

**PLEASANT VALLEY RECREATION & PARK DISTRICT
ADMINISTRATION OFFICE – ROOM #6
1605 E. BURNLEY ST., CAMARILLO, CALIFORNIA**

**2020 PERSONNEL COMMITTEE
AGENDA**

**Wednesday, September 23, 2020
4:00 PM**

In order to minimize the spread of COVID-19 and keep with social distancing, the meeting room will not be open to the public. To participate in the Board committee meeting from the comfort of your home or other Stay Well at Home compliant location, you may choose one of the following options:

- a. Email – If you wish to make a comment on a specific agenda item, please submit your comment via email by 2:00 pm on Wednesday, September 23, 2020 to Kathryn Drewry, Human Resources Specialist at kdrewry@pvrpd.org. Your email will be printed and distributed to the Personnel Committee members prior to the meeting.
- b. Phone – You may call the PVRPD office at 805-482-1996, ext. #113 by 2:00 pm on Wednesday, September 23, 2020 and provide your name, your phone number and your item of interest. PVRPD staff will call you on September 23 at 4:00 pm with instructions for participating or for making a general public comment.

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC/COMMITTEE COMMENTS**
- 4. HEALTH BENEFITS**
- 5. TECHNOLOGY USE POLICY**
- 6. TRAVEL POLICY**
- 7. ORAL COMMUNICATIONS**
- 8. ADJOURNMENT**

Note: Written materials related to these agenda items are available for public inspection in the Office of the Clerk of the Board located at 1605 E. Burnley Street, Camarillo during regular business hours beginning the day preceding the Committee meeting.

Announcement: Should you need special assistance (i.e. a disability-related modification or accommodations) to participate in the Committee meeting or other District activities (including receipt of an agenda in an appropriate alternative format), as outlined in the Americans With Disabilities Act, or require further information, please contact the General Manager at 482-1996, extension 114. Please notify us 48 hours in advance to provide sufficient time to make a disability-related modification or reasonable accommodation.

**PLEASANT VALLEY RECREATION AND PARK DISTRICT
STAFF REPORT / AGENDA REPORT**

TO: PERSONNEL COMMITTEE

FROM: MARY OTTEN, GENERAL MANAGER
By: Kathryn Drewry, Human Resources Specialist

DATE: September 23, 2020

SUBJECT: REVIEW HEALTH BENEFITS

BACKGROUND

The District offers and pays for a portion of health benefits to Full Time and Part-Time Year-Round (PTYR) employees, while also offering Board Members the opportunity to purchase health benefits through CalPERS. At present CalPERS offers a variety of plans including six HMO's and three PPO plans.

PVRPD currently contributes 70% of the cost of any insurance plan for full time employees and 70% of an individual plan for PTYR employees. Board members cover their entire cost

ANALYSIS

The Personnel Committee asked that staff review other companies to ensure that we are receiving a good value for our money. This year the District looked into SDRMA, while SDRMA offers plans and rates that are comparable to the CalPERS plans, they require that the District contribute 75% of the cost to all employees enrolled, including Board members.

Both agencies will allow the District to opt-out of their plans but require a waiting period to return.

Plan	CalPERS	CalPERS Rate - Family	PVRPD 70%	SDRMA	SDRMA Rate - Family	PVRPD 75%
Mid-Level PPO	PERS Choice	\$2036.29	\$1425.41	Gold PPO	\$2115.56	\$1586.82
HMO	Blue Shield Access+	\$2441.30	\$1708.91	Blue Shield Access+	\$2222.74	\$1667.06
Kaiser HMO	Kaiser	\$1741.40	\$1218.98	Kaiser	\$1985.78	\$1489.34

FISCAL IMPACT

There is no fiscal impact at this time.

RECOMMENDATION

There are no recommendations at this time.

ATTACHMENTS

1. SDRMA 2021 Rate Sheet
2. CalPERS 2021 Rate Sheet

CalPERS 2021 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2021

Region 2									
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura									
Basic Monthly Premiums (B)									
Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select	\$674.69	507	1	\$1,349.38	507	2	\$1,754.19	507	3
Anthem Blue Cross Traditional	1,046.04	510	1	2,092.08	510	2	2,719.70	510	3
Blue Shield Access+	938.96	526	1	1,877.92	526	2	2,441.30	526	3
Blue Shield Trio*	722.56	088	1	1,445.12	088	2	1,878.66	088	3
Health Net Salud y Más	458.66	531	1	917.32	531	2	1,192.52	531	3
Health Net SmartCare	769.11	529	1	1,538.22	529	2	1,999.69	529	3
Kaiser Permanente	669.77	534	1	1,339.54	534	2	1,741.40	534	3
PERS Choice	783.19	549	1	1,566.38	549	2	2,036.29	549	3
PERS Select	476.92	558	1	953.84	558	2	1,239.99	558	3
PERSCare	1,115.68	567	1	2,231.36	567	2	2,900.77	567	3
Peace Officers Research Assoc of CA	749.00	593	1	1,499.00	593	2	1,960.00	593	3
Sharp Performance Plus ⁵	632.27	575	1	1,264.54	575	2	1,643.90	575	3
UnitedHealthcare SignatureValue Alliance	723.84	577	1	1,447.68	577	2	1,881.98	577	3
Supplement/Managed Medicare Monthly Premiums (M)									
Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$383.37	038	4	\$766.74	038	5	\$1,150.11	038	6
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	383.37	074	4	766.74	074	5	1,150.11	074	6
Anthem Blue Cross Medicare Preferred	383.37	516	4	766.74	516	5	1,150.11	516	6
Anthem Blue Cross Medicare Preferred Dental/Vision ¹	383.37	513	4	766.74	513	5	1,150.11	513	6
Kaiser Permanente Senior Advantage	324.48	537	4	648.96	537	5	973.44	537	6
Kaiser Permanente Senior Advantage plus Dental ²	324.48	543	4	648.96	543	5	973.44	543	6
PERS Choice Medicare Supplement	349.97	552	4	699.94	552	5	1,049.91	552	6
PERS Select Medicare Supplement	349.97	561	4	699.94	561	5	1,049.91	561	6
PERSCare Medicare Supplement	381.25	570	4	762.50	570	5	1,143.75	570	6
Peace Officers Research Assoc of CA Medicare Supplement	513.00	596	4	1,022.00	596	5	1,635.00	596	6
Sharp Direct Advantage ⁵	244.39	024	4	488.78	024	5	733.17	024	6
Sharp Direct Advantage plus Dental Option ^{4,5}	244.39	026	4	488.78	026	5	733.17	026	6
UnitedHealthcare Group Medicare Advantage	311.56	580	4	623.12	580	5	934.68	580	6
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	311.56	586	4	623.12	586	5	934.68	586	6

*Blue Shield Trio is only available in San Luis Obispo, Santa Barbara, and Ventura.

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

³Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount. Dental benefit

⁴is an additional \$12.00 per member per month premium. You will be billed directly for this amount.

⁵Sharp Performance Plus, Sharp Direct Advantage, and Sharp Direct Advantage plus Dental Option are only available in San Diego.

CalPERS 2021 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2021

Region 2									
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura									
Combination Monthly Premiums									
Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$1,058.06	040	7	\$1,462.87	040	8	\$1,171.55	040	9
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,058.06	076	7	1,462.87	076	8	1,171.55	076	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,429.41	519	7	2,057.03	519	8	1,394.36	519	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,429.41	522	7	2,057.03	522	8	1,394.36	522	9
Kaiser Permanente and Senior Advantage	994.25	540	7	1,396.11	540	8	1,050.82	540	9
Kaiser Permanente and Senior Advantage plus Dental ²	994.25	546	7	1,396.11	546	8	1,050.82	546	9
PERS Choice and Medicare Supplement	1,133.16	555	7	1,603.07	555	8	1,169.85	555	9
PERS Select and Medicare Supplement	826.89	564	7	1,113.04	564	8	986.09	564	9
PERSCare and Medicare Supplement	1,496.93	573	7	2,166.34	573	8	1,431.91	573	9
Peace Officers Research Assoc of CA and Medicare Supplement	1,326.00	599	7	1,810.00	599	8	1,557.00	599	9
Sharp Direct Advantage	876.66	025	7	1,256.02	025	8	868.14	025	9
Sharp Direct Advantage plus Dental ⁴	876.66	027	7	1,256.02	027	8	868.14	027	9
UnitedHealthcare Group Medicare Advantage	1,035.40	583	7	1,469.70	583	8	1,057.42	583	9
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,035.40	589	7	1,469.70	589	8	1,057.42	589	9
Combination Monthly Premiums (Continued)									
Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Select and Medicare Preferred	\$1,058.06	040	10	\$1,441.43	040	11	\$1,462.87	040	12
Anthem Blue Cross Select and Medicare Preferred Dental/Vision ¹	1,058.06	076	10	1,441.43	076	11	1,462.87	076	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,429.41	519	10	1,812.78	519	11	2,057.03	519	12
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision ¹	1,429.41	522	10	1,812.78	522	11	2,057.03	522	12
Kaiser Permanente and Senior Advantage	994.25	540	10	1,318.73	540	11	1,396.11	540	12
Kaiser Permanente and Senior Advantage plus Dental ²	994.25	546	10	1,318.73	546	11	1,396.11	546	12
PERS Choice and Medicare Supplement	1,133.16	555	10	1,483.13	555	11	1,603.07	555	12
PERS Select and Medicare Supplement	826.89	564	10	1,176.86	564	11	1,113.04	564	12
PERSCare and Medicare Supplement	1,496.93	573	10	1,878.18	573	11	2,166.34	573	12
Peace Officers Research Assoc of CA and Medicare Supplement	1,321.00	599	10	1,775.00	599	11	1,805.00	599	12
Sharp Direct Advantage	876.66	025	10	1,121.05	025	11	1,256.02	025	12
Sharp Direct Advantage plus Dental ⁴	876.66	027	10	1,121.05	027	11	1,256.02	027	12
UnitedHealthcare Group Medicare Advantage	1,035.40	583	10	1,346.96	583	11	1,469.70	583	12
UnitedHealthcare Group Medicare Advantage PPO Dental/Vision ³	1,035.40	589	10	1,346.96	589	11	1,469.70	589	12

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.³Dental and Vision coverage is an additional \$25.55 per member per month premium. You will be billed directly for this amount.⁴Dental benefit is an additional \$12.00 per member per month premium. You will be billed directly for this amount.



SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

Simple Solutions



2021 HEALTH BENEFITS PROGRAM

MEDICAL BENEFITS & ANCILLARY COVERAGES





SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

Special District Risk Management Authority is a public agency formed under California Government Code Section 6500 et seq. to provide a full-service risk management program for California's local governments including property, liability and workers' compensation coverages. In addition, we offer a Health Benefits Program in conjunction with Public Risk Innovation, Solutions and Management (PRISM).

The Health Benefits Program consists of Medical Benefits and Ancillary Coverages. Medical Benefits includes plans by Blue Shield, Anthem-Blue Cross and Kaiser. Most Blue Shield and Anthem-Blue Cross plans have prescription drug programs provided by Express Scripts. Ancillary Coverages include Delta Dental, VSP Vision, VOYA FINANCIAL Life, Short Term Disability, Long Term Disability and MHN Employee Assistance Program. Public agencies can select which programs they would like to join subject to underwriting approval.

We realize selecting a health plan for your agency and your employees is just one of the key decisions you are faced with on an on-going basis. This important decision involves not only the cost of various providers and plans, but also access to doctors and hospitals, prescription drug services, and other additional programs and services. The combination of medical plans and providers that is right for your agency depends on a variety of factors, such as your preference for a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and the need for access to specific doctors and hospitals.

We understand that comparing health plan benefits, features and costs can be complicated. This brochure provides information that will help simplify your decision making process. Our enrollment process is easy and only requires a few simple steps.

For more information, please contact us at **800.537.7790**. We are ready to serve you!

IMPORTANT TERMS TO KNOW

You may see and hear some unfamiliar terms as you begin to use your health plan. It's important that you understand these terms so you can get the most out of your coverage.

Premium * This is the amount you pay every month to SDRMA to maintain your health insurance coverage.

Copay * This is a fixed amount you pay for certain covered services, like doctor's visits.

Calendar Year Deductible * This is the fixed amount some plans require you to pay before the plan begins to pay its share for covered benefits.

Coinsurance * Once you have paid your full deductible this is the percentage owed by you to pay for accessed services. This can fluctuate based on the cost the provider is charging and/or what has been agreed to between the Medical carrier and the Provider. Coinsurance is unlike Copay which is always a flat dollar amount.

Maximum Medical Out of Pocket * This is the maximum you'll pay per year for medical services before your medical plan begins to pay for 100% of services, protecting you and your family from catastrophic medical expenses. Most of your copayments, deductibles and coinsurance payments will be counted toward this limit.

Medical Benefits Summary





Medical Benefits Summary

PLAN SUMMARY – BLUE SHIELD *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE	Gold PPO		Platinum PPO	
Calendar Year Deductible(s) (Individual/Family)	\$500 / \$1,000		\$300 / \$600	
Maximum Medical Out of Pocket (Individual/Family)	\$2,000 / \$4,000		\$1,300 / \$3,600	
Medicare Medical Maximum Out of Pocket	\$1,500 / \$3,000		\$1,000 / \$3,000	
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	20%	50% up to \$600 per day	10%	50% up to \$600 per day
Ambulatory Surgery Center	Deductible Waived; 10% Coinsurance	50% up to \$350 per day	Deductible Waived; No Charge	50% up to \$350 per day
Emergency Room				
Visit Results in Admission as Inpatient	20%		10%	
Visit Does Not Result in Admission	20%, \$100 co-pay		10%, \$100 co-pay	
Physician Benefits (office visits)	\$20 co-pay	50%	\$20 co-pay	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Rehabilitation Service (in an office location)	20%	50% up to \$350 per day	10%	50% up to \$350 per day
Acupuncture (26 visits per calendar year/combined with Chiropractic)	20%		10%	
Durable Medical Equipment	20%	Not Covered	10%	Not Covered
Hospice	20%	Not Covered without prior authorization	10%	Not Covered without prior authorization
Ambulance	20%		10%	
Home Health Care 100 visits/year (prior authorization required)	20%	Not Covered without prior authorization	10%	Not Covered without prior authorization
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	20% up to \$50 per visit	50% up to \$25 per visit	10% up to \$50 per visit	50% up to \$25 per visit
Prescription Drugs <i>Active/Early Retiree Plans Only</i>	Express Scripts*		Express Scripts*	
Prescription Maximum Out of Pocket	\$4,600 / \$9,200		\$5,300 / \$9,600	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	
Retail - 30 day supply	\$5 / \$30 / \$45 / 30% (max co-pay \$150)		\$5 / \$30 / \$45 / 30% (max co-pay \$150)	
Mail Order - 90 day supply	\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)		\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)	
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	None		None	

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

*See Rx benefits for Medicare on page 13 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE	Silver PPO		EPO	HDHP 10% and (20%)	
Calendar Year Deductible(s) (Individual/Family)	\$2,000 / \$4,000		\$300 / \$600	\$1,400 / \$2,800 (\$3,000 / \$6,000)	
Maximum Medical Out of Pocket (Individual/Family)	\$5,000 / \$10,000		\$1,300 / \$2,600	\$5,000 / \$10,000 (\$5,950 / \$11,900)	
Medicare Medical Maximum Out of Pocket	\$3,000 / \$6,000		\$1,000 / \$2,000	Non-Applicable	
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	20%	50% up to \$600 per day	No Charge	10% (20%)	50% up to \$600 per day
Ambulatory Surgery Center	Deductible Waived; 10% Coinsurance	50% up to \$350 per day	Deductible Waived; No Charge	(10%) No Charge	50% up to \$350 per day
Emergency Room					
Visit Results in Admission as Inpatient	20%		No Charge	10% (20%)	
Visit Does Not Result in Admission	20%, \$100 co-pay		\$100 co-pay	10% (20%), \$100 co-pay	
Physician Benefits (office visits)	\$30 co-pay	50%	\$30 co-pay	10% (20%)	50%
Preventative Care	No Charge	Not Covered	No Charge	No Charge	Not Covered
Rehabilitation Service (in an office location)	20%	50% up to \$350 per day	\$30 co-pay	10% (20%)	50% up to \$350 per day
Acupuncture (26 visits per calendar year/ combined with Chiropractic)	20%		\$30 co-pay	10% (20%) up \$30 per visit	
Durable Medical Equipment	20%	Not Covered	20%	10% (20%)	Not Covered
Hospice	20%	Not Covered without prior authorization	No Charge	10% (20%)	Not Covered without prior authorization
Ambulance	20%		\$50 Per Transport	10% (20%)	
Home Health Care 100 visits/year (prior authorization required)	20%	Not Covered without prior authorization	\$30 co-pay (100 visits/ year)	10% (20%)	Not Covered without prior authorization
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	20% up to \$50 per visit	50% up to \$25 per visit	\$30 co-pay	10% (20%) up \$25 per visit	50% up \$25 per visit
Prescription Drugs <i>Active/Early Retiree Plans Only</i>	Express Scripts*		Express Scripts*	Blue Shield	
Prescription Maximum Out of Pocket	\$1,600 / \$3,200		\$5,300 / \$10,600	Combined with Medical	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Specialty	Generic / Brand
Retail - 30 day supply	\$10 / \$20 / \$45 / 30% (max co-pay \$150)		\$10 / \$20 / \$45 / 30% (max co-pay \$150)	\$7 / \$25 / Not Covered	\$7 / \$25
Mail Order - 90 day supply	\$20 / \$40 / \$90 / 30% (max co-pay \$300)		\$15 / \$50 / \$112.50 / 30% (max co-pay \$150)	\$14 / \$60 / 30% (max co-pay \$150)	Not Covered
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	\$200 / \$500		\$200	Subject to Deductible	

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.
NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS. *See Rx benefits for Medicare on page 13 under the "EGWP" pharmacy co-pay structure.



PLAN SUMMARY – BLUE SHIELD *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE		Access+ HMO 15	Access+ HMO 20
Calendar Year Deductible(s) (Individual/Family)		None	None
Maximum Medical Out of Pocket (Individual/Family)		\$1,500 / \$3,000	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket		Non-Applicable	Non-Applicable
Services/Coverages		Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)		No Charge	\$250 / Admission
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment		No Charge \$100 / Surgery No Charge	\$50 / Surgery \$150 / Surgery No Charge
Emergency Room			
Visit Results in Admission as Inpatient		No Charge	No Charge
Visit Does Not Result in Admission		\$50 co-pay	\$100 co-pay
Preventative Care		No Charge	No Charge
Office Visits	Note: A woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services.	\$15 co-pay	\$20 co-pay
Rehabilitation Service (in a office location)		\$15 co-pay	\$20 co-pay
Durable Medical Equipment		20%	20%
Hospice		No Charge	Routine Home Care and Inpatient Respite Care - No Charge 24 Hour Continuous Home Care and General Inpatient Care - \$150 / day
Ambulance		\$50 co-pay	\$100 co-pay
Home Health Care (prior authorization required)		\$15 co-pay (100 per year)	\$20 co-pay (100 per year)
Chiropractic Services (combined with Acupuncture)		\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Acupuncture (combined with Chiropractic)		\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Prescription Drugs <i>Active/Early Retiree Plans Only</i>		Express Scripts	Express Scripts
Prescription Maximum Out of Pocket		\$5,100 / \$10,200	\$5,100 / \$10,200
(At Participating Pharmacies only)		Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Non-Formulary / Specialty
Retail - 30 day supply		\$5 / \$10 / \$25 / 20% (max co-pay \$100)	\$10 / \$25 / Not Covered / 20% (max co-pay \$100)
Mail Order - 90 day supply		\$10 / \$20 / \$50 / 20% (max co-pay \$100)	\$20 / \$50 / Not Covered / 20% (max co-pay \$100)
Brand Deductible (Individual / Family)		None	None

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

PLAN SUMMARY – KAISER *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	HMO 15	HMO 20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket	Non-Applicable	Non-Applicable
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	\$250 / Admission
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$15 / Surgery No Charge \$15 / Surgery	\$20 / Surgery No Charge \$20 / Surgery
Emergency Room		
Visit Results in Admission as Inpatient	See Inpatient hospital	See Inpatient hospital
Visit Does Not Result in Admission	\$50 co-pay	\$100 co-pay
Preventative Care	No Charge	No Charge
Office Visits	\$15 co-pay	\$20 co-pay
Rehabilitation Service (Outpatient)	\$15 co-pay	\$20 co-pay
Durable Medical Equipment	No Charge	20%
Hospice	No Charge	No Charge
Ambulance	No Charge	\$50 co-pay
Home Health Care (prior authorization, up to 100 visits)	No Charge	No Charge
Chiropractic Services (combined with Acupuncture)	\$10 / up to 30 visits	\$10 / up to 30 visits
Acupuncture (combined with Chiropractic)	\$10 / up to 30 visits	\$10 / up to 30 visits
Prescription Drugs <i>Active/Early Retiree Plans Only</i>	Kaiser	Kaiser
(At Participating Pharmacies only)	Generic / Brand / Specialty	Generic / Brand / Specialty
Retail - 30 day supply	\$5 / \$20 / \$20	\$10 / \$25 / 20% (max co-pay \$150)
Mail Order - 100 day supply	\$10 / \$40	\$20 / \$50
Brand Deductible (Individual / Family)	None	None

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

Kaiser HMO Member Services 800-464-4000



PLAN SUMMARY – KAISER – MEDICARE

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Kaiser Permanente Senior Advantage (KPSA) HMO with Part D
Calendar Year Deductible(s) (Individual/Family)	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket	Non-Applicable
Services/Coverages	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$10 / Surgery See Outpatient specific service co-pay \$10 / Surgery
Emergency Room	
Visit Results in Admission as Inpatient	See Inpatient hospital
Visit Does Not Result in Admission	\$50 co-pay
Preventative Care	No Charge
Office Visits	\$10 co-pay
Rehabilitation Service (Outpatient)	\$10 co-pay
Durable Medical Equipment	No Charge
Ambulance	No Charge
Home Health Care (prior authorization required)	No Charge
Chiropractic Services (combined with Acupuncture)	\$10 / up to 30 visits
Acupuncture (combined with Chiropractic)	\$10 / up to 30 visits
Prescription Drugs	Kaiser
(At Participating Pharmacies only)	Generic / Brand
30 day supply	\$5 / \$20
31 – 60 day supply	\$10 / \$40
61 - 100 day supply	\$15 / \$60
(Mail Order Refills only)	Generic / Brand
30 day supply	\$5 / \$20
31 – 100 day supply	\$10 / \$40

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Kaiser HMO Member Services 800-464-4000

ADDITIONAL PROGRAMS

CARRUM HEALTH (CARRUM) – SURGERY BENEFIT PROGRAM

Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence.” These hospitals and doctors provide for an improved patient experience and top-quality, more affordable care. The Carrum Health Surgery Benefit is provided at no additional cost and is an option outside of your surgery benefit provided by your medical carrier. Please note HMO plans are not eligible to participate in the Carrum Surgery Benefit.

EMPLOYEE SERVICES

Personalized “Care Concierge” support – Helps guide patient through the process

Recovery – Personalized support through total care coordination

Access to top-Quality Surgeons – perform hundreds of surgeries

All medical expenses – covered for the patient**

Travel Expenses – covered for patient and companion*

Voluntary participation – Employee Initiates the service by phone or online



*IRS Rules a portion of the covered travel will be reported as taxable income to employee.

**IRS regulations on HSA plans the deductible applies but coinsurance is waived.

Eligible procedures include:

- Hip Replacement
- Knee replacement
- Cervical Spinal fusion
- Lumbar Spinal Fusion
- Coronary Bypass Surgery
- Bariatric (Weight Loss)
- Shoulder Repair
- Elbow Repair
- Wrist/Hand Repair
- Ankle/Foot Repair
- Pain Management

Additional procedures will become eligible on a regular basis.

GOTZOOM-STUDENT LOAN REPAYMENT PROGRAM

What's GotZoom?

- A company with a singular focus on Department of Education student loan repayment programs
- Seven-year performance record

Why We're Better?

Large student debt reduction achieved with federal repayment or forgiveness programs:

- Provides employee immediate relief
- Costs employer significantly less

Employer Benefits

- Retention: equates to a 5% - 20% raise
- Recruitment: 83% of millennials prefer organizations with a student loan benefit
- Value: 3-year ROI 140%

Employee Benefit

- Average student debt reduction of 65%
- Upfront visibility of savings (free loan status analysis and benefit summary)



THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS



MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

AREA I - Northern CA: Bay Area Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba	PLAN	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$986.74	\$1,971.42	\$2,564.70
	Platinum PPO	\$1,078.41	\$2,154.76	\$2,803.66
	Silver PPO	\$706.58	\$1,417.28	\$1,840.61
	EPO	\$1,185.53	\$2,370.03	\$3,080.73
	HDHP 10%	\$809.58	\$1,619.16	\$2,104.29
	HDHP 20%	\$698.34	\$1,394.62	\$1,813.83
	Access+ HMO 15	\$1,100.04	\$2,199.05	\$2,860.31
	Access+ HMO 20	\$1,021.76	\$2,044.55	\$2,657.40
	Kaiser HMO 15	\$938.33	\$1,854.00	\$2,402.99
	Kaiser HMO 20	\$904.34	\$1,786.02	\$2,316.47
AREA II - Northern CA: Other Counties Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne	PLAN	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$958.93	\$1,918.89	\$2,492.60
	Platinum PPO	\$1,026.91	\$2,053.82	\$2,669.76
	Silver PPO	\$688.04	\$1,376.08	\$1,787.05
	EPO	\$1,147.42	\$2,296.90	\$2,988.03
	HDHP 10%	\$798.25	\$1,601.65	\$2,080.60
	HDHP 20%	\$660.23	\$1,317.37	\$1,714.95
	Access+ HMO 15	\$1,110.34	\$2,219.65	\$2,886.06
	Access+ HMO 20	\$1,034.12	\$2,068.24	\$2,685.21
	Kaiser HMO 15	\$938.33	\$1,854.00	\$2,402.99
	Kaiser HMO 20	\$904.34	\$1,786.02	\$2,316.47
AREA III - Southern CA: Los Angeles Area Los Angeles, San Bernardino, Ventura	PLAN	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$815.76	\$1,625.34	\$2,113.56
	Platinum PPO	\$890.95	\$1,778.81	\$2,310.29
	Silver PPO	\$589.16	\$1,168.02	\$1,518.22
	EPO	\$952.75	\$1,900.35	\$2,468.91
	HDHP 10%	\$713.79	\$1,428.61	\$1,856.06
	HDHP 20%	\$590.19	\$1,177.29	\$1,530.58
	Access+ HMO 15	\$855.93	\$1,711.86	\$2,222.74
	Access+ HMO 20	\$798.25	\$1,591.35	\$2,068.24
	Kaiser HMO 15	\$775.59	\$1,530.58	\$1,983.78
	Kaiser HMO 20	\$743.66	\$1,465.69	\$1,899.32

Rates shown are for active, early retiree and public officials.

MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

	PLAN	Employee	Employee + 1	Employee + 2 or More
AREA IV - Southern CA: Other Counties Fresno,* Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare *Fresno County: For Kaiser Active and Early Retiree rates please refer to Area VI rates per Kaiser Guidelines.	Gold PPO	\$874.47	\$1,741.73	\$2,261.88
	Platinum PPO	\$960.99	\$1,913.74	\$2,488.48
	Silver PPO	\$629.33	\$1,255.57	\$1,628.43
	EPO	\$973.35	\$1,938.46	\$2,518.35
	HDHP 10%	\$767.35	\$1,530.58	\$1,987.90
	HDHP 20%	\$631.39	\$1,262.78	\$1,640.79
	Access+ HMO 15	\$943.48	\$1,886.96	\$2,447.28
	Access+ HMO 20	\$878.59	\$1,751.00	\$2,277.33
	Kaiser HMO 15	\$794.13	\$1,564.57	\$2,029.10
	Kaiser HMO 20	\$759.11	\$1,494.53	\$1,937.43
	AREA V - Out of State	Gold PPO	\$1,024.85	\$2,047.64
Platinum PPO		\$1,120.64	\$2,244.37	\$2,915.93
Silver PPO		\$736.45	\$1,472.90	\$1,912.71
EPO		\$1,197.89	\$2,393.72	\$3,112.66
HDHP 10%		\$880.65	\$1,758.21	\$2,286.60
HDHP 20%		\$721.00	\$1,442.00	\$1,874.60
Access+ HMO 15		N/A	N/A	N/A
Access+ HMO 20		N/A	N/A	N/A
Kaiser HMO 15		N/A	N/A	N/A
Kaiser HMO 20		N/A	N/A	N/A
AREA VI - Northern CA: Sacramento El Dorado, Placer, Sacramento *Fresno County Kaiser Active and Early Retiree Rates		Gold PPO	\$896.10	\$1,793.23
	Platinum PPO	\$981.59	\$1,961.12	\$2,547.19
	Silver PPO	\$645.81	\$1,294.71	\$1,683.02
	EPO	\$1,047.51	\$2,099.14	\$2,724.35
	HDHP 10%	\$787.95	\$1,578.99	\$2,050.73
	HDHP 20%	\$649.93	\$1,298.83	\$1,688.17
	Access+ HMO 15	\$1,054.72	\$2,110.47	\$2,744.95
	Access+ HMO 20	\$979.53	\$1,962.15	\$2,550.28
	Kaiser HMO 15	\$927.00	\$1,832.37	\$2,375.18
	Kaiser HMO 20	\$894.04	\$1,767.48	\$2,290.72

Rates shown are for active, early retiree and public officials.



MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

MEDICARE COORDINATION OF BENEFITS (COB)

Medicare Supplemental Plans are designed specifically for retirees, their spouse and/or dependents enrolled in the SDRMA medical benefits program who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Express Scripts) of Medicare. This plan is designed to help defray some of the costs for those members enrolled in Medicare, such as Medicare deductibles, co-pays and other costs. The rates shown in the table provide a number of cost options depending on the coverage needs of a retiree and their dependent(s). Each option includes additional rates for those members who need rates appropriate for a variety of combinations where one or two members of a household have Medicare and others do not.

To enroll in Medicare you must be at least age 65 or older - these rates are the same for out of state 65 or older members as well. SDRMA Medical Benefits Program coverages remain the same whether Medicare Supplemental Coverages are Primary or Secondary.

Medicare Supplemental Plans (EGWP)	Gold PPO - EGWP	Platinum PPO - EGWP	Silver PPO - EGWP	EPO - EGWP
Single (Retiree with Medicare)	\$615.94	\$681.86	\$483.07	\$739.54
Two Party (Retiree + Dependent both with Medicare)	\$1,231.88	\$1,363.72	\$966.14	\$1,479.08
* Family (All Medicare - reflects rate for 3 enrolled)	\$1,847.82	\$2,045.58	\$1,449.21	\$2,218.62
Two Party (1 Medicare, 1 Without)	\$1,602.68	\$1,760.27	\$1,189.65	\$1,925.07
Family (1 Medicare, 2 or more Without)	\$2,587.36	\$2,836.62	\$1,900.35	\$3,109.57
Family (2 Medicare, 1 or more Without)	\$2,218.62	\$2,442.13	\$1,672.72	\$2,664.61

* This rate increases for every family member enrolled in Medicare by the single Medicare rate.

EGWP (Part D) Prescription Program copays	Retail 31 Day	Retail 60 Day	Retail 90 Day	Mail 90 Day
Generic	\$5.00	\$10.00	\$15.00	\$10.00
Brand	\$20.00	\$40.00	\$60.00	\$40.00
Non Preferred	\$50.00	\$100.00	\$150.00	\$100.00

Please note that the above Rx co-pays are for the plans noted in the Medicare Supplemental Plans COB Rates table.

*Coordination of Benefits (COB): SDRMA insurance plans will coordinate with Medicare to determine which entity may or may not pay towards a particular service received by covered individuals under this plan. The coordination will determine how much of the expense Medicare covers (if any) and how much of the expense the SDRMA insurance carrier would cover. Medicare pays first and the SDRMA carrier will then pay additional monies towards the service if the carrier's contracted payable amount is higher than Medicare's contracted payable amount.

If Medicare's contracted amount is less than the SDRMA carrier's contracted amount, the SDRMA carrier will pay the difference between Medicare and the SDRMA carrier amount so that the provider is paid up to the SDRMA carrier limits through both parties combined. If Medicare's contracted amount is the same or covers a higher amount than the SDRMA carrier, the SDRMA carrier will not pay any monies towards the service and will consider payment made by Medicare to be payment in full. When services are considered covered by Medicare and initial payments are made by Medicare, the SDRMA carrier's copays, coinsurance, and/or deductible will not apply.

If a service is not covered by Medicare, but the service is covered by the SDRMA carrier's plan, the claim will be paid exclusively through the SDRMA carrier's plan. If a service is not considered covered by Medicare and therefore no initial payment is made by Medicare, the SDRMA carrier's copays, coinsurance, and/or deductible will apply.

MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*	Kaiser 15 Area I, Area II and Area VI Rates	Kaiser 20 Area I, Area II and Area VI Rates	Kaiser 15 Area III and Area IV** Rates	Kaiser 20 Area III and Area IV** Rates
	Total Rate	Total Rate	Total Rate	Total Rate
Single (Medicare)	\$387.28	\$387.28	\$251.32	\$251.32
Two Party (Both Medicare)	\$754.99	\$754.99	\$483.07	\$483.07
Two Party (1 Medicare, 1 Without)	\$1,302.95	\$1,268.96	\$1,021.76	\$986.74
Family (1 Medicare, 2 or more Without)	\$1,851.94	\$1,799.41	\$1,486.29	\$1,429.64
Family (2 Medicare, 1 or more Without)	\$1,303.98	\$1,285.44	\$947.60	\$925.97

* The KPSA plan is for agencies that offer Medicare retirees the Kaiser plan option. The KPSA plan is for Kaiser retirees, their spouse and/or dependents of retirees that are enrolled in Medicare Part A and Part B. If a retiree, their spouse and/or dependent have a combination rate where a participant in their family does not have Medicare, the participant without Medicare will be covered under the Kaiser HMO 15 or Kaiser HMO 20 plan depending on the agency's offering.

** Per Kaiser Guidelines Fresno County Kaiser Rates are under Area VI Rates

KPSA (Part D) Prescription Program co-pays	Retail 30 Day Supply	Retail 31-60 Day Supply	Retail 61-100 Day Supply	Mail Order 30 Day Supply	Mail Order 31-100 Day Supply
Generic	\$5.00	\$10.00	\$15.00	\$5.00	\$10.00
Brand	\$20.00	\$40.00	\$60.00	\$20.00	\$40.00

For further details of the Kaiser Permanente Senior Advantage (KPSA) HMO plan please refer to page 8.

Please note that the above Rx co-pays are for the plans noted in the Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage rate table.

Ancillary Coverages Summary



Ancillary Coverages Summary

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Low Plan	
	PPO	Non-PPO
Calendar Year Maximum	\$1,000	\$500
	(Per patient per calendar year)	
Calendar Year Deductible Individual / Family	\$50 / \$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26	
Diagnostic and Preventive	100%	100%
Oral Exam		
Routine Cleaning		
X-Rays		
Fluoride Treatment		
Space Maintainers		
Specialist Consultations		
Basic Services	80%	80%
Fillings		
Endodontics (Root Canal)		
Periodontics (Gum Treatment)		
Tissue Removal (Biopsy)		
Extractions & Other Oral Surgery		
Sealants		
Major Services	50%	50%
Crown Repair		
Inlays, Onlays		
Cast Restorations		
Bridges		
Partial and Full Dentures		
Orthodontics		
Eligible for Benefit	Not Covered	
Lifetime Maximum		

(Employer Contributes 51-100% of dependent cost):

Rates	
Employee Only	\$30.18
Employee + 1 Dependent	\$51.71
Employee + 2 or More Dependents	\$83.43

(Employer Contributes 0-50% of dependent cost):

Rates	
Employee Only	\$30.18
Employee + 1 Dependent	\$55.00
Employee + 2 or More Dependents	\$91.26

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Ancillary Coverages Summary

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Medium Plan		High Plan	
	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Maximum	\$1,500	\$1,000	\$2,000	\$1,250
	(Per patient per calendar year)		(Per patient per calendar year)	
Calendar Year Deductible Individual / Family	\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26		Dependents to Age 26	
Diagnostic and Preventive	100%	100%	100%	100%
Oral Exam				
Routine Cleaning				
X-Rays				
Fluoride Treatment				
Space Maintainers				
Specialist Consultations				
Basic Services	80%	80%	80%	80%
Fillings				
Endodontics (Root Canal)				
Periodontics (Gum Treatment)				
Tissue Removal (Biopsy)				
Extractions & Other Oral Surgery				
Sealants				
Major Services	60%	60%	80%	80%
Crown Repair				
Inlays, Onlays				
Cast Restorations				
Bridges				
Partial and Full Dentures				
Orthodontics	50%	50%	50%	50%
Eligible for Benefit	Child & Adult		Child & Adult	
Lifetime Maximum	\$500		\$1,000	
(Employer Contributes 51-100% of dependent cost):				
Rates				
Employee Only	\$40.99		\$52.63	
Employee + 1 Dependent	\$69.63		\$88.68	
Employee + 2 or More Dependents	\$109.28		\$134.93	
(Employer Contributes 0-50% of dependent cost):				
Rates				
Employee Only	\$40.99		\$52.63	
Employee + 1 Dependent	\$73.95		\$94.04	
Employee + 2 or More Dependents	\$119.58		\$147.70	

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DENTAL HMO BENEFITS *See page 28, note 14 for Plan Selections and Combination Guidelines

DENTAL HMO BENEFITS	DeltaCare Plan 10A Participating Providers (You Pay)	DeltaCare Plan 11A Participating Providers (You Pay)	DeltaCare Plan 12A Participating Providers (You Pay)
Diagnostic and Preventive			
Periodic Oral Evaluation	No Charge	No Charge	No Charge
X-Rays	No Charge	No Charge	No Charge
Teeth Cleaning	No Charge	No Charge	No Charge
Topical Flouride	No Charge	No Charge	No Charge
Sealants - per tooth	\$5	\$10	\$10
Restorative			
Amalgam Filling 1-4 Surfaces	\$0	\$0	\$5 - \$20
Resin - one surface, anterior	\$0	\$0	\$22
Endodontics (Root Canal Therapy)			
Pulp Cap	No Charge	No Charge	No Charge
Therapeutic Pulpotomy	\$0	\$0	\$15
Root Canal Therapy - anterior	\$45	\$55	\$85
Periodontics			
Gingivectomy - per quadrant	\$80	\$130	\$135
Osseous Surgery - per quadrant	\$175	\$280	\$300
Scaling and Root Planning - per quadrant	\$0	\$25	\$40
Oral Surgery			
Extractions - Impacted tooth: soft tissue	\$25	\$50	\$55
Extractions - Impacted tooth: partial bony	\$50	\$70	\$75
Extractions - Impacted tooth: full bony	\$70	\$90	\$95
Prosthodontics			
Complete - Upper or Lower	\$100	\$145	\$215
Immediate - Upper or Lower	\$120	\$165	\$235
Partial Denture - Upper or Lower	\$120	\$160	\$240
Crown and Bridge			
Inlay / Onlay	\$0	\$0	\$45 - \$55
Crown - Porcelain/Ceramic Substrate	\$195	\$240	\$295
Crown - Porcelain Fused to High Noble Metal	\$195	\$240	\$295
Crown - Full Cast High Noble Metal	\$170	\$210	\$260
Orthodontics - comprehensive			
Child to age 19	\$1,700	\$1,700	\$1,700
Member over age 19	\$1,900	\$1,900	\$1,900



DENTAL HMO RATES – RATES GUARANTEED UNTIL JANUARY 1, 2022

	PLAN	Employee	Employee + 1	Employee + 2 or More
Region I Los Angeles, Tulare, Ventura	DeltaCare 10A	\$19.98	\$35.64	\$52.53
	DeltaCare 11A	\$17.30	\$30.80	\$45.11
	DeltaCare 12A	\$16.79	\$29.77	\$43.88
Region II Alameda, El Dorado, Fresno, Imperial, Kern, Kings, Lake, Madera, Monterey, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara	DeltaCare 10A	\$19.98	\$35.64	\$52.53
	DeltaCare 11A	\$17.30	\$30.80	\$45.11
	DeltaCare 12A	\$16.79	\$29.77	\$43.88
Region III Alpine, Amador, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, San Francisco, San Joaquin, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Trinity, Tuolumne, Yuba	DeltaCare 10A	\$20.70	\$36.87	\$54.38
	DeltaCare 11A	\$17.92	\$31.83	\$46.76
	DeltaCare 12A	\$17.30	\$30.69	\$45.22
Region IV Humboldt, Marin, Santa Barbara, Santa Cruz, Shasta, Sutter, Yolo	DeltaCare 10A	\$21.32	\$37.90	\$55.93
	DeltaCare 11A	\$18.44	\$32.75	\$48.20
	DeltaCare 12A	\$17.72	\$31.42	\$46.25
Region V Butte, San Luis Obispo	DeltaCare 10A	\$41.61	\$71.48	\$105.47
	DeltaCare 11A	\$38.73	\$66.23	\$97.64
	DeltaCare 12A	\$37.90	\$64.79	\$95.48

VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

VISION BENEFITS	Option 1		Option 2	
	In-Network	Non-Network	In-Network	Non-Network
Copay	\$25 for Exam and/or Materials		\$25 for Exam and/or Materials	
Exam	Covered after Copay	Plan pays up to: \$50	Covered after Copay	Plan pays up to: \$50
Lenses				
Single	Covered after Copay	\$50	Covered after Copay	\$50
Bifocal	Covered after Copay	\$75	Covered after Copay	\$75
Trifocal	Covered after Copay	\$100	Covered after Copay	\$100
Frames	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70
Contact Lenses - Elective	\$130 Allowance	\$105	\$130 Allowance	\$105
Contact Lenses - Medically Necessary	Covered after Copay	\$210	Covered after Copay	\$210
Contact Exam and Fitting	Up to \$60	\$0	Up to \$60	\$0
Frequency of Services				
Eye Examination	12 months		12 months	
Lenses	24 months		12 months	
Frames	24 months		24 months	
Contact Lenses ¹	24 months		12 months	
Rates				
Employee Only	\$6.59		\$7.62	
Employee + 1 Dependent	\$12.77		\$14.83	
Employee + 2 or More Dependents	\$20.19		\$23.48	

¹ Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

VISION BENEFITS	Option 3		Option 4		Option 5	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Copay	\$15 for Exam and/or Materials		\$25 for Exam and/or Materials		\$0 for Exam and/or Materials	
Exam	Covered after Copay	Plan pays up to: \$50	Covered after Copay	Plan pays up to: \$50	Covered after Copay	Plan pays up to: \$50
Lenses						
Single	Covered after Copay	\$50	Covered after Copay	\$50	Covered	\$50
Bifocal	Covered after Copay	\$75	Covered after Copay	\$75	Covered	\$75
Trifocal	Covered after Copay	\$100	Covered after Copay	\$100	Covered	\$100
Frames	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70
Contact Lenses - Elective	\$130 Allowance	\$105	\$130 Allowance	\$105	\$130 Allowance	\$105
Contact Lenses - Medically Necessary	Covered after Copay	\$210	Covered after Copay	\$210	No Copay	\$210
Contact Exam and Fitting	Up to \$60	\$0	Up to \$60	\$0	Up to \$60	\$0
Frequency of Services						
Eye Examination	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		12 months		12 months	
Contact Lenses ¹	12 months		12 months		12 months	
Rates						
Employee Only	\$8.03		\$10.92		\$17.41	
Employee + 1 Dependent	\$15.45		\$21.42		\$34.20	
Employee + 2 or More Dependents	\$24.62		\$34.09		\$54.80	

¹ Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

VOYA FINANCIAL BASIC LIFE AND AD&D – RATES GUARANTEED UNTIL JULY 1, 2023

For Groups with 10(+) lives Basic Life and AD&D Benefits			For Groups with less than 10 lives Basic Life and AD&D Benefits		
Eligibility:	All Eligible Employees working at least 20 hrs/wk		Eligibility:	All Eligible Employees working at least 20 hrs/wk	
Life Benefits:	Groups may elect a flat amount of: \$10,000-\$100,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary		Life Benefits:	Groups may elect a flat amount of: \$10,000-\$100,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits:	Same as Life		AD&D Benefits:	Same as Life	
Guaranteed Issue Amount	\$100,000		Guaranteed Issue Amount	\$100,000	
Benefit Reduction Formula	Age	% of Original Benefit	Benefit Reduction Formula	Age	% of Original Benefit
	65	65%		65	65%
	70	50%		70	50%
Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy		Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included		Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included		Seat Belt Benefit (AD&D)	Included	
Rate per \$1,000	\$0.272 *		Basic Life Rate per \$1,000: Under Age 30	\$0.202 *	
			Basic Life Rate per \$1,000: Age 30-39	\$0.264 *	
			Basic Life Rate per \$1,000: Age 40-49	\$0.368 *	
			Basic Life Rate per \$1,000: Over Age 49	\$0.507 *	

Example Calculation

Sample for 10+ lives

1 employee with 100,000 of life insurance

Volume X rate/1000

100,000 X 0.29/1000 = \$29.00

* Rates provided on Ancillary invoice may vary slightly because of rounding.

Entities must contribute a minimum of 75% of the cost for active employees only. See page 28, note 3 for underwriting guideline of entity contribution for active employees.

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VOYA FINANCIAL SUPPLEMENTAL LIFE – RATES GUARANTEED UNTIL JULY 1, 2023

Supplemental Life Benefits*		
Eligibility	All Eligible Employees working at least 20 hrs/wk	
Employee Benefit		
Minimum	\$20,000	
Maximum	\$250,000	
Increments of:	\$10,000	
Guaranteed Issue Amount	Under Age 60: \$100,000 Age 60 and Over: \$50,000	
Spouse Benefit		
Not to Exceed 50% of Employee's Life Benefit		
Minimum	\$20,000	
Maximum	\$125,000	
Increments of:	\$5,000	
Guaranteed Issue Amount	\$25,000	
Dependent Child(ren) Benefit		
Minimum	\$5,000	
Maximum	\$10,000	
Increments of:	\$5,000	
Guaranteed Issue Amount	\$10,000	
Benefit Duration		
	Age	% of Original Benefit
	65	65%
	70	50%
Waiver of Premium		
Included		
Portability		
Included		
Rates		
Rates per \$1,000	Employee Rate (AD&D)	Spouse Rate (1) (2) (No AD&D)
Under age 25	\$0.117 **	\$0.072 **
Age 25-29	\$0.117 **	\$0.072 **
Age 30-34	\$0.148 **	\$0.103 **
Age 35-39	\$0.169 **	\$0.124 **
Age 40-44	\$0.220 **	\$0.175 **
Age 45-49	\$0.303 **	\$0.258 **
Age 50-54	\$0.488 **	\$0.443 **
Age 55-59	\$0.787 **	\$0.742 **
Age 60-64	\$1.178 **	\$1.133 **
Age 65-69	\$2.208 **	\$2.163 **
Over age 70	\$3.547 **	\$3.502 **
Dependent Child Rate per \$1,000	\$0.206 **	\$0.206 **

(1) The age of the employee is used when calculating the premium for Supplemental Life for the spouse.

(2) The spouse or dependents can only enroll in Supplemental Life if the employee is enrolled in Supplemental Life.

* Supplemental Life is only available if the Entity is enrolled in VOYA Financial Basic Life and AD&D.

** Rates provided on Ancillary Invoice may vary slightly because of rounding.

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

For Groups with 10(+) lives			
Short-Term Disability Benefits	Option 1	Option 2	Option 3
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	\$50	\$50	\$50
Maximum Weekly Benefit	\$1,252	\$1,500	\$1,500
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	26 Weeks	13 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Rate per \$10 weekly benefit	Option 1	Option 2	Option 3
Rate (per \$10 weekly benefit)	\$0.79 *	\$0.62 *	\$0.46 *

Example Calculations

	Option 1	Option 2	Option 3
Annual Salary	\$50,000.00	\$50,000.00	\$50,000.00
Weekly salary (annual/52)	\$961.54	\$961.54	\$961.54
Covered weekly salary (weekly X .60)	\$576.92	\$576.92	\$576.92
Divide by 10 (covered weekly/10)	\$57.69	\$57.69	\$57.69
Multiply above by Premium Rate (.79*, .62*, .46*)	\$45.58	\$35.77	\$26.54

Covered weekly must be capped if it surpasses maximum weekly benefit

	Option 1	Option 2	Option 3
Annual Salary	\$150,000.00	\$150,000.00	\$150,000.00
Weekly salary (annual/52)	\$2,884.62	\$2,884.62	\$2,884.62
Covered weekly salary (weekly X .60)	\$1,730.77	\$1,730.77	\$1,730.77
Capped maximum weekly coverage/benefit	\$1,252.00	\$1,500.00	\$1,500.00
Divide capped by 10 (capped weekly/10)	\$125.20	\$150.00	\$150.00
Multiply above by Premium Rate (.79*, .62*, .46*)	\$98.91	\$93.00	\$69.00

Definitions:

Elimination period – Benefits begin the day after the elimination period ends.

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

For Groups with less than 10 lives			
Short-Term Disability Benefits	Option 1	Option 2	Option 3
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	\$50	\$50	\$50
Maximum Weekly Benefit	\$1,252	\$1,500	\$1,500
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	26 Weeks	13 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Age Banded Rates	Option 1	Option 2	Option 3
Rate per \$10: Under age 30	\$0.88 *	\$0.67 *	\$0.50 *
Rate per \$10: 30-34	\$0.90 *	\$0.68 *	\$0.52 *
Rate per \$10: 35-39	\$0.67 *	\$0.52 *	\$0.38 *
Rate per \$10: 40-44	\$0.50 *	\$0.39 *	\$0.30 *
Rate per \$10: 45-49	\$0.57 *	\$0.44 *	\$0.34 *
Rate per \$10: 50-54	\$0.68 *	\$0.54 *	\$0.40 *
Rate per \$10: 55-59	\$0.93 *	\$0.72 *	\$0.55 *
Rate per \$10: 60-64	\$1.10 *	\$0.87 *	\$0.64 *
Rate per \$10: 65+	\$1.31 *	\$1.03 *	\$0.75 *

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

For Groups with 10(+) lives		
Long Term Disability Benefits	Option 1	Option 2
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months
Disability Earnings Test	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12
Age Banded Rates	Option 1 – 90 days	Option 2 – 180 days
Rate per \$100	\$0.485 *	\$0.365 *

Example Calculation

Monthly Covered Salary X Rate/100

Monthly Covered Salary = Annual Salary/12

50,000/12 = \$4,166

\$4,166 (monthly covered salary) X 0.511 (rate)/100 = \$21.28

(1) Benefit begins after 90 days

(2) Benefit begins after 180 days

Definitions:

Elimination Period – Benefits begin the day after the elimination period ends.

Own Occupation Timeframe or Coverage Period – Employee’s disability will be evaluated on their ability to perform their own occupations to a certain degree.

Recurrent Disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

For Groups with less than 10 lives		
Long Term Disability Benefits	Option 1	Option 2
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months
Disability Earnings Test	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12
Age Banded Rates	Option 1 – 90 days	Option 2 – 180 days
Rate per \$100: Under age 25	\$0.131 *	\$0.103 *
Rate per \$100: Age 25-29	\$0.177 *	\$0.130 *
Rate per \$100: Age 30-34	\$0.225 *	\$0.168 *
Rate per \$100: Age 35-39	\$0.289 *	\$0.214 *
Rate per \$100: Age 40-44	\$0.374 *	\$0.280 *
Rate per \$100: Age 45-49	\$0.485 *	\$0.365 *
Rate per \$100: Age 50-54	\$0.634 *	\$0.476 *
Rate per \$100: Age 55-59	\$0.830 *	\$0.625 *
Rate per \$100: Over age 60	\$1.083 *	\$0.812 *

(1) Benefit begins after 90 days

(2) Benefit begins after 180 days

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MHN EMPLOYEE ASSISTANCE PROGRAM – RATES GUARANTEED UNTIL JULY 1, 2023

Employee Assistance Program	
Number of Sessions/Frequency	3 Face to Face, telephonic/web-video sessions per incident per member
Employee Services	Telephonic Counseling & Referral for Counselling Sessions
Work Life	Life Management Services
Legal	Legal Referral Service – Up to 30 minutes/session and 25% discount for additional services
Dependent Care	Child & Elder Care Referral Service
Financial	Financial Consultations to include Pre-retirement and tax consultations
Education Referrals	Education and Schooling Referrals
Concierge	Daily Living Services
Employer Services	
Brown Bag Seminars	10 hours/year/member group
CISD – Critical Incident Stress Debriefing	20 hours per incident/member group
Management Consultations	Unlimited
Management Training	Unlimited
On-site Orientation	No Limits
Reports	Annual Utilization reports
Newsletter and Collateral Materials	Yes, No Charge
Internet Service	members.mhn.com
EAP Rate – Per Employee Per Month	\$2.82
Identity Theft Assistance:	30-minute free consultation with a trained fraud specialist
Daily Living:	Assistance with pet care, consumer services, home contractors, travel arrangements and more

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HEALTH BENEFITS PROGRAM ELIGIBILITY REQUIREMENTS

1. Entity must be a public agency formed under California law.
 2. Entity must have a minimum of two full-time active employees to join. An active full-time employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be considered active employees only if they are currently part of the benefit eligible population and work a minimum of twenty hours weekly.
 3. **Active Employees:**
Medical Benefits - Entity must contribute a minimum of 75% of the cost for active employees.
Ancillary Coverages - Entity must contribute a minimum of 75% of the cost for active employees.
 4. **Dependents:**
Medical Benefits - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
Ancillary Coverages - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
 5. **Retirees:**
Medical Benefits - Entity may offer coverage to retirees.
Ancillary Coverages - Entity may offer coverage to retirees. Retirees are only eligible for Dental and Vision.
 6. **Public Officials:**
Entity may offer coverage to public officials (board members, etc.) only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 75% of the cost for public officials when covering their medical benefits/ ancillary coverages. Participation for public officials is limited to their term of office.
 7. Entity must have at least 75% of eligible employees (and public officials if they are offered coverage by the Entity) enrolled in order to participate. Public Officials, retirees and dependents may not be covered unless active employees are covered.
 8. Premiums are based on a full month. There are no partial months or prorated premiums and member changes will be effective first of the month following the qualifying event. The waiting period for medical benefits/ancillary coverages is effective 1st of the following the date of hire of an employee.
 9. The maximum dependent child age is 26. Disabled dependent children are not subject to the dependent age restrictions; however, a verification form will be required certifying the disability.
 10. Each prospective new Entity must complete and submit the SDRMA Interest Forms including a large claimant disclosure form (Medical Benefits only) detailing any knowledge of and information pertaining to large and/or ongoing claims. Each Entity is subject to underwriting review and may or may not be accepted for coverage. The underwriting process may take up to two weeks for completion.
 11. Entity's governing body must approve a resolution authorizing participation in SDRMA's health benefits program and execute the Memorandum of Understanding (MOU).
 12. Once an Entity is approved by underwriting they must submit the Resolution and MOU to SDRMA 45 days before the requested effective date of coverage.
 13. *Medical Benefits* - Not all Plans will be offered and available to Entities joining the medical benefits program. The Access+ HMO 15, HMO 20 and Kaiser Plans are not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the HMO plans are available in your area. Entities selecting one of the medical benefits program High Deductible Health Plans (HDHP) are responsible for adhering to IRS rules, regulations and maintenance of the Health Savings Account (HSA). SDRMA does not provide HSA services but can provide contact information for a financial institution that currently offers this type of service.
 14. **Plan Selections and Combination Guidelines:**
Medical Plan Selection
Subject to underwriting review and approval:
 - 2-100 enrolled lives: 2 plans + 1 Kaiser plan
 - 101-200 enrolled lives: 3 plans + 1 Kaiser plan*Medical Plan Combinations*
 - Only 1 HMO or HDHP plan may be offered to an employee group
 - Future plan changes are subject to review and approval by underwriting*Ancillary Coverages* - Entity will choose the particular dental, vision, life, short term disability and/or long term disability option to offer its employees.
Ancillary Plan Selections
Subject to underwriting review and approval:
 - 2-50 enrolled lives: 1 Dental PPO plan and 1 *Dental HMO plan may be offered to an employee group. 1 Vision plan may be offered to an employee group. 1 Short Term Disability Plan may be offered to an employee group. 1 Long Term Disability Plan may be offered to an employee group.
 - Future plan changes are subject to review and approval by underwriting
- * *Dental HMO is not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the Dental HMO plan is available in your area*

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blue  of california

 businessolver[™]

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SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

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SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

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**PLEASANT VALLEY RECREATION AND PARK DISTRICT
STAFF REPORT / AGENDA REPORT**

TO: PERSONNEL COMMITTEE

FROM: MARY OTTEN, GENERAL MANAGER
By: Kathryn Drewry, Human Resources Specialist

DATE: September 23, 2020

SUBJECT: REVIEW TECHNOLOGY USE POLICY

BACKGROUND

In 2016 the District adopted its first Technology Use Policy and followed up with a revision in October of 2017. The revision included terms that impacted cell phone usage and text messaging. It is the staff's desire to bring these policies to the committees periodically to ensure their relevance.

ANALYSIS

Upon review District staff is requesting an update to two sentences. The first under Employee Responsibilities Item F – we are changing the words “personal computer” to “workstation” this change is in line with District nomenclature. The second change is in Social Media Item D – The “Freedom of Information Act” has been updated to “California Public Records Act”.

FISCAL IMPACT

There is no fiscal impact at this time.

RECOMMENDATION

Review updated changes.

ATTACHMENTS

1. Technology Use Policy (Adopted October 2017)



EMPLOYEE TECHNOLOGY USE POLICY

Pleasant Valley Recreation and Park District

EMPLOYEE TECHNOLOGY USE POLICY

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INTRODUCTION

All of the technological tools furnished to District employees are public property, subject to the dominion and control of the District. Employees have no right or expectation of privacy in those tools, which may be inspected by District representatives without notice.

This policy establishes privileges and additional responsibilities for employees. It recognizes employees as responsible individuals who are the key to making government more responsive to its citizens. It allows employees to use District office equipment for non-government purposes when such use involves minimal additional expense to the government, is performed on the employee's non-work time, does not interfere with the mission or operations of a department and does not violate standards of ethical conduct.

District employees should be provided with a professional supportive work environment. They should be given the tools needed to effectively carry out their assigned responsibilities. Allowing limited personal use of these tools helps to enhance the quality of the workplace and helps the District retain highly qualified and skilled workers. The use of modern information technology has raised new opportunities for its use by employees to live their lives more efficiently in balance with the overriding imperative that taxpayers receive the maximum benefit for their tax dollars.

District business partners, contractors, or other individuals who utilize or access District-owned technology pursuant to District prior approval shall be required to sign and abide by the terms and conditions contained within this and all referenced District technology policies.

1. EMPLOYEE RESPONSIBILITIES

- A. Computer password(s) will be protected. Computer password(s) should not be shared with anyone unless there is a legitimate business requirement. Password(s) should be changed frequently. It is generally recommended to not write down passwords. However, if you must write down a password to document or remember it, do so in a secure manner. For example, do not write down passwords and post them on your monitor, under your keyboard, or in your work area. A password kept in your wallet would generally be secure.
- B. Access to computer systems, data, and networks: Employees may access data or other information for which they have been authorized in the normal performance of their job duties. Privacy of clients and co-workers should be respected by not sharing information unless required for business purposes. The only authorized method for remote access to the District computing network is through the equipment and security software provided by the Information Technology Services

Department. Knowledge of these resources, and employee use, should be in conformance with the District's policies for Internet Access, E-Mail, and Network Access.

- C. Only legally acquired and licensed computer software may be used. There is a significant financial liability to the District if computer software that has not been legally obtained is used on District-owned equipment. The documentation provided with the software should be checked to see if it was legally acquired before copies are made for others. Generally, copies of software should be made for back-up purposes only.
- D. Use of non-District-owned software must be authorized. There is a potential for introducing a virus into a District-owned system, and possibly even Districtwide, whenever outside software is used. If there is a need to use an outside software program for business purposes, permission should be obtained from the department head or his/her designee.
- E. Access and use of the District's computer systems, data, and networks shall be done only through a combination of a duly assigned login or username and computer password. This combination of a duly assigned login or username and computer password, when utilized to access software applications that automate or create official District records or business transactions, constitutes an electronic or digital signature. Use of an electronic or digital signature shall have the same force and effect as a manual signature.

2. ELECTRONIC & TELEPHONE USAGE & PRIVACY POLICY

- A. Use of District – owned cellular telephones shall also comply with all of the following:
 - Employees with a District-issued cellular phones or employees that receive cellular phone stipends from the District for use of a cellular phone must provide, upon request of their supervisor or District management, copies of text messages, emails, or photos that are related to District business. Copies should be provided within twenty-four hours of the request.
 - Employees are discouraged from using text messaging as a means of communication between District employees for District purposes during District hours as this makes it difficult to track, store and maintain text communication that may be deemed a public record.
 - Employees are discouraged from using cellular phones for personal use during District hours unless there is an emergency.
 - The District recommends that employees delete business related text messages on a regular basis (daily) as this is a tool for transmission of

basic information, not a tool for storing information.

- Hourly employees are strictly prohibited from responding to work emails, text messages, or phone calls outside of compensated work hours. Hourly employees with District-owned cellular phones are encouraged to leave their District-issued cellular phones at work when they clock out.
- Employees are to strictly adhere to California State Laws regarding the use of hand held devices while operating a motor vehicle in the scope of employment.

3. “LIMITED PERSONAL USE” OF DISTRICT OFFICE EQUIPMENT

A. Employees are authorized limited personal use of District office equipment. This personal use must not result in loss of employee productivity or interference with official duties. Moreover, such use should incur only minimal additional expense to the District in areas such as:

- Communications infrastructure costs; e.g., telephone charges, tele-communications traffic, etc.
- Use of consumables in limited amounts; e.g., paper, ink, toner, etc.
- General wear and tear on equipment
- Data storage on storage devices
- Transmission impacts with moderate e-mail message sizes, such as e-mail with small attachments

B. Minimal additional expense means that the employee’s use of District office equipment is limited to those situations where the District is already providing equipment or services and the employee’s use of such equipment or services will not result in any additional expense to the District, or the use will result in only normal wear and tear or the use of small amounts of electricity, ink, toner, or paper. Examples of minimal additional expenses include making a few photocopies, using a computer printer to print a few pages of material, making occasional brief personal phone calls, infrequently sending personal e-mail messages, and limited use of the Internet for personal reasons.

C. Employees are expected to conduct themselves professionally in the workplace and to refrain from using District office equipment for activities that are inappropriate. Unless required in the performance of an individual’s job duties, inappropriate personal use of District office equipment includes:

- Any personal use that could cause congestion, delay, or disruption of services to any government system or equipment. For example, greeting cards, video, sound or other large file attachments can degrade the performance of the entire network. “Push” technology on the Internet and other continuous data streams would also degrade the performance of the entire network and be an inappropriate use.

- Using the District systems as a staging ground or platform to gain unauthorized access to other systems.
 - The creation, copying, transmission or retransmission of chain letters or other unauthorized mass mailings regardless of the subject matter.
 - Using District office equipment for activities that are illegal, inappropriate, or offensive to fellow employees or the public. Such activities include, but are not limited to, hate speech, or material that ridicules others on the basis of race, creed, religion, color, sex, disability, national origin, or sexual orientation.
 - The creation, download, viewing, storage, copying or transmission of sexually explicit or sexually oriented materials.
 - The creation, download, viewing, storage, copying or transmission of materials related to illegal gambling, illegal weapons, terrorist activities, and any other illegal activities or activities otherwise prohibited.
 - Use for commercial purposes or in support of “for-profit” activities or in support of other outside employment or business activity (e.g., consulting for pay, sales or administration of business transactions, sale of goods or services).
 - Engaging in any outside fund-raising activity, endorsing any product or service, participating in any lobbying activity, or engaging in any prohibited partisan political activity. State law makes it clear that a person improperly expending public funds for political purposes is personally liable to repay such funds. (*Stanson v. Mott* (1976) 17 Cal.3d 206.)
 - Use for posting District information to external newsgroups, bulletin boards or other public forums without authorization. This includes any use that could create the perception that the communication was made in one’s official capacity as a District employee (unless appropriate approval has been obtained) or uses at odds with the District’s mission or positions.
 - Any use that could generate more than minimal additional expense to the District.
 - The unauthorized acquisition, use, reproduction, transmission, or distribution of any controlled information, including computer software and data, that includes privacy information, copyrighted, trademarked or material with other intellectual property rights (beyond fair use), proprietary data, or export controlled software or data.
- D. It is the responsibility of employees to ensure that they are not giving the false impression that they are acting in an official capacity when they are using District office equipment for non-government purposes. If there is expectation that such personal use could be interpreted to represent the District, then an adequate disclaimer must be used. One acceptable disclaimer is – *“The contents of this*

message are mine personally and do not reflect any position of the District.”

- E. Limited personal use is to occur only during an employee's non-work time, such as before or after scheduled work hours, lunch periods, weekends, or holidays.
- F. The types of equipment that may be used by employees for limited personal use include the following: workstations and related peripheral equipment and software, library resources, telephones, facsimile machines, photocopiers, office supplies, internet connectivity and access to internet services, and e-mail.
- G. Use of District-owned cellular telephones, or other wireless telecommunication devices, shall be consistent with, and is governed by Section 2 Electronic & Telephone Usage & Privacy Policy.

3. SOCIAL MEDIA

- A. District Departments may utilize social media and social network sites to further enhance communications in support of District goals and objectives. Social media facilitates further discussion of District issues, operations and services by providing members of the public the opportunity to participate in many ways using the internet.
- B. All District social media sites shall be (1) approved by a Department Manager or General Manager; (2) published using approved social networking platform and tools; and (3) administered by the designee of the Department Manager or General Manager. Designees can be any department employee or volunteer designated by the requesting Department Manager that has a complete understanding of this policy and has appropriate content and technical.
- C. All District social networking sites shall adhere to applicable state, federal and local laws, regulations and District policies.
- D. California Public Records Act and e-discovery laws and policies apply to social media content and therefore content must be able to be managed, stored and retrieved to comply with these laws.
- E. All social network sites and entries shall clearly indicate that any articles and any other content posted or submitted for posting are subject to public disclosure.
- F. The District reserves the right to restrict or remove any content that is deemed in violation of the policy or any applicable law.

4. DEPARTMENT RESPONSIBILITIES

- A. Ensure that their employees read and understand this policy, as well as the District's policies governing Internet, Network, Cellular Telephone, and E-Mail system access and use.
- B. All District employees using District technology covered by this policy, must sign this policy upon initial hire and on a reoccurring basis upon material changes to this policy, as recommended by the General Manager or their representative. Such signature affirms their understanding, acceptance and adherence to this and the referenced policies on Internet, Network, Cellular Telephone, and E-Mail system access and use.

5. MONITORING AND RETENTION

District employees do not have a right, nor should they have an expectation, of privacy while using any District information technology at any time. The District retains the right to examine, retain, or limit the use of all electronic storage media, data files, logs, voice and data network transmissions, and programs used on District-owned computers and other information processing technological equipment. In addition, by using this technology, employees' consent to monitoring, recording, and data retention requirements is implied with or without cause. However, the District recognizes that certain departments have a duty of confidentiality imposed by law. For those departments, in the event that data or data files must be accessed, confidentiality will be maintained.

Monitoring shall only be authorized by the General Manager.

The Email System shall be used for transmission of communications and not storage. The Email System is provided to Authorized Users as a convenient and efficient method of rapidly communicating transitory information in an electronic format. The Email System is specifically intended and designed to be a tool for transmission of information, and not a tool for storage of information.

Related to Records Management, the Email System is not a permanent storage system and staff is expressly forbidden to use it as such. Email in-boxes and out-boxes shall be emptied on a regular basis, after records have been appropriately saved, as outlined below. Since all Emails are preliminary drafts, every Authorized User (sending or receiving any Email) shall delete the Email as soon as the information is no longer required or convenient for the discharge of the Authorized User's duties, and the Email shall be automatically purged by the District in accordance with the schedule set forth below.

Because the Email System is not designated for long term storage, Email communications which are intended to be retained as an official record (those that have a material impact on the conduct of the public's business) should be printed out and the

hard copy filed in the appropriate subject file, or saved in an electronic file folder. Such saved copies of Email Communications shall be retained in accordance with the District's applicable records retention policy.

Since Email communications are transitory and not intended to be kept in the normal course of business, and to ensure the reliability of the District's Email System, all Email Communications shall not be retained beyond 180 days by District electronic mail applications. The District's Email System would be configured to automatically delete all emails after 180 days.

6. POLICY CHANGES AND EMPLOYEE DISCIPLINE

This Technology Use Policy is intended as a starting point and may be modified by the District to include additional restrictions. This policy is subject to conditions and limitations which may be imposed by the District Counsel whenever the District Counsel determines that any use of the District's technological tools covered by this policy is subject to applicable state or federal laws and regulations concerning electronically stored information. Any violation of this Technology Use Policy may result in disciplinary action.

I acknowledge that I have read, do understand, accept, and will adhere to the requirements of this policy.

Print Name

Date

Signature

**PLEASANT VALLEY RECREATION AND PARK DISTRICT
STAFF REPORT / AGENDA REPORT**

TO: PERSONNEL COMMITTEE

FROM: MARY OTTEN, GENERAL MANAGER
By: Kathryn Drewry, Human Resources Specialist

DATE: September 23, 2020

SUBJECT: REVIEW TRAVEL POLICY

BACKGROUND

In 2016 the District adopted a Travel Policy as part of the Employee Manual. It is the staff's desire to bring these policies to the committees periodically to ensure their relevance.

ANALYSIS

Upon review District Staff does not have any current recommendations for changes to the Travel Policy, however staff would like to discuss the meal allotment. Currently the District allows for reimbursement for meals as follows:

Breakfast - \$12

Lunch - \$16

Dinner - \$22

While these rates line up with other researched agencies (using CSDA database of policies and the State of California GSA) the concern from staff has been the cost of meals in various locations. The thought would be to allow flexibility in the per meal rates but not to exceed the overall daily budget.

FISCAL IMPACT

There is no fiscal impact at this time.

RECOMMENDATION

There are no recommendations at this time.

ATTACHMENTS

1. Travel Policy (adopted 4-6-2016)



TRAVEL POLICY

Approved by the Board of Directors on April 6, 2016

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SECTION 1: INTRODUCTION

1.1 PURPOSE

The purpose of these regulations is to establish a system of reimbursement for authorized expenses, for all officials and employees, required to travel on behalf of, or in representation of, the Pleasant Valley Recreation and Park District (District).

1.2 GENERAL

These policies shall apply to any required and duly approved travel for official District business, and to all officials and employees who receive appropriate authorization to travel on behalf of the District.

The District recognizes the benefits that accrue when its employees attend conferences, seminars, and professional training activities. The District will bear approved expenses incurred by District officials and employees to attend such activities provided the stated procedures are followed. Travel, conferences, seminars, trainings and similar activities shall be directly related to District business.

The most reasonably priced arrangements for travel events will be utilized. Personal safety and a reasonable level of comfort and dignity will be taken into consideration.

Individuals are expected to exercise sound judgment when incurring and submitting travel expenses, keeping with the standard and proprieties of a visible and accountable public agency.

Although these travel regulations set specific procedures for employees to follow, it is not intended to be all inclusive and exceptions may be reviewed on a case to case basis.

SECTION 2: TRAVEL AUTHORIZATION PROCESS

2.1 INTENTION

The travel authorization process is intended to ensure budget compliance and appropriate use of public funds.

BUDGET: Travel authorization begins with the budgetary process. Travel needs shall be anticipated and submitted in the annual budget for approval by the District General Manager/Board of Directors. It is the authorizing party's responsibility to stay within departmental budget travel allocations as approved by the GM/Board of Directors. Travel requests are to include all costs associated with any/all types of travel including registration, lodging, meals, transportation, parking, and incidental expenses.

SECTION 3: VEHICLE USE

3.1 USE OF PERSONAL VEHICLE FOR DISTRICT BUSINESS

It is the responsibility of the employee to maintain a valid California driver's license, and personal insurance coverage equal to, or greater than, the minimal coverage amounts required by any/all applicable state law while utilizing his/her private vehicle for transaction of District business.

Employees are responsible to notify the Human Resources Department of any changes in license, or insurance. Employees are responsible for any parking, mechanical or moving violations received while using their own vehicle for approved District business. Some employees' job title and description (e.g. transportation department drivers) may require reporting DUI, DWI, and other moving violations.

3.2 REIMBURSEMENT FOR USE OF PERSONAL VEHICLE

Use of an employee's private vehicle shall be reimbursed at the current mileage reimbursement rate determined by the Internal Revenue Service. Private automobiles may not be used for trips over 100 miles one-way except by prior written approval of the General Manager. Employees who use their private vehicle for travel are expected to follow the District's Travel Policy, and Employee Manual.

Reimbursement requests shall be submitted to the appropriate authorizing party (usually employee's supervisor) within 30 days of the month the mileage expenses were incurred, and shall be complete and accurate with proper approvals.

Parties of two or more may be expected to carpool unless approved by the General Manager prior to travel.

SECTION 4: LONG DISTANCE TRAVEL

4.1 DEFINITION

The most economical mode and class of transportation reasonably consistent with scheduling needs shall be preferred, using the most direct and time-efficient route. The cost of rental vehicle, parking and gasoline shall be compared to the combined cost of other forms of transportation and the least expensive method shall be used.

Long distance travel is defined as any travel that:

- a) Requires an employee to leave Ventura County, *AND*
- b) Includes at least one (1) overnight stay.

4.2 AUTHORIZATION

All long distance travel requires prior written approval of the General Manager. Every effort will be made to pre-arrange and pre-pay all approved expenses. However, in the event this is not possible, employees are eligible for:

- a) Reimbursement of approved expenses paid for by employee, with accompanying itemized receipts.

4.3 AIR TRAVEL

For authorized air travel, the District reserves coach rate seats at government or group rates (when such rates are available), and makes every effort to schedule reasonable flight times. Seat upgrades or flight/schedule changes unrelated to District business are not approved expenses, and become the responsibility of the employee.

It is the intent of the District to book all air travel on the District's credit card unless otherwise approved by the General Manager.

4.4 GROUND TRANSPORTATION & RENTAL CAR

The District makes every effort to reserve appropriate ground transportation for traveling employees (*e.g., airport shuttle, rental car*). When that is not possible, with prior written approval of the General Manager, employees may claim reimbursement for ground transportation at actual cost, utilizing reasonable ground transportation services such as taxi services.

Employees traveling on District business for whom it was not possible to reserve a rental car service, either at the point of departure or at the destination:

- a) Will be reimbursed by the District for the rental expense of a comparable compact automobile, AND
- b) Will purchase damage insurance (comprehensive and collision but **not** liability) through the rental car company.

The District and its employees shall use government or group rates, when available, for ground transportation or rental car services.

4.5 LODGING

The District shall make every effort to pre-arrange appropriate lodging (*using government or group rates, when available; Board Members; GC § 53232.2(e)*), for approved travel. When that is not possible, with prior written approval of the General Manager, employees may reserve reasonable lodging, and claim reimbursement for such lodging in accordance with this section and with appropriate receipts.

Board Members (GC § 53232.2(d))

For lodging in connection with a conference or organized educational activity, lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor, provided that lodging at the group rate is available at the time of booking.

If a group rate or government rate is not available, reasonable lodging shall be booked at standard lodging rates for the destination's specific geographic area. Any lodging upgrades made by employees in excess of approved lodging rates are not approved, and become the responsibility of the employee.

4.6 MEALS

Daily reimbursement rates for meals are as follows:

- Breakfast - \$12*
- Lunch - \$16*
- Dinner - \$22*

Eligible meals are defined as meals for which an employee incurs a cost due to a valid and authorized business reason (*e.g., overnight travel, business meeting, special dietary requirements that cannot be accommodated, meal not covered by conference fee, etc.*). Meals provided as part of a conference or seminar are not eligible for separate reimbursement. Reimbursement requests for approved meal expenses must be submitted with itemized receipts. The District does not reimburse for alcoholic beverages.

An increased or decreased meal allowance may be considered when traveling to remote or metropolitan areas. Any changes must be pre-approved by the

General Manger prior to travel.

4.7 INCIDENTALS

Employees are eligible for reimbursement for incidentals up to \$5.00 per day while on District business travel. Incidentals may include such items as tips, soft drinks, phone call, postage, etc. Items such as gifts, entertainment (including in-room movies), alcohol, or other similar items are not reimbursable. Itemized receipts and/or an approved written list of expenses will be required for reimbursement.

Parking fees shall be reimbursed when related to District business travel, including airport parking fees, and parking fees for personal or rental vehicles.

4.8 TELEPHONE CALLS

The District will reimburse one (1) 15-minute telephone call per day while an employee is on official business. If the employee receives a cell phone stipend they will not be reimbursed.

SECTION 5: REIMBURSEMENT

5.1 REIMBURSEMENT

For all reimbursement requests, employees shall complete a Claim for Reimbursement of Travel Expense Form to document that expenses meet this Policy and are required to conduct District business.

Claim forms shall be submitted within thirty (30) days of incurring an expense, and shall be accompanied by receipts documenting each expense. Upon appropriate written approval, employees will be reimbursed as quickly as possible. Personal items, alcoholic beverages, and expenses of family members are not authorized.

SECTION 6: BOARD OF DIRECTORS

6.1 APPLICABILITY OF THIS POLICY TO BOARD OF DIRECTORS

This Travel Policy shall apply, in addition to District employees, to members of the District's Board of Directors.

The General Manager shall review Board members' requests for travel and incidental expenses for compliance with this Travel Policy and other applicable District policies. All expenses that do not fall within this Travel Policy or the Internal Revenue Service reimbursable rates as established in IRS Publication 463, or any successor publication, shall be approved by the Board of Directors at a public meeting before the expense is incurred. (GC 53232.2(f))

If a member of the Board of Directors chooses to incur travel or incidental costs that are in excess of the rates established under this Policy or IRS Publication 463, or any successor publication, and such costs have not been pre-approved at a public meeting of the Board of Directors, the member does so at his or her own expense. (GC 53232.2(g))

Members of the Board of Directors shall provide brief reports on meetings or other events attended at the expense of the District at the next regular meeting of the Board. (GC 53232.2(d))