. The CalPERS 457 Plan offers participants:

- Services and investments at a reasonable cost using a simple fee schedule.
- A pre-tax retirement savings vehicle where contributions and earnings can benefit from the power of tax-deferral.
- A Roth after-tax contribution option (if the Roth plan feature has been adopted by your employer).
- A simplified approach to investing
- Access to financial learning resources, provided by Voya Institutional Plan Services, LLC.

The Plan also features CalPERS 457 Account Managers who are experienced retirement educators that are available to help you define your retirement goals and integrate them with your existing defined benefit planning. **Your Account Manager is able to meet with you at no additional cost.**

Darren has recently joined the CalPERS 457 field education team and has been in the financial services industry for over 20 years. He is passionate about helping educate public sector employees and enrolling them in the CalPERS 457 Plan to make the most out of their retirement options and ensure that retirement dreams become the “Golden Years.” He has a Bachelor’s Degree in Psychology from UC Davis and a Juris Doctorate degree with a certification in Governmental Affairs from UOP-McGeorge School of Law. Darren is a Certified Retirement Counselor, holding FINRA Series 6, 63, and 65 registrations as well as a California insurance license (License #0D10332). Your journey to retirement begins with you, and Darren is here to help you along the way!



Meet  
**Darren Wagerman,**  
your CalPERS 457  
Account Manager.



[Darren.Wagerman@voya.com](mailto:Darren.Wagerman@voya.com)



**888-713-8244 ext. 5**



To schedule an appointment to review your retirement planning strategy, visit [calpers457.timetap.com](http://calpers457.timetap.com) and choose the most convenient date and time for your schedule. You'll then receive an appointment confirmation email and a reminder email one hour before your scheduled appointment. Appointments can be held online or by phone, so it couldn't be easier to spend some time now to prepare for your tomorrow.

For more information about the CalPERS 457 Plan, visit [calpers457.com](http://calpers457.com) or call 888-713-8244 with any questions.

**For more information, contact Personnel**



The 457(b) deferred compensation plan offered by your employer can be a smart way to save money for your retirement.

It makes investing easy and may help you create a more financially secure future for you and your family.



**Leanne Luttgies**  
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Schedule An  
Appointment

Access Your  
Account Online

## What is a 457(b) plan?

A 457(b) deferred compensation plan is a retirement plan that allows public employees like you to set aside money for retirement from every paycheck

Benefits include:

- Potentially bridges the gap between your pension/Social Security benefits and the income you'll need in retirement
- Contributions and potential earnings are tax deferred
- Designed for long-term investing

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About half of households are “at risk” of not having enough to maintain their living standards in retirement.<sup>1</sup>

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## A deferred compensation plan gives you options

A deferred compensation plan is flexible by design, making participation easy:

- ✓ You decide how much to contribute and where to invest
- ✓ Contributions are deducted automatically
- ✓ Many people increase contributions annually or after receiving a raise
- ✓ Other retirement assets can be consolidated into your plan
- ✓ Special catch-up provisions allow people age 50 and over to save even more



To enroll or learn more:  
• Visit [NRSforU.com](#)  
• Talk to your local Nationwide Retirement Specialist  
• Call 1-855-463-4977

For more information, contact Personnel



**For more information, forms and more details:**

Please see the [Employee Facing, Personnel SharePoint Site](#), containing all enrollment forms, change forms, and additional information for all Sierra County Employee Benefits.

**Next Open Enrollment will be October 1, 2026 – October 25<sup>th</sup> 2026  
for the 2027 Benefit Year**