



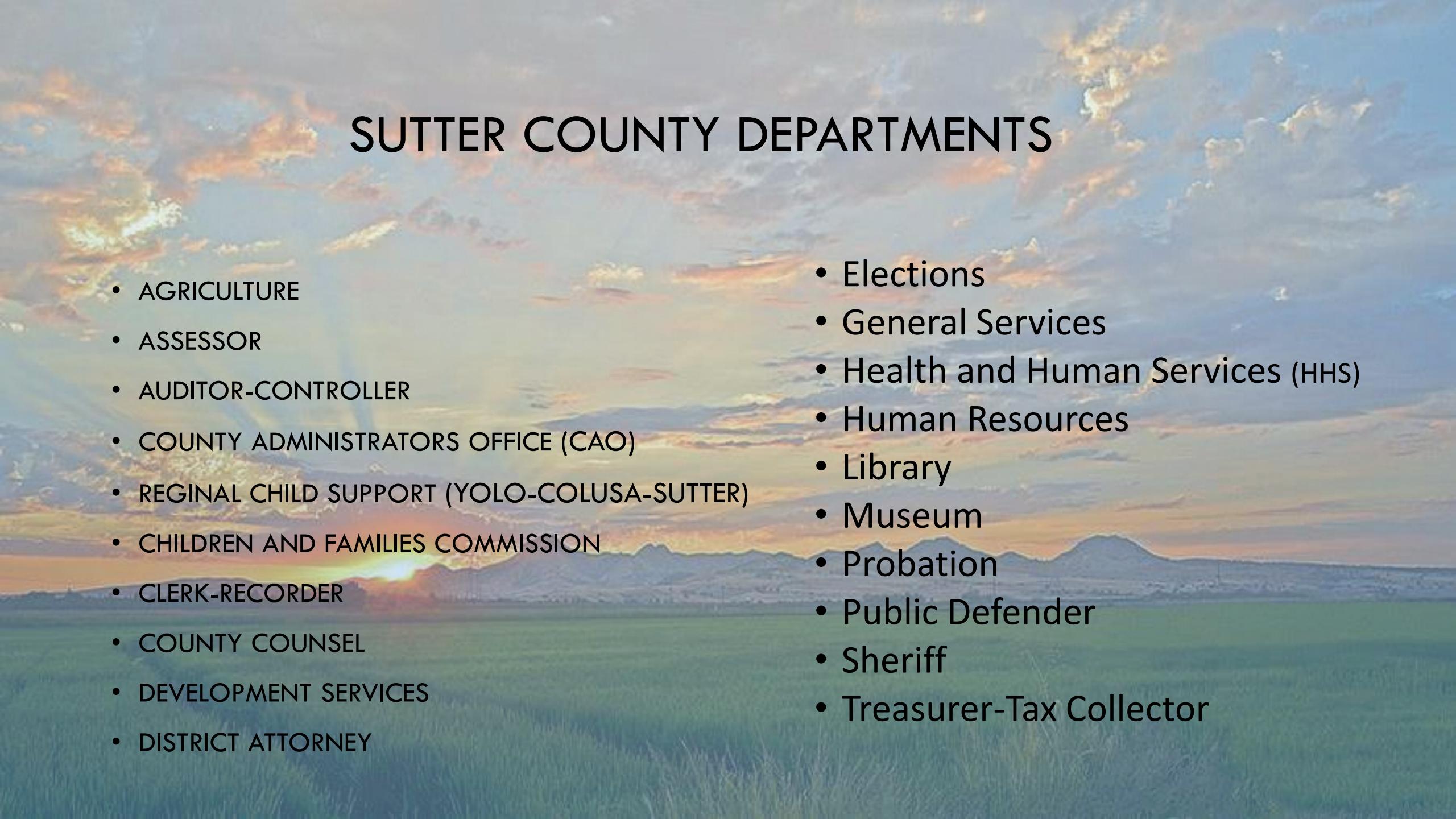
WELCOME TO NEW HIRE ORIENTATION

We are all Disaster Service Workers

LET'S LEARN A BIT ABOUT SUTTER COUNTY

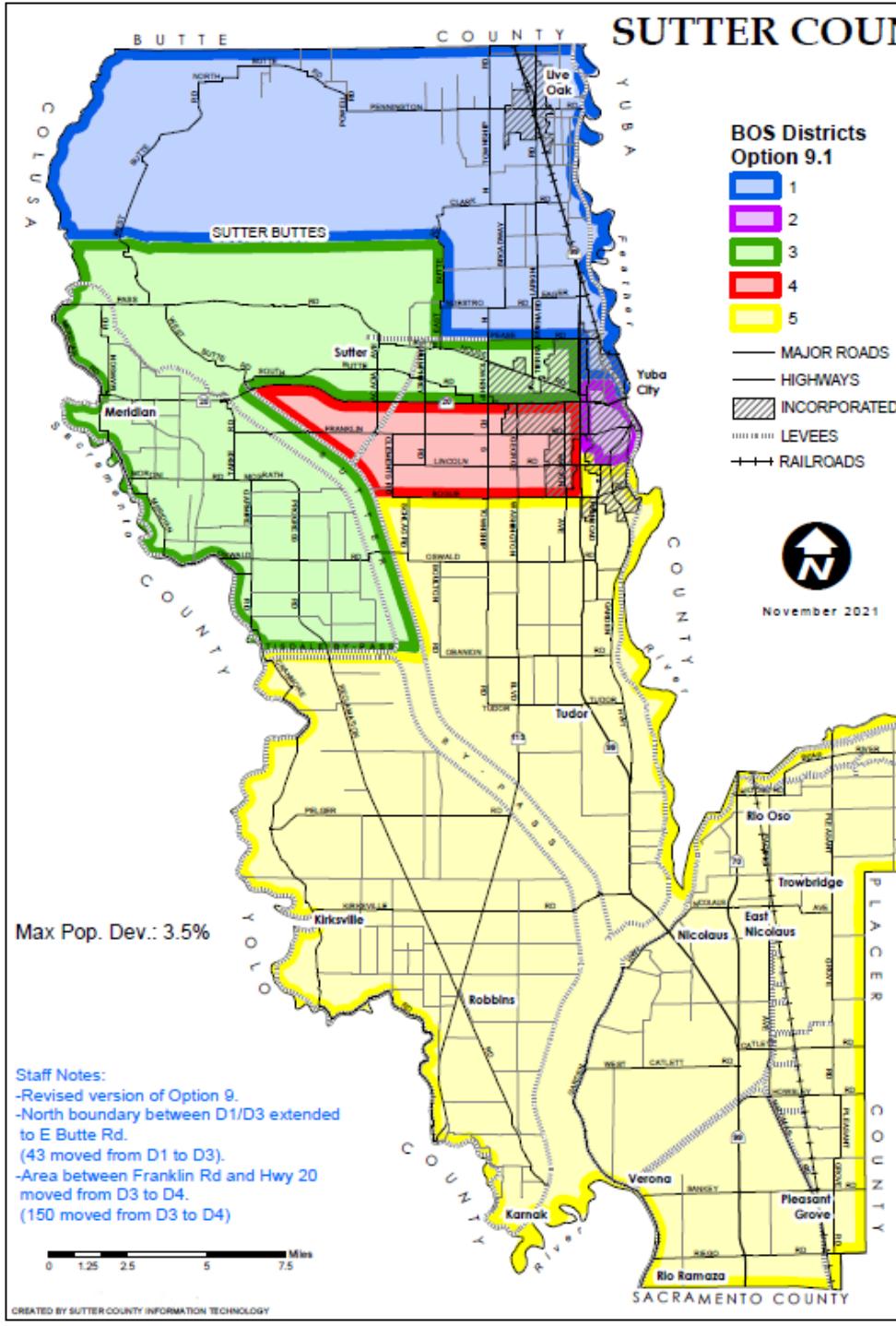


Building and repairing roads • Providing healthcare • Patrolling neighborhoods • Protecting children from abuse • Putting out fires • Ensuring food safety • Supervising jails • Managing elections • Solving crimes • Inspecting buildings for safety • Maintaining public records • Promoting healthier babies • Enforcing laws • Running museums • Protecting elderly and adults from abuse • Operating libraries • Keeping homes safe • Preventing consumer fraud • Prosecuting criminals • Helping families facing hardship • Administering assistance programs • Improving workplace safety • Providing mental healthcare • Implementing technology • Enforcing child support • Aiding people in disasters • Promoting agriculture • Educating the public



SUTTER COUNTY DEPARTMENTS

- AGRICULTURE
- ASSESSOR
- AUDITOR-CONTROLLER
- COUNTY ADMINISTRATORS OFFICE (CAO)
- REGIONAL CHILD SUPPORT (YOLO-COLUSA-SUTTER)
- CHILDREN AND FAMILIES COMMISSION
- CLERK-RECORDER
- COUNTY COUNSEL
- DEVELOPMENT SERVICES
- DISTRICT ATTORNEY
- Elections
- General Services
- Health and Human Services (HHS)
- Human Resources
- Library
- Museum
- Probation
- Public Defender
- Sheriff
- Treasurer-Tax Collector

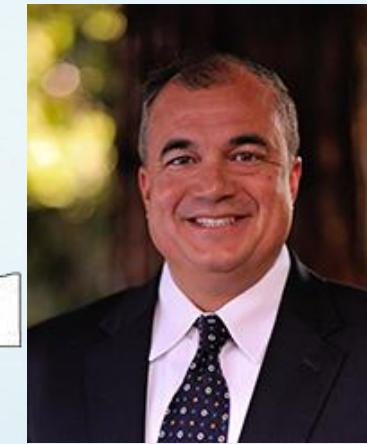


BOARD OF SUPERVISORS

- Members of the Board of Supervisors serve as the legislative body for Sutter County and provide policy direction for all branches of County government.
- 5 Supervisors are elected by their district in the county. Although they differ in size, they have a relative population.
- The Board is responsible for enacting ordinances and resolutions, adopting the budget, levying taxes, and approving formal contracts and agreements.



District 1 Supervisor
Jeff Boone



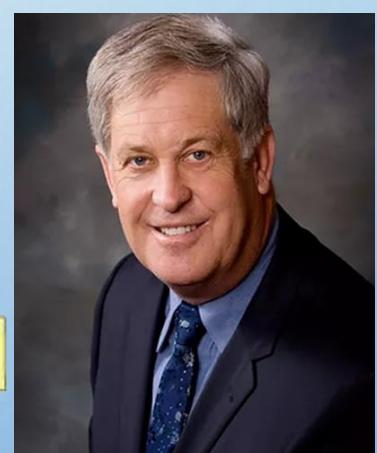
District 2 Supervisor
Dan Flores



District 3 Supervisor
Mike Ziegenmeyer



District 4 Supervisor
Karm Bains



District 5 Supervisor
Jeff Stephens

Districts 1, 4, and 5 elected in Presidential election years. Districts 2 and 3 elected in State general election years.



ELECTED OFFICIALS



Assessor
Kathy Scriven



Auditor
Nate Black



District Attorney
Jennifer Dupre



Treasurer-Tax Collector
Nick Valencia



Sheriff
Brandon Barnes

4 yr term. 2026.



Clerk-Recorder
Donna Johnston

4 yr term. 2026.



Auditor
Nate Black



4 yr term. 2026.



6 yr term. 2028.



6 yr term. 2028.

UNIONS

- There are many different bargaining units in the county
 - GSP (General Supervisory Professionals), DSA (Deputy Sheriffs Association), POA (Peace Officers Association), Probation, IHSS, Fire
- Each unit has specific personnel rules and benefits
- Be sure to know which unit you are in





UNION- FIRE

- Sutter County Professional Firefighters Association
 - International Association of Fire Fighters Local 5032
 - Teamster Local 137 Affiliate
- Brandon McReynolds - President
 - Cell 530.531.7501
 - Work Email: Bmcreynolds@co.sutter.ca.us



GENERAL, SUPERVISORY, AND PROFESSIONAL (GSP) AND PROBATION UNION SCEA, LOCAL 1, AFSCME:

FOR MORE INFORMATION, PLEASE FOLLOW THIS [LINK](#)

- Once you've gone through orientation, our Union's office will mail out your new employee packet that includes the membership card.
- If you do not receive the packet within 30 days, please reach out to your department's Steward, a Union Leader or your AFSCME Organizer, **Alex Flores at 510-517-5246 or Alexandria.Flores@ca.AFSCME57.org**
 - Sutter SCEA, AFSCME President: **Chandra Tucker, (530) 301-2742**
 - Sutter SCEA, AFSCME Vice President: **Ronald Kimberling (530) 822-6024**
- A Copy of your MOU (Memorandum of Understanding) with the County can be found on our website, **PEU1.org**



SUTTER DEPUTY SHERIFF'S ASSOCIATION

- SUTTER DSA PRESIDENT: **TAEMI WEATHERS**
 - EMAIL: **TWEATHERS@CO.SUTTER.CA.US**
- SUTTER DSA REPRESENTATIVE: **BHAVEN ATWAL**
 - EMAIL: **BATWAL@MASTAGNI.COM**
- A COPY OF YOUR MOU (MEMORANDUM OF UNDERSTANDING) WITH THE COUNTY CAN BE FOUND ON OUR INTRANET [SCNET - HUMAN RESOURCES](#)

TRAININGS

- **HR Sponsored Trainings**

- Anti-Harassment training and Disaster Service Worker training will be assigned by HR within 3 months of employment



IIPP- INJURY ILLNESS PREVENTION PLAN

Responsibility	Communication	Hazard Assessment	Reporting Procedures
<ul style="list-style-type: none">-Board of Supervisors-HR Safety Officer-Department Heads-Supervisors/Managers-Employees	<ul style="list-style-type: none">-Orientation-Monthly Meetings, Safety Advisory Meetings-Emails, memos, flyers-Incident/Hazard Form-IIPP in office and given to new hires	<p>IDENTIFICATION</p> <ul style="list-style-type: none">-Employee notification-Routine Inspections-Bi-Annual Scheduled Inspections <p>CORRECTION</p> <ul style="list-style-type: none">-Imminent correct immediately-Serious correct within 3 days or as soon as reasonably possible-General correct within 14 days or as soon as reasonably possible	<ul style="list-style-type: none">-Workers Comp. benefits (through Trindel, provide medical care and treatment as necessary and cost)-ALL employees are required to report injuries even if minor to Supervisor/Manager using Incident/Hazard Report Form-Supervisor/Manager must then immediately notify HR

IIPP- INJURY ILLNESS PREVENTION PLAN

Accident/Exposure Investigation	Compliance & Discipline	Safety Training	Record Keeping
<ul style="list-style-type: none">-Collect facts (interview employee, pictures, witness statements, police reports etc.)-Determine sequence of events/cause-Prevention measures-Corrective action to mitigate hazard	<ul style="list-style-type: none">-Supervisor/Manager communicate unsatisfactory work safety to employee-May result in disciplinary action-ALL employees must comply with provisions in IIPP	<ul style="list-style-type: none">-General (new program, new job assignment, new process or substances, new hazard)-Job-specific (proper equipment use and PPE handling, specialized operational procedures)-Supervisor/Manager need to help facilitate this	<ul style="list-style-type: none">-Countywide trainings maintained by HR-Department specific safety trainings maintained by Supervisor/Manager-Monthly safety meetings obtained by DSR and places in online drive with HR for permanent record



Sutter County
Incident/ Hazard Report Form

SECTION A		<input checked="" type="checkbox"/> INJURY INCIDENT	<input type="checkbox"/> INCIDENT/NEAR MISS	<input type="checkbox"/> HAZARD
DATE & TIME OF INCIDENT:		LOCATION:	DATE REPORTED:	
REPORTED TO:		REPORTED BY: (Optional)	DEPARTMENT:	
SECTION B	DESCRIPTION OF INCIDENT – INJURY, INCIDENT/NEAR MISS, HAZARD			
SECTION C	CAUSES			
SECTION D	SUGGESTED CORRECTIONS			
SECTION E	CORRECTIVE ACTION		DATE	

INCIDENT/HAZARD REPORT FORM

- If we do not know, how can we change it?
- Helps to prevent and stop reoccurrence
- Used to document
 - Injuries
 - Incident/Near Miss
 - Hazards
- Can be completed by yourself and or with a Supervisor or Department Safety Representative

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



KAISER MEDICAL PLAN SUMMARY

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

ANTHEM MEDICAL PLAN(S) SUMMARY

	In-Network PPO 1000	In-Network PPO 1500	In-Network PPO HDHP 3400
Deductible Self Family	\$1,000 \$2,000	\$1,500 \$3,000	\$3,400 \$6,800
Annual Out-of-Pocket Maximum Self Family	\$4,000 \$8,000	\$5,000 \$10,000	\$3,400 \$6,800
Office Visits Primary Care/Specialist	\$45	\$45	Plan pays 100% AD
Urgent Care	\$45	Plan pays 80% AD	Plan pays 100% AD
Emergency Room (waived if admitted)	\$100 then plan pays 80% AD	\$100 then plan pays 80% AD	Plan pays 100% AD
Outpatient Surgery	\$250 per surgery then plan pays 80% AD	Plan pays 80% AD	Plan pays 100% AD
Inpatient Hospital Stay	Plan pays 80% AD, max of \$1,000 cost share per year	Plan pays 80% AD, max of \$1,000 cost share per year	Plan pays 100% AD
Pharmacy - Retail RX Copay Out of Pocket Max	Anthem Blue Cross \$2,000 \$4,000	\$2,000 \$4,000	Subject to Medical Deductible
Tier 1 Tier 2 Tier 3	\$10 \$20 \$35	\$10 \$20 \$35	Plan pays 100% AD

Health Savings Account (HSA)

The Health Savings Account (HSA) is only available to members enrolled in the High Deductible Health plan (HDHP).



TRIPLE TAX ADVANTAGES

- TAX-FREE*
 - CONTRIBUTIONS
 - WITHDRAWALS FOR ELIGIBLE HEALTHCARE EXPENSES
 - INTEREST AND EARNINGS

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

USES

- PAY FOR OUT-OF-POCKET HEALTHCARE EXPENSES FOR YOU AND YOUR FAMILY
- BUILD A NEST EGG FOR FUTURE HEALTHCARE EXPENSES
- RETIREMENT SAVINGS STRATEGY FOR BOTH HEALTHCARE AND LIVING EXPENSES

FEATURES

- MEDICAL, DENTAL AND VISION EXPENSES
- NO “USE IT OR LOSE IT” RULE—ACCOUNT BALANCE ROLLS OVER YEAR AFTER YEAR
- PORTABLE—ACCOUNT IS YOURS IF YOU CHANGE PLANS, RETIRE OR CHANGE JOBS
- ACCOUNT BALANCE EARNs INTEREST



HSA CONTRIBUTIONS 2026

	IRS Annual Max	25% of Annual IRS Max	County Monthly HSA Contribution	County Biweekly HSA Contribution (26 pp)	Total Annual County Contribution
Employee Only	\$4,400.00	\$1,100.00	\$91.67	\$42.31	\$1,100.00
Employee Plus One	\$8,750.00	\$2,187.50	\$182.29	\$84.13	\$2,187.50
Employee Plus Family	\$8,750.00	\$2,187.50	\$182.29	\$84.13	\$2,187.50

- Extra Help Employees are not eligible

HAVING A BABY

PPO 500

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist copayment</u>	\$35
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2,100

What isn't covered

Limits or exclusions **\$70**

The total Peg would pay is **\$2,670**

PPO 1000

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2,100

What isn't covered

Limits or exclusions **\$70**

The total Peg would pay is **\$3,170**

PPO 1500

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,900

What isn't covered

Limits or exclusions **\$70**

The total Peg would pay is **\$3,470**

HDPP 3300

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,200
■ <u>Specialist coinsurance</u>	0%
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$3,200
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions **\$60**

The total Peg would pay is **\$3,260**

MANAGING TYPE 2 DIABETES

PPO 500

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$500
■ <u>Specialist copayment</u>	\$35
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)

Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$4,300
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The total Joe would pay is	\$4,700
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PPO 1000

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)

Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>

<u>Deductibles</u>	\$100
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$4,300
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The total Joe would pay is	\$4,800
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PPO 1500

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)

Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$4,300
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The total Joe would pay is	\$4,700
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HD PPO 3300

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$3,200
■ <u>Specialist coinsurance</u>	0%
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)

Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>

<u>Deductibles</u>	\$3,200
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$20
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The total Joe would pay is	\$3,220
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SIMPLE FRACTURE

PPO 500

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$500
■ <u>Specialist copayment</u>	\$35
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$500
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$300

What isn't covered

Limits or exclusions	\$10
The total Mia would pay is	\$1,010

PPO 1000

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$300

What isn't covered

Limits or exclusions	\$10
The total Mia would pay is	\$1,510

PPO 1500

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$200

What isn't covered

Limits or exclusions	\$10
The total Mia would pay is	\$1,810

HD PPO 3300

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$3,200
■ <u>Specialist coinsurance</u>	0%
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$2,800

Medical Insurance Rates 2026 – All Sutter County Employees (Excluding DSA, POA, Fire)

(24 pp)

Plan Name	Deductible	Out of Pocket Maximum	Co-ins.	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
PPO 1500							
Single Employee	EE/Family 1500/3000	EE/Family 5000/10000	80/20 \$45 copay	\$1,331.50 \$2,662.50 \$3,766.50	\$1,042.17 \$2,074.79 \$2,853.79	\$289.33 \$587.71 \$912.71	\$144.67 \$293.86 \$456.36
Employee + 1							
Family							
PPO 1000							
Single Employee	1000/2000	4000/8000	80/20 \$45 copay	\$1,363.50 \$2,717.50 \$3,847.50	\$1,042.17 \$2,074.79 \$2,853.79	\$321.33 \$642.71 \$993.71	\$160.67 \$321.36 \$496.86
Employee + 1							
Family							
KAISER HIGH							
Single Employee	0	1500/3000	\$10 copay	\$1,672.50 \$3,345.50 \$4,730.50	\$1,042.17 \$2,074.79 \$2,853.79	\$630.33 \$1,270.71 \$1,876.71	\$315.17 \$635.36 \$938.36
Employee + 1							
Family							
KAISER LOW							
Single Employee	0	1500/3000	\$20 copay	\$1,570.50 \$3,149.50 \$4,450.50	\$1,042.17 \$2,074.79 \$2,853.79	\$528.33 \$1,074.71 \$1,596.71	\$264.17 \$537.36 \$798.36
Employee + 1							
Family							
PPO 3400 (HDHP)							
Single Employee	3400/6800	3400/6800		\$950.50 \$1,892.50 \$2,671.50	\$950.50 \$1,892.50 \$2,671.50	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
Employee + 1							
Family							

Sutter County Medical Insurance Rates 2026 – DSA, POA, Fire Employees

(24 pp)

Plan Name	Deductible	Out of Pocket Maximum	Co-ins.	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
PPO 1500							
Single Employee	EE/Family 1500/3000	EE/Family 5000/10000	80/20	\$45 copay	\$1,331.50	\$977.25	\$354.25
Employee + 1					\$2,662.50	\$1,940.25	\$722.25
Family					\$3,766.50	\$2,713.25	\$1,053.25
PPO 1000							
Single Employee	1000/2000	4000/8000	80/20	\$45 copay	\$1,363.50	\$977.25	\$386.25
Employee + 1					\$2,717.50	\$1,940.25	\$777.25
Family					\$3,847.50	\$2,713.25	\$1,134.25
KAISER HIGH							
Single Employee	0	1500/3000	\$10 copay		\$1,672.50	\$977.25	\$695.25
Employee + 1					\$3,345.50	\$1,940.25	\$1,405.25
Family					\$4,730.50	\$2,713.25	\$2,017.25
KAISER LOW							
Single Employee	0	1500/3000	\$20 copay		\$1,570.50	\$977.25	\$593.25
Employee + 1					\$3,149.50	\$1,940.25	\$1,209.25
Family					\$4,450.50	\$2,713.25	\$1,737.25
PPO 3400 (HDHP)							
Single Employee	3400/6800	3400/6800			\$950.50	\$950.50	\$0.00
Employee + 1					\$1,892.50	\$1,892.50	\$0.00
Family					\$2,671.50	\$2,671.50	\$0.00

HEALTH CARE-FLEXIBLE SPENDING ACCOUNT (FSA)

- Set aside pre-tax dollars to help pay for certain out-of-pocket health care expenses.
- Contributions are made annually and limited to \$3,300 per year.
- This plan offers a benefit debit card for your convenience.

USE IT OR LOSE IT

- If you contribute pre-tax dollars to an FSA and do not use all the dollars you will lose the remaining balance at the end of the year.
- Plan ahead and only save money you are confident you will use in the plan year.

LIMITED PURPOSE- FLEXIBLE SPENDING ACCOUNT (FSA)

- If on the HDHP with an HSA you can only have a limited purpose FSA.
- Set aside pre-tax dollars to help pay for certain dental and vision expenses only.
- Contributions are made annually and limited to \$3,300 per year.
- This plan offers a benefit debit card for your convenience.

USE IT OR LOSE IT

- If you contribute pre-tax dollars to an FSA and do not use all the dollars you will lose the remaining balance at the end of the year.
- Plan ahead and only save money you are confident you will use in the plan year.

DEPENDENT CARE-FLEXIBLE SPENDING ACCOUNT (FSA)

- Set aside pre-tax dollars to help pay for day care services for qualified dependents.
 - Under age 13 or physically or mentally incapable of self care
 - Maximum amount you can contribute annually is \$5,000.

Dependent Care FSA Eligible Expenses:

- Care for your child who is under age 13 before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

USE IT OR LOSE IT

- If you contribute pre-tax dollars to an FSA and do not use all the dollars you will lose the remaining balance at the end of the year.
- Plan ahead and only save money you are confident you will use in the plan year.

VSP Vision

- VSP Customer Service- 800-877-7195
 - www.vsp.com
- You Will Not Receive an ID card

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

Sutter County Vision Insurance Rates 2026

(24 pp)

Plan Name	Exam Co-Pay	Contact Lenses / Frames	Allowance Frequency	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
VSP Vision Core							
Single	\$20.00	\$130 Allowance	24 Months	\$6.60	\$6.60	\$0.00	\$0.00
Employee + 1				\$13.10	\$13.10	\$0.00	\$0.00
Family				\$21.10	\$21.10	\$0.00	\$0.00
VSP Vision Buy-Up							
Single	\$10.00	\$150 Allowance	12 Months	\$10.60	\$6.60	\$4.00	\$2.00
Employee + 1				\$21.20	\$13.10	\$8.10	\$4.05
Family				\$34.10	\$21.10	\$13.00	\$6.50

DENTAL PLAN SUMMARY

- You Will Not Receive an ID card
 - Dentists verify eligibility with your Name, Date of Birth & Social Security Number
- Delta Dental Customer Service Delta Care 1-800-422-4234, Delta PPO + Premier 1-888-335-8227
 - www.deltadentalins.com

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

DENTAL PLAN SUMMARY PPO PLANS

PPO Plus Premier 1000

PPO Plus Premier 2000

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

Sutter County Dental Insurance Rates 2026

(24 pp)

Plan Name	Deductible	Maximum Calendar Year Benefit	Orthodontic Services	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
DeltaCare (HMO)	EE / Family	EE / Family	Call DeltaCare for more info				
Single	N/A	No Limit		\$17.90	\$17.90	\$0.00	\$0.00
Employee + 1				\$31.80	\$31.80	\$0.00	\$0.00
Family				\$46.80	\$46.80	\$0.00	\$0.00
Delta PPO + Premier 1000							
Single	\$50 / \$100	\$1,000 / Person	\$1,000 Lifetime	\$43.70	\$25.78	\$17.92	\$8.96
Employee + 1				\$74.00	\$48.45	\$25.55	\$12.78
Family				\$113.00	\$74.75	\$38.25	\$19.13
Delta PPO + Premier 2000							
Single	\$50 / \$100	\$2000 / Person	\$2,000 Lifetime	\$57.80	\$32.98	\$24.82	\$12.41
Employee + 1				\$98.20	\$60.65	\$37.55	\$18.78
Family				\$150.00	\$93.35	\$56.65	\$28.33

LINCOLN FINANCIAL- BASIC LIFE

- Basic Life Insurance pays your beneficiary a lump sum if you die. Accidental Death & Dismemberment (AD&D) provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.
- **The cost of coverage is paid in full by the County.**
- Basic Life and AD&D coverage is also provided to your dependents as well.
- Can only be added or dropped during Open Enrollment.

General/Supervisory/Professional, Fire Safety, Law, Probation and Confidential units

Employee \$75,000

Dependents \$5,000

***Under 6 months** \$350

Management Unit, Deputy County Counsels and Assistant County Counsel

Employee \$150,000

Dependents \$5,000

***Under 6 months** \$350



LINCOLN FINANCIAL- VOLUNTARY LIFE

- Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Lincoln Financial Group.
- Can only be added or dropped during Open Enrollment.
- For more information on rates which are age banded please see the comprehensive benefits guide itself.

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





IMPORTANT REMINDERS

- If you are adding any new dependents, you must bring HR the backup documentation needed such as a birth certificate (for children) or a marriage certificate (for a spouse).

Everyone must go in and enroll



- Loss of other Health Coverage
- Having a Baby or Adoption
- Divorce or Termination of Domestic Partnership
- New Marriage or Domestic Partnership
- Death of Spouse or Dependent

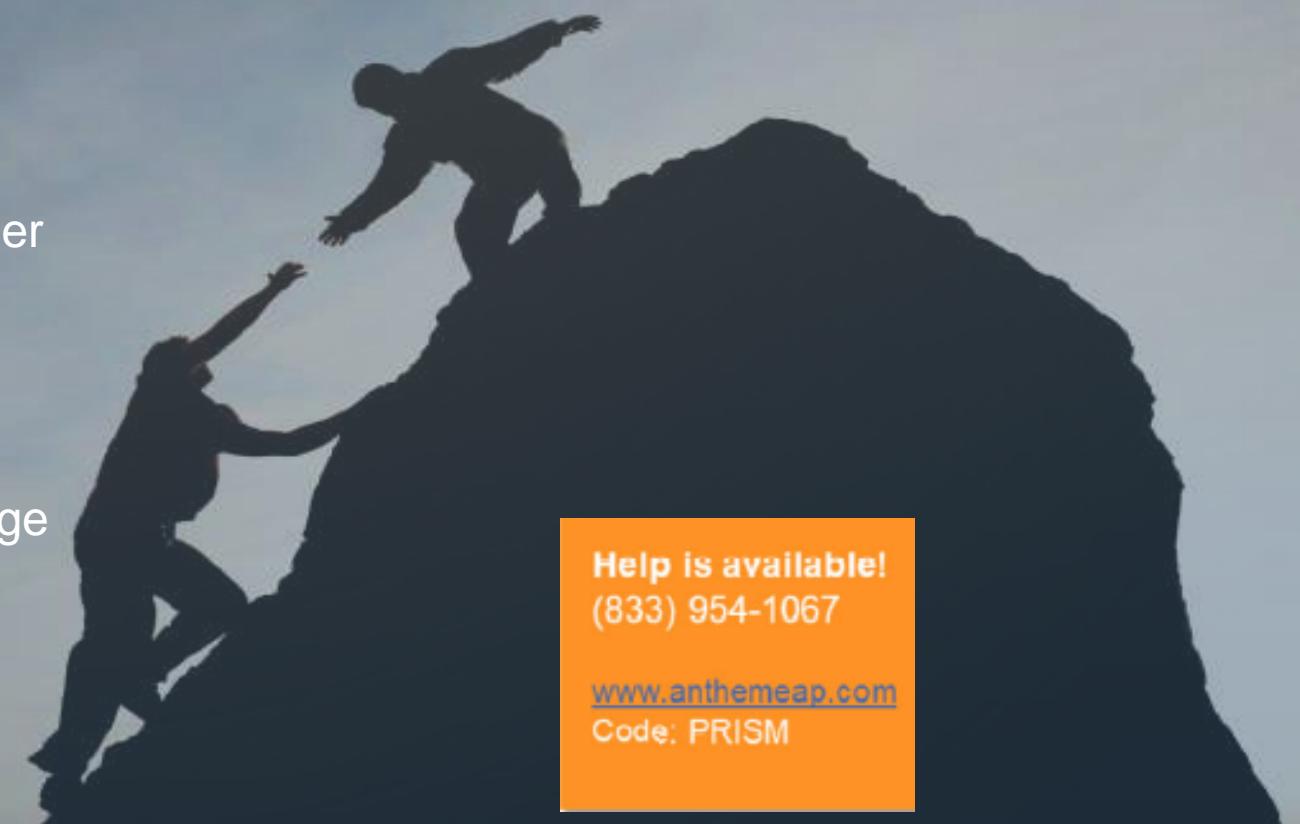


- Voluntary Benefits
 - Group accident insurance provides a benefit for a range of accidental injuries.
 - Group critical illness insurance provides a benefit to help you manage the financial impacts of a critical illness.
 - Group disability insurance helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or sickness.
 - Group hospital indemnity insurance provides a benefit for hospital confinement to help with co-payments and deductibles.
- To apply for coverage, please contact: The Colonial Life enrollment center toll free: 833-703-1967, and enter Employer Code 6922777.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



- 24/7 telephone accessibility for consultation and referral
- Face-to-face counseling sessions; online video counseling (requires LiveHealth Online)
- Work-life services, including child and elder care resources
- Unlimited access to the EAP website for tools, information and referral
- One legal consultation, up to 30 minutes per issue per benefit year
- Financial counseling
- Telephone financial consultations
- Identity monitoring
- myStrength, an online and mobile app to help manage stress, depression and other concerns
- A designated EAP Client Consultant



Help is available!
(833) 954-1067

www.anthemeap.com
Code: PRISM

LiveHealth[®] ONLINE

- Questions? Call toll free at **1-888-LiveHealth (548-3432)** or email help@livehealthonline.com. If you send us an email, please include your name, email address and a phone number where we can reach you.
- Co-pays may be applicable depending on what plan you are on.

How to use LiveHealth Online for a video visit with a doctor





- Co-pays, deductibles and co-insurance are fully waived with the exception of **High Deductible Health Plan** members that are subject to their deductible.
- Eligible procedures include:
 - Shoulder, Elbow, Wrist/Hand, Hip, Knee, Ankle/Foots, Spine, Bariatric, Cardiac, Pain Management
- Coverage includes the following:
 - All eligible medical expenses associated with your evaluation or procedure at the hospital.
 - Travel expenses for you and one companion including transportation, lodging, and a daily allowance.
 - Medically necessary services or equipment related to this program provided after discharge from the hospital before returning home (excluding outpatient medication).



Hinge Health

- Hinge Health is a free exercise therapy program designed to address chronic back, knee, hip, neck, shoulder, or other pain. It's convenient and fits your schedule ? it can be done anywhere, at any time.
- What does the program include?
 - Personalized exercise therapy to improve strength and mobility in short, 15-minute sessions
 - Personal care team to provide care, motivation, and support virtually
 - Interactive education to teach you how to manage your specific condition, treatment options, and more
- Members, pre-65 retirees, and dependents 18+ enrolled in a PRISM medical plan through Anthem or Blue Cross Blue Shield of California are eligible (includes EPO, PPO and HDHPs) are eligible.
- Apply at www.hingehealth.com/prism-benefit or reach out to hello@hingehealth.com or call (855) 902-2777

RETIREMENT/PENSION



- Service credit is the time you accrue while on the job under a CalPERS-covered employer.
 - Your CalPERS retirement benefits are based on your: Age at retirement, Highest salary for either a 1- or 3-year period, depending on your employer's contract, Years of service credit
 - Example: 2% @ 62, 20 years of service, \$100,000 3-year average
 - Your yearly pension income will be \$40,000
- The minimum retirement age for service retirement for most members is 50 years with five years of service credit.
- The more service credit you have, the higher your retirement benefits will be.
- There are three basic types of retirement: service, disability, and industrial disability.
- Your retirement benefits are based on a formula - not what you contribute to the system.
- You cannot opt out of membership/payment into this benefit.

457 DEFERRED COMPENSATION

- Employees who are eligible for benefits may participate in the 457 Deferred Compensation Plan offered by the County
 - Nationwide 457
- This is a supplemental retirement to PERS and allows an employee to enhance retirement by investing on a pre-tax basis
- Employees can enroll or make changes anytime but keep in mind it could take up to 30 days to process
- If you enroll, Sutter County will contribute **\$25** per pay period toward the eligible plans
- To ensure you meet eligibility and to enroll, refer to the 457 form from the orientation packet



**HUMAN RESOURCES NUMBER
(530) 822-7113**

**THANK YOU!
ANY QUESTIONS?**