

2026



Employee Benefits Overview



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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.



Welcome to Your Benefits Guide

The benefits in this summary are effective
January 1, 2026 through **December 31, 2026**

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, Sacramento Area Sewer District (SacSewer) supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

IMPORTANT NOTE: This is a summary overview and does not provide a complete description of all benefit provisions. While we've made every effort to make sure that this overview is comprehensive, it cannot provide a complete description of all benefits. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC), etc. Plan documents contain relevant provisions and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail.

Who is Eligible?

You are eligible if you are a part-time or full-time employee in a benefitted position.

The following dependents are eligible for benefits:

- Legally married spouse
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage with a copy of the Declaration of Domestic Partnership registered with the California Secretary of State or a comparable agency in another jurisdiction
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

Members who are NOT eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings

When you can enroll



New Hire Enrollment

CalPERS Medical: New employees have 30 calendar days from the date of their initial qualifying appointment to enroll themselves and eligible family members in a health plan. The effective date of the enrollment is the first of the month following the date the employer receives the Health Benefits Plan Enrollment for Active Employees (HBD-12) form.

All Others: New hire coverage begins on the first of the month following date of hire. You must enroll within 30 days of becoming eligible.

Open Enrollment

The one time each year that you can make changes to your benefits for any reason. Open enrollment is generally held in the Fall as determined by CalPERS every year for a January 1 effective date.

Qualifying Life Event

A qualifying life event is a significant change in your life that allows you to make changes to your benefits outside of open enrollment. See the next page for more information.

Open Enrollment – What’s New or Changing

What’s new or changing

This year we would like you to be aware of the following changes to your benefits:

- Medical, dental and vision premiums are changing. SacSewer will now cover 90% of the Kaiser HMO Plan premium, up from the previous 80%, reducing employees’ share by 10%.
- Effective January 1, 2026, CVS Caremark (CVS) will replace OptumRx as the new pharmacy benefits manager (PBM) for certain CalPERS medical plans. For more information on changes visit [CVS Caremark Pharmacy Benefits](#).

This change applies to the following Basic plans:

- Anthem Blue Cross Traditional
- Anthem Blue Cross Select
- Health Net Salud y Más
- PERS Gold Basic
- PERS Platinum Basic
- Sharp Health Plan Performance Plus
- UnitedHealthcare SignatureValue Alliance
- UnitedHealthcare SignatureValue Harmony
- Western Health Advantage

Health plans not listed are not affected by this change.

- Visit calpers.ca.gov for more information on ALL upcoming CalPERS plan changes.
- Voluntary Short-Term Disability (STD) – We now have two plan options. The difference between the two plans is the cost to you and the maximum weekly amount you are eligible to receive if you go on disability. The low plan has a maximum benefit of \$231 compared to the high plan which has a maximum benefit of \$1,000. If elected the STD plan pays on top of any state disability that you may qualify for. Please review your choices carefully. **If you are currently enrolled in this plan your plan election will default to the low plan which has a lower cost to you.**
- Voluntary Life with Long Term Care (LTC) – Important information:
 - This year all employees have a one-time opportunity to enroll up to the \$100,000 benefit without answering medical questions (except anyone who was denied previously). This applies to employees only. Spouse coverage always requires medical history. Next year medical questions will be required for all amounts.
- The Dependent Care Flexible Spending Account (FSA) limit is increasing to \$7,500 for 2026.
- The Healthcare Flexible Spending Account (FSA) limit is \$3,300. Please note the annual limit set by the IRS is subject to change for 2026.

Changing Your Benefits

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)

Any change you make must be consistent with the change in status. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

You must submit your change within 30 days after the event.

Dependent Verification

Making changes to dependents is subject to eligibility. You will be required to provide proof of one or more of the following within 30 days of their eligibility:

- Marriage Certification or License
- Copy of the Declaration of Domestic Partnership registered with the California Secretary of State or a comparable agency in another jurisdiction
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to make changes to dependents within the 30-day period, you will not be able to add the dependent(s) until the next open enrollment period.

Enrolling for Benefits

BenXcel

[BenXcel](#) is an online system that enables you to make all your benefit decisions in one place.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- LOG IN to [BenXcel](#)
- **Username:** Username: Employee Entire Last Name (lowercase) and Last Four Characters of Social Security Number (example: John Smith 123-45-1234) Username: smith1234
- **Password:** Employee Entire Last Name (lowercase) and Last Four Characters of Social Security Number (example: John Smith 123-45-1234) Username: smith1234
- **Company Name:** SacSewer

Once you log in, you will need to read and accept the employee usage and legal agreement. Then you will have the opportunity to go through the enrollment process via a series of screens called the enrollment tunnel. Additionally, you will be able to:

- Access the Forms Library which houses all plan documents and informational flyers
- Review your demographic information (contact Human Resources to make changes)
- Add dependents (be sure to provide appropriate documentation to HR for any new dependents)
- Designate/update your beneficiaries for your Term Life (Group and Voluntary) and AD&D coverage

On each screen, be sure to elect coverage and click the “Enroll” button. If you decide to decline a benefit, click the “Waive this benefit” button. Once you have completed your selections for that screen, click the “Continue” button. Once you have completed your elections, review your confirmation statement, which provides a summary of your benefit elections and the cost. Please review this statement carefully to make sure everything looks correct. You should print out a copy of your confirmation statement for your records. Click “Finish” to complete your enrollment.

Please note that the [Health Benefits Plan Enrollment for Active Employees \(HBD-12\) form](#) needs to be completed as part of the renewal process via [BenXcel](#). The form only needs to be completed if a change is made to health benefits during open enrollment, as a new hire, and for qualifying life events.

Mid-Year changes

- You have year-round access to a summary of your benefits through [BenXcel](#).
- Mid-year changes should be initiated through [BenXcel](#) - HR may reach out for additional verification.



CalPERS Dependent Eligibility Verification

All employees adding/removing dependents must submit documentation to verify their dependent's eligibility and/or Qualifying Life Event. The following chart is an easy guide to what documents must be submitted along with the Health Enrollment/Change form.

| | Enrollment Form Required | Marriage Certificate Required | State of California Domestic Partner (DP) Registration | Birth Certificate /Certificate of Adoption Required | Social Security Number |
|---|---------------------------------|--------------------------------------|---|--|-------------------------------|
| Employee only | ● | | | | |
| Employee & Spouse | ● | ● | | | ● |
| Employee & Domestic Partner (DP) | ● | | ● | | ● |
| Employee & Children | ● | | | ● | ● |
| Employee, Spouse/DP & Children | ● | ● | ● | ● | ● |

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.

For example, if your divorce or dissolution occurred in 2018, yet you did not report it until 2021, your former spouse or domestic partner will be retroactively canceled from coverage effective the first of the month following the divorce or dissolution.

On page 5, you will find a detailed list of Qualifying Life Events, which must be reported to the HR Department so we can make the appropriate change to your health coverage. All Qualifying Life Event changes must be made within 60 days from the date of the event. Proper documentation is required, such as a copy of the marriage/domestic partnership certificate, birth/adoption certificate, or divorce/dissolution of domestic partnership decree.

For further clarification, please contact Human Resources at 916-876-6000.

CalPERS Medical Benefits

It is Sacramento Area Sewer District's goal to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. Sacramento Area Sewer District offers a choice of medical plans through CalPERS Medical.

For a summary of the different plans, and additional information please review the CalPERS Open Enrollment site: calpers.ca.gov/page/active-members/health-benefits/open-enrollment. On this site you will find the Health Benefits Summary, Health Program Guide, additional resources and information regarding your CalPERS Health Plan options.

Why would I choose a PPO plan?

- You have a doctor you like, and you would like to keep this doctor.
- You want to see specialists and other providers without having to first get a referral and/or pre-approval.
- You want the freedom to see providers who are not in the network.
- You are confident that you can manage your own care.
- You do not want a primary care doctor.

Why would I choose an HMO plan?

- You don't want the extra responsibility of managing your own care.
- You do not want to pay the higher costs of a PPO.
- You do not want to get bills from providers.

Explore your benefits with myCalPERS

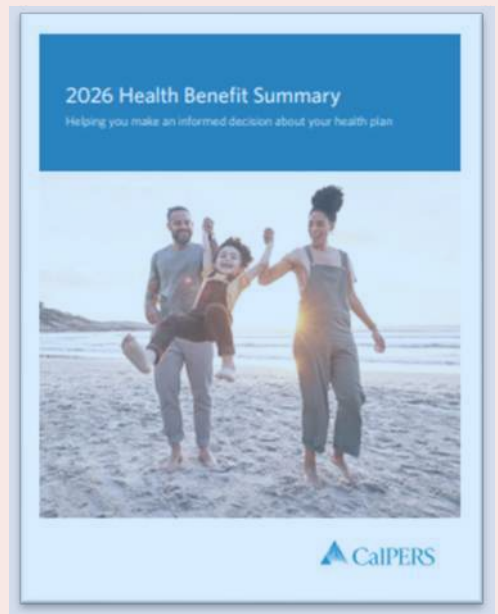
Access your health information year-round, including available health plans and Open Enrollment updates, by logging in to myCalPERS at my.calpers.ca.gov. To find CalPERS health plans available in your area, search by zip code at calpers.ca.gov.

Enrolling In CalPERS Plans

Please make sure to review the enrollment instructions found on [page 7](#). All enrollments should be processed through [BenXcel](#), **not** the CalPERS website.

Health Benefit Summary

Click the image above to view the [2026 CalPERS Health Benefit Summary](#).



Employee Assistance Program (EAP)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Magellan Healthcare can help you handle a wide variety of personal issues such as emotional health and substance abuse, parenting and childcare needs, financial coaching, legal consultation, and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 6 visits per issue per year
- Unlimited web access to helpful articles, resources, digital wellness tools, and self-assessment tools

Available Resources

Counseling Benefits

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

Parenting & Childcare

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

Eldercare Resources

- Help with finding appropriate resources to care for an elderly or disabled relative

Financial Coaching

- Access to three 30-minute telephone consultations per issue
- Money management
- Debt management
- Identity theft resolution
- Tax issues

Discount Center

- Consumer goods
- Travel
- Child and elder care
- Fitness centers
- Movie tickets

Wellbeing Coaching

- Up to 6 coaching sessions per 12-month period

Legal Consultation

- One free 60-minute in-person or phone consultation per issue per year
- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

Online Resources

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

Contact the EAP

Phone

800-424-4039

Website

Member.magellanhealthcare.com





Dental

We offer dental coverage through Delta Dental. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental Plan Overview

This guide serves as a summary of the dental plan. Please review the plan documents before selecting a plan.

| What you need to know | |
|---|--|
| Delta Dental PPO Delta Dental PPO Network Delta Dental Premier Network | <ul style="list-style-type: none"> • Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs • Access to two Delta Dental Networks |

Dental insurance covers multiple types of treatment:

1. **Preventive** care includes exams, cleanings and x-rays
2. **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
3. **Major** care goes further than basic and includes bridges, crowns and dentures
4. **Orthodontia** treatment to properly align teeth within the mouth

Delta Dental PPO

This table shows plan cost share.

| | Delta Dental PPO | | |
|--|------------------------------------|------------------------------------|------------------------------------|
| | In-Network | Premier | Out-of-Network |
| Network Name | Delta Dental PPO | Delta Dental Premier | N/A |
| Annual Deductible | \$25 individual/\$75 family | | |
| Annual Plan Maximum | \$2,500 | \$2,000 | \$2,000 |
| Diagnostic & Preventive Exams Cleanings X-rays | 100% | 80% | 80% |
| Basic Services Fillings Root Canals Periodontics | 90% | 80% | 80% |
| Major Services Crowns Bridges Implants | 90% | 80% | 80% |
| Orthodontia Adults & Children | 50% up to \$2,500 lifetime maximum | 50% up to \$2,500 lifetime maximum | 50% up to \$2,500 lifetime maximum |



Delta Dental Perks

- **SmileWay® Wellness Benefits** – additional teeth and gum cleanings covered family members with chronic medical conditions
- **Virtual Dentistry App**– members can set up a virtual dental screening or even send in photos for non-emergency dental issues
- **Cost Estimator** – members can plan visits and compare costs before they receive their treatments
- **Amplifon Discount** – members get an average savings of 62% off the latest retail hearing aid price
- **Qualsight Discount** – members can receive 40-50% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon
- **LifePerks** – members have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life. Register to view all available offers

Visit deltadentalins.com to access these perks and more!



Vision

We offer vision coverage through VSP. Vision coverage helps with the cost of eyeglasses or contacts.

Vision Plan Overview

This guide serves as a summary of the vision plans. Please review the plan documents before selecting a plan.

| What you need to know | |
|--------------------------------------|--|
| VSP Vision Base Plan VSP | <ul style="list-style-type: none"> • Out-of-network coverage will have higher costs • The plan will reimburse up to a specific dollar amount for most materials |
| VSP Vision Buy-Up Plan VSP | <ul style="list-style-type: none"> • Same features as the Base Plan • Enhanced frames benefit • Includes EasyOption - \$250 frame allowance and \$200 Elective Contact Lenses |



[Click to play video](#)

All About Vision

Watch this video to learn more about what to keep an eye out for when it comes to vision insurance.

VSP Vision

This table shows member cost share.

| | VSP Vision Base Plan | | VSP Vision Buy-Up Plan | |
|---|--|--|--|--|
| | In-Network | Out-of-Network Reimbursement | In-Network | Out-of-Network Reimbursement |
| Network Name | VSP | N/A | VSP | N/A |
| Exams Frequency | \$15 copay Once every 12 months | Up to \$45 Once every 12 months | \$15 copay Once every 12 months | Up to \$45 Once every 12 months |
| Eyeglass Lenses Frequency Single Vision Lens Bifocal Lens Trifocal Lens | \$15 copay \$15 copay \$15 copay Once every 12 months | Up to \$30 Up to \$50 Up to \$65 Once every 12 months | \$15 copay \$15 copay \$15 copay Once every 12 months | Up to \$30 Up to \$50 Up to \$65 Once every 12 months |
| Frames Frequency | \$130 allowance \$70 wholesale ² allowance Once every 24 months | Up to \$70 Once every 24 months | \$130 allowance \$70 wholesale ² allowance Once every 12 months | Up to \$70 Once every 12 months |
| Contacts (Elective)¹ Frequency Conventional | \$130 allowance Once every 12 months | Up to \$105 Once every 12 months | \$130 allowance Once every 12 months | Up to \$105 Once every 12 months |
| EASYOPTIONS³ | Additional \$120 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$70 contact lens allowance. Once every 12 months | | | |

¹In lieu of frames

²Wholesalers such as Walmart and Sam's Club, Costco

³Not available at Costco

VSP Member Perks



- **Extra Savings** - Get an extra \$20 off featured frame brand and save 30% on additional glasses and sunglasses.
- **Retinal Screening** - You won't pay more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
- **LASIK Laser Vision Correction** - Save up to an average of 15% off the regular price of LASIK or 5% off the promotional price from contracted facilities.
- **TruHearing® Hearing Aid Discount** - members can save up to 60% on a pair of hearing aids with TruHearing.
- **Essential Medical Eye Care** - access to supplemental coverage for urgent and medical eye care including exams and services to treat immediate issues, and treatment options to monitor ongoing health conditions.

Visit vsp.com to access all of these perks and more!



Life & Disability

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income.

Is your family protected?

Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children’s education, student loans, consumer debt, etc.) after the death of a spouse or partner.

| | Who is covered |
|--|---|
| Life and AD&D <i>Employer Paid</i> | <ul style="list-style-type: none"> • Employee • Spouse • Child |
| Life and AD&D <i>Voluntary</i> | <ul style="list-style-type: none"> • Employee • Spouse • Child |
| Short Term Disability (STD) <i>Voluntary</i> | <ul style="list-style-type: none"> • Employee Only |
| CHUBB Life + Long-Term Care (LTC) <i>Voluntary</i> | <ul style="list-style-type: none"> • Employee Only |

Your Beneficiary = Who Gets Paid

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Life and AD&D Insurance

Company-Provided Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by Voya and premiums are paid in full by Sacramento Area Sewer District.

Life and AD&D Coverage

| | |
|--------------------|----------|
| Employee | \$50,000 |
| Spouse* | \$5,000 |
| Child(ren)* | \$5,000 |

Note: Benefit amount reduces by \$1,000 on the first day of the month that is on or next follows your 85th birthday.

Refer to the plan document for details.

**Life only coverage for spouse and child(ren).*

Voluntary Life

Voluntary Life Insurance allows you to purchase additional coverage to protect your family's financial security. Coverage is provided by Voya and available for you, your spouse and/or child(ren).

Voluntary Life Coverage

| | |
|-------------------|---|
| Employee | Increments of \$10,000 up to \$1,000,000 (not to exceed 8x annual earnings) Guaranteed Issue: \$600,000 or 5x basic yearly earnings, whichever is less |
| Spouse | Increments of \$10,000 up to \$250,000 (not to exceed 100% of employee amount) Guaranteed Issue: \$50,000 |
| Child(ren) | \$15,000 Guaranteed Issue: \$15,000 |

Note: Coverage terminates at retirement.

A Note About Taxes

Company-provided life insurance coverage over \$50,000 for employee or over \$2,000 for dependents is considered a taxable benefit. The value of the benefit over \$50,000 for employees or over \$2,000 for dependents will be reported as taxable income on your annual W-2 form.

Learn more about Life Insurance, costs and submitting a claim at

presents.voya.com/EBRC/Product/SacSewer/GroupTermLife2

Evidence of Insurability (EOI)

If you elect Voluntary Life coverage above guaranteed issue (noted on this page), or if you are a late entrant (enrolling more than 30 days after the date you become eligible), you must complete and submit EOI. This can be completed online through Voya. You can enroll online through [Benxcel](#).



Voluntary Life Insurance Costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Life Insurance Monthly Rate Per \$1,000 of Coverage

| Age | Employee/Spouse |
|-------|-----------------|
| <20 | \$0.022 |
| 20-24 | \$0.022 |
| 25-29 | \$0.022 |
| 30-34 | \$0.033 |
| 35-39 | \$0.047 |
| 40-44 | \$0.056 |
| 45-49 | \$0.094 |
| 50-54 | \$0.140 |
| 55-59 | \$0.234 |
| 60-64 | \$0.374 |
| 65-69 | \$0.748 |
| 70-74 | \$1.169 |
| 75+ | \$1.169 |

Calculate Your Life Insurance Cost

1. Desired Coverage (\$1,000 Increments)

You: _____ Spouse: _____

2. Divide Step 1 by 1,000 =

You: _____ Spouse: _____

3. Multiply Step 2 by Rate from Table =

You: _____ Spouse: _____

4. Multiply Step 4 by 12 and divide by 24 =

You: _____ Spouse: _____

5. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK: _____

Child Life Insurance

| Coverage Amount | Rate per \$1,000 of coverage |
|-----------------|------------------------------|
| \$15,000 | \$0.06 |

Premium includes all eligible children.

Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.

Voluntary Short-Term Disability Insurance

Voluntary Short-term Disability Insurance (STD)

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues, childbirth recovery, maternity leave
- Prolonged illness or injury
- Planned surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, or Social Security—however, STD does pay on top of State Disability Insurance (SDI).

You pay the cost of this coverage. Coverage is provided by Voya.

| Low Plan | | High Plan | |
|---|---|---|---|
| Weekly Benefit Amount | 20% of your weekly earnings, with a minimum of \$15 up to a maximum of \$231 | Weekly Benefit Amount | 20% of your weekly earnings, with a minimum of \$15 up to a maximum of \$1,000 |
| Benefits Begin After Accident Sickness | 30 days of disability 30 days of disability | Benefits Begin After Accident Sickness | 30 days of disability 30 days of disability |
| Maximum Payment Period¹ | 104 weeks | Maximum Payment Period¹ | 104 days |

¹Maximum payment period is based on the first day benefits begin, not the first day you are disabled.

Learn more about Voluntary Short-Term Disability Insurance, costs and submitting a claim at presents.voya.com/EBRC/Product/SacSewer/VolShortTermDisability

Submitting a Claim

If you are disabled due to an illness or accidental injury, unable to work, and under the care of a licensed physician, you are eligible to submit a claim for benefits under this plan. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until benefits are no longer payable.

Visit presents.voya.com/EBRC/SacSewer then select File a Claim

Voluntary Short-Term Disability Insurance Costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your monthly earnings. Use the table below and the worksheet on the following page to estimate the premium amount that will be deducted from your paycheck.

Voluntary Short-Term Disability (STD)

All eligible full-time active employees are eligible to elect Voluntary Short-Term Disability (STD) provided by Voya.

The monthly contribution for voluntary STD insurance is based on basic earnings –100% of the premium is paid by the employee.

Low Plan

Voluntary Short-Term Disability (STD) Monthly Rate Per \$100 of Coverage

| Age | Employee |
|-------|----------|
| <25 | \$0.429 |
| 25-29 | \$0.429 |
| 30-34 | \$0.429 |
| 35-39 | \$0.429 |
| 40-44 | \$0.365 |
| 45-49 | \$0.365 |
| 50-54 | \$0.563 |
| 55-59 | \$0.563 |
| 60-64 | \$0.803 |
| 65+ | \$0.969 |

High Plan

Voluntary Short-Term Disability (STD) Monthly Rate Per \$100 of Coverage

| Age | Employee |
|-------|----------|
| <25 | \$0.429 |
| 25-29 | \$0.429 |
| 30-34 | \$0.429 |
| 35-39 | \$0.429 |
| 40-44 | \$0.365 |
| 45-49 | \$0.365 |
| 50-54 | \$0.563 |
| 55-59 | \$0.563 |
| 60-64 | \$0.803 |
| 65+ | \$0.969 |

Voluntary Short-Term Disability Insurance Costs, Continued

Voluntary Short-Term Disability (STD) – Low Plan

All eligible full-time active employees are eligible to elect Voluntary Short-Term Disability (STD) provided by Voya.

The monthly contribution for voluntary STD insurance is based on basic earnings –100% of the premium is paid by the employee.

To calculate your monthly premium, follow the steps below entering your own information (enter anything in red, do not edit rows 3-5):

| To calculate your cost (Low Plan): | Example Employee (age under 40, \$50k salary) | Enter your information | |
|---|--|------------------------|--|
| 1. Enter your basic annual earnings | \$50,000 | \$ | Your eligible annual earnings are the salary or wage you receive from your employer. It does not include: <ul style="list-style-type: none"> ▪ Bonuses ▪ Commissions ▪ Overtime pay |
| 2. Divide your basic annual earnings by 12 months. This is your basic monthly earnings | \$4,167 | \$ | |
| 3. The benefit percentage for the plan | 20% | 20% | |
| 4. The Maximum Monthly Benefit for the plan | \$1,001.00 | \$1,001.00 | |
| 5. The Maximum Covered Payroll | \$5,005.00 | \$5,005.00 | |
| 6. Take the lesser of the amount of line 2 or line 5; this is your monthly covered payroll | \$4,167 | \$ | |
| 7. Take your covered payroll (Step 6) and divide by \$100 | \$41.67 | \$ | |
| 8. Enter your Short-Term Disability rate from the table below. | \$0.429 | \$ | |
| 9. Multiply the result in Step 7 by the appropriate rate from Step 8 and this is your Monthly Premium | \$17.88 | \$ | |

Voluntary Short-Term Disability Insurance Costs, Continued

Voluntary Short-Term Disability (STD) – High Plan

All eligible full-time active employees are eligible to elect Voluntary Short-Term Disability (STD) provided by Voya.

The monthly contribution for voluntary STD insurance is based on basic earnings –100% of the premium is paid by the employee.

To calculate your monthly premium, follow the steps below entering your own information (enter anything in red, do not edit rows 3-5):

| To calculate your cost (High Plan): | Example Employee (age under 40, \$50k salary) | Enter your information | |
|---|---|---------------------------|--|
| 1. Enter your basic annual earnings | \$50,000 | \$ | Your eligible annual earnings are the salary or wage you receive from your employer. It does not include: <ul style="list-style-type: none"> ▪ Bonuses ▪ Commissions ▪ Overtime pay |
| 2. Divide your basic annual earnings by 12 months. This is your basic monthly earnings | \$4,167 | \$ | |
| 3. The benefit percentage for the plan | 20% | 20% | |
| 4. The Maximum Monthly Benefit for the plan | \$4,333.33 | \$4,333.33 | |
| 5. The Maximum Covered Payroll | \$21,266.65 | \$21,666.65 | |
| 6. Take the lesser of the amount of line 2 or line 5; this is your monthly covered payroll | \$4,167 | \$ | |
| 7. Take your covered payroll (Step 6) and divide by \$100 | \$41.67 | \$ | |
| 8. Enter your Short-Term Disability rate from the table below. | \$0.429 | \$ | |
| 9. Multiply the result in Step 7 by the appropriate rate from Step 8 and this is your Monthly Premium | \$17.88 | \$ | |

Voya Value Added Services

ComPsych®

Telephonic clinical and work/life support, up to 5 face-to-face counseling visits, referrals for community services, free 30-minute financial and legal consultations, educational resources and webinars.

Estate Planning

We work with Empathy to offer you and your loved ones Bereavement Support, including Funeral Planning and Will Preparation services. For support call 769-305-2683.

Financial Resources

Call your GuidanceResources toll-free number to be connected to a GuidanceConsultant who will talk with you about your specific situation and schedule a phone appointment for you with one of our financial experts.

Legal Guidance

You'll be connected to a GuidanceConsultant who will talk with you about your situation and schedule a phone appointment for you with one of our staff attorneys. If you need more immediate help, you can be connected to an attorney directly.

Funeral Planning

Funeral planning and concierge services are provided by Empathy, which offers both pre-planning and at-need services at or near the time of need. You must be enrolled in the Group Term Life Insurance to receive this service. At-need services include price negotiation assistance and communicating the family's wishes to the funeral home. For questions, please call (769) 305-2683.

Group Name: PRISM | **Group Number:** 316407

Travel Assistance

A comprehensive worldwide travel assistance program that includes pre-trip planning and emergency assistance to covered persons while traveling 100 miles or more from home. To contact Voya Travel Assistance 24 hours a day, 365 days a year, from anywhere in the world, call (317) 659-5841 or email assist@imglobal.com.

Group Name: PRISM | **Group Number:** 316407

Get Started Today

To access ComPsych®, Estate Planning, Financial Resources, and Legal Guidance, visit guidanceresources.com or download our mobile app "GuidanceNow" from your favorite app store.

Click Register

Enter Web ID: My5848i

Search for Company Name: Sacramento Area Sewer District



CHUBB Life With Long Term Care

LifeTime Benefit Term Insurance

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses anyway they choose such as mortgage payments, credit card debt, childcare, college tuition, or other household expenses.

Long-Term Care (LTC) Insurance

If you become chronically ill, LifeTime Benefit Term will pay you the greater of 4% of your death benefit each month or \$50 per day while you are living for up to 25 months. You can use this money any way you choose, and your life insurance premiums will be waived while you are receiving LTC benefits. Long Term Care benefit is triggered by impairment in two out of six activities of daily living: eating, bathing, dressing, transferring, toileting, or continence. Sacramento Area Sewer District provides an option to elect LifeTime Benefit Term Insurance with Long-Term Care through CHUBB to all Full-Time benefit eligible employees.

LifeTime Benefit Coverage

| Issue Type | Maximum Benefit Amount |
|---|------------------------|
| Employee Guaranteed Issue Age 19 through 70 | \$100,000 |
| Maximum Death Benefit Up to age 70 | \$225,000 |
| Ages 71-80 | \$50,000 |

Accelerated Death Benefit for Terminal Illness

After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill with a 12-month or less life expectancy.

Accelerated Death Benefit for Long Term Care

When employees need LTC, death benefits can be paid as early for home health care, assisted living, adult day care and nursing home care.

How to Enroll

To enroll in this coverage, visit the [CHUBB self-service website](#). Your login will be your SSN and your pin will be the last 4 digits of your SSN + last 2 digits of your birth year.

Extension of Benefits (EOB)

Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value.

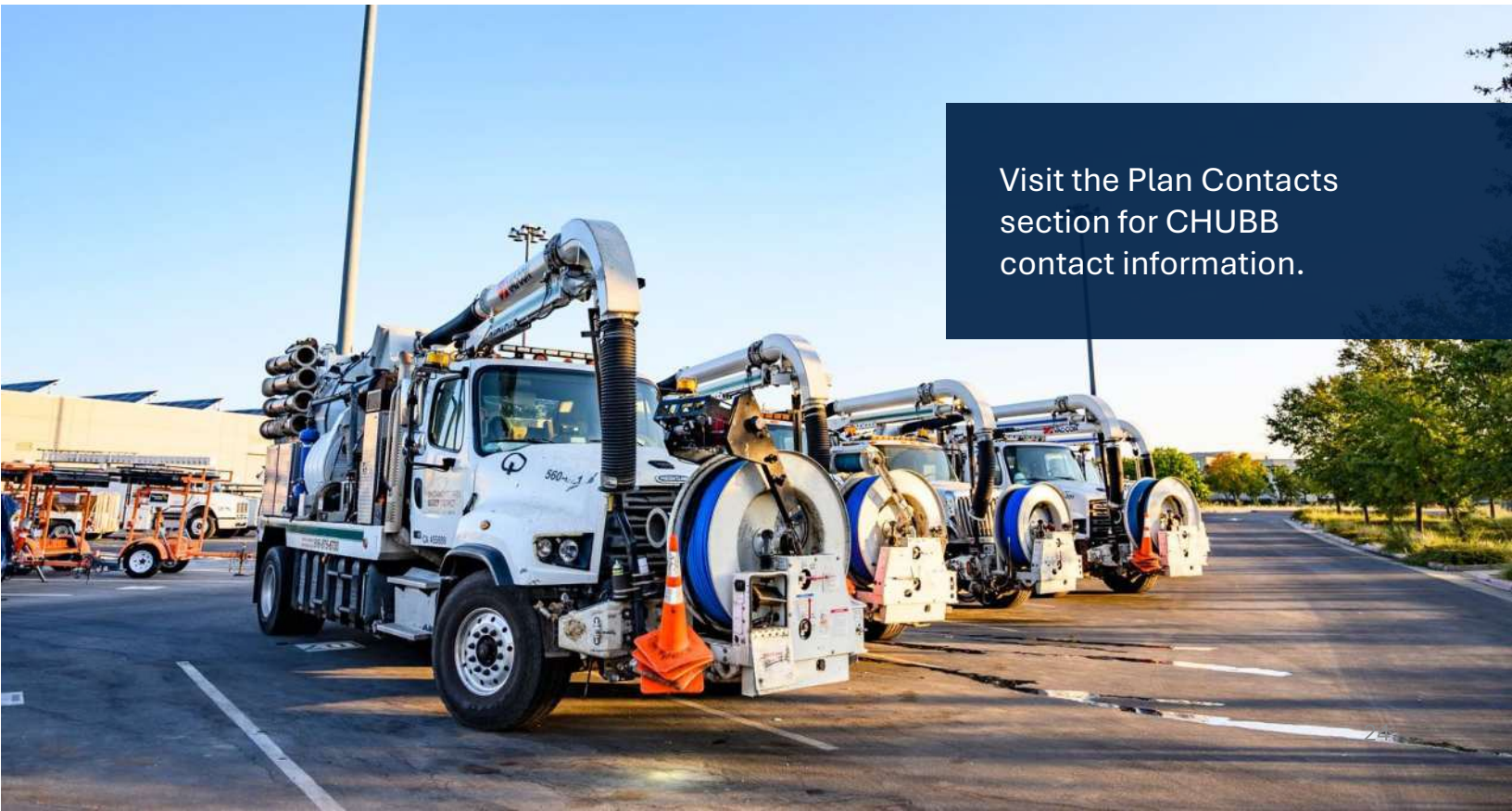


CHUBB Life With Long Term Care, Cont.

Example on how LifeTime Benefit with LTC can be used:

| 3 Options | Life Situation | Death Benefit | LTC | LTC Extension | Total Benefits |
|---|---|---------------|-----------|---------------|----------------|
| 1. Life Insurance | You lead a full life and do not need LTC | \$100,000 | | | \$100,000 |
| 2. LTC Insurance | You lead a full life and need assisted living or nursing home care | | \$100,000 | | |
| 3. Split your Death Benefit for LTC and Life | You lead a full life but also need some LTC funds (Ex: 4% of \$100,000 for 12 months) | \$52,000 | \$48,000 | | |
| Extra LTC for up to 25 additional months | You lead a full life and need extended benefits | | | \$100,000 | \$100,000 |

Option 1, 2 or 3 + Extra LTC Coverage = \$200,000 Total



Visit the Plan Contacts section for CHUBB contact information.



Voluntary Plans

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs. You pay the entire cost for these plans through payroll deduction.

Accident Insurance

Accident Insurance from Voya helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

Learn more about Accident Insurance, costs and submitting a claim at [Voya SacSewer Accident Insurance](#)

Critical Illness Insurance

Critical illness insurance from Voya can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Learn more about Critical Illness Insurance, costs and submitting a claim at [Voya SacSewer Critical Illness](#)

Hospital Indemnity Insurance

Hospital indemnity insurance from Voya can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

Learn more about Hospital Indemnity Insurance, costs and submitting a claim at [Voya SacSewer Hospital Confinement](#)

For more information regarding costs of coverage benefit offerings please visit [BenXcel](#).

Submit a claim by visiting presents.voya.com/EBRC/SacSewer then select File a Claim

Visit the Plan Contacts section for Voya contact information.

Plans to Keep You and Your Family Secure

Identity Theft Protection

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from MetLife helps protect your personal information through proactive monitoring, identity restoration, and resolution. You can enroll in this program during open enrollment.

Employee Only \$10.95 per month

Family \$16.95 per month

Learn more about ID Theft Protection at metlife.com/identity-and-fraud-protection

Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program. You can enroll in this program at any time.

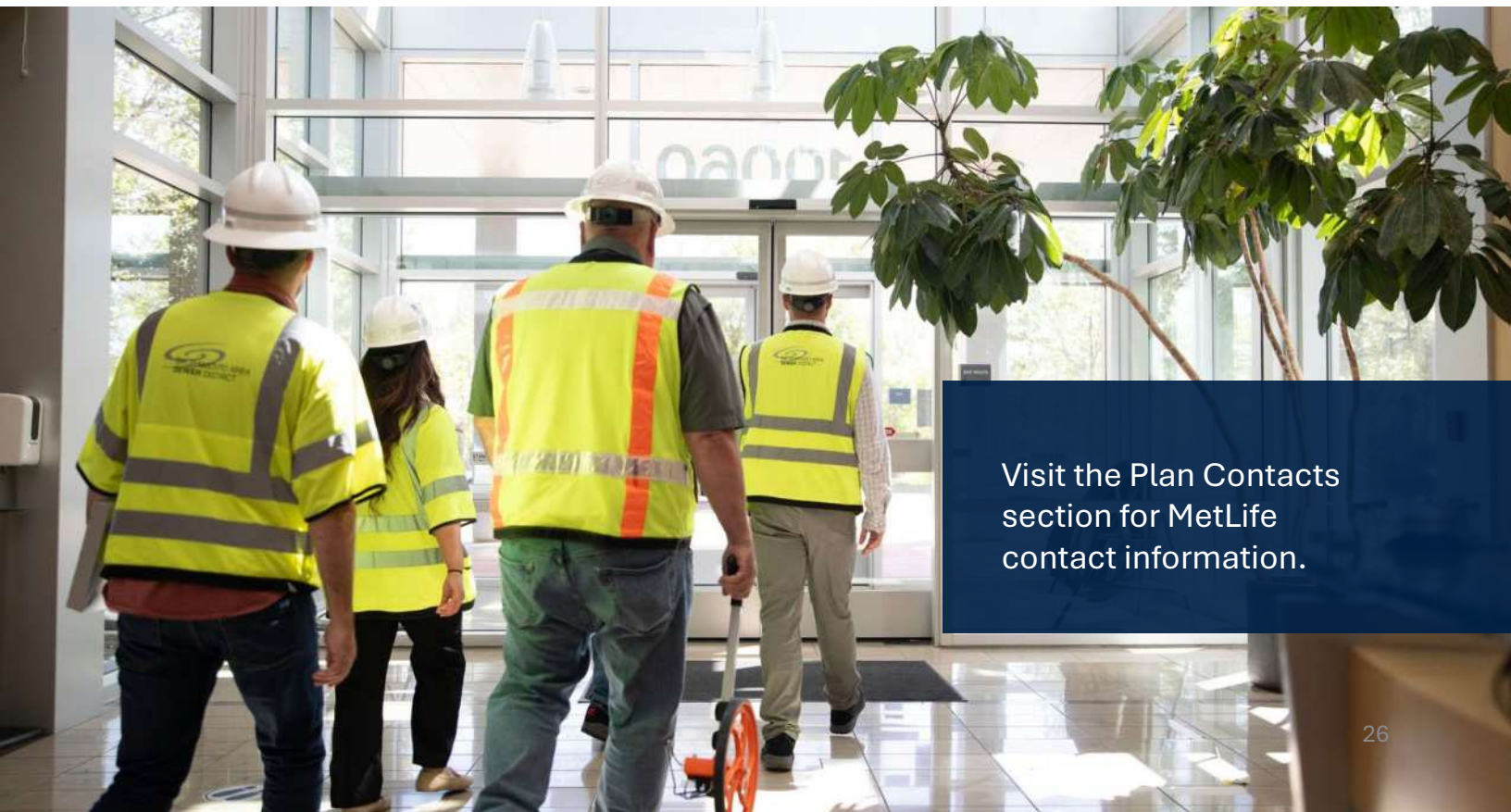
Learn more about Pet Insurance, costs and submitting a claim at metlifepetinsurance.com

Legal Program

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from MetLife offers reputable attorney assistance for you and your family. You, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters. You can enroll in this program during open enrollment.

Legal Plan \$10.95 per month

Learn more about the Legal Program at legalplans.com



Visit the Plan Contacts section for MetLife contact information.



Financial Wellness

We offer benefits and resources to help you make the most of your money now and in the future.

Why Does Financial Wellness Matter?

Financial wellness directly impacts various aspects of your life, including physical and mental health, relationships, and career satisfaction. A strong financial footing reduces stress and anxiety related to money, leading to better mental health and overall quality of life. It enables you to pursue your goals, whether it's buying a home, starting a family, or planning for retirement, without the constant burden of financial worry.

| | What you need to know |
|---|---|
| Healthcare Flexible Spending Account (FSA) | Use tax-free dollars for healthcare related expenses. |
| Dependent Care Flexible Spending Account (FSA) | Use tax-free dollars for childcare expenses. |
| 529 Education Savings Plan | Save for your dependent's education |
| Retirement Account 457(b) | Work towards your retirement goals. |

Flexible Spending Account (FSA)



IMPORTANT: You must re-enroll in this account each year. Elections do not rollover.

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses. This program is administered through BCC.

How the FSA Works

You estimate what you and your family's eligible out-of-pocket costs will be for the coming year, expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.

- Use the FSA debit card to pay for eligible services and products. You can also login to your online account or use your mobile app to request a payment be sent directly to your provider or to you.
- Request an itemized receipt for any expenses you plan to pay for with your FSA.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.

| | |
|-------------------------------------|---|
| 2026 IRS Contribution Limits | You can contribute up to \$3,300 <i>Contributions are deducted from your pay pre-tax. Please note the annual limit set by the IRS is subject to change for 2026.</i> |
| Deadline To Incur Claims | Expenses must be incurred between 1/1/2026 and 12/31/2026 |
| Deadline To Submit Claims | Claims must be submitted for reimbursement no later than March 31, 2027 |
| Rollover | You can rollover up to \$660 of any unused monies into the next year. This means that if you have money left in your FSA at the end of the plan year in 2026, for any reason, you can keep up to \$660 of it. The remainder is forfeited. |

Are You Eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Do You Pay For Dependent Care?

Review the next page for information on tax savings through the Dependent Care FSA.

Find out more

- Smartcare – bccbenefitsolutions.com/smartcare
- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

Paying for Daycare? Make it Tax-free!

IMPORTANT: You must re-enroll in this account each year. Elections do not rollover.

Dependent Care Flexible Spending Account (FSA)


Paying For Daycare? Make It Tax-free! A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by BCC.

How the Dependent Care Flexible Spending Account (FSA) Works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

| | |
|-------------------------------------|---|
| 2026 IRS Contribution limits | You can contribute up to \$7,500 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$3,700 each year |
| Deadline to incur expenses | Expenses must be incurred between 1/1/2026 and 3/15/2027 (2 ½ month “grace period” after the end of the plan year) |
| Deadline To Submit Claims | Claims must be submitted for reimbursement no later than March 31 |

You can't change your Dependent Care FSA election amount mid-year unless you experience a qualifying event.



You can't change your Dependent Care FSA election amount mid-year unless you experience a qualifying event.

Additional Savings

529 Education Savings Plan

Education is expensive, and many parents who save for a child's education don't have enough set aside at college time. A 529 plan can help you save for it. You can set aside money for qualified K-12 or college education costs and let it grow tax-free. ScholarShare 529 will provide personalized guidance on selecting the best 529 plan for you, based on where you live and your investment preferences. This tool will inform you about the ScholarShare 529 plan and other plans in your state that may be better for you due to tax benefits.

Want more information? [Register for one of our live and interactive webinars that fits your schedule, hosted monthly](#), or [schedule a consultation with a 529 specialist](#).

How to get started:

1. Select your beneficiary
2. [Choose your investment portfolio](#)
3. [Decide how much to save](#)
4. Fund you account
 - Periodic contributions
 - Recurring contributions
 - Workplace Savings Program

Additional Resources:

- [Get started – step by step guide](#)
- [Compare ways to save](#)
- [College countdown](#)
- [Frequently asked questions](#)
- [Ugift](#)
- [Information en Espanol](#)
- [CalKIDS](#)

To find out more, visit [ScholarShare's website](#) or call 800-544-5248.



Deferred Compensation



Work toward your retirement goals.

Our 457(b) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions and/or tax savings AFTER you retire through a Roth after-tax option. All regular employees aged 18 and over are eligible to join the plan.

Visit the Voya (through CalPERS) website at www.calpers457.com to manage your account, investments and contributions.

Voya offers a variety of quality investment options. You'll also have access to special services such as automatic account rebalancing and personal investment assistance from a licensed investment counselor.

Maximum Annual Contribution Limit

Under age 50 limit: Up to \$23,500 per year.
50+ catch up: \$7,500 additional contribution limit if 50 years of age or older
60-63 catch-up: \$11,250 additional contribution limit for those age 60-63
Additional catch-up deferrals are permitted in accordance with IRS restrictions. IRS limits are evaluated annually and may change.

Important differences of a Roth 457(b)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- Like a traditional 401(k), you can withdraw money without penalties when you reach age 59½, but you must have held the account for at least 5 years.
- You are not forced to take distributions at age 70½. You can keep the money in your Roth account as long as you want.

Helpful resources:

- [Fund Fact Sheets](#)
- [Participation Enrollment Kit](#)



Important Plan Information

In this section, you'll find important plan information, including:

| | What you need to know |
|---------------------------|--|
| Your Benefit Costs | An overview of your healthcare costs. |
| Important Contacts | Contact information for our benefit carriers and vendors. |
| Benefits Glossary | A Benefits Glossary to help you understand important insurance terms. |
| Important Notices | A summary of the health plan notices you are entitled to receive annually, and where to find them. |

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Sacramento Area Sewer District if your domestic partner is your tax dependent.

Your Monthly Benefit Costs

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

| CalPERS Medical | Employee Only | | | Employee + 1 | | | Employee + Family | | |
|--|---------------|---------------|-----------------|--------------|---------------|-----------------|-------------------|---------------|-----------------|
| | 2026 Rates | Employer Pays | You Pay Monthly | 2026 Rates | Employer Pays | You Pay Monthly | 2026 Rates | Employer Pays | You Pay Monthly |
| Western Health Advantage HMO | \$969.58 | \$969.58 | \$0 | \$1,939.16 | \$1,939.16 | \$0 | \$2,520.91 | \$2,520.91 | \$0 |
| United Healthcare SignatureValue Harmony* | \$1,133.09 | \$1051.97 | \$81.12 | \$2,266.18 | \$2,103.95 | \$162.23 | \$2,946.03 | \$2,735.14 | \$210.89 |
| PERS Gold | \$1,120.58 | \$1051.97 | \$68.61 | \$2,241.16 | \$2,103.95 | \$137.21 | \$2,913.51 | \$2,735.14 | \$178.37 |
| Kaiser | \$1,168.86 | \$1051.97 | \$116.89 | \$2,337.72 | \$2,103.95 | \$233.77 | \$3,039.04 | \$2,735.14 | \$303.90 |
| Blue Shield Trio HMO | \$1,166.58 | \$1051.97 | \$114.61 | \$2,333.16 | \$2,103.95 | \$229.21 | \$3,033.11 | \$2,735.14 | \$297.97 |
| Blue Shield Access+ HMO | \$1,301.95 | \$1051.97 | \$249.98 | \$2,603.90 | \$2,103.95 | \$499.95 | \$3,385.07 | \$2,735.14 | \$649.93 |
| United Healthcare SignatureValue Alliance | \$1,290.06 | \$1051.97 | \$238.09 | \$2,580.12 | \$2,103.95 | \$476.17 | \$3,354.16 | \$2,735.14 | \$619.02 |
| Anthem Blue Cross Select HMO | \$1,336.29 | \$1051.97 | \$284.32 | \$2,672.58 | \$2,103.95 | \$568.63 | \$3,474.35 | \$2,735.14 | \$739.21 |
| PERS Platinum | \$1,670.14 | \$1051.97 | \$618.17 | \$3,340.28 | \$2,103.95 | \$1236.33 | \$4,342.36 | \$2,735.14 | \$1,607.22 |
| Anthem Blue Cross Traditional HMO | \$1,612.08 | \$1051.97 | \$560.11 | \$3,224.16 | \$2,103.95 | \$1,120.21 | \$4,191.41 | \$2,735.14 | \$1,456.27 |

*UHC SignatureValue Harmony is only available to employees living in the following counties: Contra Costa, Los Angeles, Napa, Orange, Riverside, San Bernardino, San Diego, Santa Clara, Santa Cruz, and Solano.

Your Monthly Benefit Costs

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

| Dental | Employee Only | | | Employee + 1 | | | Employee + Family | | |
|-------------------------|---------------|---------------|-----------------|--------------|---------------|-----------------|-------------------|---------------|-----------------|
| | 2026 Rates | Employer Pays | You Pay Monthly | 2026 Rates | Employer Pays | You Pay Monthly | 2026 Rates | Employer Pays | You Pay Monthly |
| Delta Dental PPO | \$65.40 | \$65.40 | \$0 | \$137.42 | \$137.42 | \$0 | \$196.32 | \$196.32 | \$0 |

| Vision | Employee Only | | | Employee + 1 | | | Employee + Family | | |
|-------------------------------|---------------|---------------|-----------------|--------------|---------------|-----------------|-------------------|---------------|-----------------|
| | 2026 Rates | Employer Pays | You Pay Monthly | 2026 Rates | Employer Pays | You Pay Monthly | 2026 Rates | Employer Pays | You Pay Monthly |
| VSP Vision Base Plan | \$7.00 | \$7.00 | \$0 | \$14.60 | \$14.60 | \$0 | \$20.90 | \$20.90 | \$0 |
| VSP Vision Buy-up Plan | \$11.50 | \$7.00 | \$4.50 | \$24.10 | \$14.60 | \$9.50 | \$34.40 | \$20.90 | \$13.50 |

Basic Life and EAP **paid in full by SacSewer**. Voluntary benefits, if elected, are **paid in full by you**.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

alliantmedicareolutions.com

Retirees enrolled in Medicare may also enroll in the SacSewer's group insurance plan. However, you may also decline the SacSewer's group insurance plan and enroll in dental and vision only. You will not be eligible for the Opt-Out Stipend if you decline coverage.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find Out More



[Your Guide to Medicare](#)



[Medicare 101 Video](#)



[Social Security Planning Video](#)

Plan Contacts

If you need to reach our plan providers, here is their contact information:

| Plan Type | Provider | Phone Number | Website/Email | Policy No. |
|---|--------------------------------|---------------|---|-----------------|
| Medical | CalPERS | 888- 225-7377 | www.calpers.ca.gov | |
| Pharmacy | CVS | 833-287-3279 | www.cvs.com | |
| Dental | Delta Dental | 800-765-6003 | www.deltadentalins.com | 23020 |
| Vision | VSP Vision | 800-877-7195 | www.vsp.com | 30105867 |
| Flexible Spending Accounts (FSA) | SmartCare | 800-685-6100 | www.bccbenefitsolutions.com/smartcare Email: customersupport@benxcel.com | BCCSACSE WER |
| CalPERS 457(b) Deferred Compensation Retirement Plan | Voya | 800-260-0659 | calpers.voya.com | |
| Employee Assistance Program (EAP) | Magellan EAP | 800-424-4039 | member.magellanhealthcare.com | SASD0001 |
| Basic Life and AD&D | Voya | 800-955-7736 | presents.voya.com/EBRC/SacSewer | 746487 |
| STD/LTD/ Critical Illness/ Accident/ Hospital Indemnity | Voya | 888-305-0602 | presents.voya.com/EBRC/SacSewer | 746487 |
| Long Term Care | CHUBB | 855-241-9891 | chubb.benselect.com/SASD | DHG |
| Legal Benefits | MetLife | 800-438-6388 | www.legalplans.com | 5776615 |
| ID Theft Protection | MetLife | 800-438-6388 | www.metlife.com/identity-and-fraud-protection | 5776615 |
| Pet Insurance | MetLife | 800-438-6388 | www.metlifepetinsurance.com | 5776615 |
| 529 Education Savings Plan | ScholarShare | 800-544-5248 | www.scholarshare529.com | |
| Benefit Platform | BCC BenXcel | | www.benxcel.net | BCCSACSE WER |
| Benefits Office | Sacramento Area Sewer District | 916-875-3370 | benefits@sacsewer.com | |

Glossary

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services. Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.

Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for

children underage

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A

medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

Glossary

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. *Aggregate* means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. *Embedded* means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

Important Plan Information

Health Plan Notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located at the end of this guide:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Michelle's Law:** Describes right to extend dependent medical coverage during student leaves
- **Affordable Care Act Disclaimer**
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA Continuation Coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Deadline For Filing Lawsuit Under ERISA After Exhaustion Of All Claims Procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

2026 Summary of Benefits and Coverage Notice

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health terms. Together, these documents provide important information to help you better understand our health benefit coverage and more easily compare health plan options.

To access the SBCs and glossary online, visit www.calpers.ca.gov and select **View Health Plan Rates** to access the **Plans & Rates** page, or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, contact each health plan directly.

Anthem Blue Cross HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Blue Shield of California

(800) 334-5847

www.blueshieldca.com/calpers

Health Net of California

(888) 926-4921

www.healthnet.com/calpers

Kaiser

Permanente

(800) 464-4000

www.kp.org/calpers

PERS Gold & PERS Platinum

(877) 737-7776

www.anthem.com/ca/calpers

Sharp Health Plan

(855) 995-5004

www.sharphealthplan.com/calpers

UnitedHealthcare

(877) 359-3714

www.uhc.com/calpers

Western Health Advantage

(888) 942-7377

www.westernhealth.com/calpers

Medicare Part D Notice

Important Notice from Sacramento Area Sewer District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sacramento Area Sewer District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Sacramento Area Sewer District has determined that the prescription drug coverage offered by the CalPERS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Sacramento Area Sewer District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. Since the existing prescription drug coverage under CalPERS is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Sacramento Area Sewer District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Sacramento Area Sewer District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sacramento Area Sewer District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE ([800-633-4227](tel:800-633-4227)). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2026
Name of Entity/Sender: Sacramento Area Sewer District
Contact-Position/Office: Human Resources Division
Address: 10060 Goethe Road
Sacramento, CA 95827
Phone Number: 916-876-6000

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan's Member Services for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Sacramento Area Sewer District's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Sacramento Area Sewer District's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Sacramento Area Sewer District's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Sacramento Area Sewer District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the insurance carriers directly.

Notice of Choice of Providers

Health Maintenance Organizations (HMOs) generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your health plan provider.

Michelle's Law

The health plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify your plan administrator as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% in 2026 of your modified adjusted household income.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2025**. Contact your State for more information on eligibility—

| |
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| ALABAMA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 |
| ALASKA – Medicaid |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 |
| Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) |
| CALIFORNIA – Medicaid |
| Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 |
| FLORIDA – Medicaid |
| Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268 |
| GEORGIA – Medicaid |
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, press 2 |

INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/> | <http://www.in.gov/fssa/dfr/> | Family and Social Services Administration Phone: (800) 403-0864 | Member Services Phone: (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [Iowa Medicaid | Health & Human Services](#) | Medicaid Phone: 1-800-338-8366
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#) | Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328
Email: KIHIPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicareid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>
Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084 | email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcftp.nv.gov> | Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

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| NORTH CAROLINA – Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 |
| NORTH DAKOTA – Medicaid |
| Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| OREGON – Medicaid and CHIP |
| Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075 |
| PENNSYLVANIA – Medicaid and CHIP |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 |
| CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437) |
| RHODE ISLAND – Medicaid and CHIP |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line) |
| SOUTH CAROLINA – Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |
| SOUTH DAKOTA – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| TEXAS – Medicaid |
| Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493 |
| UTAH – Medicaid and CHIP |
| Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/ |
| VERMONT – Medicaid |
| Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427 |
| VIRGINIA – Medicaid and CHIP |
| Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid |
| Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| WEST VIRGINIA – Medicaid and CHIP |
| Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN – Medicaid and CHIP |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| WYOMING – Medicaid |
| Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.