

# EMPLOYEE BENEFITS



Opportunity. Diversity. Service.



Room to Move. Room to Grow.

# What will we cover today?

- Who is eligible?
- Change of Status/Mid-Year Enrollment Changes
- Dual Coverage
- Waiver and Declination
- Medical/Dental and Vision
  
- Flexible Spending Accounts (FSA)
- Life Insurance
- Staff Development Allowance
- Short and Long Term Disability
- Retiree Medical Benefits
- EAP, Health Care Advocacy
- Intranet/Internet resources



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Sutter Health Plus  
Your Health Plan

Western  
Health  
Advantage



## Are you Extra Help?

- In order to first qualify for medical benefits, you must work **at least 80 hours over two consecutive pay periods.**

## What are your premiums?

- County's contribution is always based on the hours worked in a pay period.
- Premiums are paid in advance on the first two pay dates of the month prior to the coverage effective date.

## What are you eligible for?

### Medical

- Kaiser Permanente
- Sutter Health Plus
- Western Health Advantage

Employee Assistance Program  
(EAP)

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# Are you a Part-Time Employee?

- Allocated position of 32 hours or more bi-weekly

## What are your premiums?

- County's contribution toward premiums is prorated.
- Based on the number of qualifying hours compared to a full-time employee.
- Qualifying hours include hours worked and qualified leave hours.
- Contact your Payroll Clerk if you have questions regarding your eligibility for a prorated County Contribution.



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# Dependent Eligibility

If you are eligible to participate in a County-sponsored medical, dental or vision plan, your eligible dependents may also participate. They include:

- Your lawfully married spouse or domestic partner (registered or County affidavit)
- Your spouse/domestic partner's dependents including child, step-child, adopted child, eligible foster child or child for whom you are legally appointed guardian
- Any age if permanently and totally disabled and enrolled in the plan prior to attaining limiting age



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# Evidence of Eligibility Required



DEPENDENT	AGE	ELIGIBILITY DEFINITION	DOCUMENTS REQUIRED
<b>Spouse</b>	N/A	Person to whom you are legally married	Marriage Certificate
<b>Domestic Partners</b>	At least 18 years	Meet County Domestic Partner Eligibility Requirements	<b>SEIU:</b> County Affidavit or Declaration of Domestic Partnership filed with the California Secretary of State <b>ALL OTHERS/SAL RES:</b> Declaration of Domestic Partnership filed with the California Secretary of State
<b>Child(ren)</b>	Under Age 26	Minor or Adult Child(ren) of Employee who is under age 26yrs regardless of marital status	Birth Certificate
<b>Step Child(ren)</b>	Under Age 26	Minor or Adult Child(ren) of Employee Spouse who is under age 26yrs regardless of marital status	Marriage Certificate <b>-and-</b> Birth Certificate showing Spouse as Parent
<b>Children Legally Adopted/Wards</b>	Under Age 26	Minor or Adult Child(ren) legally adopted by Employee under age 26yrs regardless of marital status	Court documentation (Must include presiding Judge Signature & Court Seal)
<b>Children of Domestic Partners</b>	Under Age 26	Minor or Adult Child(ren) of Employee Domestic Partner who is under age 26yrs	<b>SEIU:</b> County Affidavit or Declaration of Partnership filed with the California Secretary of State <b>-and-</b> Birth Certificate showing Domestic Partner as Parent <b>ALL OTHERS/SAL RES:</b> Declaration of Domestic Partnership filed with the California Secretary of State <b>-and-</b> Birth Certificate showing parent as Domestic Partner

When  
can I  
enroll?

- Within **31 days** of hire!
- During Annual Enrollment!
- Within **31 days** of a qualified work or life event!

What are IRS qualifying life events? \*

- Change in marital status
- Gaining or losing a dependent
- Loss or gain of other health coverage
- Leave of Absence

\*Refer to pg. 45-47 for more details.

Phone:  
(707) 565-2900  
Fax:  
(707) 565-1139  
[benefits@Sonoma-county.org](mailto:benefits@Sonoma-county.org)

When does my coverage start?

**New Hire:** First of the month following your date of hire

**Mid-Year Changes:** First of the month following the submission of your enrollment form

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COUNTY OF SONOMA  
HUMAN RESOURCES DEPARTMENT



## Dual Coverage

- **An eligible employee** may be enrolled in a County sponsored health plan\* as the primary subscriber or on another county employee/retiree's plan as a dependent, but not both.
- **Eligible dependents** cannot be covered by more than one County sponsored health plan.

\*Health plan is Medical, Dental, Vision, Life insurance and post-employment contributions to a Retiree Health Reimbursement Arrangement (HRA) or a Retiree Medical Trust (RMT)

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# Waiver and Declination

Enrollment in the County Medical and Dental plans are voluntary...

- You may waive coverage if...
  - You have other group medical coverage
  - Changes can be made mid-year for qualified life events with proof
- You can decline coverage if...
  - **Default, if no election is made**
  - You have no other group medical coverage
  - Enrollment allowed during Annual Enrollment only



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# Things to consider when comparing health plan options

- Your Health
- Your Family's Health
- Your provider and whether or not they accept your health plan
- Your financial situation
- Do you want to pay more in premiums or pay upfront at time of service?
- Do you want the flexibility to see specialists, not wanting to obtain referrals?



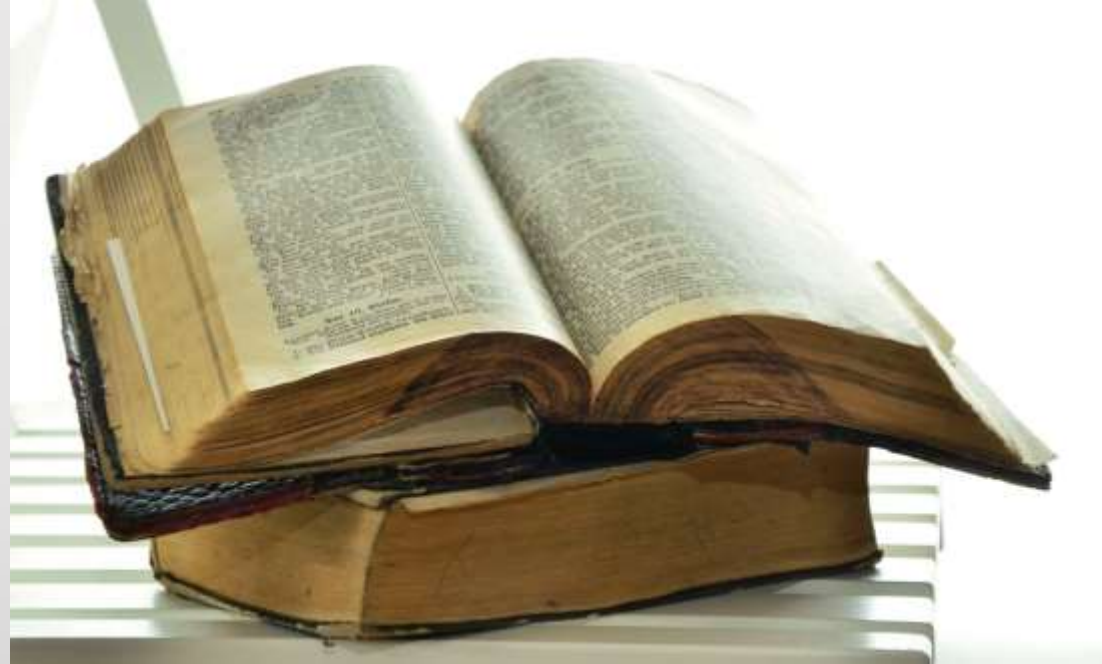
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# Key Terms

- **Deductible** – the amount you pay out of pocket before the plan begins to pay for most services
- **Coinsurance** – the percentage of certain services that you pay after you have reached your deductible
- **Annual Out of Pocket Maximum** – the maximum amount you would pay, in total, for either an individual or the whole family in the course of one year



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# Medical Plan Types

- Traditional HMO
  - Predictable
  - Fixed co-payments
  - No deductible
- Hospital Services DHMO
  - Mostly Predictable
  - Fixed co-payments for outpatient & pharmacy
  - Deductible for hospital related services only
- Deductible First HDHP
  - Deductible applies to all services
- County Health Plan EPO
  - Exclusive Provider Organization
  - Services must be obtained within Plan Network
  - May visit any doctor or hospital in the EPO Network
- County Health Plan PPO
  - Preferred Provider Organization
  - Choice between In and Out of Network Providers



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Plan Information	Traditional HMO	Hospital Services (DHMO)	Deductible First (HDHP)
Calendar Year Deductible	None	Individual: \$1,000 Any One Member in a family of two or more: \$1,000 Family of two or more: \$2,000	Individual: \$1,400 Any One Member in a family of two or more: \$2,800 Family of two or more: \$2,800
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family Member (EE+1): \$1,500 Family 2 or more: \$3,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000
Physician and Specialist Visit(s)	\$10 copay	\$20 Copay, no deductible	\$20 copay after deductible
Diagnostic Lab, X-Ray	No Charge	<b>Diagnostic Lab:</b> \$10 copay per encounter, no deductible <b>Diagnostic X-ray:</b> \$10 copay per encounter, no deductible <b>CT/PET Scans &amp; MRI:</b> \$50 per procedure, no deductible	<b>Diagnostic Lab:</b> \$10 copay per encounter after deductible <b>Diagnostic X-ray:</b> \$10 copay per encounter after deductible <b>CT/PET Scans &amp; MRI:</b> \$50 per procedure after deductible
Emergency Room	\$50 Copay (waived if admitted)	20% coinsurance after deductible	\$100 copay after deductible

# Example of Cost for Emergency Visit

Scenario	Traditional HMO	Hospital Services HDHP	Deductible First DHMO
Emergency Bill	\$11,000	\$11,000	\$11,000
Deductible	N/A	\$1,000	\$1,400
Remaining Amount	\$11,000	\$10,000	\$9,600
Your Share of Coinsurance	N/A	\$2,000 (20%)	N/A
Plan's Share of Coinsurance	N/A	\$8,000	N/A
<b>Total Out of Pocket</b>	<b>\$50 co-pay (waived if admitted)</b>	<b>\$3,000</b>	<b>\$1,500 (\$100 co-pay)</b>

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Plan	Employee Contribution	County Contribution	Total Premium
<b>Kaiser Traditional HMO</b>			
Employee	\$ 51.67	\$ 425.50	\$477.17
Employee + 1	\$ 103.84	\$ 850.50	\$954.34
Employee + 2 or More	\$ 147.89	\$ 1202.50	\$1350.39
<b>Kaiser Hospital Services DHMO</b>			
Employee	\$ 0.00	\$ 384.21	\$384.21
Employee + 1	\$ 0.00	\$ 768.42	\$768.42
Employee + 2 or More	\$ 0.00	\$ 1087.32	\$1087.32
<b>Kaiser Deductible First HDHP</b>			
Employee	\$ 0.00	\$ 353.11	\$353.11
Employee + 1	\$ 0.00	\$ 706.22	\$706.22
Employee + 2 or More	\$ 0.00	\$ 999.30	\$999.30

Premiums reflected are assuming Full Time (1.0 FTE) status. County contributions listed are current as of July 11, 2023 and are determined by a MOU, Salary Resolution or Employee Contract. Any changes to these rates can be found on the County website.

Health Plan availability based on residential zip code. Must live or work in service area within California



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Plan Information	Traditional HMO	Hospital Services (DHMO)	Deductible First (HDHP)
Calendar Year Deductible	None	Individual: \$1,000 Any One Member in a family of two or more: \$1,000 Family of two or more: \$2,000	Individual: \$1,500 Any One Member in a family of two or more: \$2,800 Family of two or more: \$3,000
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000
Physician and Specialist Visit(s)	\$10 Copay	\$20 Copay, no deductible	\$20 copay after deductible
Diagnostic Lab, X-Ray	No Charge	Diagnostic Lab: \$20 copay, no deductible Diagnostic X-ray: \$10 copay per procedure, no deductible CT/PET Scans & MRI: \$50 copay per procedure, no deductible	Diagnostic Lab: \$20 copay after deductible Diagnostic X-ray: \$10 copay per procedure after deductible CT/PET Scans & MRI: \$50 copay per procedure after deductible
Emergency Room	\$50 Copay (waived if admitted)	20% coinsurance after deductible	\$100 copay after deductible

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Health plan availability based on residential zip code. Must live or work in the Sutter Health Plus service area within Northern California.



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## 2023-2024 Medical Plan Premium Chart Semi Monthly Rates for all Bargaining Units

Plan	Employee Contribution	County Contribution	Total Premium
<b>SHP Traditional HMO</b>			
Employee	\$0.00	\$380.20	\$380.20
Employee + 1	\$0.00	\$760.40	\$760.40
Employee + 2 or More	\$0.00	\$1076.05	\$1076.05
<b>SHP Hospital Services DHMO</b>			
Employee	\$0.00	\$326.25	\$326.25
Employee + 1	\$0.00	\$652.50	\$652.50
Employee + 2 or More	\$0.00	\$923.35	\$923.35
<b>SHP Deductible First HDHP</b>			
Employee	\$0.00	\$303.05	\$303.05
Employee + 1	\$0.00	\$606.10	\$606.10
Employee + 2 or More	\$0.00	\$857.65	\$857.65

Premiums reflected are assuming Full Time (1.0 FTE) status. County contributions listed are current as of July 11, 2023 and are determined by a MOU, Salary Resolution or Employee Contract. Any changes to these rates can be found on the County website.

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Plan Information	Traditional HMO	Hospital Services (DHMO)	Deductible First (HDHP)
Calendar Year Deductible	None	Individual: \$1,000 Any One Member in a family of two or more: \$1,000 Family of two or more: \$2,000	Individual: \$1,400 Any One Member in a family of two or more: \$2,800 Family of two or more: \$2,800
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Any One Member in a family of two or more: \$1,500 Family of two or more: \$3,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000	Individual: \$3,000 Any One Member in a family of two or more: \$3,000 Family of two or more: \$6,000
Physician and Specialist Visit(s)	\$10 Copay	\$20 Copay, no deductible	\$20 copay after deductible
Diagnostic Lab, X-Ray	No Charge	Diagnostic Lab: no charge, no deductible Diagnostic X-ray: no charge, no deductible	No charge after deductible
Emergency Room	\$50 Copay (waived if admitted)	20% coinsurance after deductible	\$100 copay after deductible

Medical Group Providers:



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## 2023-2024 Medical Plan Premium Chart Semi Monthly Rates for all Bargaining Units

Plan	Employee Contribution	County Contribution	Total Premium
<b>WHA Traditional HMO</b>			
Employee	\$0.00	\$378.56	\$378.56
Employee + 1	\$0.00	\$757.13	\$757.13
Employee + 2 or More	\$0.00	\$1071.34	\$1071.34
<b>WHA Hospital Services DHMO</b>			
Employee	\$0.00	\$313.81	\$313.81
Employee + 1	\$0.00	\$627.65	\$627.65
Employee + 2 or More	\$0.00	\$888.13	\$888.13
<b>WHA Deductible First HDHP</b>			
Employee	\$0.00	\$284.60	\$284.60
Employee + 1	\$0.00	\$569.21	\$569.21
Employee + 2 or More	\$0.00	\$805.43	\$805.43

Premiums reflected are assuming Full Time (1.0 FTE) status. County contributions listed are current as of July 11, 2023 and are determined by a MOU, Salary Resolution or Employee Contract. Any changes to these rates can be found on the County website.

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Western  
Health  
Advantage



Health plan availability based on residential zip code.  
Must live or work in the service area within Northern California.



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# County Health Plan



Self-funded, contributions from the County of Sonoma and eligible employees and retirees are used to pay plan benefits. Rx coverage is provided by CVS/Caremark



Plan Information	EPO – Exclusive Provider Organization	PPO - Preferred Provider Organization
Access to In and Out of network providers	No, except if you have an authorized referral from a network provider or if you have an emergency	Yes, although out of pocket expenses are significantly higher with out of network providers.
Plan Year (June 1 – May 31) Annual Deductible	Individual: \$500 Family: \$1,500	Individual: \$300 Family: \$900
Plan Year Out-of-Pocket Maximum	Medical/Prescription Drug Individual: \$5,500/\$1,100 Family: \$11,500/\$1,700	Medical/Prescription Drug Individual: \$2,300/\$1,100 Family: \$4,900/\$1,700
Co-Insurance	20% co-insurance after deductible for most other services	10% co-insurance after deductible for most other services
Physician and Specialist Visit(s)	\$50 copay, no deductible * Out-of-Network: Not covered.	\$20 copay, no deductible * Out-of-Network: 40% coinsurance, after deductible.

\*EPO/PPO – In-network preventive services are covered at no cost.  
Health Plan availability is Nationwide.

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# County Health Plan

Semi-Monthly Rates for all Bargaining Units

Plan	Employee Contribution	County Contribution	Total Premium
<b>County Health Plan EPO</b>			
Employee	<b>\$108.62</b>	\$425.50	\$534.12
Employee +1	<b>\$192.88</b>	\$850.50	\$1043.38
Employee + 2 or More	<b>\$252.86</b>	\$1202.50	\$1455.36
<b>County Health Plan PPO</b>			
Employee	<b>\$221.64</b>	\$425.50	\$647.14
Employee +1	<b>\$421.58</b>	\$850.50	\$1272.08
Employee + 2 or More	<b>\$575.16</b>	\$1202.50	\$1777.66

Premiums reflected are assuming Full Time (1.0 FTE) status. County contributions listed are current as of July 11, 2023 and are determined by a MOU, Salary Resolution or Employee Contract. Any changes to these rates can be found on the County website.

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# Delta Dental PPO

- Same cost for Self and Family Coverage
- Two networks - PPO and Premier
- No deductible
- 80% of “reasonable and customary” charges
- 100% of preventative and diagnostic services
- \$3,000 calendar year annual maximum per person
- 50% orthodontic benefit with \$6,000 lifetime maximum
  - Covers adults and children
- Dependents covered up to age 26



Bargaining Unit	Employee Contribution*	County Contribution	Total Premium
ESC,SCLEA,SCLEMA, SCPDIA,LOCAL 39	<b>\$13.04</b>	46.24	59.28
WCE	<b>\$25.00</b>	34.28	59.28
All Others	<b>\$14.13</b>	45.15	59.28

\*Semi-monthly premiums





# Benefits overview

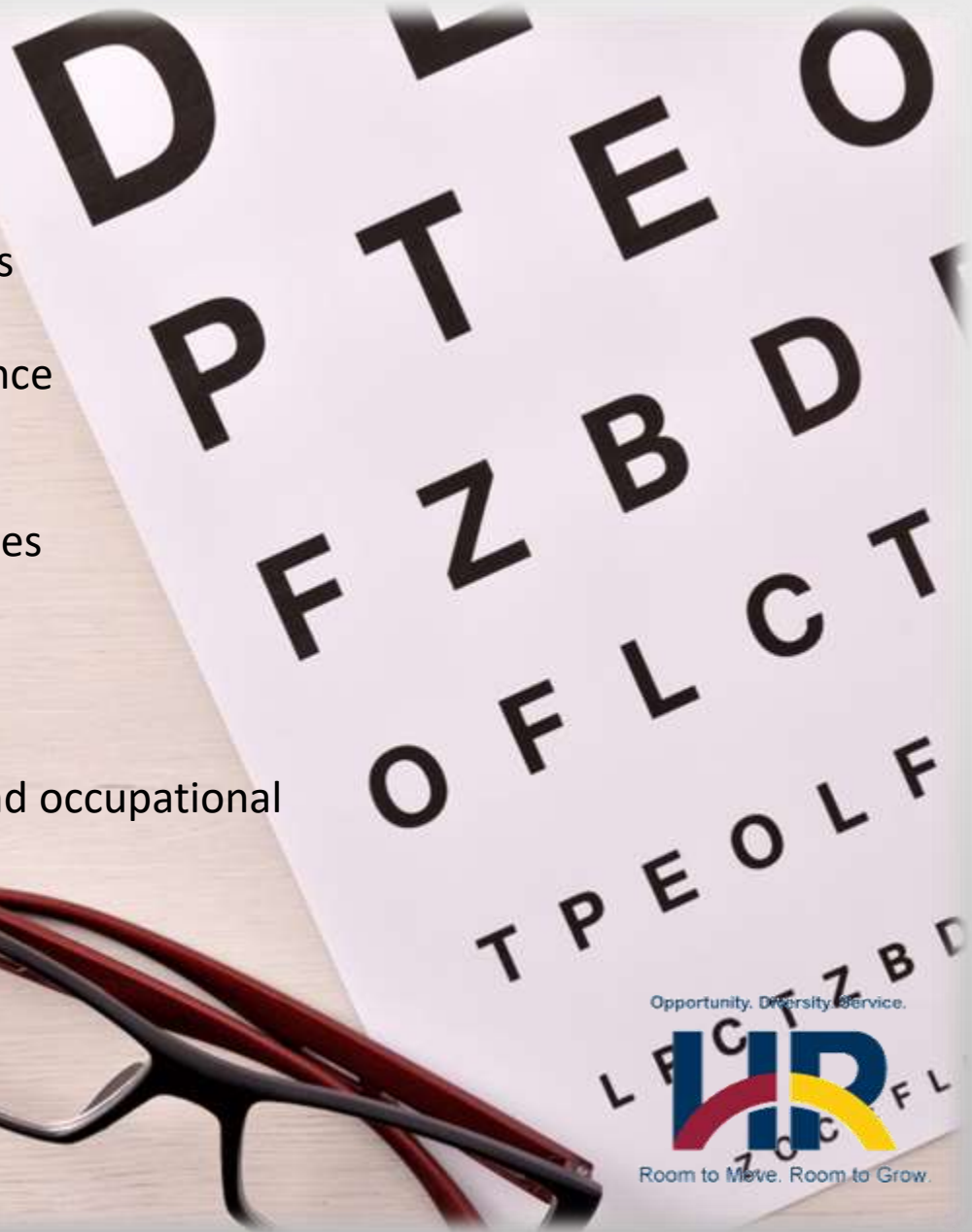


# Vision Service Plan

- County paid family coverage
- Dependents covered up to age 26
- No co-pays for most services
- Eye Exams covered in full every 12 months
- Frame allowance \$150 every 24 months
- Contacts (instead of glasses) \$130 allowance every 12 months
- VSP's KidsCare Plan
- Discounts on additional frames and services

## Computer VisionCare (Employees Only)

- Frames – Up to \$125 frame allowance
- Lenses – Single Vision, lined bi/trifocal and occupational lenses



TIME FOR

A BREAK

# How do I enroll?

- Before you get started, you will need the following information:
  - Names
  - Birthdates
  - Social Security Numbers
  - Dependent Verification Documentation
- Complete Enrollment Forms
  - Benefit Enrollment Forms - **REQUIRED**
  - Beneficiary Form –**REQUIRED**
  - Employee Supplemental Life Enrollment/Change Form – Only if elected
  - FSA Enrollment and Salary Reduction Authorization Form – Only if elected



**Important:** You have 31 days from your date of hire to submit your benefit enrollment forms. Incomplete forms may cause a delay in processing and timely enrollment. If you have not been provided a link to the forms by your payroll clerk please email the Benefits Unit at [Benefits@Sonoma-county.org](mailto:Benefits@Sonoma-county.org) for assistance.

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**vsp**  
vision care

Get to Know Your  
VSP Vision Benefits.

COUNTY OF SONOMA

Classification: Confidential



# What is a Flexible Spending Account?

- A pre-tax employee funded reimbursement account
- January 1 thru December 31 Plan Year
- You may enroll within 31 days of hire
- Annual Enrollment in the Fall for the following plan year
- Participants must enroll annually to participate.
- May elect a change in annual election if participant experiences a qualified life event within 31 days of status event.



## Plan Features:

- Debit Card
- Cards can be used at POS for eligible expenses.
- Save your itemized receipt in case documentation is requested
- If you are unable to use your FSA debit card, claims by be submitted via the portal.
- Online Account Access and Mobile App



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# Flexible Spending Account (FSA)



## Dependent Care Assistance Plan (DCAP) \$5,000/Annual Maximum

- Eligible day care, after school care, babysitters for children under the age 13
- Caregivers for disabled or elder care (must be a dependent on your tax return)
- 2.5 month *grace period* for additional claims
- Deadline to submit expenses (including grace period expenses) is March 31 following the plan year

## Health FSA

\$3,200/Annual Maximum for PY 2024

- Covers out-of-pocket medical, dental, and vision care expenses
- Insurance deductibles and co-payments
- Over-the-counter medications
- \$640 *rollover* into the next plan year



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# How much should you elect to put in your FSA?

- You can enroll in the Health FSA or the Dependent Care Assistance Plan or Both
  - Money set aside in the specific FSA has to be used for the designated spending account.
  - Funds cannot be mixed or transferred
  - Review the list of eligible expenses for each of the plans
- Be conservative when estimating your healthcare expenses
  - Make sure you contribute funds you are confident you will spend in the plan year.
  - You will forfeit unused funds at the expiration of the grace/carry forward period.



# Retiree Medical Benefits

Health Reimbursement Arrangement (HRA) for Employees hired on or after January 1, 2009:

- 2 year waiting period or equivalent # of hours
- Regular full-time and part-time employees (.50 FTE)
- Contributing member of SCERA
- Initial County Contribution \$2,400 after waiting period (FT)
- After Initial Contribution: \$0.58/hour (approx. \$100/mo.)
- Account is available upon retirement for retiree medical expenses.



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# Life Insurance



- Basic Life & AD&D - County Paid
  - 30+ hours/week (.75 FTE)
  - Amount varies by bargaining unit
  - PT DSA, SCLEA & ESC may purchase at your own expense.
- Supplemental Life – Employee Paid
  - May elect up to 3x your basic life not to exceed \$500,000 (basic and supplemental combined)
  - Cost based on employee age
  - Keep beneficiaries up-to-date
  - Automatically approved without providing evidence of good health when enrolling as a new hire or newly eligible employee.
- Supplemental Dependent Life – Employee Paid
  - \$5,000 coverage for each qualified dependent
  - \$0.23/pay period
  - Employee is beneficiary

## When can you enroll?

- Within 31 days of your start date
- During Annual Enrollment
- Within 31 days of a qualifying work/life event



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# Staff Development & Wellness Allowance Program

- Professional Development Expenses (may be non-taxable if job related)
- Wellness and Physical Fitness Expenses
- Computer, Hardware and Mobile Device Expenses
- Emergency Preparedness
- Ergonomic Office Expenses

Before incurring expenses –

- Review Staff Development website for guidelines
- Confirm your current balance
- Complete the online eForm to submit a claim

Effective July 1, 2023, DSA, DSLEM and SCLEMA not eligible for reimbursement program, but receive yearly stipend for staff development instead

Contact [StaffDev@sonoma-county.org](mailto:StaffDev@sonoma-county.org) directly with more questions



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# Regional Parks Annual Membership Benefit

- For SEIU (incl. Extra Help), ESC, SCPA, SCDPDAA
- Annual Membership, to be activated **any time between now and June 30, 2024**
- Parking pass good at more than 55 parks
- One night of camping at a Regional Park campground
- Other discounts and perks
  
- E-mail your Employee ID number and labor Union/Association name with your request to [EmployeeRelations@sonoma-county.org](mailto:EmployeeRelations@sonoma-county.org).



**SONOMA COUNTY  
REGIONAL PARKS**

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# Short and Long Term Disability

Available to permanent County Employees regularly scheduled 32 hours/pay period (.40 FTE)



Short Term Disability - Employees covered under the following BUs may participate in a Short Term Disability benefit offered through the Standard Insurance Co. and fully paid by the employee, refer to Labor Agreements.

- SEIU
- ESC
- SCPA
- Unrepresented Confidential – Salary Resolution

Long Term Disability – Two separate insured LTD Plans

- Plan A – Standard LTD Plan, **Employer** paid plan through the Standard Insurance Co.
  - 60 day waiting period from date of disability
- Plan B – **Employee** paid LTD Benefit through Trust of Peace Officers Research Association of California (PORAC), *mandatory* participation for the following BUs
  - SCLEA 40/41/30/70
  - DSLEM 43
  - SCLEMA 44
  - DSA 46/47

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# Employee Assistance Program

- Confidential and Professional Counseling at no cost to you
  - 6 sessions per episode depending on bargaining unit
- All employees and members of their household
- Online services, including text and Zoom



Counseling

Chemical Dependency

Child and Elder Care

Federal Tax Problems

Financial and Credit Concerns

Legal Questions

Pre-retirement Planning



Access service by calling (866)248-4096 or by visiting [www.liveandworkwell.com](http://www.liveandworkwell.com)

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# CareCounsel Healthcare Advocacy Program

Employer paid and confidential to assist you with:



Benefit  
Questions

Choosing a  
Health Plan

Selecting and  
locating doctors  
and hospitals

Troubleshooting  
claims issues and  
appeals

Getting the most  
from your health  
care dollars

Finding resources  
for a health  
condition

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**CARECOUNSEL**  
EXPERT HELP WHEN YOU NEED IT MOST

Access service by calling  
(888)227-3334 or visiting  
[www.carecounsel.com](http://www.carecounsel.com)



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Visit our Benefit webpage ...



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- HR Benefits Unit

- (707) 565-2900
- Email: [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org)
- Website: <http://hr.sonoma-county.org/>

- Staff Development Customer Service

- (707) 565-3900
- Email: [staffdev@sonoma-county.org](mailto:staffdev@sonoma-county.org)
- Website: <https://sonomacounty.ca.gov/HR/Benefits/Staff-Development/>

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