Dublin San Ramon Services District

Water, wastewater, recycled water

Your Guide to Benefits 2025

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

2023 Employee of the Year: Brian Johnson, Electrician II

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)
- 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.
- **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 and Updates

Important changes to your health benefits coverage effective January 1, 2025

CalPERS Health Plan Highlights

Blue Shield Trio Expansion

Effective January 1, 2025, Blue Shield Trio will expand into 2 counties: Contra Costa and Shasta (3 zip codes).

UnitedHealthcare SignatureValue Harmony Expansion

Effective January 1, 2025, UnitedHealthcare SignatureValue Harmony will expand into 3 counties: Napa, Contra Costa (50 zip codes), and Solano (2 zip codes).

New PERS PPO Provider: Blue Shield

Effective January 1, 2025, Blue Shield will replace Anthem Blue Cross as the new administrator for PERS Gold and PERS Platinum PPO Plans. Most PERS Gold and PERS Platinum members will be able to continue seeing their existing doctor as an in-network provider. Blue Shield will provide access to virtually all the same hospitals, health facilities, and health systems that members are currently using.

Three Medical Plans Available at No Monthly Cost

Based on the CalPERS 2025 Medical Rates for Region 1 and the District's 2025 contribution, there are three medical plans that are available to employees with no monthly premium cost:

- UnitedHealthcare SignatureValue Harmony HMO
- Western Health Advantage HMO
- PERS Gold PPO

Flexible Spending (IRS 125) Accounts

A complete overview of flexible spending benefits can be found on page 16. The 2025 open enrollment election period for flexible spending accounts will run from October 14 - November 30, 2024.

Maximum Contributions[1]

- 2024 maximum salary deferral for Medical FSA is $3,200 per year.
- 2024 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.
- 2024 Qualified Parking Reimbursement monthly maximum is $315.
- 2024 Transit Pass/Van Pooling Reimbursement monthly maximum is $315.

457 Deferred Compensation

A complete overview of 457 deferred compensation plan benefits can be found on page 18.

Maximum Contributions[2]

- 2024 contribution maximums for Under Age 50: $23,000
- 2024 contribution maximums for Age 50+ Catch-Up Provision: $7,500
- 2024 contribution maximums for Special Retirement Catch-Up Provision: $23,000

[1] *2025 contribution maximums for Flexible Spending Accounts are expected to be released in November 2024.*

[2] *2025 contribution maximums for Deferred Compensation are expected to be released in November 2024.*

HMO Plan Rates

The following chart reflects the monthly employee premium contributions as set in current contracts for the period from January 1, 2025 to December 31, 2025. 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 2025, employee premium contributions will not be deducted on the April 7 and September 8 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 2025 Health Benefit Summary Guide to determine if the selected HMO plan is available in your area.

These rates are based upon CalPERS "Region 1" 2025 premiums. These rates apply to regular, full-time employees covered under the following: L39 L21, MEBU, Unrepresented Employees and Senior Managers, General Manager and Board of Directors, in accordance with board resolutions.

PLAN AND COVERAGE LEVEL	CALPERS PREMIUM	MAX DSRSD CONTRIBUTION*	EMPLOYEE CONTRIBUTION
Anthem Blue Cross Select			
Employee Only	$ 1,256.65	$ 1,034.00	$ 222.65
Employee + 1 Dependent	$ 2,513.30	$ 2,067.00	$ 446.30
Employee + Family	$ 3,267.29	$ 2,687.00	$ 580.29
Anthem Blue Cross Traditional			
Employee Only	$ 1,500.40	$ 1,034.00	$ 466.40
Employee + 1 Dependent	$ 3,000.80	$ 2,067.00	$ 933.80
Employee + Family	$ 3,901.04	$ 2,687.00	$1,214.04
Blue Shield Access+			
Employee Only	$1,170.17	$ 1,034.00	$ 136.17
Employee + 1 Dependent	$2,340.34	$ 2,067.00	$ 273.34
Employee + Family	$3,042.44	$ 2,687.00	$ 355.44
Blue Shield Trio			
Employee Only	$ 1,134.79	$ 1,034.00	$ 100.79
Employee + 1 Dependent	$ 2,269.58	$ 2,067.00	$ 202.58
Employee + Family	$ 2,950.45	$ 2,687.00	$ 263.45
Kaiser Permanente			
Employee Only	$ 1,112.90	$ 1,034.00	$ 78.90
Employee + 1 Dependent	$ 2,225.80	$ 2,067.00	$ 158.80
Employee + Family	$ 2,893.54	$ 2,687.00	$ 206.54
United Healthcare SignatureValue Alliance			
Employee Only	$ 1,184.58	$ 1,034.00	$ 150.58
Employee + 1 Dependent	$ 2,369.16	$ 2,067.00	$ 302.16
Employee + Family	$ 3,079.91	$ 2,687.00	$ 392.91
United Healthcare SignatureValue Harmony			
Employee	$ 1,005.02	$ 1,005.02	$ 0.00
Employee + 1 Dependent	$ 2,010.04	$ 2,010.04	$ 0.00
Employee + Family	$ 2,613.05	$ 2,613.05	$ 0.00
Western Health Advantage			
Employee Only	$ 914.27	$ 914.27	$ 0.00
Employee + 1 Dependent	$ 1,828.54	$ 1,828.54	$ 0.00
Employee + Family	$ 2,377.10	$ 2,377.10	$ 0.00

* *Maximum District contribution for L39, L21, MEBU, Unrepresented Employees and Senior Managers, General Manager and Board of Directors effective January 1, 2025.*

PPO Plan Rates

The following chart reflects the monthly employee premium contributions as set in current contracts for the period from January 1, 2025 to December 31, 2025. 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 2025, employee premium contributions will not be deducted on the April 7 and September 8 pay dates. To determine the per-pay-period cost, divide the employee contribution amount by two (2). For more information regarding PPO Plan transition please see the benefit plan changes on page 5 of this booklet.

These rates are based upon CalPERS "Region 1" 2025 premiums. These rates apply to regular, full-time employees covered under the following: L39, L21, MEBU, Unrepresented Employees and Senior Managers, General Manager and Board of Directors, in accordance with board resolutions.

PLAN AND COVERAGE LEVEL	CALPERS PREMIUM	MAX DISTRICT CONTRIBUTION*	EMPLOYEE CONTRIBUTION
PERS Gold			
Employee Only	$ 1,013.70	$ 1,013.70	$ 0.00
Employee + 1 Dependent	$ 2,027.40	$ 2,027.40	$ 0.00
Employee + Family	$ 2,635.62	$ 2,635.62	$ 0.00
PERS Platinum			
Employee Only	$ 1,476.10	$ 1,034.00	$ 442.10
Employee + 1 Dependent	$ 2,952.20	$ 2,067.00	$ 885.20
Employee + Family	$ 3,837.86	$ 2,687.00	$ 1,150.86

* *Maximum District contribution for L39, L21, MEBU, Unrepresented Employees and Senior Managers, General Manager and Board of Directors effective January 1, 2025.*

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 on Employee Self Service (ESS).*

The monthly Share the Savings (STS) program for full-time employees for the period of January 1, 2025 to December 31, 2025 as shown in the table below:

BARGAINING GROUP	AMOUNT
Local 39, Local 21, MEBU, Unrepresented, Senior Managers	$400 (cash)
General Manager	$350 (457 contribution)

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 2025, Share the Savings payments will not be made on the following paycheck dates:

- **Monday, 4/7/25**
- **Monday, 9/8/25**

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

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.

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

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.

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?	Yes
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 Benefits - None Major Benefits- None Prosthodontics- 12 months Orthodontics - None

BENEFITS AND 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.

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 AND 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

Find a VSP Doctor Near You

Click here to search for an eye doctor in your area.

Basic Life and Accidental Death & Dismemberment Insurance

Lincoln Financial

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, Unrepresented Employees and Senior Managers, Mid-Management and General Manager	Basic life insurance is equal to 2x the employee's annual base salary, to a maximum of $400,000[1]
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	

[1] *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
Senior Management, Mid- Management, Unrepresented, Local 21, Stationary Engineers - Local 39, 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

Lincoln Financial

Short-Term Disability Insurance

Employees who work a minimum of 20 hours per week are eligible for short-term disability (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**
General Manager, Senior Management, Mid-Management, Local 21, Unrepresented Employees 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
PREMIUM CALCULATION - $ 0.341/ per $10 of weekly benefit	

Long-Term Disability Insurance

Employees who work a minimum of 20 hours per week are eligible for long-term disability (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**
General Manager, 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, Local 21, Unrepresented Employees 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
PREMIUM CALCULATION - $ 0.231/ per $100 of monthly covered salary	

Voluntary Life Insurance

Lincoln Financial

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.

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 EMPLOYEE LIFE INSURANCE	
Benefit Coverage Amount	Units of $10,000
Guaranteed Coverage Amount (GCA)[1]	$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
PREMIUM CALCULATION - Use the rate chart and calculation table on the following page to determine your monthly premium(s).	

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 SPOUSE/PARTNER LIFE INSURANCE	
Benefit Coverage Amount	Units of $5,000
Guaranteed Coverage Amount (GCA)[1]	$50,000
Maximum Coverage Level	$100,000
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).	

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

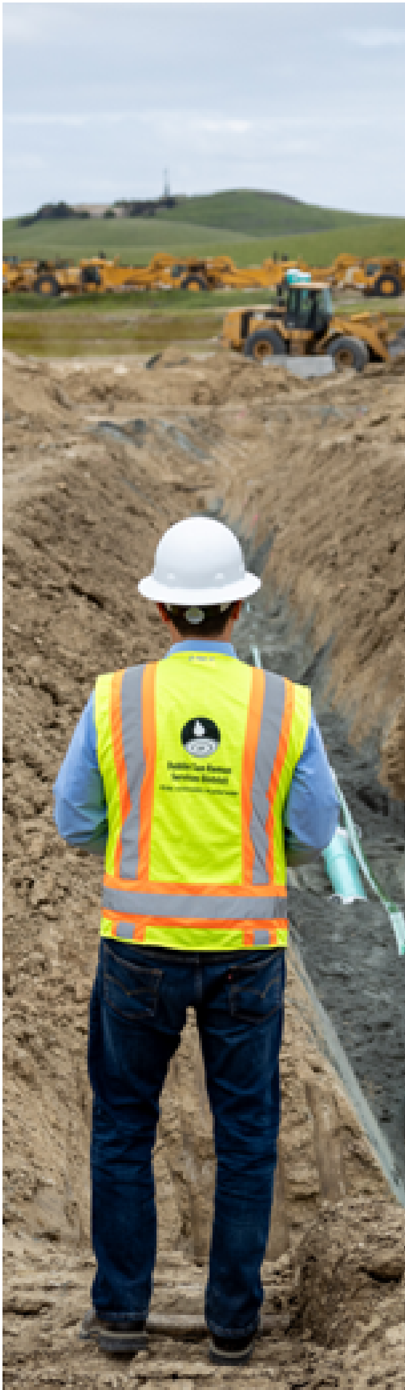
[1] *If an employee elects coverage that exceeds the Guaranteed Coverage Amount (GCA) or applies for coverage more than 31 days after becoming eligible, the evidence of insurability form must be completed. Additionally, until such time that the insurance carrier has reviewed and approved the election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

Voluntary Life Insurance

Lincoln Financial

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[1] 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	$

[1] *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 Insurance

Lincoln Financial

Voluntary Employee and Spouse / Partner Accidental Death & Dismemberment (AD&D) Insurance

Employees may purchase additional voluntary Accidental Death and Dismemberment (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 to the right can be used to determine the monthly cost for this coverage based on the elected benefit amount.

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.

VOLUNTARY EMPLOYEE AND SPOUSE / PARTNER AD&D INSURANCE RATES		
BENEFIT AMOUNT	EMPLOYEE	SPOUSE
$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 RATE	
MAXIMUM COVERAGE	RATE
$10,000	$0.35 per month

Flexible Spending Accounts (FSA)

P&A Group

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.

- 2024 maximum salary deferral for Medical FSA is $3,200 per year [1,2]

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.

- 2024 maximum salary deferral for Dependent Care FSA is $5,000 per household, per year for each account [1,2]

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.

- 2024 maximum allowed per month is $315.00 [2]

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.

- 2024 maximum allowed per month is $315.00 [2]

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.

[1] 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.

[2] 2025 contribution maximums for FSA are expected to be released in November 2024.

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.

PLAN 1: CLASSIC MEMBERS	
Formula	2.7% at 55
Employee contribution (as percentage of salary)	10%
Pensionable compensation cap[1]	$345,000
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%

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

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 2: NEW MEMBERS	
Formula	2% at 62
Employee contribution (as percentage of salary)	50% of the normal cost (7.75% for 7/2024 – 6/2025)
Pensionable compensation cap	$151,446
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%

Retirement Benefits

Social Security and Medicare[1]

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, $168,600 in 2024; 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 $168,600 (as of 01/01/24) 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[2]

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 $23,000 to $46,000 (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. Contribution maximum limits are listed below.

DEFERRED COMPENSATION ELECTION OPTIONS	2024 CONTRIBUTION MAXIMUMS	2024 DISTRICT MATCH LOCAL 39, LOCAL 21, UNREPRESENTED, MEBU, AND SENIOR MANAGEMENT
Under 50	$23,000	100% match up to $2,500
50+ Catch-Up Provision	$7,500 In addition to the $23,000 contribution limit shown above.	No Match
50+ Retirement "Special Catch-Up" Requires proof of prior years under-contribution	$23,000 In addition to the $23,000 contribution limit shown above.	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.

[1] *The Social Security Administration has not released the taxable cap on wages for 2025.*

[2] *2025 contribution maximums for Deferred Compensation are expected to be released in November 2024.*

Retirement Benefits and 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 [1]. The maximum premium contribution is based on the CalPERS 100/90 formula, and coverage level [2]. 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 below on the left. To determine Qualifying Years of Service for retiree medical vesting, please refer to the table below 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%

SERVICE CREDIT TYPE	QUALIFYING
Air time (Addt'l Retirement Service Credit)	No
Service at a non-CalPERS Employer	No
Service at other CalPERS Employer(s)	Yes
Service at DSRSD	Yes
Service Prior to CalPERS Membership	Yes - if elected
Sick Leave Conversion	Yes

[1] *Reciprocal public retirement system service does not count toward retiree medical qualification or vesting level.*

[2] *This formula is set annually by CalPERS.*

2025 District Contribution - 100% Vested (20+ Years of Service)

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.

BARGAINING GROUP	RESOLUTION NUMBER	EFFECTIVE DATE	EMPLOYEE ONLY	EMPLOYEE + 1 DEPENDENT	EMPLOYEE + FAMILY
Senior Management[3]	65-05	3/1/04	$1,060.00	$2,039.00	$2,551.00
Local 21[3]	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			
Unrepresented	47-07	9/24/07			
General Manager	62-17	1/1/18			

[3] *Senior Management and Local 21: 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

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. The program functions on a quarterly basis with incentive awards provided to employees at the end of each quarter. Employees may choose to redeem points as frequently as quarterly, up to one fiscal year.

Points are tracked in the Wellness Portal and awards are made redeemable after the end of each program quarter. Redemption value for points earned are as follows:

POINTS	VALUE	AWARD
500	$25.00	Gift Card

Each quarter, employees have the opportunity to earn points for participation in designated health and wellness activities. Points are awarded in the following categories:

ACTIVITY	MAXIMUM POINTS	FREQUENCY
Health Assessment	300	Annually
Monthly Challenges	200	Quarterly
Health/Wellness videos	100	Quarterly
Personal Fitness Challenges	100	Quarterly
Brown Bag EAP Session	100	Quarterly
Special Events	200	Occasionally
Flu Shots	100	Annually

Learn more by logging in at www.preventioncloud.com.

Employee Assistance Program

The District's Employee Assistance Program offers confidential and professional counseling services through Claremont EAP 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 prepaid counseling service for health, behavioral, financial, and personal issues. Learn more by logging in at www.claremonteap.com.

DISTRICT - PAID MONTHLY PREMIUM	EE CONTRIBUTION AMOUNT
$4.25	$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. 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.

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. Interested employees can enroll directly with Nationwide at the following rates:

ANIMAL	MY PET PROTECTION W/ WELLNESS	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 or contact Human Resources.

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.

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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 November 2022 for coverage starting January 1, 2023.

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 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.

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 following information can help you complete your application for coverage in the Marketplace.

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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.

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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 the District's health plan coverage, then you may be eligible for a premium assistance program through the state 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 (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. The contact information for eligibility in California is listed below.

Website: Health Insurance Premium Payment (HIPP) Program, http://dhcs.ca.gov/hipp

Phone: (916) 445-8322

Email: hipp@dhcs.ca.gov

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under the District's plan, you are allowed to enroll in the District's 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.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/young-adult-and-aca or call (866) 444-EBSA (3272).

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).

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.

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Health Insurance Portability and Accountability Act (HIPAA)

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.

Notice of Choice of Providers

Your health plan generally requires the 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 the 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 the health plan.

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.
- **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.

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Qualified Status Changes Include:

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- **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.

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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.

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

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
Nicole Moore	Admin Assistant II - Confidential	(925) 875-2282	nmoore@dsrsd.com

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, and 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	Claremont EAP	www.claremonteap.com	(800) 834-3773
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, and Cancer Assist Insurance	Colonial Life	www.coloniallife.com	Enrollment Center Voicemail Box: 855-697-6876