

# DISCOVER YOUR BENEFITS



**November 1, 2024**  
**OPEN ENROLLMENT GUIDE**

**Yolo County**  
**OFFICE OF**  
**EDUCATION**

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## Important Notice

Yolo County Office of Education has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Yolo County Office of Education reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Yolo County Office of Education share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Yolo County Office of Education.

This enrollment guide updates the Yolo County Office of Education's current summary plan description (SPD) for significant benefits information and changes. This guide constitutes a summary of material modifications (SMM) to the SPD, and the Company intends that this guide satisfies its disclosure obligations under 29 CFR § 2520.104b-3.

# WELCOME



## OPEN ENROLLMENT is from September 16<sup>th</sup> to September 27<sup>th</sup>

You play an important role in our success. That's why we strive to provide you with a benefits program that rewards you for the hard work and dedication you put forth every day.

Our comprehensive and competitive benefits program is an important component of your total compensation package. This guide provides valuable information to help you better manage your health and your financial security.

During open enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you, and select benefits that will provide the most value to you.

Open Enrollment for 2024 coverage – **your one chance to make changes to your benefits<sup>1</sup>** – begins September 16<sup>th</sup> and will remain open until September 27<sup>th</sup>. The benefits you choose will become effective on November 1, 2024 – October 31, 2025.

You must participate in Open Enrollment if you wish to do any or all of the following:

- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)
- Make changes to your income protection benefits

If you don't enroll in benefits, you may default into the same or comparable coverage that you elected last year. However, you won't be automatically enrolled in any FSAs – you need to make an election to participate each year.

Review this guide to choose which benefits are right for you. If after reading this guide you need more information, please contact Dan Rubio at [Daniel.Rubio@ycoe.org](mailto:Daniel.Rubio@ycoe.org) or the Reception Desk at (530) 668-6700.



<sup>1</sup> You can change your coverage during the year if you experience a "Qualified Status Change," including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.

# ELIGIBILITY



Full-time employees (working a minimum of 20 hours per week) and their eligible dependents can participate in Yolo County Office of Education benefits. Eligible dependents include:

- Your spouse or domestic partner<sup>1</sup>
- Child(ren) up to age 26 for medical and up to age 25 for dental and vision
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

## Enrolling in Benefits

If you're eligible for Yolo County Office of Education benefits, you can visit [www.ycoe.org](http://www.ycoe.org) to access benefit and enrollment information. If after reading this guide you have enrollment questions, please contact Dan Rubio at [Daniel.Rubio@ycoe.org](mailto:Daniel.Rubio@ycoe.org) or the Reception Desk at (530) 668-6700.

## BENEFITS TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options.

<b>Coinsurance</b>	The percentage you pay for the cost of covered health care services <b>after</b> you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.
<b>Copayment (Copay)</b>	A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
<b>Deductible</b>	The amount you pay in a plan year before your health plan begins to pay benefits.
<b>Network</b>	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
<b>Out-of-Pocket Maximum</b>	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
<b>Premium</b>	The amount of money that's paid for your health insurance every month. Yolo County Office of Education pays a portion of this amount, and you pay the rest.

# MONTHLY PLAN PREMIUMS



## RATE SUMMARY

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
WHA High Plan	\$900.22	\$1,800.46	\$1,620.40	\$2,700.68
WHA Mid Plan	\$686.71	\$1,373.37	\$1,236.05	\$2,060.08
WHA Low Plan	\$659.32	\$1,318.64	\$1,186.79	\$1,977.96
Kaiser High Plan	\$1,040.29	\$2,080.57	\$1,872.51	\$3,120.86
Kaiser Mid Plan	\$812.01	\$1,624.01	\$1,461.61	\$2,436.02
Kaiser Low Plan	\$725.56	\$1,451.13	\$1,306.02	\$2,176.69
Anthem PPO Plan (For out of area only)	\$1,552.27	\$3,104.54	\$2,794.06	\$4,656.81
Dental Plan	\$120	\$120	\$120	\$120
Vision Plan	\$30.14	\$30.14	\$30.14	\$30.14
Basic Life/AD&D	\$6.50	N/A	N/A	N/A

# MEDICAL & PRESCRIPTION DRUG BENEFITS



You have the opportunity to enroll in one of 3 medical plans through WHA. Each plan provides comprehensive, high-quality healthcare. The plans differ in the way they manage your care and structure out-of-pocket expenses. To find a WHA provider visit [www.westernhealth.com](http://www.westernhealth.com) and click on "Find a Doctor or Facility."

**All medical plans meet the Minimum Value Standards.**

## WHA-MEDICAL PLANS SUMMARY

Key Features	HMO High Plan Premier 0/40/0 HMO Prime	HMO Mid Plan Advantage 0/40/30% HMO Prime	HMO Low Plan Western 1000/20/20% HMO Prime
	In-Network	In-Network	In-Network
<b>Calendar Year Deductible</b> Individual / Family	None	None	Individual - \$1,000 Family - \$2,000
<b>Out-of-Pocket Maximum</b> (includes deductible) Individual / Family	Individual - \$1,500 Family - \$2,500	Individual - \$3,000 Family - \$5,000	Individual - \$3,000 Family - \$6,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Coinsurance (portion you pay)</b>	N/A	30%	20%
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Physician Services</b> Office Visit / Specialist Visit	\$40 copay / \$40 copay	\$40 copay / \$40 copay	\$20 copay / \$20 copay
<b>Urgent Care Copay</b>	\$50 copay	\$50 copay	\$50 copay
<b>Emergency Room Copay</b> (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	20% after deductible (waived if admitted)
<b>Inpatient Hospital</b> (per admission)	No charge	30%	20% after deductible
<b>Lab and X-Ray Services</b>	No charge	No charge	No charge
<b>Prescription Drugs</b>			
<b>Calendar Year Prescription Drug Deductible</b> Individual / Family	None	\$150 Brand Deductible	None
<b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>			
<b>Tier 1</b>	\$10 copay	\$10 copay	\$10 copay
<b>Tier 2</b>	\$20 copay	\$30 copay	\$30 copay
<b>Tier 3</b>	\$30 copay	\$50 copay	\$50 copay
<b>MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)</b>			
<b>Tier 1</b>	\$20 copay	\$20 copay	\$25 copay
<b>Tier 2</b>	\$40 copay	\$60 copay	\$75 copay
<b>Tier 3</b>	\$60 copay	\$100 copay	\$125 copay

The information above is a summary of coverage only. For more information, visit [www.ycoe.org](http://www.ycoe.org) or contact Dan Rubio at [Daniel.Rubio@ycoe.org](mailto:Daniel.Rubio@ycoe.org) or the Reception Desk at (530) 668-6700.

# MEDICAL & PRESCRIPTION DRUG BENEFITS



You have the opportunity to enroll in one of 3 medical plans through Kaiser. Each plan provides comprehensive, high-quality healthcare. The plans differ in the way they manage your care and structure out-of-pocket expenses. To find a Kaiser provider visit [www.kp.org](http://www.kp.org) and click on "Doctor and Locations."

**All medical plans meet the Minimum Value Standards.**

## KAISER-MEDICAL PLANS SUMMARY

Key Features	HMO High Plan Traditional HMO Plan #10650	HMO Mid Plan DHMO XD Plan #8804	HMO Low Plan DHMO XD Plan #14642
	In-Network	In-Network	In-Network
<b>Calendar Year Deductible</b> Individual / Family	None	\$1,000 / \$2,000	\$1,500 / \$3,000
<b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family	Individual - \$1,500 Family - \$3,000	Individual - \$3,000 Family - \$6,000	Individual - \$4,000 Family - \$8,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Coinsurance (portion you pay)</b>	N/A	20%	30%
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Physician Services</b> Office Visit / Specialist Visit	\$20 copay / \$20 copay	\$20 copay / \$20 copay	\$40 copay / \$50 copay
<b>Urgent Care Copay</b>	\$20 copay	\$20 copay	\$40 copay
<b>Emergency Room Copay</b> (waived if admitted)	\$100 copay (waived if admitted)	20% after deductible	30% after deductible
<b>Inpatient Hospital</b> (per admission)	No charge	20% after deductible	30% after deductible
<b>Lab and X-Ray Services</b>	No charge	\$10 after deductible	\$15 after deductible
<b>Prescription Drugs</b>			
<b>Calendar Year Prescription Drug Deductible</b> Individual / Family	None	None	None
<b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>			
<b>Generic</b>	\$10 copay	\$10 copay	\$10 copay
<b>Brand</b>	\$20 copay	\$30 copay	\$30 copay
<b>Specialty Drugs</b>	20% not to exceed \$250	20% not to exceed \$250	20% not to exceed \$250
<b>MAIL-ORDER PRESCRIPTIONS (100-DAY SUPPLY)</b>			
<b>Generic</b>	\$20 copay	\$20 copay	\$20 copay
<b>Brand</b>	\$40 copay	\$60 copay	\$60 copay

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# MEDICAL & PRESCRIPTION DRUG BENEFITS



**The Anthem PPO plan is only available to employees that live outside of the Kaiser service area and outside of the WHA service area.**

PPO plans offer in and out-of-network coverage, but you will pay less for services when you use in-network providers. To find an in-network provider visit [anthem.com/ca/find-care](http://anthem.com/ca/find-care). Network: Prudent Buyer PPO

**Medical plan meets the Minimum Value Standards.**

## ANTHEM-MEDICAL PLAN SUMMARY

Key Features	Anthem Classic PPO	
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual / Family	\$1,000 / \$3,000	\$3,000 / \$9,000
<b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Coinsurance (portion you pay)</b>	20%	40%
<b>Preventive Care</b>	No charge	40% after deductible
<b>Physician Services</b> Office Visit / Specialist Visit	\$35 copay / \$55 copay	40% after deductible
<b>Urgent Care Copay</b>	\$35 copay	40% after deductible
<b>Emergency Room Copay</b> (copay waived if admitted)	\$150 copay then 20% after deductible	\$150 copay then 20% after deductible
<b>Inpatient Hospital</b> (per admission)	20% after deductible	40% after deductible
<b>Lab and X-Ray Services</b>	20% after deductible	40% after deductible
<b>Prescription Drugs</b>		
<b>Calendar Year Prescription Drug Deductible</b> Individual / Family	None	None
<b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>		
<b>Tier 1</b>	\$20 copay	50% up to \$250
<b>Tier 2</b>	\$30 copay	50% up to \$250
<b>Tier 3</b>	\$50 copay	50% up to \$250
<b>MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)</b>		
<b>Tier 1</b>	\$50 copay	No Benefit
<b>Tier 2</b>	\$90 copay	No Benefit
<b>Tier 3</b>	\$150 copay	No Benefit

The information above is a summary of coverage only. For more information, visit [www.ycoe.org](http://www.ycoe.org) or contact Dan Rubio at [Daniel.Rubio@ycoe.org](mailto:Daniel.Rubio@ycoe.org) or the Reception Desk at (530) 668-6700.



# DENTAL BENEFITS



Yolo County Office of Education offers dental coverage through Delta Dental. You may receive care from any provider. However, when you visit Delta Dental providers within the Delta Dental Premier network of providers, you will pay less out of pocket than if you chose to obtain services from non-network providers. The coverage levels are based on your years of employment. Delta Dental has contracted rates with network providers and the percentage is paid based on those rates. Non-network providers do not have contracted rates with Delta Dental and can be charged higher amounts for services. If services are obtained from non-network providers, Delta Dental will pay the percentage based on their fee schedule and the patient is responsible for any charges the dentist bills over that amount. The contracted rates with network providers are always lower than those charged by non-network providers, which allows your annual maximum to last longer.

## DENTAL PLAN SUMMARY

Key Features				
Years of Employment	1st Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year
Annual Maximum	\$2,000 maximum combined (\$1,000 for dental accidents)			
Deductible	None	None	None	None
Preventive Services (exams, x-rays, cleanings)	70%	80%	90%	100%
Basic Services (fillings, extractions, endodontics, periodontics)	70%	80%	90%	100%
Major Services (crowns, dentures, bridges)	70%	80%	90%	100%
Prosthodontic	50%	50%	50%	50%
Orthodontics	No Benefit	No Benefit	No Benefit	No Benefit

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# VISION BENEFITS



You and your dependents have access to vision coverage through VSP. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

## VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	Paid in full	Plan Pays up to \$50	Every 12 months
Lenses Single Vision Bifocal Trifocal	Paid in full Paid in full Paid in full	Plan pays up to \$50 Plan pays up to \$75 Plan pays up to \$100	Every 12 months
Frames	Plan pays up to \$180, plus 20% off amount over allowance	Plan pays up to \$70	Every 24 months
Contact Lenses (instead of glasses)	Elective: Up to \$130 allowance Medically Necessary: Covered 100%	Elective; Plan pays up to \$105 Medically Necessary: up to \$210	Every 12 months

For more information, visit [www.ycoe.org](http://www.ycoe.org) or contact Dan Rubio at [Daniel.Rubio@ycoe.org](mailto:Daniel.Rubio@ycoe.org) or the Reception Desk at (530) 668-6700.



# FLEXIBLE SPENDING ACCOUNTS (FSAs)



Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income. Section 125, Flexible Spending Accounts (Healthcare Reimbursement/Dependent Care) are offered by American Fidelity.

Account	What it can be used for:	Most you can contribute in 2023:
<b>Health Care FSA</b>	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. <b>NOTE:</b> If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$3,200
<b>Dependent Care FSA</b>	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time	\$5,000, or \$2,500 if married and filing separate tax returns

## HOW THE FSAs WORK:

- The total amount you choose to contribute to your Health Care FSA is available immediately. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care and Dependent Care FSA expenses, visit [www.americanfidelity.com](http://www.americanfidelity.com) or call (800) 365-8306.

## Use-It or Lose-It

- With the Health Care FSA you have an additional 2 1/2-month grace period next year to spend this year's funds.
- The Dependent Care FSA is a use-it-or-lose-it account. Any unused funds left in your account at the end of the year will be forfeited. You have an additional 2 1/2-month grace period next year to spend this year's funds.

# INCOME PROTECTION BENEFITS



In addition to health benefits, Yolo County Office of Education also offers eligible employees income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death. For more information, visit [www.americanfidelity.com](http://www.americanfidelity.com) or contact Dan Rubio at [Daniel.Rubio@ycoe.org](mailto:Daniel.Rubio@ycoe.org) or the Reception Desk at (530) 668-6700.

## BASIC LIFE AND AD&D

Yolo County Office of Education provides you with Basic Life and AD&D insurance through Sun Life Financial in the amount of \$25,000. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount.

## AMERICAN FIDELITY VOLUNTARY PRODUCTS

As a supplement to the benefits the company provides, we also offer voluntary benefits. These benefits can help pay for out-of-pocket expenses not covered by your medical plan. You can enroll yourself and your eligible family members. You pay the full cost of these benefits.

Head Start contracted employees participate in SDI

**Accident Insurance** – Cash reimbursement in the event of an on or off the job injury

**Disability Income Insurance** – Income protection in the event of sickness or injury

**Cancer Protection Plus** – Reimbursement for costs related to cancer treatment

**Supplemental Life Insurance** – Term insurance available to you and your dependents

**403 (b)** – Tax advantaged retirement savings plan

# ADDITIONAL BENEFITS



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Psychological Resource Associates EAP is a confidential counseling and referral service available to you and your immediate family members at no cost. The EAP offers 24/7 telephone access to licensed professionals who can help with concerns regarding marriage and relationships, depression, anxiety, stress, grief, substance abuse, childcare, elder care, work-related issues, and much more. The EAP may refer you to a local counselor who can address your concerns in person. The EAP provides up to 10 visits per employee per fiscal year with no copay (July 1 – June 30). 10 additional visits per fiscal year with \$30 copay.

The program also offers the following services:

- Group and Individual therapy
- Couples therapy
- Family therapy or child therapy

EAP services are confidential. No information will be shared with your employer. To take advantage of the services and resources available through the EAP, call (530) 756-0555. You can also access valuable information online at [www.pratherapists.com](http://www.pratherapists.com).



# KEY CONTACTS



For Questions About	Carrier	Phone Number	Website/Email	Plan/Group ID
Medical & Prescription Drug	WHA	(888) 563-2250	www.westernhealth.com	104399
Medical & Prescription Drug	Kaiser	(800) 464-4000	www.kp.org	1200
Medical & Prescription Drug	Anthem PPO	(844) 783-0927	anthem.com/ca/find-care	TBD
Dental	Delta Dental	(888) 335-8227	www.deltadentalins.com	6575
Vision	VSP	(800) 877-7195	www.vsp.com	900105
Flexible Spending Accounts (FSAs)	American Fidelity	(800) 365-8306	www.americanfidelity.com	
Life and AD&D Insurance	Sun Life Financial	(800) 247-6875	www.sunlife.com/us	917960
Employee Assistance Program (EAP)	Psychological Resource Associates	(530) 756-0555	www.pratherapists.com	N/A
403 (b) Savings Plan	American Fidelity	(800) 365-8306	www.americanfidelity.com	



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