
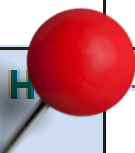


OPEN ENROLLMENT 2026

June 1, 2026 - June 18, 2026

Important Dates

| JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | | |
|------------------------------|---|-----|---------|--|----------|----|------|----|-----------|---------|-----|----------|----|--------|----|-----------|---------|-----|----------|----|----------------------|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | |
| |  1 EE MGR | 2 | 3 | DTA | H | 6 | | | | DTA | H | +Holiday | 4 | | | | | | | | ▼ Accrued Holiday |
| 7 | P | | Pay Day | | End PP13 | 13 | 5 | 6 | P | Pay Day | | End PP1 | 11 | 2 | 3 | P | Pay Day | | End PP17 | 8 | |
| 14 | EE | MGR | DTA |  H | +Holiday | 20 | 12 | 13 | EE MGR | | DTA | H | 18 | 9 | 10 | EE MGR | | DTA | H | 15 | |
| 21 | P | | Pay Day | | End PP14 | 27 | 19 | 20 | P | Pay Day | | End PP16 | 25 | 16 | 17 | P | Pay Day | | End PP18 | 22 | |
| 28 | EE | MGR | | | | | 26 | 27 | EE MGR | | DTA | H | 31 | 23 | 24 | EE MGR | | DTA | H | 29 | |
| 2nd Quarter Ends PP13 (7-13) | | | | | | | | | | | | | | 30 | P | | | | | | |

June 1st - Open Enrollment Begins

June 18th - Open Enrollment Ends

July 10th - Support documentation for adding dependents or opt out/waive due

July 25th - Benefits become effective

August 5th - Election changes reflected on paycheck

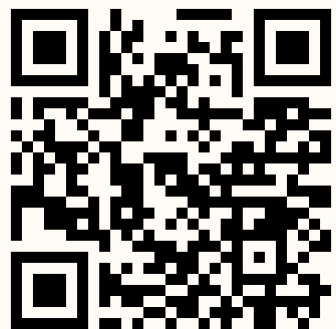
August 19th - FSA elections reflected on paycheck

Open Enrollment Events

Explore your benefit options at our in-person Benefit Expos or online OE Webinars

- In-person expos will feature vendors from both County and union trust plans (Fire, Safety, & Teamsters)
- Webinars will be split by type of benefit! The County carriers and the union trust plans will have dedicated webinars to review their plan offerings.

Attend an OE Event to learn about our benefits and for a chance to win one of our amazing prizes!



link.sbcounty.gov/open-enrollment



Human Resources
Employee Benefits and Services

2026 OPEN ENROLLMENT MEETING SCHEDULE



BENEFIT EXPOS

June 3rd
8:30 am - 11:30 am
1:30 pm - 3:00 pm
ARMC Oak Room
400 N. Pepper Ave,
Colton, CA, 92324

June 9th
10:00 am - 1:00 pm
CFS Conf. Room 1
15020 Palmdale Rd
Victorville, CA, 92392

June 10th
10:00 am - 1:00 pm
Govt. Center Rotunda
385 N. Arrowhead Ave,
San Bernardino, CA, 92415

June 16th
11:30 am - 2:30 pm
DAAS Haven Room
9445 Fairway View Place, Suite 110,
Rancho Cucamonga, CA, 91730



Learn more at
<https://link.sbcounty.gov/OE>

WEBINARS

June 1st (3:00 pm - 3:30 pm)
OE Information Session

June 2nd (12:00 pm - 12:30 pm)
Medical Plans* (Blue Shield & Kaiser)

June 2nd (1:00 pm - 1:30 pm)
Dental and Vision Plans* (Delta & EyeMed)

June 4th (12:00 pm - 12:30 pm)
Life Insurance* (Securian)

June 4th (1:00 pm - 1:30 pm)
Teamsters Plans (Teamsters & Aetna)

June 11th (12:00 pm - 12:30 pm)
Financial Benefits (Voya & ScholarShare)

June 17th (12:00 pm - 1:00 pm)
OE Information Session & Carrier Q&A

* County Plans Only



**Open Enrollment
Dates: June 1-18**

You may attend open enrollment meetings on County paid time with supervisor's approval.
For assistance, contact your department payroll specialist or Employee Benefits at ebstd@hr.sbcounty.gov | 909.387.5787

**What can you
change during
Open Enrollment?**

Changes that can be made during Open Enrollment

Health Insurance

Medical
Dental
Vision

Tax Savings Plans

Flexible Spending
Account (FSA)

Life Insurance

Supplemental
AD&D
VGUL

MBO

Enhanced Wage
Flexibility of Choice

Dependents

Add or Remove
Dependents

Opt-out/Waive

Opt-out or Waive
from Medical and/or
Dental Coverage

Tax Elections

Elect Before or After
Tax Deductions

Update EMACS Information

Update EMACS
Contact info and
beneficiaries

Supporting Documentation

Proof of eligibility for all newly added dependents and opt-out/waive elections
must be submitted to EBSD

by 5:00 pm on Friday, July 10, 2026

Newly Enrolled Dependents

Marriage certificate, domestic partnership certification, birth certificate, adoption orders, etc.

Opt-out / Waive

Proof of spouse's/domestic partner's/parent's employer sponsored coverage that includes the effective date of coverage.

Disabled Dependent (OAD)

Disabled Dependent Certification and birth certificate is required for dependents who are over the age of 26 and permanently disabled.

Email supporting docs to EBSD@hr.sbcounty.gov

2026 - 2027

New Rates

Bi-Weekly Premium Rates Table

Rates Effective: July 11, 2026

Coverage Effective: July 25, 2026

Rate Table

<https://link.sbcounty.gov/EBSD-RT2027>



Benefits Calculator

<https://link.sbcounty.gov/benefitscalc>



| Plan | Coverage Type | 2026-27 Published Bi-Weekly Rates | 2025-26 Published Bi-Weekly Rates | Dollar Change | Percentage Change |
|---------------------------------------|---------------|-----------------------------------|-----------------------------------|---------------|-------------------|
| Kaiser | Employee Only | \$420.12 | \$404.10 | \$16.02 | 3.96% |
| | Employee +1 | \$838.23 | \$806.19 | \$32.04 | 3.97% |
| | Employee+2 | \$1,185.26 | \$1,139.92 | \$45.34 | 3.98% |
| Kaiser Choice HMO | Employee Only | \$358.19 | \$344.49 | \$13.70 | 3.98% |
| | Employee +1 | \$714.37 | \$686.97 | \$27.40 | 3.99% |
| | Employee+2 | \$1,010.00 | \$971.23 | \$38.77 | 3.99% |
| Kaiser Virtual Complete HMO | Employee Only | \$329.07 | \$316.49 | \$12.58 | 3.97% |
| | Employee +1 | \$656.13 | \$630.97 | \$25.16 | 3.99% |
| | Employee+2 | \$927.59 | \$891.99 | \$35.60 | 3.99% |
| Blue Shield Signature HMO | Employee Only | \$417.85 | \$383.82 | \$34.03 | 8.87% |
| | Employee +1 | \$833.70 | \$765.67 | \$68.03 | 8.89% |
| | Employee+2 | \$1,178.86 | \$1,082.58 | \$96.28 | 8.89% |
| Blue Shield Access + HMO | Employee Only | \$362.88 | \$333.37 | \$29.51 | 8.85% |
| | Employee +1 | \$723.81 | \$664.76 | \$59.05 | 8.88% |
| | Employee+2 | \$1,023.38 | \$939.82 | \$83.56 | 8.89% |
| Blue Shield HMO Gold Trio | Employee Only | \$340.56 | \$312.87 | \$27.69 | 8.85% |
| | Employee +1 | \$679.13 | \$623.73 | \$55.40 | 8.88% |
| | Employee+2 | \$960.16 | \$881.77 | \$78.39 | 8.89% |
| Blue Shield PPO | Employee Only | \$776.89 | \$713.50 | \$63.39 | 8.88% |
| | Employee +1 | \$1,581.22 | \$1,452.02 | \$129.20 | 8.90% |
| | Employee+2 | \$2,453.19 | \$2,252.66 | \$200.53 | 8.90% |
| Blue Shield Needles PPO* | Employee Only | \$876.94 | \$805.36 | \$71.58 | 8.89% |
| | Employee +1 | \$1,784.17 | \$1,638.37 | \$145.80 | 8.90% |
| | Employee+2 | \$2,763.49 | \$2,537.57 | \$225.92 | 8.90% |
| Blue Shield Virtual Blue Needles PPO* | Employee Only | \$794.69 | \$729.84 | \$64.85 | 8.89% |
| | Employee +1 | \$1,616.64 | \$1,484.55 | \$132.09 | 8.90% |
| | Employee+2 | \$2,503.91 | \$2,299.22 | \$204.69 | 8.90% |
| Blue Shield Bronze PPO | Employee Only | \$224.39 | \$206.19 | \$18.20 | 8.83% |
| | Employee +1 | \$446.75 | \$410.37 | \$36.38 | 8.87% |
| | Employee+2 | \$631.32 | \$579.84 | \$51.48 | 8.88% |
| Delta Dental PPO | Employee Only | \$23.78 | \$22.52 | \$1.26 | 5.60% |
| | Employee +1 | \$44.31 | \$41.88 | \$2.43 | 5.80% |
| | Employee+2 | \$75.77 | \$71.56 | \$4.21 | 5.88% |
| Delta Care USA DHMO | Employee Only | \$9.88 | \$9.88 | \$0.00 | 0.00% |
| | Employee +1 | \$15.94 | \$15.94 | \$0.00 | 0.00% |
| | Employee+2 | \$20.77 | \$20.77 | \$0.00 | 0.00% |

BI-WEEKLY PREMIUM RATE TABLE
Rates Effective July 11, 2026 | Coverage Effective July 25, 2026

*For eligible employees assigned to work in the Needles, Trona, and Baker work locations, the County has established a "Needles subsidy." The Needles subsidy is paid by the employee's department and is equal to the amount of the premium difference between the indemnity (i.e. PPO) health plan offered in these specific work locations and the HMO medical plan with the most comparable benefit design provided by the County.

NEW



This calculator is best viewed on a desktop

Benefits Calculator

See what your out of pockets will be



Job Title

| | |
|---|---|
| Job Title | Option Type |
| <input type="text" value="Select Job Title"/> | <input type="text" value="Select Option Type"/> |

Login

2026 - 2027

Plan Year Highlights

County Carriers & Plans



Blue Shield Trio HMO

Blue Shield Access + HMO

Blue Shield Signature HMO

Blue Shield PPO

Blue Shield Needles PPO

**Blue Shield Virtual Blue
Needles PPO**

Kaiser Virtual Complete HMO

Kaiser Choice HMO

Kaiser Traditional HMO

DeltaCare USA DHMO

Delta Dental DPPO

EyeMed Vision



View and compare plan offerings:
<https://link.sbcounty.gov/Medical-Dental-Vision-Plans>



COUNTY HEALTH PLANS



- Free telehealth visits via Teledoc (available 24/7)
- Access any Urgent Care in the Blue Shield HMO or PPO network
- Signature HMO - \$10 copay
- No charge for labs or hospitalization
- Self-refer to specialists under Level II coverage
- Chiropractic care- \$10 copay (max 20 visits)
- HMO Gold Trio - \$25 copay
- Access+ HMO - \$40 copay
- PPO - 20% after CY deductible



- Free telehealth visits
- 24/7 advice line
- 1-833-574-2273
- Manage care online at kp.org or download app
- Traditional HMO - \$10 copay, no charge for labs or hospitalization
- Virtual Complete HMO - \$30 copay
- Choice HMO - \$40 copay



- DHMO must select DeltaCare USA provider
 - -Flat fee based on service/tooth location
 - -No fee for most basic and preventive services
- DPPO can elect care from any licensed dentist
 - Stay in PPO or Premier networks for best pricing
 - \$1,700 CY annual max
 - No fee for preventive care (not counted towards CY max)
 - \$1,700 ortho lifetime max



- Benefits refresh August 1 annually
- Free annual eye exam (contact lens exam additional cost)
- \$120 annual frame or contact lens allowance
- Additional \$50 frame allowance at PLUS providers
- \$0 copay on most standard lenses
- Dependents may be eligible
- LASIK 15% off retail or 5% off promotional

Medical Carrier Special Programs

blue  of california

Blue Shield Care Management

Blue Shield members have access to personalized care management services at no additional cost. This program connects you with dedicated care teams who can help coordinate care, manage chronic conditions, navigate the healthcare system, and support you through complex or ongoing medical needs.



 KAISER PERMANENTE

Calm & Headspace

Kaiser members can enjoy complimentary access to Calm and Headspace, two leading mindfulness and meditation apps. Whether you're looking to reduce stress, improve sleep, or support your mental wellbeing, these tools provide guided meditations, sleep stories, and wellness resources right at your fingertips.



Delta Dental SmileWay Program

- Provides additional dental cleanings to help maintain your oral health
- Must be diagnosed with a qualifying medical condition
- Opt-in by visiting www1.deltadentalins.com/smileway



<https://link.sbcounty.gov/smileway>



Support for chronic conditions

Your plan offers additional dental coverage to support your overall health



Chronic conditions and the medications used to treat them can impact your oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington's disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson's disease
- Rheumatoid arthritis
- Sjögren's syndrome
- Stroke

SmileWay® Wellness Benefits¹

| | |
|---|---|
| 100% coverage | One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year ² |
| Four of the following (any combination) per calendar or contract year: ² | |
| 100% coverage | Prophylaxis (teeth cleaning) (D1110 or D1120) |
| | Periodontal maintenance procedure (D4910) |
| | Scaling in presence of moderate or severe gingival inflammation (D4346) |

¹ Known as SmileWay Enhanced Benefits in Texas.
² This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage. Please review your plan booklet for specific details about your coverage.

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.



Opt in by visiting www1.deltadentalins.com/smileway or by calling Customer Service Monday through Friday.



deltadentalins.com/enrollees

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 EF89A #133959A (rev. 11/22)

Flexible Spending Account (FSA)



Scan for more details!

- Voluntary Participation
- Convenient pre-tax payroll contributions
- Elections must be made every year (Must Re-Enroll)
- Easy to use payment options
- Pay for qualified medical expenses

Open Enrollment: June

Plan Year: July - July

Max Election: \$3,400

Rollover: \$680

Supplemental Life Insurance

Supplemental Term Life

Coverage may be elected in increments of \$10,000 for Employee and Spouse/Domestic Partner, or \$5,000 for Children.

Coverage Election Maximums*:

- Employee up to \$700,000
- Spouse/Domestic Partner up to \$250,000
- Child(ren) up to \$20,000

*Subject to Evidence of Insurability (EOI) for coverage amounts elected over select designated amounts.

- Voluntary Participation
- Duplicate coverage is **not** allowed if spouse/domestic partner or child are eligible for their own County life insurance coverage

Accidental Death & Dismemberment (AD&D)

- Employee only or Employee + family
- Pays in addition to term life for accidental death
- Pays percentage for loss of limb, sight, paralysis & more
- All coverage guaranteed
- Maximum coverage up to \$250,000

Modified Benefit Option (MBO)

The MBO provides full-time employees in eligible classifications (job/title) the opportunity to convert from a position with traditional benefits to a position with modified benefits.

- Based on classification and bargaining unit
- Employees can enroll or disenroll during Open Enrollment each year
- Complete the online form to enroll/unenroll

ENROLL TODAY!



<https://link.sbcounty.gov/MBO-Form>



Scan for
more
details!

Wellness Works Here

There are many ways to participate in the County's Wellness program!



Visit: link.sbcounty.gov/wellness

WELLNESS IS A JOURNEY...

Wellness Works Here, the County Wellness Program, is committed to providing you with the very best information and resources to support your healthy lifestyle.

...THAT INVOLVES MANY AREAS OF OUR LIVES.

-  Join Challenges
-  Find Resources
-  Stay Well

WELLNESS WORKS HERE WEBPAGE



Visit the Wellness Works Here webpage to explore all the free Wellness resources the County has to offer.



WELLNESS PROGRAMS & RESOURCES

- Challenges
- Webinars
- Counseling
- Coaching
- Legal & Financial
- Mental Health



JOIN THE WELLNESS CHALLENGES



EARN REWARDS & WIN PRIZES WITH THE WELLABLE APP



- Participate in Individual & Team Challenges
- Track Physical Activity & Healthy Behaviors
- Join Live Wellness Education Classes
- Sync to Smart Phone or Watch

app.wellable.co/sbcounty

*All prizes are subject to change & inventory availability and will be available only while supplies last. All prizes are subject to IRC tax codes. Visit link.sbcounty.gov/wellness for more details.



Webinars

Join Live or Watch Later

Join us for expert-led wellness webinars designed to help you feel your best. Each session delivers practical tips and real-life strategies to support your mental, physical, and emotional well-being. Topics include:

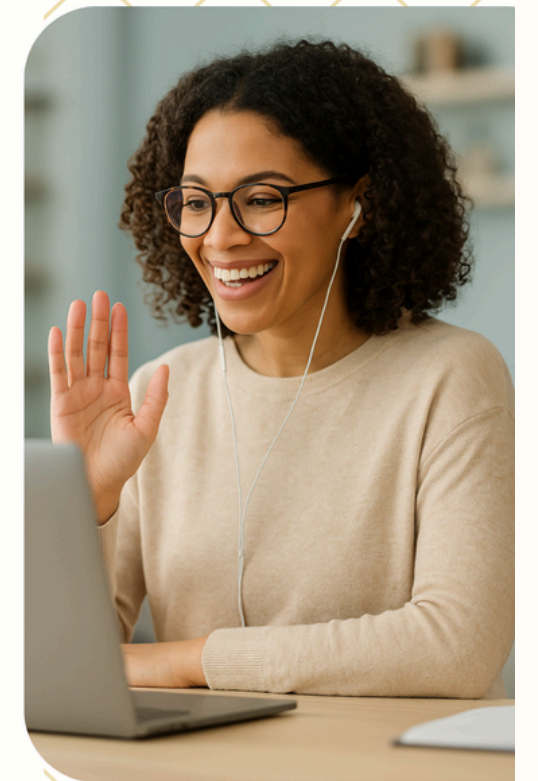
- Mental Health
- Financial Wellness
- Sleep
- Relationships
- Movement
- Nutrition
- Work-Life Balance
- Mindset
- And more!

Webinars are held from 12 - 1 PM
(Unless otherwise specified)

Register for any webinar and receive a link to the recording – even if you can't attend live!



link.sbcounty.gov/webinars



link.sbcounty.gov/wellness

link.sbcounty.gov/Wellness

How to Review Your County Benefits

Employee Benefits Website



Human Resources

SBCounty Home

Vision

Departments

Work with Us

E-Subscriptions

Select Language

Job Seekers

Services

Benefits

FAQs

About Us

Contact Us



What We Do

The Employee Benefits and Services Division (EBS) provides comprehensive benefits and services to eligible employees, retirees and their dependents through strategic planning, negotiation and implementation of County benefit programs.



2026-2027 Benefits Guide



Condensed Benefits Guide

Full guide coming soon!

SAN BERNARDINO COUNTY | Human Resources
Employee Benefits and Services

2026 BENEFITS GUIDE

I ❤️ **SAN BERNARDINO COUNTY**
Benefits

Open Enrollment Dates: June 1-18

Benefits by Occupational Unit



Human Resources
Employee Benefits and Services

GENERAL Benefits Overview

MOU Contract 2023-2027

Healthcare Benefits

The County pays for a large portion of your healthcare premiums.

MEDICAL PREMIUM SUBSIDY

Effective July 12, 2025

Employee Only \$337.36
Employee +1 \$657.95
Employee +2 or more \$929.94



DENTAL PREMIUM SUBSIDY

\$9.46
Requires enrollment in a County medical plan.



VISION

No cost for Employee Only coverage.

MEDICAL OPT-OUT/WAIVE

If you have other employer-sponsored group coverage and do not enroll in the County's medical plans, you will receive an extra \$40 per pay period.

The Benefit rates listed above apply to full-time employees (61-80 hours) per biweekly pay period unless noted otherwise. To determine your out-of-pocket costs, use our online [Benefits Calculator](#).

Leave Provisions

Leave time listed for full-time employees (61-80 hours) per biweekly pay period unless otherwise noted.



Vacation

80-160 hours per year
Cash-out option up to 60 hours per year if 80 hours of vacation used in previous year.



Sick

3.39 hours per pay period.



Holiday

14 + 1 Floating per year.



Bereavement

2 days per occurrence
(3 if traveling >1,000 miles)



Admin

80 hours/year - MGMT Only
40 hours/year - SUP Only
Refer to your MOU.



Annual

40 hours/year - SUP Only.
No cash-out option, refer to your MOU.



Attorney

2 days per occurrence
(3 if traveling >1,000 miles)



Perfect Attendance

Up to 16 hours perfect attendance leave, refer to your MOU for eligibility details.

Modified Benefit Option (MBO)

Certain eligible job classifications shall be provided the opportunity to convert from a regular position with traditional benefits to a regular position with modified benefits and wage differential. Refer to your Memorandum of Understanding (MOU).

MOU Website: <https://link.sbcounty.gov/MOU> MBO Website: <https://link.sbcounty.gov/MBO>

Representation:
Teamsters

Human Resources – Employee Benefits and Services
909.387.5787 | ebds@hr.sbcounty.gov | link.sbcounty.gov/benefits

Employees are our most valuable resource.

County-Paid Benefits



Short-Term Disability

Receive 55% of pay up to \$1,681/week for up to one year.



Basic Term Life Insurance

\$50,000 for: ADM, MGMT, NRS*
\$35,000 for: NRS, SUP, TI
\$20,000 for: CLK & CLT

*Clinical Directors and Unit Managers Only



Retirement

SBCERA Retirement Formulas

Reciprocity provisions may apply

Tier I 2.0% at age 55
Hired PRIOR to Jan 1, 2013

Tier II 2.5% at age 67
Hired ON or AFTER Jan 1, 2013

457(b) Deferred Compensation

Auto enrolled upon hire at 1% contribution of base salary. MBO enrollees will NOT receive the County match of half of the employee contribution up to 0.5%.

Retirement Medical Trust (RMT)

County Contribution

Based on continuous years of service:
10-14 years = 1.50% of biweekly base salary
15-19 years = 2.00% of biweekly base salary
20+ years = 2.50% of biweekly base salary

Sick Leave Conversion

Upon separation, eligible to convert a portion of your sick leave into the RMT upon attaining 10+ years of participation with SBCERA and/or other public retirement.

Voluntary Programs

Supplemental Term Life Insurance

Have financial security with extra term life coverage for yourself and your family with coverage up to \$700,000.
<https://link.sbcounty.gov/Life-Insurance>

AD&D Insurance

Additional insurance in the event of accidental death or serious injury, with coverage options up to \$250,000.
<https://link.sbcounty.gov/Life-Insurance>

Flexible Spending Account (FSA)

Pre-tax account for qualified health care expenses up to \$3,300 annually. Employees who select County sponsored Blue Shield Access+ or Kaiser Choice are eligible for up to \$10 per pay period match. <https://link.sbcounty.gov/fsa>

Dependent Care Assistance Program (DCAP)

Pre-tax account for qualified dependent care expenses up to \$5,000 annually. <https://link.sbcounty.gov/DCAP>

529 Savings Plan

Invest for future educational expenses with tax-free earnings. Contact Scholar Share to enroll. <https://link.sbcounty.gov/529>

Combined Giving

Give back to the community via one time or ongoing payroll deductions. <https://link.sbcounty.gov/CombinedGiving>

Commuter Services

Help the environment, reduce traffic, save money and earn rewards with your commute. <https://link.sbcounty.gov/Commuter>

Employee Discounts

Save big at hundreds of national and local merchants. <https://link.sbcounty.gov/Employee-Discount-Program>

Wellness Program

Information, resources and rewards to support your healthy lifestyle. <https://link.sbcounty.gov/wellness>

Employee Assistance Program (EAP)

Confidential expert support and resources available at any time, at no cost to you. <https://link.sbcounty.gov/EAP>

Annual Tuition Reimbursement

Funds may be available based on your bargaining unit establishing a tuition reimbursement program. Refer to your MOU for eligibility details.

Tuition Loan Repayment

Funds up to \$10,000 may be available based on your bargaining unit. Refer to your MOU for eligibility details. <https://link.sbcounty.gov/TuitionProgram>

Medical Premium Costs for County Plans

The County provides Premium Subsidies biweekly to help off-set the cost of your medical and dental premiums.

Medical Premium Subsidy

Effective July 12, 2025

Employee Only: \$337.36 (TBO) \$239.53 (MBO)
Employee +1: \$657.95 (TBO) \$539.52 (MBO)
Employee +2: \$929.94 (TBO) \$762.55 (MBO)

| Employee Only Coverage | | |
|------------------------------|--|---|
| Plan | Traditional Benefit Option (TBO) Employee Cost Per Pay Period | Modified Benefit Option (MBO) Employee Cost Per Pay Period |
| Blue Shield Gold Trio HMO | \$0.00 | \$73.34 |
| Blue Shield Access + HMO | \$0.00 | \$93.84 |
| Blue Shield Signature HMO | \$46.46 | \$144.29 |
| Blue Shield PPO | \$376.14 | \$473.97 |
| Kaiser Virtual Complete HMO | \$0.00 | \$76.96 |
| Kaiser Choice HMO | \$7.13 | \$104.96 |
| Kaiser Permanente HMO | \$66.74 | \$164.57 |
| Employee +1 Coverage | | |
| Plan | Traditional Benefit Option (TBO) Employee Cost Per Pay Period | Modified Benefit Option (MBO) Employee Cost Per Pay Period |
| Blue Shield Gold Trio HMO | \$0.00 | \$84.21 |
| Blue Shield Access + HMO | \$6.81 | \$125.24 |
| Blue Shield Signature HMO | \$107.72 | \$226.15 |
| Blue Shield PPO | \$794.07 | \$912.50 |
| Kaiser Virtual Complete HMO | \$0.00 | \$91.45 |
| Kaiser Choice HMO | \$29.02 | \$147.45 |
| Kaiser Permanente HMO | \$148.24 | \$266.67 |
| Employee +2 or more Coverage | | |
| Plan | Traditional Benefit Option (TBO) Employee Cost Per Pay Period | Modified Benefit Option (MBO) Employee Cost Per Pay Period |
| Blue Shield Gold Trio HMO | \$0.00 | \$119.22 |
| Blue Shield Access + HMO | \$9.88 | \$177.27 |
| Blue Shield Signature HMO | \$152.64 | \$320.03 |
| Blue Shield PPO | \$1,322.72 | \$1,490.11 |
| Kaiser Virtual Complete HMO | \$0.00 | \$129.44 |
| Kaiser Choice HMO | \$41.29 | \$208.68 |
| Kaiser Permanente HMO | \$209.98 | \$377.37 |

Plan Year 2025-26
Revised 10.29.25

Human Resources – Employee Benefits and Services
909.387.5787 | ebds@hr.sbcounty.gov | link.sbcounty.gov/benefits

Human Resources – Employee Benefits and Services
909.387.5787 | ebds@hr.sbcounty.gov | link.sbcounty.gov/benefits

Union Health & Welfare Trusts

Teamsters Trust

- **Currently enrolled in County plans, Teamsters Trust, or Opting out of coverage**
 - Does **not** have any changes = no action needed
- **Currently enrolled in County plans or Opting Out**
 - Wants to make changes = enroll or opt out in EMACS
- **Currently enrolled in Teamsters Trust plans**
 - Wants to make changes to their Teamsters plan = contact Trust
 - Wants to change to a County plan = enroll in EMACS
 - Wants to Opt Out = opt out in EMACS
- **Currently Opting Out**
 - Wants to enroll in Teamsters plan = contact Trust
 - Wants to enroll in County plan = enroll in EMACS

EBSD

(909) 387-5787

EBSD@hr.sbcounty.gov

Teamsters Trust: Zenith American

(909) 494-2916

teamsters1932eligibility@zenith-american.com

SEBA Trust

SEBA members will **not** be able to make medical, dental, or vision elections in EMACS.
They will only be able to make FSA and Life Insurance elections in EMACS.

- **Currently enrolled in County plans, SEBA Trust, or Opting out of coverage**
 - Does **not** have any changes = no action needed
- **Currently enrolled in County plans or Opting Out**
 - Wants to make changes = Contact EBSD
- **Currently enrolled in SEBA Trust plans**
 - Wants to make changes to their SEBA plan = contact SEBA
 - Wants to change to County plans or Opt Out = contact SEBA **and** EBSD
- **Currently Opting Out**
 - Wants to enroll in SEBA plan = contact SEBA **and** EBSD

EBSD

(909) 387-5787

EBSD@hr.sbcounty.gov

SEBA Trust

(909) 825-4920

Local 935 Fire Trust

- **Currently enrolled in County plans or Fire Trust plans**
 - Does not have any changes = no action needed
- **Currently enrolled in County plans**
 - Wants to make changes to their County plan = enroll in EMACS
 - Wants to enroll in Fire Trust plan = contact Trust
- **Currently enrolled in Fire Trust plan**
 - Wants to make changes to their Fire Trust plan = contact Trust
 - Wants to change to a County plan = enroll in EMACS

EBS
D
(909) 387-5787
EBS@hr.sbcounty.gov

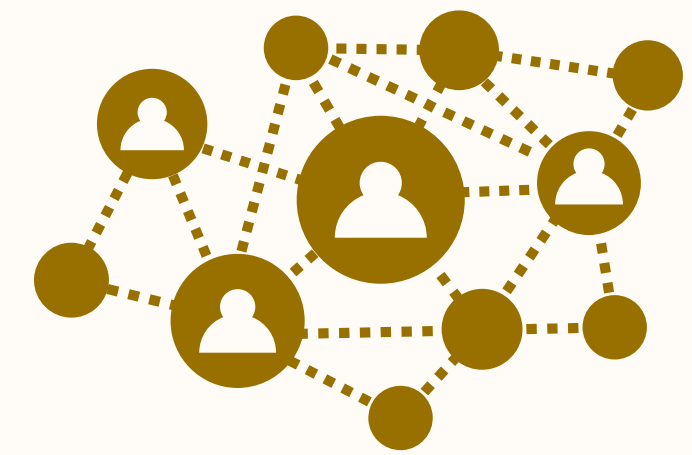
Fire Trust: Brown Insurance
(714) 460-7744
SBFire935@brownbis.com

Employees covered by this Trust cannot opt out or waive coverage.

Ambulance Operator Unit (AOU)

Employees covered by this MOU will **not** be able to make medical, dental, or vision elections in EMACS. However, if they want to make FSA or Life Insurance elections, they will need to enroll through EMACS.

Stay Connected



Updating your Contact Details in EMACS to add your preferred email address and phone number will allow the County to rapidly facilitate important communications to you, such as:

Pay Warrant Information

Benefit Updates

EMACS Changes

Payroll Specialist Communications

Department Updates

THANK YOU

For listening to our presentation.



PHONE

(909) 387-5787



EMAIL

EBSD@hr.sbcounty.gov



WEBSITE

<https://link.sbcounty.gov/EBSD>



ADDRESS

175 W 5th St, 1st Floor, San Bernardino, CA 92415

