2026

Dublin San Ramon Services District

Your Guide to Benefits

Disclaimer

This **Guide to Benefits** is informational only, and may not supersede District memorandums of understanding, personal services agreements, and/or group benefit plan documents.

Table of Contents

Benefit Enrollment & Dependent Eligibility

New enrollment or coverage changes for Qualifying Life Event?

To enroll in medical, dental and vision insurance as a new employee, employees must complete the necessary enrollment forms and submit the forms to Human Resources for processing within 60 days of hire.

To make a coverage change for a qualifying life event, employees must submit the change through Employee Self Service (ESS) for processing within 60 days of a qualifying event.

Instructions on how to use ESS for submitting changes can be found on the ESS page of the District's SharePoint intranet.

Who can I add as an eligible dependent?

- Spouse or domestic partner
- Natural born child(ren)
- Adopted child(ren)
- Stepchild(ren)
- Domestic partner's child(ren)
- Child where a documented parent-child relationship exists
- Disabled dependent over the age of 26

For more information on the qualifications for a parent-child relationship or a disabled dependent, please contact Human Resources. For age restrictions on dependent children, please see the next question.

How long can my dependent child(ren) remain on my benefits plans?

- **Delta Dental:** Dependent children are automatically dropped at age 23 and are not required to be full-time students.
- **CalPERS Health:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **VSP Vision:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **Medical FSA:** Dependent children are eligible for qualified expenses up to age 26 and are not required to be full-time students.

When can I drop my dependent(s)?

You may drop dependents during the open enrollment period OR within 60 days of a qualifying life event.

Note: *Failure to notify Human Resources within 60 days of the qualifying event may affect premiums payable by the District. For a list of qualifying events, please refer to pages 25 and 26 of the Annual Notices section.*

Benefit Plan Changes & Updates

Important changes to your health benefits coverage effective January 1, 2026

CalPERS Health Plan Highlights

Blue Shield Network Changes

Effective January 1, 2026, Blue Shield will be replacing the Blue Shield Trio plan with Blue Shield Access+ in Monterey County.

PERS Gold Value-Based Insurance Design (VBID) Change

Effective January 1, 2026, PERS Gold will continue with deductible in-patient credits of up to $500 for completing preventative care activities, while adding the following activities: participation in the Diabetes Prevention Program, if eligible, as well as depression or anxiety screening.

New Pharmacy Benefits Manager

Effective January 1, 2026, CVS Caremark will replace OptumRx as the new pharmacy benefits manager for the following CalPERS plans: Anthem Blue Cross Traditional and Select, PERS Gold and Platinum, UnitedHealthcare SignatureValue Alliance and Harmony, and Western Health Advantage.

- **Pharmacy Access:** Most members will be able to continue filling prescriptions at the same pharmacy they currently use.
- **New ID Cards:** Members will receive a welcome kit from CVS that includes new ID cards and information about accessing Caremark.com and the CVS Health app prior to January 1, 2026.
- **Formulary Changes:** The new contract will result in some formulary changes that may impact copays or involve a change in medication to an equally safe and effective alternative.

2026 Maximum Contributions

Flexible Spending Accounts (FSAs)

- **Medical FSA:** $3,400 per year
- **Dependent Care FSA:** $7,500 per household per year. *The plan year deferral limit may be reduced, as it is subject to IRS Code Section 129(d)(2) non-discrimination testing and may be capped.*
- **Parking & Transit Pass / Van Pooling Reimbursement:** $340 per month (each)

457 Deferred Compensation

- **Standard Limit:** $24,500
- **Age 50+ Catch-Up:** $8,000
- **Age 60 - 63 "Super" Catch-Up:** $11,250
- **Pre-Retirement "Special" Catch-Up:** $24,500

Secure Act 2.0

Enacted in December 2022, The Setting Every Community Up for Retirement Enhancement Act (SECURE 2.0) makes a variety of changes to the rules governing retirement plans, such as the District's 457(b) deferred compensation plan, to improve retirement savings options. Effective January 1, 2026:

- Employees aged 50 and older who earned more than $150,000 in Social Security wages in the previous calendar year, may only make age-based catch-up contributions on a Roth (after-tax) basis.
- Employees may elect to designate District matching contributions on a Roth (after-tax) basis. Previously, this was only allowed on a pre-tax basis.

Share the Savings

With proof of other Affordable Care Act (ACA) compliant group medical coverage (e.g. spouse's/partner's coverage), an employee may participate in the Share the Savings program by electing, in writing, to forego medical coverage through the District and receive a cash payment. The Share the Savings enrollment form is available in Employee Self Service (ESS).

The monthly Share the Savings program for full-time employees for the period of January 1, 2026 to December 31, 2026 as shown in the table below. [1]

Employee Group	Amount
Stationary Engineers Local 39 (Local 39)	$400 (cash)
International Federation of Professional & Technical Engineers Local 21 (Local 21)	
Mid-Management Employees Bargaining Unit (MEBU)	
Unrepresented Management, Professional, Technical, Administrative, and Confidential Employees (Unrepresented MPTAC)	
Unrepresented Senior Management	
General Manager	

Payments are made 24 times in a calendar year, twice in a calendar month. In months where three pay periods occur, no payments will be made on the third pay period. In 2026, Share the Savings payments will not be made on the following paycheck dates: **Monday, April 6 & Friday, September 4, 2026**

[1] *Disclaimer: The Share the Savings program is administered in accordance with applicable memorandum of understanding and District personnel rules.*

Health Plan Rates

The following charts reflect the monthly employee premium contributions as set in current contracts for the period from January 1, 2026 to December 31, 2026. **Please note that the employee contribution rates for Local 39 are pending contract negotiations and Board of Directors approval.**

Employee contributions are deducted from employee paychecks in equally divided amounts on the first two pay periods of each month. In months where three (3) pay periods occur, the deduction will not occur on the third pay period. In 2026, employee premium contributions will not be deducted on the April 6 and September 4 pay dates. To determine the per-pay-period cost, divide the employee contribution amount by two (2).

HMO plans are available in certain counties. Please refer to the CalPERS 2026 Health Benefit Summary Guide to determine if the selected HMO plan is available in your area.

These rates are based upon CalPERS "Region 1" 2026 premiums. These rates apply to regular, full-time employees covered under the following: Local 39, Local 21, MEBU, Unrepresented MPTAC, Unrepresented Senior Management, General Manager and Board of Directors, in accordance with board resolutions.

		Local 39		Local 21, MEBU, Unrepresented MPTAC, Unrepresented Senior Management, General Manager, & Board of Directors	
Plan and Coverage Level	CalPERS Premium	Max DSRSD Contribution [2]	Employee Contribution	Max DSRSD Contribution [3]	Employee Contribution
Anthem Blue Cross Select (HMO)					
Employee Only	$ 1,336.29	$ 1,034.00	$ 302.29	$ 1,141.00	$ 195.29
Employee + 1 Dependent	$ 2,672.58	$ 2,067.00	$ 605.58	$ 2,282.00	$ 390.58
Employee + Family	$ 3,474.35	$ 2,687.00	$ 787.35	$ 2,966.00	$ 508.35
Anthem Blue Cross Traditional (HMO)					
Employee Only	$ 1,612.08	$ 1,034.00	$ 578.08	$ 1,141.00	$ 471.08
Employee + 1 Dependent	$ 3,224.16	$ 2,067.00	$ 1,157.16	$ 2,282.00	$ 942.16
Employee + Family	$ 4,191.41	$ 2,687.00	$ 1,504.41	$ 2,966.00	$ 1,225.41
Blue Shield Access+ (HMO)					
Employee Only	$ 1,301.95	$ 1,034.00	$ 267.95	$ 1,141.00	$ 160.95
Employee + 1 Dependent	$ 2,603.90	$ 2,067.00	$ 536.90	$ 2,282.00	$ 321.90
Employee + Family	$ 3,385.07	$ 2,687.00	$ 698.07	$ 2,966.00	$ 419.07
Blue Shield Trio (HMO)					
Employee Only	$ 1,166.58	$ 1,034.00	$ 132.58	$ 1,141.00	$ 25.58
Employee + 1 Dependent	$ 2,333.16	$ 2,067.00	$ 266.16	$ 2,282.00	$ 51.16
Employee + Family	$ 3,033.11	$ 2,687.00	$ 346.11	$ 2,966.00	$ 67.11
Kaiser Permanente (HMO)					
Employee Only	$ 1,168.86	$ 1,034.00	$ 134.86	$ 1,141.00	$ 27.86
Employee + 1 Dependent	$ 2,337.72	$ 2,067.00	$ 270.72	$ 2,282.00	$ 55.72
Employee + Family	$ 3,039.04	$ 2,687.00	$ 352.04	$ 2,966.00	$ 73.04
United Healthcare SignatureValue Alliance (HMO)					
Employee Only	$ 1,290.06	$ 1,034.00	$ 256.06	$ 1,141.00	$ 149.06
Employee + 1 Dependent	$ 2,580.12	$ 2,067.00	$ 513.12	$ 2,282.00	$ 298.12
Employee + Family	$ 3,354.16	$ 2,687.00	$ 667.16	$ 2,966.00	$ 388.16
United Healthcare SignatureValue Harmony (HMO)					
Employee	$ 1,133.09	$ 1,034.00	$ 99.09	$ 1,133.09	$ 0.00
Employee + 1 Dependent	$ 2,266.18	$ 2,067.00	$ 199.18	$ 2,266.18	$ 0.00
Employee + Family	$ 2,946.03	$ 2,687.00	$ 259.03	$ 2,946.03	$ 0.00
Western Health Advantage (HMO)					
Employee Only	$ 969.58	$ 969.58	$ 0.00	$ 969.58	$ 0.00
Employee + 1 Dependent	$ 1,939.16	$ 1,939.16	$ 0.00	$ 1,939.16	$ 0.00
Employee + Family	$ 2,520.91	$ 2,520.91	$ 0.00	$ 2,520.91	$ 0.00
PERS Gold (PPO)					
Employee Only	$ 1,120.58	$ 1,034.00	$ 86.58	$ 1,120.58	$ 0.00
Employee + 1 Dependent	$ 2,241.16	$ 2,067.00	$ 174.16	$ 2,241.16	$ 0.00
Employee + Family	$ 2,913.51	$ 2,687.00	$ 226.51	$ 2,913.51	$ 0.00
PERS Platinum (PPO)					
Employee Only	$ 1,670.14	$ 1,034.00	$ 636.14	$ 1,141.00	$ 529.14
Employee + 1 Dependent	$ 3,340.28	$ 2,067.00	$ 1,273.28	$ 2,282.00	$ 1,058.28
Employee + Family	$ 4,342.36	$ 2,687.00	$ 1,655.36	$ 2,966.00	$ 1,376.36

[2] *District contribution rates for Local 39 are subject to change pending contract negotiation and Board of Directors approval.*

[3] *The maximum District contribution for Unrepresented Senior Management, General Manager, and Board of Directors is effective February 1, 2026.*

Delta Dental Plan

The District's dental plan provides coverage for both the Delta Dental Premier and the Delta Dental PPO Network. District employees who work a minimum of 20 hours per week and members of the board are eligible for dental coverage with 100% District-paid premiums. Dental benefits become effective the first day of the month following date of hire. Find a dentist near you at www.deltadental.com/us/en/member/find-a-dentist.html.

Benefit Overview

Delta Dental pays 70% of the contract allowance for covered diagnostic, preventative, and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that individual visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility

Primary enrollee, spouse (includes domestic partner) and eligible dependent children up to age 23

Deductibles

- **In-Network:** $0 per person each calendar year
- **Out-of-Network:** $25 per person each calendar year
- Deductibles waived for diagnostic & preventative

Maximums

- **In-Network:** The max benefit paid per calendar year is $2,100 per person
- **Out-of-Network:** The max benefit paid per calendar year is $2,000 per person

Waiting Period(s)

- **Basic & Major Benefits, Orthodontics** - None
- **Prosthodontics** - 12 months

Dental Coverage Level	District Paid Monthly Premium	Employee Contribution Amount
Employee Only	$ 52.80	$ 0
Employee + 1 Dependent	$ 95.60	$ 0
Employee + Family	$ 154.30	$ 0

Benefits & Covered Services [1]	In-PPO Network [2]	Out-Of-PPO Network [2]
Diagnostic & Preventative Services (D&P), Basic Services, Endodontics (root canal), Periodontics (gum treatment), Oral Surgery, Crown and Cast	70 – 100%	70 – 100%
Prosthodontics (bridges, dentures, implants) and Orthodontic Benefits	50%	50%
Orthodontic Maximums	Separate $1,000 lifetime maximum per person	

[1] *Limitations or waiting periods may apply for some benefits; some services may be excluded from the District plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.*

[2] *Reimbursement is based on PPO contracted fees for in-network dentists and program allowance for out-of-network dentists.*

Vision Services Plan (VSP)

The District is covered by the Vision Services Plan (VSP)–VSP Signature Doctor Network. District employees who work a minimum of 20 hours per week and members of the Board are eligible for vision coverage with 100% District-paid premiums. Vision benefits become effective the first day of the month following date of hire. Find a VSP doctor near you at vsp.com/eye-doctor.

Vision Plan Rates		
Vision Coverage Level	**District Paid Monthly Premium**	**Employee Contribution Amount**
Employee Only	$ 13.80	$ 0
Employee + 1 Dependent	$ 20.00	$ 0
Employee + Family	$ 30.20	$ 0

Benefit Overview

The District and VSP provide the following affordable eye care options to all eligible employees and dependents:

Benefits & Covered Services	Copay Amount	Frequency
WellVision Exam®	$ 10.00	Every 12 months
Prescription Glasses – Lenses • Single vision, lined bifocal, lined trifocal lenses and tints • Polycarbonate lenses for dependent children	$ 25.00	Every 12 months
Prescription Glasses – Frames	$ 150.00 allowance for wide selection of frames – 20% off the amount over your allowance	Every 12 months
—OR—		
Contact Lens Care Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.	No copay $ 150.00 allowance for contacts and the contact lens exam (fitting and evaluation)	Every 12 months
—OR—		
LightCare Allows use your frame and lens benefit to get non-prescription eyewear, including sunglasses and blue light filtering glasses.	$ 25.00	Every 12 months

Life and Accidental Death & Dismemberment Insurance

Basic Term Life Insurance

District employees who work a minimum of 20 hours per week and members of the Board are eligible for basic life insurance with 100% District-paid premiums. Benefits become effective the first day employment commences and cease the day termination of employment occurs; however, policy conversion is available.

Basic Term Life Insurance	
Employee Group	**Coverage**
Local 39, Local 21, MEBU, Unrepresented MPTAC, Unrepresented Senior Management, General Manager	Basic life insurance is equal to 2x the employee's annual base salary, to a maximum of $400,000 *
Board of Directors	Basic Life Insurance is equal to $50,000
Age Reductions and Exclusions Life insurance benefits and guaranteed issue amounts are subject to age reductions. At age 70, amounts reduce to 65%. At age 75+, amounts reduce to 50%. Coverage ceases the day termination of employment occurs.	
Premium Calculation - $ 0.136 / per $1,000	

* *The imputed cost of coverage in excess of $50,000 will be included in the employee's income, using the IRS Premium Table, and is subject to applicable Federal and State taxes.*

Accidential Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) pays death benefits for death by accident, over and above the basic term life insurance paid by the District. It also pays benefits for accidental loss of limbs, speech, hearing and sight.

If death occurs as a result of an accident, AD&D pays 100% of the Principal Life Benefit in addition to the amount paid from your basic term life policy. Benefits become effective the first day employment commences and cease the day termination of employment occurs.

Accidental Death & Dismemberment (AD&D)	
Employee Group	**Coverage**
Local 39, Local 21, MEBU, Unrepresented MPTAC, Unrepresented Senior Management, General Manager Board of Directors	AD&D provides for $50,000 in coverage
Age Reductions and Exclusions AD&D benefits are subject to age reductions. At age 70, amounts reduce to 65%. At age 75+, amounts reduce to 50%. Coverage ceases the day termination of employment occurs.	
Premium Calculation - $ 0.021 / per $1,000	

Disability Insurance

Short-Term Disability (STD) Insurance

Employees who work a minimum of 20 hours per week are eligible for STD insurance with 100% District-paid premiums. Benefits become effective the first day employment commences and cease the day termination of employment occurs.

Short-Term Disability (STD) Insurance	
Employee Group	**Coverage Amount**
Local 39, Local 21, MEBU, Unrepresented MPTAC, Unrepresented Senior Management, General Manager	STD insurance provides for 60% of regular weekly base salary (as of the week prior to the incident), to a maximum of $1,667 weekly benefit, after a 29-day waiting period Benefits continue for a maximum of 48 weeks, if totally disabled
Board of Directors	Ineligible for STD coverage
Premium Calculation - $ 0.341 / per $10 of weekly benefit	

Long-Term Disability (LTD) Insurance

Employees who work a minimum of 20 hours per week are eligible for LTD insurance with 100% District-paid premiums. Benefits become effective the first day employment commences and cease the day termination of employment occurs.

Long-Term Disability (LTD) Insurance	
Employee Group	**Coverage Amount**
Unrepresented Senior Management, General Manager	LTD insurance provides for 70% of regular monthly base salary (as of the month prior to the incident), to a maximum of $10,000 monthly benefit, after a 365-day waiting period
Local 39, Local 21, MEBU, Unrepresented MPTAC	LTD insurance provides for 66 ⅔% of regular monthly salary (as of the month prior to the incident), to a maximum of $6,000 monthly benefit, after a 365-day waiting period
Board of Directors	Ineligible for LTD coverage
Premium Calculation - $ 0.231 / per $100 of monthly covered salary	

Voluntary Life Insurance

The following plans are voluntary and 100% paid by the Employee. The District is responsible for administering enrollment and processing payroll deductions for the monthly premiums.

Voluntary Employee & Spouse / Partner Life Insurance

Employees who work a minimum of 20 hours per week are eligible to purchase additional voluntary life insurance through payroll deductions, up to the lesser amount of five (5) times the employee's Basic Annual Earnings or $500,000.

Employees may also purchase voluntary life insurance for their spouse/partner, up to a lesser amount of 50% of the employee's voluntary election or $100,000.

Voluntary Life Insurance	Employee	Spouse / Partner
Benefit Coverage Amount	Units of $10,000	Units of $5,000
Guaranteed Coverage Amount (GCA) [1]	$100,000	$50,000
Maximum Coverage Level	$500,000 *(Not to exceed 5x annual salary)*	$100,000
Details	**Benefit Reduction Schedule:** Benefits reduce to 65% at age 70, 45% at age 75, and 30% at age 80	**Eligibility:** Spouse covered up to age 70
Premium Calculation - Use the rate chart and calculation table on the following page to determine your monthly premium(s).		

Voluntary Child Life Insurance

Employees have the option, through payroll deduction, to purchase $1,000 or $10,000 of voluntary life insurance coverage for qualified dependent children at the flat monthly rate noted in the rate chart below, regardless of the number of children. The rate chart below can be used to determine your monthly cost for this coverage.

Voluntary Child Life Insurance		
Age Band	**Maximum Coverage**	**Flat Monthly Rate**
Date of Birth - 6 months old	$1,000	$0.11 per month
6 months old - 26 years old	$10,000	$1.10 per month

[1] *If an employee elects coverage that exceeds the Guaranteed Coverage Amount (GCA) or applies for coverage more than 31 days after becoming eligible, the evidence of insurability form must be completed. Additionally, until such time that the insurance carrier has reviewed and approved the election for coverage beyond the GCA, only the premium for the GCA will be deducted through payroll.*

Voluntary Life Insurance

Premium Calculation for Voluntary Employee & Spouse/Partner Life Insurance

The rate chart and calculation table below can be used to determine the monthly cost for coverage based on age [2] and the elected benefit amount.

Voluntary Life Insurance Rates		
Age Band	**Employee**	**Spouse/Partner**
Less than 20	$0.70	$0.70
20-24	$0.70	$0.70
25-29	$0.70	$0.70
30-34	$0.84	$0.84
35-39	$0.98	$0.98
40-44	$1.51	$1.51
45-49	$2.35	$2.35
50-54	$3.67	$3.67
55-59	$6.39	$6.39
60-64	$7.11	$7.11
65-69	$13.28	$13.28
70-74	$21.53 (Employee Only)	No coverage
75-79	$81.32 (Employee Only)	No coverage
80 and over	$81.32 (Employee Only)	No coverage

Follow these steps to determine your monthly voluntary life insurance premium:

Step	Enter
1. Select amount of additional life insurance	$
2. Divide line 1 by $10,000	$
3. Insert the applicable rate from the chart above	$
4. Multiply line 2 by line 3 to get your monthly premium	$

[2] *On January 1 of each year, employees and spouses/partners affected by age band changes will experience an increase to the monthly premium(s). Human Resources staff will provide notification of the increase in premium(s) via email communication.*

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Voluntary Employee and Spouse / Partner AD&D Insurance

Employees may purchase additional voluntary AD&D insurance through payroll deduction. AD&D coverage may be elected up to $500,000. Spouse/partner AD&D coverage may be elected up to the lesser amount of 100% of the employee's voluntary AD&D election or $100,000.

The rate chart below can be used to determine the monthly cost for this coverage based on the elected benefit amount.

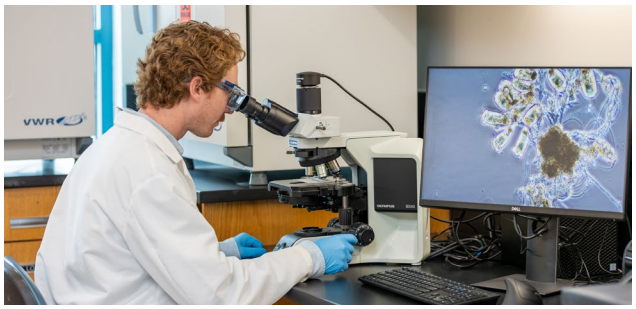
Voluntary Employee and Spouse / Partner AD&D Insurance Rates		
Benefit Amount	Employee	Spouse / Partner
$10,000	$0.40	$0.30
$20,000	$0.80	$0.60
$30,000	$1.20	$0.90
$40,000	$1.60	$1.20
$50,000	$2.00	$1.50
$60,000	$2.40	$1.80
$70,000	$2.80	$2.10
$80,000	$3.20	$2.40
$90,000	$3.60	$2.70
$100,000	$4.00	$3.00

Voluntary Child AD&D Insurance

Employees have the option, through payroll deduction, to purchase $10,000 of voluntary AD&D insurance for qualified dependent children at the flat rate of $0.35 per month; regardless of the number of children.

Voluntary Child AD&D Insurance Rate	
Maximum Coverage	Rate
$10,000	$0.35 per month

Flexible Spending Accounts (FSA)



Medical FSA

Employees have the option of deferring salary to pay for qualified health care expenses using pretax dollars. Employees electing to enroll in the District's Medical FSA will have premiums deducted each pay period on a pretax basis. Qualified health care expenses will be reimbursed to employees through P&A Group, the District's FSA plan administrator. As an added convenience, employees and their eligible dependents over the age of 18 may elect to receive an FSA debit card to use to pay for qualified medical, dental, and/or vision expenses at the point of service.

2026 maximum salary deferral for Medical FSA is $3,400 per year*

Dependent Care FSA

Employees have the option of deferring salary to pay for qualified dependent care expenses using pretax dollars. Employees electing to enroll in the District's Dependent Care FSA will have premiums deducted each pay period on a pretax basis. Qualified dependent care expenses will be reimbursed to employees through P&A Group, the District's FSA plan administrator.

2026 maximum salary deferral for Dependent Care FSA is $7,500 per household, per year for each account*

Employees should seek the advice of their tax advisor prior to electing this benefit.

Transit Reimbursement Account

Employees have the option to make pretax deferrals to a Transit Reimbursement Account equal to the expenses that would be paid out of pocket (subject to plan limits) for transportation (monthly bus pass/van pool) or parking.

Transit Passes/Van Pooling

Include any expenses paid by an employee using mass transit or a van pool for transportation to and from work.

2026 maximum allowed per month for transit passes/van pooling is $340

Qualified Parking

Include costs incurred by an employee to park at or near either the employee's place of employment or a parking facility at or near a location from which an employee commutes to work by mass transit, van pooling, in a commuter highway vehicle, or by carpool. It does not include parking at or near an employee's residence.

2026 maximum allowed per month for qualified parking is $340

Transit Reimbursement Accounts are not subject to the "use it or lose it" rule. Account balances may be carried forward indefinitely; however, the employee must be actively enrolled in the program and making contributions to utilize the fund balance.

With both transit reimbursement plans, election changes can be made as often as necessary to allow for changes in the employee's daily commute. An enrollment/change form must be completed for each change.

Note: *The District's transit reimbursement benefit is in compliance with Bay Area Air Quality Management District (BAAQMD) Regulation 14, Rule 1 regarding commuter benefits.*

* *The plan year deferral limit may be reduced as it is subject to IRS Code Section 129(d)(2) non - discrimination testing and may be capped.*

Retirement Benefits

CalPERS Defined Benefit Pension Plan

The District contracts with the California Public Employees' Retirement System to provide a defined benefit pension. In compliance with the legal requirements of the California Public Employees' Pension Reform Act of 2012 (PEPRA), the District shall maintain two (2) defined benefit plans.

Classic Members

One plan is for "classic members", defined by PEPRA as District employees active as of December 31, 2012, all former employees of the District, and new hires who were members of a reciprocal public pension plan as of December 31, 2012 and who were last employed by a public agency and covered by a reciprocal plan within six (6) months of beginning employment with the District.

New Members

The second plan is for "new members", defined by PEPRA as either individuals who were not members of a reciprocal public pension plan on or before December 31, 2012, or individuals who have had a break in service of more than six (6) months prior to beginning employment with the District.

	Plan 1: Classic Members	Plan 2: New Members
Formula	2.7% at 55	2% at 62
Employee contribution (as percentage of salary)	8%	50% of the normal cost (7.75% for 7/2025 – 6/2026)
Pensionable compensation cap (for 2026)	$360,000 [1]	$159,733
Earliest age of retirement	50	52
Final average compensation period	12 months	12 months
Option 2W pre-retirement death benefits	Yes	Yes
Cost of living adjustment	Up to 2%	Up to 2%

Social Security and Medicare

The District participates in both Social Security and Medicare. The District contributes 6.2% of all wages to Social Security, up to the taxable cap on wages, $184,500 in 2026; and an additional 1.45% of all wages up to $200,000 and 2.35% of all wages over $200,000 to Medicare. Employees contribute 6.2% of wages up to $184,500 (as of 01/01/26) toward Social Security and the applicable percentage of all wages toward Medicare. These rates and earnings limits are set by federal law.

[1] *Applies to employees who became CalPERS members after January 1, 1996.*

Retirement Benefits

Deferred Compensation Defined Contribution Plan

The District offers a deferred compensation 457 plan through MissionSquare Retirement. Eligible employees may choose to set aside pretax dollars and, therefore, reduce current taxable income or may set aside post-tax dollars (Roth). A maximum of $24,500 to $49,000 (depending on age of employee and prior years' contribution level) or 100% of annual earnings, whichever is less, may be contributed by the employee in 2026. Contribution maximum limits are listed below.

Deferred Compensation Election Options	2026 Contribution Maximums	2026 District Match for Local 21, MEBU, Unrepresented MPTAC & Unrepresented Senior Management
Under 50	$24,500	100% match up to $2,500 [2]
Age 50+ Catch-Up Provision	$8,000 *In addition to the $24,500 contribution limit shown above.*	No Match
Age 60 - 63 "Super" Catch-Up Provision	$11,250 *In addition to the $24,500 contribution limit shown above.*	No Match
Pre-Retirement "Special" Catch-Up *Requires proof of prior years under-contribution*	$24,500 *In addition to the $24,500 contribution limit shown above.*	No Match

[2] *District match rate for Local 39 is subject to pending contract negotiation and Board of Directors approval.*

Secure Act 2.0

Enacted in December 2022, The Setting Every Community Up for Retirement Enhancement Act (SECURE 2.0) makes a variety of changes to the rules governing retirement plans, such as the District's 457(b) deferred compensation plan, to improve retirement savings options. Effective January 1, 2026:

- Employees aged 50 and older who earned more than $150,000 in Social Security wages in the previous calendar year, may only make age-based catch-up contributions on a Roth (after-tax) basis.
- Employees may elect to designate District matching contributions on a Roth (after-tax) basis. Previously, this was only allowed on a pre-tax basis.

Retirement Benefits

Retiree Dental Insurance

The District offers retiree dental to all District employees who retire from the District and whose first date of employment was before July 1, 2014. The premiums for retiree dental coverage are paid 100% by the District.

Retiree Medical Insurance

The District offers contributions towards CalPERS retiree medical insurance premiums for qualified employees who retire from CalPERS within 120 days of separation from the District.

Depending upon hire date at the District and bargaining group (see table below), employees are eligible for retiree medical insurance under the CalPERS Vesting Program or the District Vesting Program.

	Hired On or After	
Bargaining Group	**CalPERS Vesting Program**	**District Vesting Program**
Local 21	3/1/2004	1/1/2026
Local 39	6/1/2006	N/A
Board of Directors	N/A	N/A
MEBU	8/7/2007	1/1/2026
Unrepresented MPTAC	9/24/2007	1/1/2026
General Manager	1/1/2018	N/A
Unrepresented Senior Management	3/1/2004	2/1/2026

CalPERS Vesting Program

- Must have a minimum of 10 years of CalPERS service
- Must have a minimum of five (5) years of service at the District
- Must retire from the District
- The maximum District contribution is based on the CalPERS 100/90 formula and coverage level.
- The percentage of the CalPERS 100/90 formula is determined by the number of full years of CalPERS Service (see percentage table on the next page)

Retirement Benefits

CalPERS Vesting Program - Calendar Year 2026 Maximum Contribution		
Retiree Only	**Retiree + 1 Dependent**	**Retiree + Family**
$1,084.00	$2,057.00	$2,638.00

Years of CalPERS Service	% of Contribution
10	50%
11	55%
12	60%
13	65%
14	70%
15	75%
16	80%
17	85%
18	90%
19	95%
20	100%

District Vesting Program

- The District contribution is the minimum employer contribution (MEC), adjusted annually by CalPERS, and a supplemental contribution based on the years of District service. The 2026 MEC is $162.
- The supplemental contribution is determined based on a percentage of the plan the retiree is enrolled in as noted below.

Years of District Service	Supplemental Contribution (Minus the MEC)
0 - 14 years	None
15 - 19 years	**Retiree Only:** 90% of the plan premium the retiree is enrolled in; not to exceed 90% of the premium for the least expense Region 1 Kaiser plan (Retiree only)
20+ years	**Retiree + 1 Dependent:** 90% of the plan premium the retiree is enrolled in; not to exceed 90% of the premium for the least expense Region 1 Kaiser plan (Retiree only or Retiree + 1)

Other Benefits

Wellness Incentive Program

All active regular and limited-term employees are eligible to participate in the District's Wellness Incentive Program, designed to encourage employees to build and maintain healthy lifestyles. Each quarter, employees have the opportunity to earn wellness points for participation in designated health and wellness activities. Points are tracked in the Wellness Portal and awards are made redeemable on a quarterly basis.

Learn more by logging in at https://app.wellable.co/.

DSRSD wellness PROGRAM

Employee Assistance Program

The District's Employee Assistance Program offers confidential counseling, coaching, work-life resources and referrals, and mindfulness solutions through Concern with 100% District-paid premiums. Employees and their eligible family members may receive up to five (5) free counseling sessions per person, per issue, per year with experienced, licensed counselors. Additional benefits include adult care resources, identity theft services, parenting and childcare referrals, plus financial and legal consultations. Learn more by logging in at https://employees.concernhealth.com.

District - Paid Monthly Premium	Employee Contribution Amount
$3.56	$0.00

Other Benefits

Identity Theft Insurance

The California Sanitation Risk Management Authority (CSRMA) provides identity fraud coverage through Travelers Bond insurance to DSRSD employees and their family members. Identity theft insurance covers legal fees, lost wages and other expenses an individual may have to pay to restore their credit after their identity has been stolen. The policy provides for reimbursement of expenses up to $25,000.

No deductible applies. For more information call (800) 842-8496 or send an email inquiry to bfpclaims@travelers.com.

Public Service Loan Forgiveness (PSLF) Program

Full-time District employees may qualify for forgiveness of the remaining balance due on their William D. Ford Federal Direct Loan Program (Direct Loan Program). Per the College Cost Reduction and Access Act (CCRAA), Section 401, if you are employed in certain public service jobs and have made 120 payments on your Direct Loans (after October 1, 2007), the remaining balance that you owe may be forgiven. Only payments made under certain repayment plans may be counted toward the required 120 payments.

For more information, employees are encouraged to speak with their student loan servicer or visit https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service.

Accident, Critical Illness, and Cancer Assist Insurance

Employees of the District have the option to voluntarily purchase accident, critical illness, and cancer assist insurance at a discounted rate through Colonial Life.

- **Accident:** If you experience a covered accident or injury, accident insurance helps pay for out-of-pocket medical expenses, such as doctor bills, co-pays, or emergency room fees.
- **Critical Illness:** Medical insurance may not cover all costs involved with a critical illness. Critical illness insurance can help close the gap by providing a lump-sum benefit to pay for direct and indirect costs related to covered critical illnesses such as heart attack, stroke, or end-stage renal (kidney) failure.
- **Cancer Assist:** If you or someone in your family faces cancer, then cancer insurance can help provide a financial safety net that can assist with covering cancer-related expenses that medical insurance doesn't cover.

For more information or to purchase voluntary benefits, please call the Enrollment Center Voicemail Box at (855) 697-6876. Please leave your name, phone number, and a message that states that you are an employee of the District for more information, visit www.coloniallife.com.

Pet Insurance

Employees of the District have the option to voluntarily purchase pet insurance at a discounted rate through Nationwide Insurance. Nationwide offers two pet insurance plans to District employees: "My Pet Protection" and "My Pet Protection with Wellness". Both plan options are available for both dogs and cats, do not have an age restriction, and provide 90% back on vet bills for covered services.

Nationwide also offers pet insurance for birds, reptiles, or other exotic pets. For more information or to purchase pet insurance, please visit www.petinsurance.com or contact Human Resources.

Annual Notices

Health Insurance Marketplace Coverage Options

Health care reform created a new way to buy private individual health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage we offer to you. Please note that this notice is informational only.

What is Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if the District does not offer coverage, or offers coverage that is not considered affordable for you and does not meet certain minimum value standards (discussed below). The savings that you are eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does the Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If the District has offered you health coverage that meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in the District's health plan, if you are eligible (- just because you received this Marketplace notice does not mean you are eligible). However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing if the District does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meets minimum value standards. If the cost of self-only coverage under the District's health plan is more than 9.12% of your annual household income, or if the District's health plan does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the District's health coverage. For family members, coverage is considered affordable if your cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of your household income.

Note: *If you purchase a health plan through the Marketplace instead of accepting the District's health plan coverage, then you may lose the District's contribution (if any) to your coverage under the District's health plan. Also, the District's contribution—as well as your employee contribution—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the District's health plan coverage does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.*

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period, which generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

How Can I Get More Information About the Health Insurance Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Annual Notices

Part B: Information About Employer-Provided Health Coverage

If you decide to complete an application for coverage in the Marketplace, you will be asked for information about the District's health plan coverage. The following information can help you complete your application for coverage in the Marketplace.

1. **General Employer Information**

Employer Name	Dublin San Ramon Services District
Employer Identification Number (EIN):	946050194
Employer street address:	7051 Dublin Boulevard
Employer phone number:	(925) 828-0515
Employer city, state and zip:	Dublin, CA 94568-3018
Who can we contact about employee health coverage at this job:	Human Resources & Risk Division
Phone number (if different from above):	(925) 875-2296
Email address:	mcquiston@dsrsd.com

2. **Eligibility** - You may be asked whether or not you are currently eligible for the District's health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under the District's health plan.

If you would like information about the eligibility requirements for the District's health plan, please read the eligibility provisions described in the Summary Plan Description for the District's health plan. You can obtain a copy of the Summary Plan Description by contacting Human Resources at (925) 875-2296 or mcquiston@dsrsd.com.

3. **Minimum Value -** If you are eligible for coverage under the District's health plan, you may be required to check a box indicating whether or not the District's health plan meets the minimum value standard. The District's health plan coverage meets the minimum value standard.

4. **Premium Cost -** If you are eligible for coverage under the District's health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under the District's lowest-cost health plan, please contact Michelle McQuiston at (925) 875-2296 or mcquiston@dsrsd.com

5. **Future Changes -** You may also be asked whether or not the District will be making certain changes to the DSRSD health plan coverage for the new plan year. As usual, you will be provided with information about any changes to the District's health plan coverage before the next open enrollment period. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

Annual Notices

Medicare Part D Notice

Important Notice from Dublin San Ramon Services District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Dublin San Ramon Services District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Dublin San Ramon Services District has determined that the prescription drug coverage offered by the District's health plan coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your District health insurance coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the District's health insurance coverage is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your District health prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Human Resources for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: *Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

Date	01/01/2026
Name of Entity/Sender	Dublin San Ramon Services District
Contact-Position/Office	Human Resources
Address	7051 Dublin Blvd., Dublin, CA 94568
Phone Number	(925) 828-0515

The Women's Health & Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please refer to the Plan's summary plan description.

The Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call Human Resources at 925-828-0515.

Annual Notices

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in the District's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in the District's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 60 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 60 day timeframe, coverage will be effective the first of the month following the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in the District's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: *If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.*

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for the District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources. A copy of our notice is also available on the District's SharePoint site.

Notice of Choice of Providers

Your health plan generally requires designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your health plan directly. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your health plan.

Notice Regarding Wellness Program

The District's Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which would include a blood test for glucose, HDL, LDL, triglycerides and total cholesterol. You are not required to complete an HRA or to participate in any blood tests or other medical examinations.

However, employees who choose to participate in certain health-related activities will have the opportunity to earn incentive awards in accordance with the District's

Wellness Incentive Program Personnel Rule. If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA and/or the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the District may use aggregate information it collects to design a program based on identified health risks in the workplace, the program will never disclose any of your personal information either publicly or to the District, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

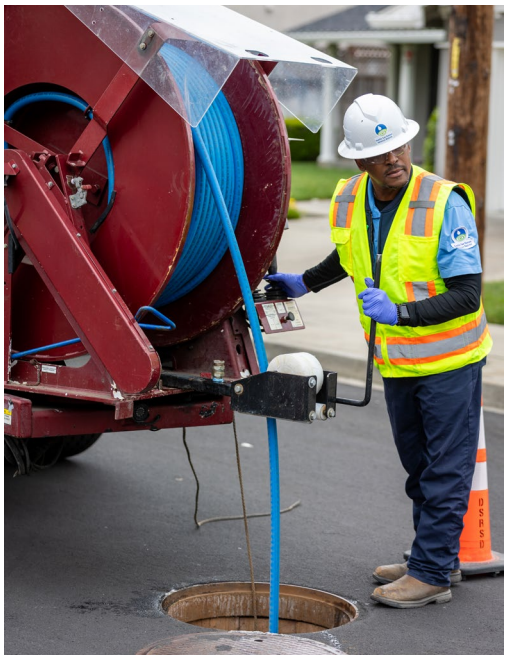
Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).



California - Medicaid	
Health Insurance Premium Payment (HIPP) Program Website	http://dhcs.ca.gov/hipp
Phone	(916) 445-8322
Fax	(916) 440-5676
Email	hipp@dhcs.ca.gov

For more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323,
Menu Option 4, Ext. 61565

Human Resources Contacts

HR Contacts	Title	Phone	Email
Samantha Koehler	Human Resources & Risk Manager	(925) 875-2288	koehler@dsrsd.com
Michelle McQuiston	Human Resources Analyst II	(925) 875-2296	mcquiston@dsrsd.com
Cheri Smith	Human Resources Analyst II	(925) 875-2290	csmith@dsrsd.com
Simone Grashuis	Human Resources Technician	(925) 875-2297	grashuis@dsrsd.com
Xuan-Thu Nguyen	Administrative Assistant II (Confidential)	(925) 875-2282	xnguyen@dsrsd.com

Benefits Contacts

Benefit	Provider	Website	Contact
Medical Benefits & Retirement	CalPERS	www.calpers.ca.gov	(888) 225-7377
Dental Plan	Delta Dental	www.deltadentalca.org	(800) 765-6003
Vision Plan	VSP	www.vsp.com	(800) 877-7195
Life, Disability, & AD&D Insurance	Lincoln Financial Group	www.lfg.com/public/individual#	(877) 275-5462
Flexible Spending Account	P&A Group	www.padmin.com	(800) 688-2611
IRS 457 Deferred Compensation Plan	MissionSquare	www.missionsq.org	Customer Service: (800) 669-7400 Amaya Fine: (866) 838-9776 or afine@missionsq.org
Employee Assistance Program	Concern	https://employees.concernhealth.com	(800) 344-4222
ID Fraud Protection	Travelers	www.travelers.com/personal-insurance/identity-theft-protection/index.aspx	Travelers Claims: (800) 842-8496
Pet Insurance	Nationwide Insurance	www.petinsurance.com	(877) 738-7874
Accident, Critical Illness, & Cancer Assist Insurance	Colonial Life	www.coloniallife.com	Enrollment Center Voicemail Box: (855) 697-6876

Dublin San Ramon Services District

Water, wastewater, recycled water

7051 Dublin Boulevard, Dublin, CA 94568

www.dsrsd.com