

CONTACT US FOR QUESTIONS ABOUT

- New Hires/Rehires
- Benefits Orientation
- Insurance Enrollment/Changes
- Benefit Eligibility
- Life Insurance
- Life Events
- Open Enrollment
- COBRA
- Flexible Spending Accounts
- CalPERS General Information
- Deferred Compensation
- STD/LTD Claims

BENEFITS SERVICES CONTACT INFORMATION

Visit us at <http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement!>

Department of Human Resources
Benefit Services Division
915 I Street, Historic City Hall,
Plaza Level, Sacramento, CA 95814

Hours: Monday – Friday, 8:00 am – 5:00 pm
Main Phone: 916-808-5665
Fax: 916-808-7326
BenefitServices@cityofsacramento.org

MEDICAL, DENTAL, & VISION INSURANCE

MEDICAL

KAISER

www.kaiserpermanente.org
Customer Service: 800-464-4000
HMO \$25 **Group # 1880-4**
HMO \$40 **Group # 1880-40**
ABHP/HSA **Group # 1880-6**
**COBRA sub-accounts: -5004 (\$25),
-5006 (ABHP), -5040 (\$40)**

SUTTER HEALTH PLUS

www.sutterhealthplus.org
Customer Service: 855-315-5800
HMO \$25 **Group # 046103-000002**
HMO \$40 **Group # 046103-000001**
ABHP/HSA **Group # 046103-000006**

WESTERN HEALTH ADVANTAGE

www.westernhealth.com
Customer Service: 916-563-2250
HMO \$25 **Group # 107500-A000-2**
HMO \$40 **Group # 107500-A000-3**
ABHP/HSA
Group # 107500-WCSS (Single)
Group # 107500-WCSF (Family)

DENTAL

DELTA DENTAL PPO

www.deltadentalins.com/plans
Customer Service: 800-765-6003
Group # 09505-2001

DELTA CARE—DMO/PMI

www.deltadentalins.com/plans
Customer Service: 800-422-4234
Group # 75500-0001

VISION

VISION SERVICE PLAN—VSP

www.vsp.com
Customer Service: 800-877-7195
Basic **Group # 12178539-009**
Enhanced **Group # 12178539-015**

DISABILITY & LIFE INSURANCE

THE STANDARD INSURANCE COMPANY

www.standard.com

SHORT TERM DISABILITY

Customer Service: 800-368-2859
Claims Fax: 800-378-6053
Group # 646066

LONG TERM DISABILITY

Customer Service: 800-368-1135
Group # 610399

LIFE INSURANCE

Customer Service: 800-628-8600
Group # 647504

RETIREMENT & DEFERRED COMPENSATION

RETIREMENT

CalPERS

www.calpers.ca.gov
Customer Service: 888-225-7377

SCERS

Pension: 916-808-8837
Health Benefits: 916-808-5665

DEFERRED COMPENSATION

401(a) and 457(b)

NATIONWIDE

www.cityofsacretplan.com

Customer Service: 877-677-3678

Fax: 877-677-4329

Refer to Labor Agreement for required enrollment in a 401(a) plan and the required employer/employee contributions.

Enrollment in the 457(b) plan is voluntary and available to Career employees.

Retiree Health Savings Account (RHSA)

MISSIONSQUARE

www.icmarc.org

Customer Service: 800-669-7400

Fax: 202-682-6439

Refer to Labor Agreement for required enrollment in an RHSA plan and the required employee contribution.

ADDITIONAL/VOLUNTARY BENEFITS

AFLAC

Group hospital indemnity, critical illness, and accident insurance

www.aflacgroupinsurance.com

Customer Service: 800-433-3036

Email: sacramento@us.aflac.com

Group # 18429

BANK OF AMERICA

HSA account

www.myhealth.bankofamerica.com

Customer Service: 866-791-0250

P & A Group

Flexible spending accounts for healthcare, dependent care, and transportation

www.padmin.com

Customer Service: (800) 688-2611

Claims Fax: (877) 855-7105

LEGALSHIELD

Group legal and identify theft services

www.Legalshield.com/info/cityofsacramentoinfo

Customer Service: 916-849-3963

Email: benefits@donnakramer.com

LIBERTY MUTUAL

Group home and auto insurance

colby.bell@libertymutual.com

Colby Bell: 916-850-1156

Fax: 916-648-8054

MANAGED HEALTH NETWORK (MHN)

Employee Assistance Program (EAP)

www.members.mhn.com

Access code: cityofsacramento

Phone: 800-227-1060

OTHER CONTACTS

RECOGNIZED EMPLOYEE ORGANIZATIONS

Visit the link below for contact information for Recognized Employee Organizations

<http://www.cityofsacramento.org/HR/Divisions/Labor-Relations/Recognized-Organizations>

SACRAMENTO RETIRED CITY EMPLOYEES ASSOCIATION (SRCEA)

srcea.email@gmail.com

Contact: Luellen Pettengell

Phone: 916-442-6852

FAQ: WHEN CAN I MAKE CHANGES TO MY BENEFITS?

A: One of the following **QUALIFYING EVENTS** must occur to make changes to most of your benefits outside of the annual **OPEN ENROLLMENT**. You have 30-calendar days from the date of the event to contact Benefit Services and provide supporting documents as proof and complete enrollment forms.

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|--|--|------------------------------------|---|
| ✦ Birth (60-calendar days) | ✦ Registering/terminating a domestic partnership | ✦ Spouse employment status changes | ✦ Court Orders |
| ✦ Adoption (60-calendar days) | ✦ Approved leave of absence | ✦ Open Enrollment | ✦ Judgments |
| ✦ Guardianship of a child (60-calendar days) | ✦ Over-age dependent children (no longer eligible at age 26) | ✦ Dependents eligibility changed | ✦ Decrees |
| ✦ Marriage | | ✦ Loss of employment | ✦ Death of dependent |
| ✦ Legal separation/divorce | | ✦ Gain/loss of coverage | ✦ Eligibility changes due to employment |

Revised 02.15.2022