

## OVERVIEW OF SANTA CLARA COUNTY BENEFITS

### *Unique to SCVH&HS House Staff*

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*The following information is a summary overview of the Santa Clara County Benefit Package. Please refer to Santa Clara County Benefit Package: <https://employeeservices.sccgov.org/employee-benefits> or <https://scc.mobilebenes.com> for details regarding Employee Benefits.*

#### **HEALTH BENEFIT OPTIONS OFFERED BY SANTA CLARA COUNTY**

**BENEFIT COVERAGE WILL TAKE EFFECT APPROXIMATELY 2 PAY PERIODS (APPROXIMATELY 30 DAYS) FROM DATE OF HIRE. SELECTIONS MUST BE MADE WITHIN 30 DAYS OF HIRE.**

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#### **CHOICE OF MEDICAL PLANS**

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##### **Valley Health Plan**

- **Full-time House Staff are covered at biweekly cost of \$95.61**
  - Employee & Spouse = \$200.79 Employee & Children = \$172.09 (biweekly)
  - Employee, Spouse & Children = \$277.28 (biweekly)
- Office visits, prescribed treatment, x-rays, and prescriptions are provided at no charge.
- No maximum benefit for health care provided; no “pre-existing condition” clause.
- Employees choose their own primary care physician.
- VHP members receive treatment at Valley Medical Center Hospital and/or any of the Valley Health Plan clinics located throughout the county.
- VHP coverage also extends to many community medical groups including PAMF; SCCIPA and independent practices. See website for details:  
<https://www.valleyhealthplan.org/members/county-santa-clara-employees>
- No charge for Prescriptions

##### **Health Net Medical**

- **Full-time House Staff are covered at biweekly cost of \$251.65**
  - Family coverage - \$402.79 (biweekly)
- Employees are covered on 3 different levels: HMO, PPO and “Out of Network”.
- Members choose primary care physician from HMO Health Net Directory.
- Primary care physician may make referrals to specialists or covered persons may self-refer to physician under PPO or Out of Network levels.
- Health care situation and choice of provider determines employee’s out-of-pocket costs.
- Office visits at the HMO level = \$15.00 – PPO Level = \$20.00
- Please visit Health Net website for details: <https://sc.healthnetcalifornia.com/>

##### **Kaiser Medical**

- **Full-time House Staff employees & their eligible dependents are covered without charge.**
- Kaiser members receive treatment at Kaiser Hospitals and/or Kaiser Clinics located throughout Northern California.
- Office Visits -\$10
- Prescriptions: \$5 for generic 30-day supply; \$10-\$30 for most 31-100 day supply-depending onRx brand and amount.
- Mail order pharmacy service – ship Rx at no charge.
- Emergency Room visit - \$35
- Hospitalization - \$100
- Please visit Kaiser website for details: <https://my.kp.org/santaclaracounty/>

*Details on each Medical and Dental Plan, Vision Care Coverage and Optional Coverage Plans are available via County of Santa Clara website: <https://scc.mobilebenes.com> or <https://employeeservices.sccgov.org/employee-benefits>*

## CHOICE OF DENTAL PLANS

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### Delta Dental

- Full-time employees and their eligible dependents are covered at no charge to employee.
- Delta Dental is a PPO plan. Member may choose among local dental offices.
- The plan provides basic and prosthodontics coverage at a 75%/25% (no deductible).
- \$2,000.00 maximum benefit per calendar year per enrolled person.
- Orthodontic services available at 60%/40% - \$2,000.00 lifetime maximum.

### Liberty Dental

- Full-time employees and their eligible dependents are covered at no charge to employee.
- Liberty is a dental health maintenance organization (DMO).
- Most basic diagnostic, preventative and restorative services are covered in full.
- Member must choose dental provider from list of eligible Liberty Dental providers.
- **Charges incurred from provider not on list will not be honored.**
- All dental work must be pre-approved by Liberty PRIOR to services rendered.
- Advanced and/or prosthodontics services require co-pay at time of service.
- Co-pay amount will vary with type of service.

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## EMPLOYEE AND DEPENDENT BENEFIT COVERAGE

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### Vision Service Plan (VSP)

- Full-time employees and their eligible dependents are covered at no charge to employee.
- Vision Care Service is a separate benefit **included regardless of health care plan chosen.**
- \$20.00 deductible for eye examinations through VSP provider.
- \$20.00 deductible for eyeglasses. (Rx from PCP may be taken to VSP provider)
- Eyeglass prescriptions through medical insurance may be taken to VSP provider.
- The plan covers eye examinations through VSP provider once every 12 months.
- Lenses are covered every 12 months, frames every 24 months for employee and/or dependents.

### Dependent Coverage

- Dependents eligible for benefit coverage include: spouse, children and stepchildren.
- Minors under legal guardianship of employees are also considered eligible dependents.
- Employee's registered domestic partner & children eligible for full benefits as well.

### \*Same-Sex Domestic Partner Tax Consequence:

- Benefit premiums are paid by the County on behalf of an employee's registered same sex partner exactly as paid for spouse and children.
- No additional charge to employee for Same-Sex Dependent coverage.
- County paid medical premiums for registered same-sex partner reported as taxable income on W-2 form.

### Basic Life Insurance

- Employees covered at no charge by a life insurance policy with death benefit of \$25,000.

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## OPTIONAL COUNTY POLICIES AVAILABLE AT EMPLOYEE'S EXPENSE

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### Supplemental Life Insurance

- \* Employees may elect to purchase additional coverage with Supplemental Life Insurance.
- \* No health information is required for Supplemental coverage requested within 30 days of hire.
- \* Requests for coverage made after 30 days will require a completed health questionnaire.
- \* Based on health information disclosed insurance carrier may require evidence of insurability from qualified health care provider and may decline coverage.
- \* Evidence of insurability must come from employee's personal physician at own expense.
- \* Additional coverage available is limited based on biweekly salary.

### Accidental Death and Dismemberment (A D & D)

- \* Benefit coverage available up to \$500,000 at nominal biweekly cost.
- \* Employee may apply for coverage at any time without restriction.
- \* Dependents are also eligible for AD&D coverage with pro-rated benefit.
- \* Benefit payment pro-rated based on extent of injury.

### Health Care Bonus Waiver Program

- \* Employees may elect *Bonus Waiver* payment in lieu of medical coverage.
- \* Bonus payment up to \$74.00 paid biweekly to full-time employee.
- \* Proof of medical insurance coverage through spouse/partner/other employer is required. Individuals must provide letter from company showing proof of coverage. Copy of health plan card is not considered proof of coverage.
- \* Employee and family are still eligible for dental, vision and life coverage.
- \* **Participants must re-enroll each year during May open enrollment.**

### Dependent Care Assistance Plan

- \* Employee may set aside up to \$5,000 pre-tax income from biweekly salary for dependent care expenses for child day care or dependent adult care expenses\*.
- \* Deductions for *Dependent Care Assistance Plan* are divided into equal payments in each of 26 pay periods for calendar year.
- \* Biweekly service fee of \$1.15 will be deducted for administrative costs.
- \* **Participants must re-enroll each year during November open enrollment.**

### Flexible Spending Account for Health Care

- \* Pre-tax income from biweekly salary may be set aside to pay health care expenses not covered by health, dental or vision care plans.
- \* Eligible expenses include prescriptions, doctor visit co-pays, deductibles and OTC medication.
- \* Maximum yearly amount: \$2,850. Deductions spread over 26 pay periods.
- \* Biweekly service fee of \$0.85 will be deducted for administrative costs.
- \* **Participants must re-enroll each year during November open enrollment.**

*Details on each Medical and Dental Plan, Vision Care Coverage and Optional Coverage Plans are available via County of Santa Clara website: <https://scc.mobilebenes.com> or <https://employeeservices.sccgov.org/employee-benefits>*

## **FIDELITY - CONTRACT REQUIRED RETIREMENT PLAN AND INFORMATION**

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### **Fidelity 457 Deferred Compensation Plan As Applied to House Staff Physicians**

- \* **Enrollment in this plan is mandatory** for all House Staff (Post Grad) physicians.
- \* Obligation is detailed in MOU: Article 13, Section 13.1 to 13.3. Entire contract text online: [www.sccjobs.org](http://www.sccjobs.org) link: *MOU/Committee of Interns and Residents (CIR)*
- \* Per MOU, effective June 24, 2012 County of Santa Clara will contribute 7.5% of PGY gross biweekly salary.
- \* House Staff physicians **may** elect to defer part of gross biweekly salary to the annual allowable limit, including County contribution. **Employee contribution is NOT required.**
- \* Employees choose from a variety of investment options.
- \* Participants are encouraged to discuss options with a qualified Fidelity representative.
- \* Fidelity Representative: Elizabeth Trevino or 1-844-722-4572
- \* Please refer to Fidelity web page for additional details on investment options.  
[www.netbenefits.com/santaclara](http://www.netbenefits.com/santaclara)

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## **GENERAL**

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### **Long Term Disability Insurance (LTD)**

- \* Coverage is mandatory to full SCVHSA union members.
- \* Coverage is 70% of base pay up to \$3,000 per month.
- \* Plan coverage applicable 24 hours a day – in or out of residency.
- \* Initial 60-day qualifying period -short-term- continues as long-term @ 90-days.
- \* Additional general information available online: [www.insmedinsurance.com](http://www.insmedinsurance.com)

### **Identification/Security Badge**

- \* Each newly hired employee is provided a photo ID badge to be worn at all times.
- \* Computer chip in badge is programmed for appropriate access within the hospital.
- \* Badge also operates gates in employee parking areas.
- \* \$20.00 charge to replace lost or damaged badge. (replacement badges made in Security office)

### **Direct Deposit of Payroll**

- \* **House Staff physicians are required to have paycheck electronically deposited.**
- \* Paychecks are issued biweekly and may be deposited into bank of choice.
- \* Allow 2 to 3 pay periods for request to be processed.
- \* First paycheck is **NOT** a direct deposit.
- \* Once direct deposit is activated employees may register to view paychecks online.

### **Valley Transportation Authority “VTA Clipper Card”**

- \* Each January employees receive a free annual “VTA” Clipper Card”.
- \* Employees must show Photo ID Badge when using the Clipper Card.
- \* Pass may be used 24 hours a day, including holidays, on County Transit buses and light rail.

**COUNTY OF SANTA CLARA**  
**Additional Life Insurance & LTD Rate Sheet**

VOLUNTARY ADDITIONAL LIFE			
Salary Class	Max Benefit Coverage Level	Option	BIWEEKLY RATE
\$278.40 or less	\$31,000	1	\$ 0.70
\$278.41 to \$382.40	\$42,000	2	\$ 1.14
\$382.41 to \$576.80	\$63,000	3	\$ 2.01
\$576.81 to \$773.60	\$83,000	4	\$ 2.64
\$773.61 to \$1,142.20	\$125,000	5	\$ 3.98
\$1,142.21 to \$1,538.45	\$167,000	6	\$ 6.09
\$1,538.46 to \$1,923.00	\$209,000	7	\$ 8.59
\$1923.01 to \$2,307.69	\$250,000	8	\$ 10.27
\$2,307.70 to \$2,692.31	\$299,000	9	\$ 12.28
\$2,692.32 to \$3,076.92	\$349,000	10	\$ 14.34
\$3,076.93 to \$3,462.63	\$399,000	11	\$ 16.39
\$3,462.64 to \$3,855.93	\$449,000	12	\$ 20.52
\$3,855.94 and above	\$500,000	13	\$ 29.54

LONG TERM DISABILITY	
With/Without SDI	Premium Rate
Employees with SDI	0.721% of applicable salary
Employees Without SDI	0.926% of applicable salary

**COUNTY OF SANTA CLARA  
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE RATE SHEET**

Coverage Level	Benefit Amount	Option	Rate PER THOUSAND	BIWEEKLY RATE
Single	\$10,000	1	\$0.008/\$1000	\$ 0.08
Single	\$20,000	2	\$0.008/\$1000	\$ 0.16
Single	\$40,000	3	\$0.008/\$1000	\$ 0.32
Single	\$60,000	4	\$0.008/\$1000	\$ 0.48
Single	\$80,000	5	\$0.008/\$1000	\$ 0.64
Single	\$100,000	6	\$0.008/\$1000	\$ 0.80
Single	\$125,000	7	\$0.008/\$1000	\$ 1.00
Single	\$150,000	8	\$0.008/\$1000	\$ 1.20
Single	\$200,000	9	\$0.008/\$1000	\$ 1.60
Single	\$250,000	10	\$0.008/\$1000	\$ 2.00
Single	\$300,000	11	\$0.008/\$1000	\$ 2.40
Single	\$350,000	12	\$0.008/\$1000	\$ 2.80
Single	\$400,000	13	\$0.008/\$1000	\$ 3.20
Single	\$450,000	14	\$0.008/\$1000	\$ 3.60
Single	\$500,000	15	\$0.008/\$1000	\$ 4.00
Family	\$10,000	1	\$0.012/\$1000	\$ 0.12
Family	\$20,000	2	\$0.012/\$1000	\$ 0.24
Family	\$40,000	3	\$0.012/\$1000	\$ 0.48
Family	\$60,000	4	\$0.012/\$1000	\$ 0.72
Family	\$80,000	5	\$0.012/\$1000	\$ 0.96
Family	\$100,000	6	\$0.012/\$1000	\$ 1.20
Family	\$125,000	7	\$0.012/\$1000	\$ 1.50
Family	\$150,000	8	\$0.012/\$1000	\$ 1.80
Family	\$200,000	9	\$0.012/\$1000	\$ 2.40
Family	\$250,000	10	\$0.012/\$1000	\$ 3.00
Family	\$300,000	11	\$0.012/\$1000	\$ 3.60
Family	\$350,000	12	\$0.012/\$1000	\$ 4.20
Family	\$400,000	13	\$0.012/\$1000	\$ 4.80
Family	\$450,000	14	\$0.012/\$1000	\$ 5.40
Family	\$500,000	15	\$0.012/\$1000	\$ 6.00