



BENEFITS MANUAL January 2022

A handwritten signature in blue ink, appearing to read "M. Litchfield", is positioned above the name.

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INTRODUCTION

TVMWD has established a number of benefit programs for its eligible employees. Although this summary does not state all of the features of these benefit programs, it provides brief summaries to acquaint employees with some of the key features of the programs. It is important that employees remember that additional terms, conditions, and limitations regarding program eligibility and benefit entitlements often exist. Official plan documents and, where applicable, actual insurance policies should be consulted for further information regarding each benefit program. In the case of actual or apparent conflict between the benefit summaries set forth in this summary and the terms of the official plan documents, the provisions of the official plan documents, as interpreted in the sole and absolute discretion of the plan administrator, shall control.

In addition, while it is TVMWD's present intention to continue the benefits described in this summary, TVMWD expressly reserves the right, whether in an individual case or, more generally, to modify, supplement, curtail, reduce, or eliminate any benefit, in whole or in part, either with or without notice, to the fullest extent permitted by law, if TVMWD determines, in the exercise of its sole discretion, that such action is warranted. Neither the benefit program nor their descriptions contained in this summary are intended to create any guarantees regarding continued and/or future availability. For further questions see Human Resources Department.

<u>BENEFIT</u>	<u>DETAILS</u>
<p>AFLAC <u>Eligibility</u> Full-time staff, part-time staff (20+ hours per week) and elected officials</p> <p><u>Cost</u> Employee: Enrollment is voluntary Employer: None</p>	<p>Supplemental insurance to help pay benefits your major medical insurance doesn't cover.</p> <p>Employee payments may be made with a payroll deduction. Amount may or may not be pre-tax, depending upon the type of insurance.</p>
<p>CalPERS Retirement <u>Eligibility</u> Immediate for full-time staff, part-time staff (20+ hours per week) and part-time staff with prior CalPERS (or reciprocal agency) service.</p> <p><u>FY 21/22 Information:</u></p> <p><u>Cost: 2%@55</u> Employee: 7% (of pensionable compensation) Employer: 10.88%</p> <p><u>Cost: 2%@62</u> Employee: 6.75% Employer: 7.59%</p>	<p>TVMWD participates in the California Public Employees Retirement System (CalPERS).</p> <p>The retirement formula for employees hired prior to January 1, 2013 (or otherwise qualify as "Classic PERS employees" is 2%@55 and benefits are based on the following:</p> <ul style="list-style-type: none"> • years of service • age at retirement (age 50 or over with min 5 yrs. PERS service) • highest 12 consecutive month period <p>The retirement formula for employees hired on or after January 1, 2013 is 2%@62 and benefits are based on the following:</p> <ul style="list-style-type: none"> • years of service • age at retirement (age 52 or over with min 5 yrs. PERS service) • highest 36 consecutive month period
<p>Deferred Compensation Plans <u>Eligibility</u> Immediate for all employees.</p> <p><u>Cost</u></p> <ul style="list-style-type: none"> • <u>Elected Officials & part-time staff who are not eligible for CalPERS</u> – 7.5% of compensation <p>Employer:</p> <ul style="list-style-type: none"> • <u>Full-time staff</u> – matches employee deferral up to \$250.00 per pay period (except pay periods that are the 3rd pay period in a month) 	<p>Voluntary participation in a Section 457 deferred compensation plan is made available through Lincoln Financial Group or California Public Employees Retirement System (Voya). Employee contributions are made with a pre-taxed payroll deduction or a post-tax Roth plan. Employee may "catch up" for unmatched amounts earlier in the calendar year but may not receive match early for future periods. Total deferred contributions cannot exceed limits of the Internal Revenue Service.</p> <p>Employer contributions may also be made by TVMWD to a Section 401a plan with Lincoln Financial Group.</p>

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<p>Dental <u>Eligibility</u> Full-time staff, part-time staff (20+ hours per week) and elected officials, including eligible dependents, effective the 1st day of the month following 30 days of service unless approved by the GM.</p> <p><u>Cost</u> Employee: No Cost Employer: 100% of premium</p>	<p>TVMWD provides dental coverage through ACWA/JPIA. Employees can select from the following two plans:</p> <ul style="list-style-type: none"> • Delta Dental of California PPO – allows visits to any dentist of choice. Maximum benefit provided by using a DPO dentist. • DeltaCare USA (HMO) – pre-paid dental plan which offers affordable HMO coverage.
<p>Flexible Spending Account <u>Eligibility</u> Immediate for newly hired full-time staff, part-time staff (20+ hours per week) & elected officials; otherwise only during open enrollment or with a HIPPA qualifying event.</p> <p><u>Cost</u> Employee: Enrollment is voluntary Employer: No Cost</p>	<p>TVMWD offers a Flexible Spending Account (FSA) Program which enables employees to set aside an estimated portion of their annual salary on a pre-tax basis to cover qualified medical expenses for the employee & dependents & qualified dependent care expenses incurred during the calendar year. For the FSA-Health Care, any unused contributions in excess of \$500 by calendar year end will be forfeited. Plan limits are as follows:</p> <ul style="list-style-type: none"> • Health Care = \$2,850 per calendar year • Dependent Care = \$5,000 per calendar year <p>Employee deductions are a pre-taxed payroll deduction.</p> <p>TVMWD also offers a Limited Flex Spending Account (LFSA) that covers dental and vision only that can be combined with a Health Savings Account.</p>
<p>Health Reimbursement Arrangement <u>Eligibility</u> Immediate for full-time staff and elected officials.</p> <p><u>Cost</u> Employee: No Cost Employer: Admin Fees plus \$1,000 annually</p>	<p>TVMWD pays administration fees & \$1,000 annually (calendar year) for reimbursement of qualified out-of-pocket health expenses for you or your qualifying dependents and up-front medical premiums. The \$1,000 will be prorated based on date of hire during the 1st year. For those with an HSA, the \$1,000 will be contributed there instead. Any unused balance may be carried over and utilized in future years up to a max of \$3,500.</p>

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<p>Health Savings Account <u>Eligibility</u> Employees enrolled in the Anthem Blue Cross ABHP, effective the 1st day of the month following 30 days of service unless approved by the General Manager.</p> <p><u>Cost</u> Employee: No Cost Employer: Annual contribution of:</p> <ul style="list-style-type: none"> • Single \$400 • Two-party \$800 • Family \$800 	<p>HSAs provide for employee health benefits in the face of rising health insurance costs. They were created to encourage consumer-driven health plans. Plan participants pay directly for routine health care services for yourself or your qualifying dependents, making participants more responsible consumers while reducing the cost of high-deductible insurance coverage. The annual contribution will be prorated based on date of hire during the 1st year.</p>
<p>Life Insurance & Dismemberment <u>Eligibility</u> Full-time staff and elected officials effective the 1st day of the month following 30 days of service.</p> <p><u>Cost</u> Employee: Taxes on coverage exceeding \$50,000 and/or if employee elects to increase the benefit at their own expense. Employer: 100% of premium</p>	<p>In the event of death, a sum equal to 2 times the annual salary of the insured, not to exceed \$300,000 (\$10,000 for elected officials) will be paid to the designated beneficiary.</p> <p>Employee is also enrolled in dependent life coverage, which provides death benefits up to \$1,500 for a spouse and \$1,000 for dependent children.</p> <p>Employee may add supplemental coverage at their own expense.</p>
<p>Medical <u>Eligibility</u> Full-time staff, part-time staff (20+ hours per week) and elected officials, including eligible dependents, effective the 1st day of the month following 30 days of service unless approved by the General Manager.</p> <p><u>Cost</u> Employee: 10% of medical premiums except:</p> <ul style="list-style-type: none"> • employees who choose employee only coverage for least expensive plan • employees enrolling in the Anthem Blue Cross CDHP <p>Employer: remaining cost of medical premiums</p>	<p>TVMWD provides health coverage through ACWA/JPIA. Employees can select from:</p> <ul style="list-style-type: none"> • Anthem Blue Cross PPO • Anthem Blue Cross HMO • Anthem Blue Cross CDHP • Kaiser Permanente HMO <p>Other Notes:</p> <ul style="list-style-type: none"> • Premiums vary depending on the health plan. • Employees will pay the 10% medical premium as a pre-taxed monthly payroll deduction. • Employee may opt themselves and/or family members out of medical coverage during open enrollment with proof of a comparable alternative medical coverage.

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	<p>The opt out amount is 70% of the average plan cost (based on family status) not to exceed the least costly plan (Kaiser). Re-enrollment is not allowed until open enrollment or with a HIPPA qualifying event. ACWA/JPIA requires medical coverage for 75% of TVMWD employees, so opt out is first-come first-serve.</p> <ul style="list-style-type: none"> • Cash back is not available for elected officials.
<p>Medicare Tax <u>Eligibility</u> Immediate for all employees.</p> <p><u>Cost</u> Employee: 1.45% of earnings (additional 0.9% for earnings over \$200,000) Employer: 1.45% of earnings</p>	<p>A mandatory tax for all public employees hired after March 31, 1986. Medicare is a national social insurance program that guarantees access to health insurance for Americans age 65 and older and younger people with disabilities.</p>
<p>Retiree Health <u>Eligibility</u> Full-time staff who retire from TVMWD at age 50 or older with a minimum of 10 years of service.</p> <p><u>Cost</u> Employee: Medical, dental & vision premium cost in excess of TVMWD percentage of the medical premium cap. Employer: A maximum of \$600 per month depending on years of service.</p>	<p>Retiree may choose to maintain the medical plan they have with TVMWD at the time of retirement or be covered under another licensed plan outside TVMWD with proof of coverage. Enrollment in Medicare part A & B is required if the retiree remains on TVMWD's plan. Retiree is eligible for open enrollment annually as long as they have maintained continuous coverage with TVMWD.</p> <p>The retiree's spouse and/or other dependents are eligible for medical coverage at the retiree's cost.</p> <p>Retiree may also use benefit to cover dental and vision premiums obtained from an outside licensed plan.</p>
<p>Short/Long Term Disability (STD/LTD) <u>Eligibility</u> Full-time staff on the 1st day of the month following 30 days of service.</p> <p><u>Cost</u> Employee: No Cost Employer: 100% of premium</p>	<p>Disability compensation if you experience a non-work-related injury or illness or a pregnancy causing disability in excess of 60 days. STD becomes effective on the 61st day of a disability. The weekly benefit is the amount equal to 66.67% of covered earning, from a minimum of \$25 up to a maximum benefit of \$2,309 per week.</p> <p>LTD is available after 180 days if applicable. The monthly disability payment is 66.67% of</p>

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	covered earning, up to a maximum benefit of \$10,000 per month. If you remain disabled, payments continue until age 65.
<p>State Disability Insurance (SDI) <u>Eligibility</u> Immediate for all staff.</p> <p><u>Cost</u> Employee: No Cost Employer: 100% of SDI contribution rate</p>	<p>California State Disability Insurance (SDI) is a partial wage-replacement insurance plan for California workers. Workers covered by SDI are eligible for the following two programs:</p> <p>Disability Insurance provides affordable, short-term benefits to eligible workers who suffer a loss of wages when they are unable to work due to a non-work-related illness or injury, or due to pregnancy or childbirth.</p> <p>Paid Family Leave was established for workers who suffer a loss of wages when they need to take time off to care for a seriously ill child, spouse, parent, parent-in-law, grandparent, grandchild, sibling, registered domestic partner, or to bond with a new child.</p>
<p>Technology Loan Program <u>Eligibility</u> Full-time staff who have satisfactorily completed their introductory period & elected officials.</p> <p><u>Cost</u> Employee: Up-front costs Employer: No cost</p>	<p>TVMWD offers an interest free loan for the purchase of home technology to assist in professional development of the employee which will enhance their performance at TVMWD. Upon approval by the General Manager with the following loan provisions:</p> <ul style="list-style-type: none"> • Maximum loan amount is \$3,500 • Repayment via payroll deductions, minimum of \$30 per pay period, for a period not to exceed 5 years. Unpaid balance due upon termination. • Reassignment or transfer of equipment violates agreement and cancels the right to participate in the program. • Allowed: Computers and peripherals, tablets, smart phones. • Not allowed: cameras, music devices, gaming or entertainment software. • Only one loan at a time.
<p>Tuition Reimbursement <u>Eligibility</u> Full-time staff who have satisfactorily completed their introductory period or</p>	<p>Reimbursement of tuition and associated costs up to \$3,000 per calendar year. Courses must be work-related or count toward a degree. A grade of "C" or</p>

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<p>received General Manager approval.</p> <p><u>Cost</u> Employee: Up-front tuition & associated costs.</p> <p>Employer: Upon course completion with acceptable grade, up to \$3,000 will be reimbursed in a calendar year.</p>	<p>better in the specified course is required for reimbursement.</p> <p>For a non-accredited program, completion of the course with proof of passing all related course work and exams is required.</p> <p>The General Manager must approve tuition reimbursement in advance of starting course work.</p>
<p>Vision</p> <p><u>Eligibility</u> Full-time staff, part-time staff (20+ hours per week) and elected officials, including eligible dependents, effective the 1st day of the month following 30 days of service unless approved by the General Manager.</p> <p><u>Cost</u> Employee: No Cost Employer: 100% of premiums</p>	<p>TVMWD provides vision coverage through ACWA/JPIA, Vision Service Plan (VSP). The program allows visits to any eye doctor of choice. Maximum benefit is provided by using a VSP eye doctor.</p> <p>Co-pays apply plus any costs for products/services above the VSP contract limits.</p>
<p>Water Related Certification Fees</p> <p><u>Eligibility</u> Full-time staff who have satisfactorily completed their introductory period or receive General Manager approval. Eligibility requirements for introductory staff may be waived if the certification is required as part of the job classification.</p> <p><u>Cost</u> Employee: Up-front application, registration and/or course fees. Employer: Upon acquiring certification, up to 100% of fees will be reimbursed.</p>	<p>New certifications are the initial responsibility of the employee. Upon successfully obtaining the certification and providing a copy, TVMWD will reimburse up to 100% of water related certification fees. Any late fees, penalties or unsuccessful attempts will not be reimbursed.</p> <p>Renewals for existing certifications will be paid directly by TVMWD.</p> <p>Reimbursement and renewals must be approved by the department head or General Manager.</p>

For additional information on any of the benefits listed please contact the Human Resources Department.