

Summary of Local Government Services Employee Benefits 2016

Rates and amounts may change based on provider contract year, which is January to December.

OPEN ENROLLMENT

Employees eligible for health benefit plans have open enrollment once per year generally in September or October, and may change plans at that time, with an effective date of the 1/1 of the following year.

MEDICAL PLANS

<i>Contact</i>	Kaiser – 1.800.464.4000 Anthem Blue Cross Lumenos PPO – 1-844-285-5159 Anthem Blue Cross EPO – 1-844-285-5159 https://www.anthem.com/ca/health-insurance/home/overview
<i>Plan Number and Name</i>	Employer Code/Group Number: Kaiser – 604244-0 Anthem Blue Cross Lumenos PPO – 1860UA Anthem Blue Cross EPO 25 – 1860UE
<i>Covered Participants</i>	All qualified employees who regularly work 30 or more hours per week and their eligible dependents are covered under the plan; benefits are prorated based on work hours. Eligible dependents are those who are under age 26.
<i>Eligibility</i>	The first of the month following date of hire; stops the end of the month following the month in which separated from employment.
<i>Benefit Costs Per Month</i>	Employer pays medical insurance costs to maximum amounts for the calendar year as follows: employee only \$725; employee + 1 is \$1,350.00; and employee + 2 is \$1,675.00. Employee pays difference, if any, in plan costs and employer contributions.
<i>Benefit Plans</i>	Various plan choices with varying costs and components: Kaiser, Anthem Blue Cross Lumenos PPO and Anthem Blue Cross EPO 25
Evidence of Coverage available from the providers gives information on limitations and further detail on these benefits.	

LIFE INSURANCE/ACCIDENTAL DEATH/DISEMBLEMENT (AD&D):Reliance Standard

<i>Contact</i>	800.351.7500 or www.reliancestandard.com
<i>Plan Number</i>	Basic Life – GL153440, AD&D VAR206448
<i>Covered Participants</i>	All qualified employees who regularly work fulltime are covered under the plan.
<i>Eligibility</i>	The first of the month following date of hire; stops the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid; .125% of salary.
<i>Death Benefit</i>	1 times the employee's annual salary, up to \$200,000 maximum; maximum payout amounts decrease if still employed after 65.
<i>AD & D Benefit</i>	Varying amounts depending on loss.
Evidence of Coverage provides for limitations and further detail on these benefits.	

DENTAL PLAN: Delta Dental More than 95% of California dentists participate in it.

	Delta Dental of California
Contact	800.765.6003 or www.deltadentalins.com/individuals/
Plan Number	Group Number: 17657
Covered Participants	All qualified employees who regularly work full time per week and their eligible dependents are covered under the plan. Eligible dependents are those who are under age 26.
Eligibility	The first of the month following date of hire; stops the last of the month in which separated from employment.
Benefit Costs Per Month	Employer paid: employee only is \$61.35; employee + 1 is \$115.75; employee + child(ren) is \$134.93; and employee + family is \$167.76.
Calendar Year Maximum	\$1,500
Evidence of Coverage provides for limitations and further detail on these benefits.	

VISION PLAN: Superior Vision

	Superior Vision
Contact	800.507.3800 or www.superiorvision.com
Plan Number	Group Number: 31281
Covered Participants	All qualified employees who regularly work 30 or more hours per week and their eligible dependents are covered under the plan. Eligible dependents are those who are under age 26.
Eligibility	The first of the month following date of hire; ends the last of the month in which separated from employment.
Benefit Costs Per Month (effective 2/1/08)	Employer paid: employee only is \$9.18; employee + 1 is \$17.81; and employee + 2 is \$26.16.
Evidence of Coverage provides for limitations and further detail.	

SHORT-TERM AND LONG-TERM DISABILITY (LSC) INSURANCE: Reliance Standard

Contact	800.351.7500 or www.reliancestandard.com
Plan Number	STD: STD163835; LTD: LTD125729
Covered Participants	All qualified employees who regularly work fulltime are covered under the plan.
Eligibility	The first of the month following date of hire; ends the last day in paid status.
Benefit Costs Per Month	Employer paid: .065% of salary.
Elimination Period	15-calendar day elimination period for STD; may use any accrued unused leaves during this time; 180 day elimination period for LSC (generally STD is used until eligible for LSC.)
Salary Benefit	Up to 60% of monthly base to a maximum of \$1,385 per week for STD, and 60% of monthly base to a maximum of \$9,000 per month.
Age Limit	Qualified disabled employees are eligible for benefit until age 65.
Limitations	24-month limitation on mental/nervous disorders.
Evidence of Coverage provides for limitations and further detail on these benefits.	

This page offers benefit plan highlights. The official Plan Documents govern rights and benefits under each plan. If any discrepancy exists, the actual legal Plan Documents will prevail. Coverage may vary depending on which partner agency employee is assigned.

SECTION 125 PLAN – Flexible Spending Arrangement (FSA)

	Navia Benefits Solution
<i>Contact</i>	1-800-669-3539 or www.naviabenefits.com
<i>Plan Number</i>	Group Number: RLS
<i>Eligibility</i>	All qualified employees who regularly work 10 or more hours per week are eligible to participate under the plan.
<i>Benefit Costs</i>	Employer paid.
<i>Premium Conversion Account (PCA)</i>	Automatic benefit for any employee who must contribute funds towards insurance premiums.
<i>Health Care Flexible Spending Account (HCFSA)</i>	Maximum contribution level is \$2,550 per plan year in the first 12 payperiods of the calendar year; service must fall within the plan year; limitations required by law; may roll over \$500 per year.
<i>Dependent Care Flexible Spending Account (DCFSA)</i>	Maximum contribution level is \$5,000 per plan year in the first 12 payperiods of the calendar year; service must fall within the plan year; limitations required by law.
Evidence of Coverage provides for limitations and further detail on these benefits.	

EMPLOYEE ASSISTANCE PROGRAM (EAP): MHN

This program is a resource to improve and maintain physical and emotional well-being. All information is held in the strictest confidence.

	Managed Health Network (MHN) EAP
<i>Contact</i>	800.227.1060 or www.members.mhn.com
<i>Plan Number</i>	Group Number: 2373
<i>Covered Participants</i>	All employees and their family members.
<i>Eligibility</i>	The first of the month following date of hire; stops the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid \$10 per month.
<i>Counseling Visits</i>	8 visits per presenting issue.
<i>Financial Consultation and Referral</i>	Unlimited
<i>Dependent Care Consultation and Referral</i>	Unlimited
<i>Community Services Referrals</i>	Unlimited
<i>Legal Consultation and Referral</i>	One consultation per incident; Unlimited incidents

WORKERS' COMPENSATION INSURANCE - For work-related injuries and illnesses only.

	Keenan
<i>Contact</i>	Mi Ra Park at 650.587.7318
<i>Plan Number</i>	NA
<i>Covered Participants</i>	All employees
<i>Eligibility</i>	Date of hire; ends the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid; approximately 3.77% of salary
<i>Doctors' visits</i>	Determined by California law.
<i>Hospitalization</i>	Determined by California law.
<i>Disability Payments</i>	Determined by California law.
<i>Death Benefits</i>	Determined by California law.

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HEALTH REIMBURSEMENT ARRANGEMENT – FOR ACTIVE EMPLOYEES in Medical Plans

	Mid-America
<i>Contact</i>	800.430.7999
<i>Plan Number</i>	MUNSVCAUTG5
<i>Eligibility</i>	All LGS employees who are eligible for employer sponsored medical plan.
<i>Benefit Costs</i>	No costs to employee; cost to employer, \$250 per quarter.
<i>Employee Contribution</i>	None
<i>Limitations</i>	IRS limitations – can be used similar to a section 125 plan for unreimbursed medical expenses.
<i>Vesting</i>	Immediately.
<i>Plan Fees</i>	\$5 per quarter will be deducted from the account balance at the quarter end.
Evidence of Coverage and legal requirements provides limitations and further detail on this benefit.	

HEALTH REIMBURSEMENT ARRANGEMENT – FOR EMPLOYEES IN MEDICAL PLANS

Tier I Members

	Mid-America
<i>Contact</i>	800.430.7999
<i>Plan Number</i>	MUNSVCAUTG5
<i>Eligibility</i>	All LGS employees who were in the medical plan.
<i>Benefit Costs</i>	No costs to employee; cost to employer, \$2500 per year.
<i>Employee Contribution</i>	None
<i>Limitations</i>	IRS limitations – can be used similar to a section 125 plan for unreimbursed medical expenses and premium costs post employment.
<i>Vesting</i>	After five years of service in which eligible to receive medical benefits and after leaving LGS employment.
<i>Plan Fees</i>	\$5 per quarter will be deducted from the account balance at the quarter end.
Evidence of Coverage and legal requirements provides limitations and further detail on this benefits.	

RETIREMENT PLAN - CalPERS

<i>Contact</i>	888.225.7377 or www.calpers.ca.gov
<i>Plan Number</i>	Employer Code/Group Number 7214598140
<i>Covered Participants</i>	All LGS employees who regularly work 20 or more hours per week are in the plan.
<i>Eligibility</i>	Date of hire
<i>Benefit Costs Per Month</i>	Employer-paid contributions of 10.830%, which does not include the 7% employee contribution amount. There are some exceptions to this for Post PEPR new members of a 6.25% employer and employee rate.
<i>Benefit Plans</i>	2% at age 55 formula. For new PERS members hired after 1/1/2013, the legislatively mandated benefit formula is 2% at age 62.
<i>Vesting</i>	5 years of PERS membership and age 50.
Evidence of Coverage and legal requirements provides limitations and further detail on this benefit.	

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RETIREMENT PLAN - DEFERRED COMPENSATION PLAN 457(b)

	STARS Administered by UTC – 457b Plan
<i>Contact</i>	UTC at 866.680.7000 or SageView Advisory Group at 800.814.8742; Fax 949.955.1991; or www.sageviewadvisory.com
<i>Plan Number</i>	STARS
<i>Eligibility</i>	All LGS employees.
<i>Benefit Costs</i>	No costs to employer.
<i>Employee Contribution</i>	Voluntary.
<i>Limitations</i>	IRS limitations of no more than \$18,000 per year with age exceptions.
<i>Vesting</i>	Immediately.
<i>Investments</i>	Employee directed.
Evidence of Coverage and legal requirements gives limitations and further detail on these benefits.	

For information about any of these programs, contact Mi Ra Park at mpark@rgs.ca.gov or 650.587.7318, or by contacting the various plan providers through their phone or web addresses.

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