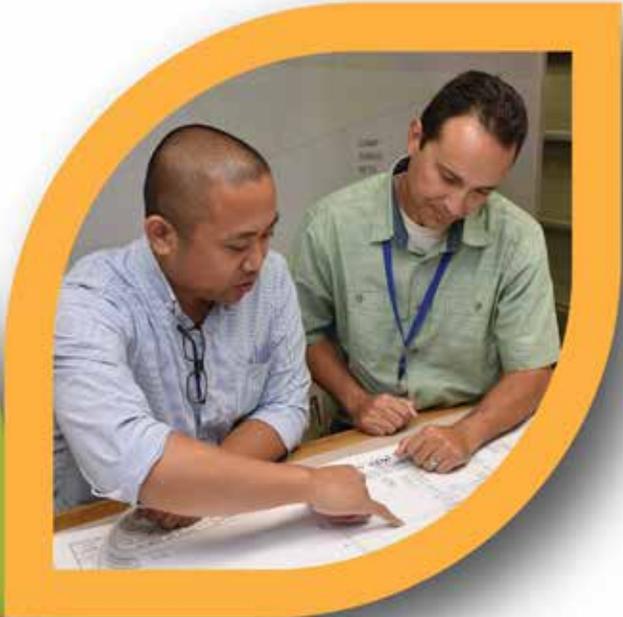




Dublin San Ramon  
Services District

*Water, wastewater, recycled water*



YOUR GUIDE TO 2019

*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.



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## BENEFIT ENROLLMENT AND DEPENDENT ELIGIBILITY

### New Enrollment or Coverage Changes for Qualifying Life Event

To enroll in medical, dental, and vision insurance as a new employee, or to make a coverage change for a qualifying life event, employees must do the following:

- Complete the necessary enrollment/change form(s). Forms can be printed from the Human Resources Benefits page of the District's SharePoint intranet.
- Submit your completed enrollment/change forms to Human Resources for processing within 60 days of hire or qualifying event.

### Who can I add as an eligible dependent?

- Spouse or domestic partner
- Natural born child(ren)
- Adopted child(ren)
- Step child(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.

### 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 21 and 22 of the Annual Notices section.

# BENEFIT PLAN CHANGES AND UPDATES

There are some important changes to your health benefits coverage effective January 1, 2019.

## Affirmative Election Required

All employees enrolled in a medical plan, even those not making a change, will be required to submit paperwork to confirm their election to remain in their chosen medical plan. Individualized forms will be emailed to employees from HR to sign and confirm enrollment.

## CalPERS Health Plan Highlights - HMOs

### UnitedHealthCare HMO No Longer Available in Bay Area:

Effective January 1, 2019, CalPERS will no longer offer the UnitedHealthCare HMO plan for Bay Area Counties. Employees currently enrolled in the UnitedHealth Care HMO should elect a new plan during Open Enrollment, otherwise they will be automatically enrolled in Health Net SmartCare by CalPERS.

### Blue Shield Access + HMO No Longer Available in Certain Bay Area Counties

Effective January 1, 2019, CalPERS will no longer offer the Blue Shield Access + HMO plan for the following Bay Area Counties:

- Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties

Employees who live in the above counties and are enrolled in Blue Shield Access + HMO should elect a new plan during Open Enrollment, otherwise they will be automatically enrolled in Health Net SmartCare by CalPERS.



### Anthem Select HMO - UC Davis Medical Group No Longer Offered:

Effective January 1, 2019, CalPERS will no longer contract for services with the UC Davis Medical Group under the Anthem Select HMO plan. The UC Davis Medical Group will continue to be offered on Anthem Traditional HMO, Blue Shield Access + HMO, and UnitedHealthCare HMO.

## CalPERS Health Plan Highlights - PPOs

### PERSCare PPO Co-Payment Increases:

Effective January 1, 2019, the co-payment for urgent care and specialist office visits on the PERSCare PPO plan will increase from \$20 to \$35.

### PERS Choice PPO Co-Payment Increases:

Effective January 1, 2019, the co-payment for urgent care and specialist office visits on the PERS Choice PPO Plan will increase from \$20 to \$35.

### PERS Select PPO Moves to Value-Based Insurance Design:

Effective January 1, 2019, CalPERS the PERS Select PPO plan will change to a value-based insurance design. As such, personal doctor visit co-payments will decrease to \$10 while other co-payments will increase from \$20 to \$35.

A value-based insurance design differs from other traditional fee-for-service insurance designs in that it incentivizes quality and efficiency of care by decreasing costs for preventive services in order to encourage patients to manage conditions before they get sick. Additionally, the value-based design streamlines services and care by bundling services and providers.

### Three Medical Plans Available at No Monthly Cost:

Based on the CalPERS 2019 Medical Rates for the Bay Area Region and the District's 2019 contribution, there are three medical plans that are available to employees with no monthly premium cost:

- Kaiser HMO
- Western Health Advantage HMO
- PERS Select PPO



### **HR Simplified Flexible Spending (IRS 125) Accounts<sup>1</sup>**

A complete overview of flexible spending benefits can be found page 14.

- 2018 maximum salary deferral for Medical FSA is \$2,650 per year
- 2018 maximum salary deferral for Dependent Care FSA is \$5,000 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.
- 2018 Qualified Parking Reimbursement monthly maximum is \$260.00
- 2018 Transit Pass/Van Pooling Reimbursement monthly maximum is \$260.00

<sup>1</sup> 2019 plan maximums are expected to be released in November 2019.

### **Nationwide 457 Deferred Compensation**

A complete overview of 457 deferred compensation plan benefits is on page 16.

- 2018 Limit for Under Age 50: \$18,500
- 2018 Limit for Age 50+ Catch-up Provision: \$6,000
- 2018 Limit for Age 50+ "Special" Catch-up: \$18,500

### **Pet Insurance**

The District will begin to offer voluntary pet insurance for employees to purchase through Nationwide Insurance. See Page 18 for more information.

# 2019 HMO PLAN RATES

The following chart reflects the monthly employee premium contributions for the period from January 1, 2019 to December 31, 2019. 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 2019, employee premium contributions will not be deducted on the January 7th and July 8th 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 <a href="#">CalPERS 2019 Health Benefit Summary Guide</a> to determine if the selected HMO plan is available in your area.			
PLAN AND COVERAGE LEVEL	CALPERS PREMIUM AMOUNT	MAXIMUM DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION AMOUNT
<b>Blue Shield Access+ HMO</b>			
Employee Only	\$970.90	\$780.00	\$190.90
Employee + 1 Dependent	\$1,941.80	\$1,560.00	\$381.80
Employee + Family	\$2,524.34	\$2,028.00	\$496.34
<b>Kaiser Permanente HMO</b>			
Employee Only	\$768.25	\$768.25	\$0.00
Employee + 1 Dependent	\$1,536.50	\$1,536.50	\$0.00
Employee + Family	\$1,997.45	\$1,997.45	\$0.00
<b>Anthem HMO Select</b>			
Employee Only	\$831.44	\$780.00	\$51.44
Employee + 1 Dependent	\$1,662.88	\$1,560.00	\$102.88
Employee + Family	\$2,161.74	\$2,028.00	\$133.74
<b>Anthem HMO Traditional</b>			
Employee Only	\$1,111.13	\$780.00	\$331.13
Employee + 1 Dependent	\$2,222.26	\$1,560.00	\$662.26
Employee + Family	\$2,888.94	\$2,028.00	\$860.94
<b>Heath Net SmartCare</b>			
Employee Only	\$901.55	\$780.00	\$121.55
Employee + 1 Dependent	\$1,803.10	\$1,560.00	\$243.10
Employee + Family	\$2,344.03	\$2,028.00	\$316.03
<b>Western Health Advantage</b>			
Employee Only	\$767.01	\$767.01	\$0.00
Employee + 1 Dependent	\$1,534.02	\$1,534.02	\$0.00
Employee + Family	\$1,994.23	\$1,994.23	\$0.00

All employee premium contributions noted above are based on CalPERS "Bay Area" rates for 2019. Employee premium contributions may vary based on the county in which the employee resides and the coverage region, as defined by CalPERS.

2019 District contribution rates shown above apply to regular, full-time Stationary Engineers - Local 39, Confidential, Mid-Management, Professional, and Senior Management employees; and the General Manager and Board of Directors, in accordance with board resolution.

# 2019 PPO PLAN RATES

The following chart reflects the monthly employee premium contributions for the period from January 1, 2019 to December 31, 2019. 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 2019, employee premium contributions will not be deducted on the January 7th and July 8th pay dates.

To determine the per-pay-period cost, divide the employee contribution amount by two (2).

PLAN AND COVERAGE LEVEL	CALPERS PREMIUM AMOUNT	MAXIMUM DISTRICT CONTRIBUTION	EMPLOYEE CONTRIBUTION AMOUNT
<b>PERS Select PPO</b>			
Employee Only	\$543.19	\$543.19	\$0.00
Employee + 1 Dependent	\$1,086.38	\$1,086.38	\$0.00
Employee + Family	\$1,412.29	\$1,412.29	\$0.00
<b>PERS Choice PPO</b>			
Employee Only	\$866.27	\$780.00	\$86.27
Employee + 1 Dependent	\$1,732.54	\$1,560.00	\$172.54
Employee + Family	\$2,252.30	\$2,028.00	\$224.30
<b>PERSCare PPO</b>			
Employee Only	\$1,131.68	\$780.00	\$351.68
Employee + 1 Dependent	\$2,263.36	\$1,560.00	\$703.36
Employee + Family	\$2,942.37	\$2,028.00	\$914.37

All employee premium contributions noted above are based on CalPERS "Bay Area" rates for 2019. Employee premium contributions may vary based on the county in which the employee resides and the coverage region, as defined by CalPERS.

2019 District contribution rates shown above apply to regular, full-time Stationary Engineers - Local 39, Confidential, Mid-Management, Professional, and Senior Management employees; and the General Manager and Board of Directors, in accordance with board resolution.





## 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 contribution to his or her 457 Deferred Compensation account. The *Share the Savings* enrollment form is available on the District's intranet page.

### 2019 *Share the Savings* 457 Contribution Amount

The monthly *Share the Savings* program contribution for full-time employees for the period of January 1, 2019 to December 31, 2019 is \$350 per month (payable bi-monthly), to the employee's 457 account. Contributions are made 24 times in a calendar year, twice in a calendar month. In months where three (3) pay periods occur, no contributions will be made on the third pay period. In 2019, *Share the Savings* contributions will not be made on the January 7th and July 8th pay dates.

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

The 2019 *Share the Savings* rate applies to regular, full-time stationary Engineers – Local 39, Confidential, Mid-Management, Professional, Senior Management employees and the General Manager; the program is not available to the Board of Directors.

# DELTA DENTAL PLAN

## 2019 Dental Plan Rates

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.

## 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%.

## Find a Dentist Near You

Click [here](#) to search for a dentist in your area.

DENTAL COVERAGE LEVEL	DISTRICT PAID MONTHLY PREMIUM	EMPLOYEE CONTRIBUTION AMOUNT
Employee Only	\$ 55.00	\$ 0
Employee + 1 Dependent	\$ 99.70	\$ 0
Employee + Family	\$ 160.90	\$ 0

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children up to age 23
Deductibles	<b>In-Network</b> \$0 per person each calendar year <b>Out-of-Network</b> \$25 per person each calendar year
Deductibles waived for Diagnostic & Preventative?	Yes
Maximums	<b>In-Network</b> The max benefit paid per calendar year is \$2,100 per person <b>Out-of-Network</b> The max benefit paid per calendar year is \$2,000 per person
Waiting Period(s)	Basic Benefits - None Major Benefits- None Prosthodontics- 12 months Orthodontics - None

BENEFITS AND COVERED SERVICES <sup>1</sup>	IN-PPO NETWORK <sup>2</sup>	OUT-OF-PPO NETWORK <sup>2</sup>
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	

<sup>1</sup> 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.

<sup>2</sup> Reimbursement is based on PPO contracted fees for in-network dentists and program allowance for out-of-network dentists.

# VSP VISION PLAN

2019 VISION PLAN RATES		
VISION COVERAGE LEVEL	DISTRICT PAID MONTHLY PREMIUM	EMPLOYEE CONTRIBUTION AMOUNT
Employee Only	\$ 12.18	\$ 0
Employee + 1 Dependent	\$ 18.92	\$ 0
Employee + Family	\$ 30.01	\$ 0

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.

## Benefit Overview

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

BENEFITS AND COVERED SERVICES	COPAY AMOUNT	FREQUENCY
WellVision Exam®	\$ 10.00	Every 12 months
<b>Prescription Glasses – Lenses</b> <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal lenses and tints</li> <li>• Polycarbonate lenses for dependent children</li> </ul>	\$ 25.00	Every 12 months
<b>Prescription Glasses – Frames</b>	\$ 130.00 allowance for wide selection of frames – 20% off the amount over your allowance	Every 12 months
<b>-OR-</b>		
<b>Contact Lens Care</b> Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.	No copay \$ 130.00 allowance for contacts and the contact lens exam (fitting and evaluation)	Every 12 months

## Find a VSP Doctor Near You

Click [here](#) to search for an eye doctor in your area.

# LIFE AND ACCIDENTAL DEATH & DISABILITY INSURANCE

BASIC TERM LIFE INSURANCE	
EMPLOYEE GROUP	COVERAGE
Senior Management, Mid- Management, Professional, and Confidential	Basic life insurance is equal to 2x the employee's annual base salary, to a maximum of \$400,000 <sup>1</sup>
Stationary Engineers - Local 39	Basic life insurance is equal to 1x the employee's annual base salary, to a maximum of \$50,000
Board Of Directors	Basic Life Insurance is equal to \$50,000
<b>AGE REDUCTIONS AND EXCLUSIONS</b> 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.	
<b>PREMIUM CALCULATION</b> - \$ 0.143/ per \$1,000	

<sup>1</sup> 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.

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.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	
EMPLOYEE GROUP	COVERAGE
Senior Management, Mid- Management, Professional, Confidential, Stationary Engineers - Local 39, Board of Directors	AD&D provides for \$50,000 in coverage
<b>AGE REDUCTIONS AND EXCLUSIONS</b> 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.	
<b>PREMIUM CALCULATION</b> - \$ 0.022/ per \$1,000	

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.

# DISABILITY INSURANCE

SHORT-TERM DISABILITY (STD)	
EMPLOYEE GROUP	COVERAGE AMOUNT
Senior Management, Mid-Management, Professional, Confidential, and Stationary Engineers - Local 39	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
<b>PREMIUM CALCULATION</b> - \$ 0.341/ per \$10 of Weekly Benefit	

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.

LONG-TERM DISABILITY (LTD)	
EMPLOYEE GROUP	COVERAGE AMOUNT
Senior Management	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
Mid-Management, Professional, Confidential, and Stationary Engineers - Local 39	LTD insurance provides for 66 2/3% 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
<b>PREMIUM CALCULATION</b> - \$ 0.231/ per \$100 of Monthly Covered Salary	

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.



# 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 LIFE INSURANCE	
Benefit Coverage Amount	Units of \$10,000
Guaranteed Coverage Amount (GCA) <sup>1</sup>	\$100,000
Maximum Coverage Level	\$500,000 (Not to exceed 5x Annual Salary)
Benefit Reduction Schedule	Benefits reduce to 65% at age 70, 45% at age 75, and 30% at age 80

<sup>1</sup> If an employee elects coverage that exceeds the Guaranteed Coverage Amount (GCA) or applies for coverage more than 31 days after becoming eligible, page 2 of the voluntary coverage election form (medical evidence of insurability) must be completed. Additionally, until such time that the insurance carrier has reviewed and approved the election for coverage beyond the GCA, the premium will not be deducted through payroll.

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.

VOLUNTARY SPOUSE/PARTNER LIFE INSURANCE	
Benefit Coverage Amount	Units of \$5,000
Guaranteed Coverage Amount (GCA) <sup>1</sup>	\$50,000
Maximum Coverage Level	\$100,000
Eligibility	Spouse covered up to age 70.

<sup>1</sup> If an employee elects coverage for their spouse/partner that exceeds the Guaranteed Coverage Amount (GCA) or applies for coverage more than 31 days after becoming eligible, page 2 of the voluntary coverage election form (medical evidence of insurability) must be completed. Additionally, until such time that the insurance carrier has reviewed and approved the election for coverage beyond the GCA, the premium will not be deducted through payroll.

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.

*Use the rate chart and calculation table on the following page to determine your monthly premium(s).*

# VOLUNTARY LIFE INSURANCE

The rate chart and calculation table below can be used to determine the monthly cost for coverage based on age<sup>1</sup> 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

<sup>1</sup> 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.

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	\$

# VOLUNTARY LIFE INSURANCE

VOLUNTARY EMPLOYEE AND SPOUSE/ PARTNER ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE		
BENEFIT AMOUNT	EMPLOYEE	SPOUSE
\$10,000	\$0.400	\$0.300
\$20,000	\$0.800	\$0.600
\$30,000	\$1.200	\$0.900
\$40,000	\$1.600	\$1.200
\$50,000	\$2.000	\$1.500
\$60,000	\$2.400	\$1.800
\$70,000	\$2.800	\$2.100
\$80,000	\$3.200	\$2.400
\$90,000	\$3.600	\$2.700
\$100,000	\$4.000	\$3.000

Employees may purchase additional voluntary Accidental Death and Dismemberment (AD&D) insurance through payroll deduction.

To elect voluntary AD&D coverage, the employee must be covered by some level of voluntary life insurance. Employee AD&D coverage may be elected up to the lesser amount of the employee's voluntary life coverage or \$500,000.

Additionally, to elect voluntary spouse/partner AD&D coverage, the employee's spouse/partner must be covered by some level of voluntary life insurance. 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 above can be used to determine the monthly cost for this coverage based on the elected benefit amount.

## 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.

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

## Voluntary Child Accidental Death & Dismemberment (AD&D) Insurance

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

Maximum Coverage	Flat Monthly 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 pre-tax dollars. Employees electing to enroll in the District's Medical FSA will have premiums deducted each pay period on a pre-tax basis. Qualified health care expenses will be reimbursed to employees through HR Simplified, the District's FSA plan administrator. As an added convenience, employees and their eligible dependents over the age of 18 may elect to receive a FSA debit card to use to pay for qualified medical, dental, and/or vision expenses at the point of service.

- 2019 maximum salary deferral for Medical FSA is \$2,700 per year\*

## Dependent Care FSA

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

- 2019 maximum salary deferral for Dependent Care FSA is \$5,000 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 *pre-tax* 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.

- 2019 maximum allowed per month is \$265.00

**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.

- 2019 maximum allowed per month is \$265.00

**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.

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.

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	
Formula	2.7% at 55
Employee contribution (as percentage of salary)	10%
Pensionable compensation cap <sup>1</sup>	\$280,000
Earliest age of retirement	50
Final average compensation period	12 months
Option 2W Pre-retirement death benefits	Yes
Cost of living adjustment	Up to 2%

PLAN 2: New Members	
Formula	2% at 62
Employee contribution (as percentage of salary)	50% of the normal cost (6.25% for 7/2018 - 6/2019)
Pensionable compensation cap	\$124,180
Earliest age of retirement	52
Final average compensation period	36 months
Option 2W Pre-retirement death benefits	Yes
Cost of living adjustment	Up to 2%

<sup>1</sup> Applies to employees who became CalPERS members after January 1, 1996.

# RETIREMENT BENEFITS

## Social Security & 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, \$132,900 in 2019; 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 \$132,900 toward Social Security and the applicable percentage of all wages toward Medicare.

These rates and earnings limits are set by federal law.

## Deferred Compensation Defined Contribution Plan

The District offers a deferred compensation 457 plan through ICMA-RC. Eligible employees may set aside pre-tax dollars and, therefore, reduce current taxable income or may set aside post-tax dollars (Roth). A maximum of \$19,000 to \$38,000 (depending on age of employee and prior years' contribution level) or 100% of annual earnings, whichever is less, may be contributed by the employee annually. Maximum deferral amounts are listed below.

DEFERRED COMPENSATION ELECTION OPTIONS	2019 MAXIMUM CONTRIBUTION LIMITS	2019 DISTRICT MATCH Stationary Engineers - Local 39, Confidential, Professional, Mid-Management, and Senior Management Employees
Under 50	\$19,000	100% match up to \$2,500
50+ Catch-Up Provision	\$6,000 <i>In addition to the \$19,000 contribution limit shown above.</i>	No Match
50+ Retirement "Special Catch-Up" <i>Requires proof of prior years under-contribution</i>	\$19,000 <i>In addition to the \$19,000 contribution limit shown above.</i>	No Match

## 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.

# RETIREMENT BENEFITS - MEDICAL VESTING

## 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.

Under the District's retiree medical vesting plan, a retiree must have a minimum of 10 years of service as a CalPERS member including a minimum of five (5) years of service accrued at the District to qualify for a premium contribution<sup>1</sup>. The maximum premium contribution is based on the CalPERS 100/90 formula, and coverage level<sup>2</sup>. The percentage of the CalPERS 100/90 amount contributed by the District is determined by full years of CalPERS service as noted in the Percentage Contribution Table on the left. To determine Qualifying Years of Service for retiree medical vesting, please refer to the table on the right.

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

Type of Service Credit	Qualifying
Air time (Add'l Retirement Service Credit)	No
Service at a non-CalPERS Employer	No
Service at a other CalPERS Employers	Yes
Service at DSRSD	Yes
Service Prior to CalPERS Membership	Yes
Sick Leave Conversion	Yes

- <sup>1</sup> Reciprocal public retirement system service does not count toward retiree medical qualification or vesting level.
- <sup>2</sup> This formula is set annually by CalPERS.

Though new employees with the District are automatically enrolled in the medical vesting plan, an employee whose first date of employment was prior to the effective date set by the respective bargaining group's medical vesting resolution and who has not irrevocably elected medical vesting is eligible to receive retiree medical coverage through CalPERS at the active employee rate. The maximum premium amount contributed by the District is set annually by the board of directors by resolution.

## 2019 District Contribution - 100% Vested (20+ Years of Service)

Bargaining Group	Resolution Number	Effective Date	Employee Only	Employee +1 Dependent	Employee + Family
Senior Management	65-05	3/1/04	\$ 734.00 <sup>1</sup>	\$1,398.00 <sup>1</sup>	\$1,788.00 <sup>1</sup>
Professional Employees'	65-05	3/1/04			
Stationary Engineers, Local 39	17-06	6/1/06			
Board of Directors	32-06	7/18/06			
Mid-Management	36-07	8/7/07			
Confidential Employees'	47-07	9/24/07			
General Manager	62-17	1/1/18			

<sup>1</sup> Senior Management and Professional Employees: Rates are set at \$449.00 (Employee Only), \$898.00 (Employee +1 Dependent) and \$1,167.00 (Employee + Family), unless the CalPERS 100/90 rates are higher.

# OTHER BENEFITS

## Employee Assistance Program

The District’s Employee Assistance Program offers confidential and professional counseling services through Managed Health Network (MHN) to employees and their eligible family members with 100% District-paid premiums. Employees and their eligible dependents receive up to five (5) free face-to-face clinical consultations per employee/dependent per incident, per year; and unlimited telephonic or web-video consultations as needed. Employees are entitled to use this confidential pre-paid counseling service for health, behavioral, financial, and personal issues. MHN also offers tools to help you deal with fraud and identity theft. Tips, articles, and worksheets are available online under the “Tools & Calculators” tab. Learn more by logging in at <http://members.mhn.com>.

District - Paid Monthly Premium	EE Contribution Amount
\$2.98	\$0.00

## 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. Not only is this a benefit that CSRMA members can offer to their employees at a reasonable cost, it mitigates the exposure that the CSRMA members have as employers. The policy provides for reimbursement of expenses up to \$25,000. No deductible applies. For more information visit [www.travelersbond.com](http://www.travelersbond.com).



## Pet Insurance

Considering insurance for your pet? 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. Interested employees can enroll directly with Nationwide at the following rates:

Animal	My Pet Protection w/ Wellness Plan	My Pet Protection
Dog	\$66.15	\$39.57
Cat	\$39.69	\$23.74

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](http://www.petinsurance.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.ed.gov/repay-loans/forgiveness-cancellation>.

# ANNUAL NOTICES

## New 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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2018 for coverage starting January 1, 2019.

### ***Can I save money on my health insurance premiums in the marketplace?***

You may qualify to save money and lower your monthly premium, but only if the District does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

### ***Does the employment-based health coverage we offer to you affect your eligibility for premium savings through the marketplace?***

Yes. If the District has offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and you 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 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 meets certain standards. If the cost of self-only coverage under the District’s health plan is more than 9.5% of your household income for the year, 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.

**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.

### ***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 [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### ***Part B: Information about employer-provided health plan 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 information below can help you complete your application for coverage in the Marketplace.



# ANNUAL NOTICES

## 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:	The Human Resources Division
Phone number (if different from above):	(925) 875-2296
Email address:	<a href="mailto:simmerson@dsrcsd.com">simmerson@dsrcsd.com</a>

- 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<sup>1</sup> for the District's health plan. You can obtain a copy of the Summary Plan Description by contacting the **Human Resources at (925) 875-2296 or [simmerson@dsrcsd.com](mailto:simmerson@dsrcsd.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 **Jackie Simmerson at (925) 875-2296 or [simmerson@dsrcsd.com](mailto:simmerson@dsrcsd.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.

## 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 delivery. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# ANNUAL NOTICES

## The Women’s Health and Cancer Rights Act

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the Group Health Plan (the “Plan”), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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 are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan’s summary plan description.

## Mental Health Parity and Addiction Equity Act

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires employers and most group health plans to notify participants of the Group Health Plan (the “Plan”) of their rights to similar rules for mental health and substance use disorder (MH/SUD) benefits as they do for physical health benefits. The Plan is required by law to offer parity between MH/SUD benefits and physical health benefits. Parity refers to the financial requirements, such as copayments and treatment limits, and the rules related to how treatment is accessed and covered, that must be comparable for physical health benefits and MH/SUD benefits. For further details on the MH/SUD benefits available under the Plan, please refer to the Plan’s summary plan description.

### Health Insurance Portability and Accountability Act (HIPAA): Pre-Existing Condition Exclusion Rule

#### Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we periodically remind you of your right to receive a copy of your employer’s HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting your Human Resource department.

## IRS Qualifying Events - Rules for Benefit Changes During the Year

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a “special enrollment”. At the time the change is requested you may be required to submit proof of the change or evidence of prior coverage.

### Qualified Status Changes include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child’s dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- Change in place of residence or work site, including a change that affects the accessibility of network providers.
- Change in your health coverage or your spouse’s coverage attributable to your spouse’s employment.
- Change in an individual’s eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- An event that is a special enrollment under HIPAA (the Health Insurance Portability and Accountability Act) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.

# ANNUAL NOTICES

## Qualified Status Changes

(continued from page 25)

- Revocation due to reduction in hours of service - If an employee's hours are reduced to an average of less than 30 hours per week, (s)he may choose to drop the District's coverage and then purchase insurance through the exchange.
  - A cafeteria plan may rely on the reasonable representation of an employee who is reasonably expected to have an average of less than 30 hours of service per week for future periods that the employee and related individuals have enrolled or intend to enroll in another plan that provides minimum essential coverage for new coverage that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.
- Revocation due to enrollment in a Qualified Health Plan - If an employee is eligible for a Special Enrollment Period through a Marketplace, or chooses to enroll during the Marketplace's annual open enrollment.
  - A cafeteria plan may rely on the reasonable representation of an employee who has an enrollment opportunity for a Qualified Health Plan through a Marketplace that the employee and related individuals have enrolled or intend to enroll in a Qualified Health Plan for new coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.

### Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 60 days of the date the event occurs (unless otherwise noted above).

## Electronic Disclosure Guidelines

Department of Labor (DOL) regulations provide a "safe harbor" that describes specific circumstances in which ERISA-covered plans may use electronic delivery methods to furnish required documents.

**Note:** Treasury regulations provide the exclusive rules regarding electronic communications required under the Internal Revenue Code (such as Code Section 125 cafeteria plans). These rules differ from the DOL rules.

Electronic disclosure is permitted for Summary Plan Descriptions (SPD), Summaries of Material Modification (SMM), and Summary Annual Reports (SAR), as well as Qualified Medical Child Support Orders notices, COBRA notices, HIPAA certificates of creditable coverage, and documents that must be provided to participants and beneficiaries on request. If the safe harbor conditions are met, electronic disclosure is effective for both employees and non-employees. However, the regulations impose significant administrative and paperwork requirements for individuals who do not have work-related access (including employees, beneficiaries or others). Note that in some cases, it may be preferable to distribute documents in manner that provides proof of receipt by the participant. Refer to the Open Enrollment Checklist on Alliant.net for additional information.

## General Guidelines for All Recipients:

The following requirements must be met with respect to any recipient of electronic disclosures:

1. The electronic materials must be prepared and furnished in accordance with other applicable style, format and content requirements – e.g., an electronic SPD generally should use the same font and look of a paper SPD;
2. Notice must be provided to each recipient, at the time the electronic document is furnished, of the significance of the document and the right to request and obtain a paper version - e.g., a cover email could explain what is being distributed;
3. A paper version of the electronic document must be available on request, and no charge may be imposed if the document requested is one that must otherwise be provided without charge (e.g. an SPD or SMM); When a disclosure includes personal information relating to an individual's accounts and benefits, the plan administrator must take reasonable and appropriate steps to safeguard the confidentiality of the information (consider use of password and/or PIN requirements).

**Note:** This rule often applies to 401(k) or retirement plans but usually does not apply to health plans.



## General Guidelines for All Recipients

*(continued from page 26)*

Notice is required each time an electronic disclosure is made, although the safe harbor regulations allow a plan administrator to include this notice simultaneously with other disclosures being furnished, provided it is conspicuous. These general rules must be followed for both categories of recipients: (1) participants with work-related access; and (2) other consenting individuals, as described below.

### For Participants with Work-Related Computer Access:

Disclosure may be made electronically to any plan participant:

- Who has the ability to access documents at any location where the participant reasonably could be expected to perform employment duties; and
- Whose access to the electronic information system is an integral part of those employment duties.

These individuals are not required to consent to electronic disclosure.

### For Consenting Individuals with No Work-Related Computer Access:

Some individuals (e.g., participants, beneficiaries or others) will not have work-related access to electronic documents (as described above). Electronic distribution of documents to this group is possible but more difficult.

These individuals must provide an address (e.g., an e-mail address) for delivery of the documents and must affirmatively consent to electronic disclosure. The consent may be given electronically or non-electronically. If the electronic disclosure will be made through the “internet or other electronic communication network” (versus disclosures via CD or DVD, which are also considered electronic media), the individual must affirmatively consent (or confirm consent) “in a manner that reasonably demonstrates the individual’s ability to access information in the electronic form that will be used.” The simplest way to do this is to require that the consent be furnished electronically.

Consent must occur after the individual has been provided with a statement that explains:

- The types of documents that will be provided electronically;
- That consent can be withdrawn without charge;
- The procedures for withdrawing consent and updating information (i.e., address for receiving electronic disclosure);
- The right to request a paper version and whether a charge applies; and
- The electronic delivery system and what hardware and software will be needed to use it (hardware or software changes require a new statement and consent).

***Individuals who do not fall into either category above must be furnished a paper copy.***

# HUMAN RESOURCES & BENEFITS CONTACTS

HUMAN RESOURCES CONTACTS	TITLE	PHONE	EMAIL
Michelle Gallardo	Human Resources & Risk Supervisor	(925) 875-2289	<a href="mailto:gallardo@dsrsd.com">gallardo@dsrsd.com</a>
Samantha Koehler	Human Resources Analyst II	(925) 875-2288	<a href="mailto:koehler@dsrsd.com">koehler@dsrsd.com</a>
Simone Grashuis	Human Resources Technician	(925) 875-2297	<a href="mailto:grashuis@dsrsd.com">grashuis@dsrsd.com</a>
Jackie Simmerson	Human Resources Technician	(925) 875-2296	<a href="mailto:simmerson@dsrsd.com">simmerson@dsrsd.com</a>
Lori Martin	Admin Assistant II - Confidential	(925) 875-2282	<a href="mailto:martin@dsrsd.com">martin@dsrsd.com</a>

PROVIDER	CONTACT
 DELTA DENTAL	Delta Dental <a href="http://www.deltadentalca.org">www.deltadentalca.org</a> Customer Service: (800) 765-6003
 VSP Vision care for life	VSP (Vision Service Plan) <a href="http://www.vsp.com">www.vsp.com</a> Customer Service: (800) 877-7195
 CalPERS	PERS (Medical Benefits/ Retirement Information): <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> Customer Service: (888) 225-7377
 Cigna	Cigna (Life & Disability Insurance) <a href="http://www.cigna.com">www.cigna.com</a> Customer Service: (800) 362-4462
 HR SIMPLIFIED	HR Simplified (Flexible Spending Administrator) <a href="http://www.hrsimplified.com">www.hrsimplified.com</a> Customer Service: (888) 318-7472 or <a href="mailto:info@hrsimplified.com">info@hrsimplified.com</a>
 MHN A Health Net Company™	MHN (Employee Assistance Program Administrator) <a href="https://members.mhn.com">https://members.mhn.com</a> Customer Service: (800) 242-6220
 ICMA-RC BUILDING PUBLIC SECTOR RETIREMENT SECURITY	ICMA-RC (IRS 457 Deferred Compensation Plan Administrator) <a href="http://www.icmarc.org">www.icmarc.org</a> Customer Service: (800) 669-7400 Randi Carmen: (866) 620-6068 or <a href="mailto:rcarmen@icmarc.org">rcarmen@icmarc.org</a>
 TRAVELERS	Travelers (ID Fraud Protection) Travelers Claims: (800) 842-8496 or <a href="http://www.travelers.com/personal-insurance/identity-theft-protection/index.aspx">www.travelers.com/personal-insurance/identity-theft-protection/index.aspx</a>