

# 2025 Employee Benefits Handbook

## Key Highlights & Details



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## Welcome to **Partnership HealthPlan of California!**

This guide provides an overview of coverage choices and enrollment information so employees can build the best benefits package for themselves and their family.

### **Our Mission Statement**

To help our members, and the communities we serve, be healthy.

### **Working Together Value Statement**

We, the Partnership team, want a health plan that our employees and the community are proud of and committed to. Therefore, we have adopted this value statement: We want our employees, members, and health care providers to know they are valued, respected, and involved in our endeavors. We aspire to provide high-quality service while meeting the needs of our community and employees.



## Employee Benefits Overview

Partnership HealthPlan of California is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our employees, we have put together a benefits program that will help protect the personal and financial well-being of employees and their family.

All full-time, active employees working a minimum of 30 hours per week are eligible on the first of the month following their date of hire. The benefit plan and dependent elections that employees make when they are hired are effective for the entire plan year, unless they experience a qualifying event (marriage, birth, adoption, or loss of coverage). If employees experience a qualifying event, they must notify Human Resources within 30-days; otherwise, they will be required to wait until the next Open Enrollment to make any changes to their benefit plan elections.

During Partnership's annual Open Enrollment, employees can make changes to their benefit plan elections, such as adding or deleting dependents, and/or changing health plans. Changes made during Open Enrollment will be effective January 1 of the following year.

## Eligible Dependents

Employees may cover their dependents under many of the benefit plans if they are one of the following:

- *Spouse or domestic partner.*
- *Biological children, adopted children, stepchildren, and children of a domestic partner up to age 26 regardless of student or marital status.*
- *Disabled child(ren) regardless of age if incapable of self-sustaining employment, and if the disability began before the limiting age.*

## Medical Benefits

Partnership is proud to offer medical benefits to all eligible employees through Kaiser Permanente, Blue Shield of California, and Western Health Advantage.

While eligible employees can enroll in the plan of their choosing, some plans may be out of their service area to access healthcare services. Plan service area is determined by employee's primary residence.

Below is a list of our medical plans and the Partnership office locations within their service area to assist in electing the best plan for employees based on their primary residence.

Partnership Office Location	Medical Plans
<b>Fairfield</b> <b>Santa Rosa</b> <b>Auburn</b>	<ul style="list-style-type: none"><li>• Blue Shield Preferred Provider Organization (PPO)</li><li>• Blue Shield Health Savings Account (HSA)</li><li>• Blue Shield Health Maintenance Organization (HMO)</li><li>• Kaiser HMO</li><li>• Kaiser HSA</li><li>• Western Health Advantage HMO</li></ul>
<b>Redding</b> <b>Eureka</b> <b>Chico</b>	<ul style="list-style-type: none"><li>• Blue Shield Preferred Provider Organization (PPO)</li><li>• Blue Shield Health Savings Account (HSA)</li></ul>

If an employee's primary residence is not near the above listed Partnership office locations, the links below can be used to identify the full list of service areas.

- [Blue Shield](#)
- [Kaiser](#)
- [Western Health Advantage](#)

# Kaiser Permanente

In-Network	Kaiser Permanente	
	HSA Deductible HMO	Traditional HMO 20
Individual Deductible	\$2,000	\$0
Family Deductible	\$4,000	\$0
Individual Out of Pocket Maximum	\$3,200	\$1,500
Family Out of Pocket Maximum	\$6,000	\$3,000
Office Visit	\$30*	\$20
Specialist Visit	\$30*	\$35
Preventive Care	\$0	\$0
Chiropractic/Acupuncture	N/A	\$10 (30 combined visits)
Diagnostic Lab/X-Ray	\$10*	\$0
Complex Radiology (CT, MRI, PET)	\$50*	\$0
Inpatient Hospital	\$250/admit*	\$250/admit
Outpatient Surgery	\$150/procedure*	\$100/procedure
Urgent Care	\$30*	\$20
Emergency (waived if admitted)	\$100*	\$100
Rx Generic	\$10*	\$10
Rx Brand Name	\$30*	\$30
Rx Specialty	20% up to \$150*	25% up to \$150
Group Number: Phone Number: Website:	<b>39768</b> <b>(800) 464-4000</b> <a href="http://www.kp.org">www.kp.org</a>	

\*Calendar year deductible applies

## Blue Shield of California

In-Network	Blue Shield of California		
	Blue Shield PPO (Custom PPO Deductible 20-500)	Blue Shield HSA (Full PPO Savings 2250/3300/4500)	Blue Shield HMO (Access + HMO 20-250)
Individual Deductible	\$500	\$2,250	\$0
Family Deductible	\$1,000	\$4,500	\$0
Individual Out of Pocket Maximum	\$3,500	\$3,500	\$2,000
Family Out of Pocket Maximum	\$7,000	\$7,000	\$4,000
Office/Specialist Visit	\$20/\$20	20%*/20%*	\$20/\$30
Teladoc	\$0	\$0	\$0
Preventive Care	\$0	\$0	\$0
Chiropractic/Acupuncture*	\$25 (20 visits each)	20%* (20 visits each)	\$10 (30 combined visits)
Diagnostic Lab/X-Ray	\$20*	20%*	\$0
Complex Radiology (CT, MRI, PET)	\$60*	20%*	\$0
Inpatient Hospital	\$100 + 20%*	20%*	\$250
Outpatient Surgery	20%*	20%*	\$200
Urgent Care	\$20	20%*	\$20
Emergency (waived if admitted)	\$100 + 20%	\$150 + 20%*	\$150
Rx Tier 1	\$10	\$10*	\$10
Rx Tier 2/Tier 3	\$30/\$50	\$25*/\$40*	\$30/\$50
Rx Tier 4	30% up to \$250	30% up to \$250*	20% up to \$250
Group Number: Phone Number: Website:	<b>W0053649</b> <b>(888) 256-3650</b> <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>		

\*Calendar year deductible applies

## Western Health Advantage

In-Network	Western Health Advantage
	Premier 20 HMO
Individual Deductible	\$0
Family Deductible	\$0
Individual Out of Pocket Maximum	\$1,500
Family Out of Pocket Maximum	\$3,000
Office Visit	\$20
Specialist Visit	\$20
Preventive Care	\$0
Chiropractic/Acupuncture	\$15 (20 visits each)
Diagnostic Lab/X-Ray	\$0
Complex Radiology (CT, MRI, PET)	\$0
Inpatient Hospital	\$0
Outpatient Surgery	\$100/visit
Urgent Care	\$35
Emergency (waived if admitted)	\$100
Rx Generic	\$10
Rx Brand Name	\$30
Rx Specialty	\$50
Group Number:	107887
Phone Number:	(800) 563-2250
Website:	<a href="http://www.westernhealth.com">www.westernhealth.com</a>

## Dental Benefits

Partnership offers its employees and their eligible dependents dental coverage through Direct Dental. The Direct Dental plan provides comprehensive dental care coverage including orthodontia coverage for adults and children.

Cypress Exclusive Network	In-Network	Out-of-Network (90th UCR)
Preventive Services (exams, cleanings*, x-rays)	100%	100%
Basic Services (basic fillings, extractions, oral surgery)	90%	80%
Major Services (crowns, inlays, bridges, dentures)	60%	50%
Calendar Year Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family
Calendar Year Maximum Benefit	\$3,500 per member	\$3,500 per member
Lifetime Orthodontic Maximum (adult and child)	50% up to \$1,500	
Group Number: Phone Number: Website:	<b>PHP0116</b> <b>(855) 844-0626</b> <a href="http://www.directdentalplans.com">www.directdentalplans.com</a>	

\*Three standard cleanings per calendar year

While employees may see any provider, this plan has access to the Cypress Exclusive Network (CEN), and DenteMax Plus PPO (which includes nationwide, Dental Health Alliance (DHA) and Careington Network providers) (CEN not available in all areas). When employees visit an in-network provider, fees may be up to 35% less than an out-of-network provider. Visit [www.directdentalplans.com](http://www.directdentalplans.com) to find an in-network dentist.

# Vision Benefits

Partnership offers its employees and their eligible dependents vision coverage through Vision Service Plan (VSP), which has over 23,000 doctors located in rural and metropolitan areas throughout the nation. Visit [www.vsp.com](http://www.vsp.com) to search the VSP Signature Network.

VSP Signature Network	IN-Network
Office Visit/Examination (every 12 months)	\$20 copay
Lens Replacement (every 12 months)	100% after copay
Single Vision	100% after copay
Bifocal	100% after copay
Trifocal	100% after copay
Frame Replacement (every 24 months)	\$200 allowance + 20% discount
Contact Lenses (in lieu of glasses, every 12 months)	\$200 allowance + up to \$60 copay
Group Number: Phone Number: Website:	12251672 (800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>

## Employee Share of Cost

2025 Health Care Cost Per Pay Period			
	Employee Only	Employee + 1	Employee + Family
<b>Kaiser Permanente HSA</b> (HSA Deductible HMO)	\$17.43 Partnership contributes \$358.33 per month	\$129.97 Partnership contributes \$712.50 per month	\$186.87 Partnership contributes \$712.50 per month
<b>Kaiser Permanente HMO</b> (Traditional HMO 20)	\$12.26	\$98.42	\$ 166.39
<b>Western Health Advantage HMO</b> (Premier 20 HMO)	\$12.61	\$98.37	\$152.59
<b>Blue Shield of California PPO</b> (Custom PPO Deductible 20/500)	\$15.04	\$123.29	\$193.06
<b>Blue Shield of California HSA</b> (Full PPO Savings 2250/3000/4500)	\$17.56 Partnership contributes \$358.33 per month	\$130.99 Partnership contributes \$712.50 per month	\$187.04 Partnership contributes \$712.50 per month
<b>Blue Shield of California HMO</b> (Access+ HMO 20-250)	\$14.58	\$119.53	\$187.17
<b>Direct Dental</b>	\$0.00	\$0.00	\$0.00
<b>Vision Service Plan</b>	\$0.00	\$0.00	\$0.00
<b>Waiving Coverage</b>	<b>Medical:</b> Receive \$138.50/pay period with acknowledgment of waive reason completed through ADP self-service. <b>Dental and Vision:</b> Receive \$18.50/pay period with acknowledgment of waive reason completed through ADP self-service (must waive both to receive credit).		

## Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account available to those enrolled in a high deductible health plan, that can be used to pay for qualified healthcare expenses. The IRS limits how much can be contributed to an HSA account annually, \$4,300 for individual coverage and \$8,550 for family coverage. Partnership will contribute to an employee's HSA with monthly contributions, **\$358.33 for individuals and \$712.50 for families**, which meets the annual IRS maximum amount.

Employees 55 or older may make an additional catch-up contribution of \$1,000. Catch-up contributions must be made directly with HSA Bank. Authorized signers who are 55 or older must have their own HSA to make the catch-up contribution.

## HSA Eligibility

To enroll in a HSA, employees must be enrolled in a high-deductible health plan, and must not be covered by any other non-HSA compatible plan such as Medicare Parts A and B, be covered by TriCare, or be claimed as a dependent on anyone other than their spouses' tax return.

## MissionSquare Retirement

Partnership provides a retirement plan for eligible employees administered by MissionSquare Retirement. The plan has two accounts Deferred Compensation 457 Plan and Money Purchase 401(A) Plan. For both accounts, participants can elect to invest the contributions in an array of mutual fund options. Contributions and earnings are not taxed until funds are withdrawn, generally upon retirement. Employees are auto enrolled at plan default investment and contribution options as noted above, but may make changes at any time by creating an online account at [www.msqplanservices.org/myplan/303962](http://www.msqplanservices.org/myplan/303962).

Action or Condition	Deferred Compensation 457 Plan	Money Purchase 401(A) Plan
Participation	Auto enrolled at default Employer 1% contribution. Employee contribution is voluntary	Auto enrolled at appropriate contribution rate listed below. Employee contribution is mandatory
Eligibility	Immediately	Immediately
Contributions/Match	Employee can contribute up to 75% of salary. Partnership will match dollar-for-dollar up to 6% of salary.	Employee/Employer; Employee: 6.2% /Partnership 6.2% Sr. Director: 7.2% /Partnership 6.2% Executive: 9.2% /Partnership 6.2%
Rollovers	Can be rolled over to other qualified plans and conduit IRA's.*	Can be rolled over to other qualified plans and conduit IRA's.*

<b>Portability</b>	May be transferred to another qualified plan, if plan accepts transfers, or cash out (taxable as ordinary income in year received).	May be transferred to another qualified plan, if plan accepts transfers, or cash out (taxable as ordinary income in year received).
<b>Annual Limit</b> (Employee & Employer)	Lesser of applicable dollar limit (\$23,500 in 2025) or 100% of participant's includible compensation.	In 2025, \$70,000 combined employee and employer contributions annually (refer to contribution/match percentages above).
<b>Age 50 Catch-up Provision</b>  <i>-for individuals who are age 50 or over at the end of the taxable year</i>  <i>-Note: see below, cannot use in years that a participant is taking advantage of the increased limit during the final 3 years before attaining normal retirement age</i>	Salary deferral dollar limit increased by \$7,500 (up to a total of \$31,000 in 2025).	N/A
<b>3-Year Catch-up Provision</b>  <i>-Increased salary reduction limit for final 3 years before attaining normal retirement age</i>  <i>-Note: see above, cannot use the increased limit if using age 50 catch up contributions. Therefore, in years</i>	Lesser of 2 x applicable dollar limit (\$47,000 in 2025) or applicable dollar limit plus sum of unused deferrals in prior years (to the extent that deferrals made were less than the applicable limits per the given year; age 50 catch up contributions are not counted for this purpose).  For more information contact Amaya Fine at <a href="mailto:afine@missionsq.org">afine@missionsq.org</a>	N/A
<b>Vesting</b>	100% vested immediately	100% vested immediately

*\*only upon separation from service, or having attained age 59 ½*

## Pet Benefit Solutions

Eligible Partnership employees can purchase voluntary Total Pet Plan for savings on pet care services and/or Wishbone Pet Health Insurance for pet care coverage.

## Cafeteria Plan Flexible Spending Accounts (FSA)

### Health Care FSA

Health Care FSA allows employees, not enrolled in a high deductible health plan, to pay for eligible out-of-pocket medical expenses for themselves, their spouse, and tax-dependents regardless of if they are covered on their medical plan with pre-tax dollars through payroll deduction. Maximum allowed: \$3,300. Plan year effective January 1 through December 31.

### Limited Purposes Health Care FSA

Limited Purposes Health Care FSA allows employees enrolled in a high deductible health plan to pay for eligible out-of-pocket dental, vision, and orthodontia expenses for themselves, their spouse, and tax-dependents regardless of if they are covered on their medical plan with pre-tax dollars through payroll deduction. Maximum allowed: \$3,300. Plan year effective January 1 through December 31.

### Dependent Care FSA

Dependent Care FSA allows employees to pay for qualified day care expenses for dependent children 12 years and younger and in some cases elder care, with pre-tax dollars through payroll deduction. Maximum allowed: \$5,000 per household, \$2,500 if married and filing separately. Plan year effective January 1 through December 31.

## Mutual of Omaha Partnership Sponsored Group Benefits

Partnership provides all eligible employees with Short Term Disability (STD), Long Term Disability (LTD), and a Group Term Life/AD&D policy coverage through Mutual of Omaha.v

### Short Term Disability Insurance

Benefit Amount	60% of your weekly earnings, to max of \$2,310/week
Elimination Period	Seven days injury/seven days sickness
Duration	25 weeks
Premium	Employer paid

## Long Term Disability Insurance

Benefit Amount	60% of monthly earning, to max \$10,000/month
Definition of disability	Three-year usual occupation
Elimination Period	180 days
Duration	Based on age when disability occurs
EAP	Included
Premium	Employer Paid

## Group Life/AD&D Insurance

Benefit Amount	One times annual earnings up to a maximum benefit of \$150,000
Accelerated Death Benefit	100% to \$150,000
Survivor Support	Included
Portability	You may take coverage with you according to terms of contract
Life Planning Financial and Legal Resources	Included
Life Benefit Reduction	65% at age 70 and 50% at age 75
Premium	Employer paid

## UNUM Voluntary Benefits

Employees may choose to purchase Accident Insurance, Critical Illness Insurance, and Whole Life Insurance through UNUM only during annual Open Enrollment to be effective January 1 of the following year. These benefits provide financial protection for employees and their family.

## LegalShield

Employees may choose to purchase LegalShield, IDShield, or LegalShield IDShield Dual Plan through LegalShield either during annual Open Enrollment to be effective January 1 of the following year if electing payroll deductions or at any time during the year if electing direct pay. These plans provide many benefits including legal assistance, will preparation, fraud protection, dark web monitoring, and much more.

## Pay Information

### Paydays

Employees are paid every other Thursday. All non-exempt employees must review and confirm their electronic timesheets for supervisor or manager review by 8 a.m. on the Monday preceding payday. All exempt employees must submit any necessary electronic time off requests to their supervisor or manager by 8 a.m. on the Friday preceding payday.

## Paid Time Off (PTO)

PTO is accrued based on hours paid, excluding overtime more than 80 hours. PTO begins accruing from date of hire. Employees are eligible to use their PTO at the completion of 90 days of employment.

Annual Paid Time Off Benefits Accrual Schedule Fulltime (80 Hours per Pay Period)				
Years of Service	Accrual Benefits	Annual Accrual		PTO CAP
		Hours Per Year	Days Per Year	
0 through 4 years	6.4615 hrs	168 hrs per year	21 days per year	336 hrs
5 through 9 years	8.0000 hrs	208 hrs per year	26 days per year	416 hrs
10+ years over	9.5385 hrs	248 hrs per year	31 days per year	497 hrs
Annual Paid Time Off Benefits Accrual Schedule (Senior Directors)				
0 through 4 years	8.0000 hrs	208 hrs per year	26 days per year	416 hrs
5 through 9 years	9.5385 hrs	248 hrs per year	31 days per year	496 hrs
10+ years over	11.0769 hrs	288 hrs per year	36 days per year	576 hrs
Annual Paid Time Off Benefits Accrual Schedule (Chiefs)				
0 through 4 years	9.5385 hrs	248 hrs per year	31 days per year	496 hrs
5 through 9 years	11.0769 hrs	288 hrs per year	36 days per year	576 hrs
10+ years over	12.6154 hrs	328 hrs per year	41 days per year	656 hrs

## PTO Cash-Out Program

After one year of employment, employees are eligible to cash-out up to their maximum annual PTO accrual during Partnership's Annual Open Enrollment period. There are two PTO cash-out pay dates. The cash-out occurs on the first payday in June and/or the first payday in December. Two cash-out pay dates may be elected, not to exceed maximum annual PTO accrual.

## Paid Sick Leave (PSL)

Full Time employees receive 50 hours of protected Paid Sick Leave (PSL) and Part Time employees receive 40 hours of PSL upon date of hire. Employees are eligible to use PSL hours at the completion of 90 days of employment. Unused PSL hours do not carry over into the next year and are not paid out upon separation of employment. PSL hours will reset back to 50 available hours for Full Time employees and 40 hours for Part Time employees on January 1 of the following year. PSL can be used for the employee and/or eligible family members of the employee for the following reasons: preventive care or diagnosis, treatment of an existing health condition, recovery from a physical/mental illness or injury or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.

## Partnership Holidays

New Year's Day	Independence Day	Christmas Eve
Martin Luther King Jr. Day	Labor Day	Christmas Day
Presidents' Day	Thanksgiving Day	Cultural Diversity Holiday (CDH)*
Memorial Day	Friday after Thanksgiving	

\*To recognize our multi-cultural workforce, Partnership is providing employees with an eight-hour Cultural Diversity Holiday (CDH). This day must be used for religious or cultural holidays, employee birthdays, or other state or federal holidays during which Partnership remains open.

When a holiday falls on a Saturday, it is observed the preceding Friday. When it falls on a Sunday, it is observed the following Monday.

## Tuition Reimbursement

Partnership's Tuition and Certification Reimbursement Program provides a reimbursement opportunity for full-time employees who have completed six months of continuous employment that are seeking to develop their professional skills. Pre-approval must be obtained from their Department Director and Training and Development in Human Resources. Qualifying courses must be completed in an accredited educational institution and must be job-related and relevant to current job responsibilities or planned career progression. Partnership will reimburse 75% of approved employee-paid educational expenses, up to \$4,000.00 per calendar year.

## Employee Assistance Program

The Claremont Employee Assistance Program (EAP) is a premier resource dedicated to improving quality of life. Highly skilled licensed professionals are available 24/7 to provide confidential support, guidance and referrals for issues and challenges employees may be experiencing. The EAP is available to all employees and their qualified family members living with them (including domestic partners). There is no cost to employees. The following is a brief overview:

- *5 counseling visits per incident*
- *Family, relationship and parenting issues*
- *Child and elder care needs*
- *Emotional and stress-related issues*
- *Conflicts at home or work*
- *Alcohol and drug dependencies*
- *Will preparation*

## Commuter Benefits

To help save money on commuting costs and provide a stress-free way for employees to arrive at work on time, Partnership implemented a commuter benefit program that offers an employer provided subsidy. With this benefit, Partnership will reimburse employees who commute to work by public transit (bus, rail, or ferry) or vanpool up to \$75/month

## Travel Assistance Program

As part of your employee benefits package, your Mutual of Omaha Group Life Insurance includes Worldwide Travel and ID Theft Assistance. While traveling more than 100 miles from home you may access travel assistance services 24/7 by calling (800) 856-9947. Your travel assistance benefit automatically includes identity theft assistance at no additional cost

## Who Do You Contact for Benefits Assistance?

Employees can contact the Human Resources team at [HRHelpdesk@partnershiphp.org](mailto:HRHelpdesk@partnershiphp.org) if they have questions after contacting member services at one of the insurance providers.

**For additional questions, employees can contact Partnership's Client Services Manager:**

Patti Harvey

[pharvey@acrisure.com](mailto:pharvey@acrisure.com)

(408) 350-5738

**Note:** For more information, visit <https://mybenefits.cc/partnership/> to review plan designs, required notices, evidence of coverage, documents, and much more.



**PARTNERSHIP**  
HEALTHPLAN of CALIFORNIA  
A Public Agency



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