

VANDENBERG VILLAGE
COMMUNITY SERVICES DISTRICT



EMPLOYEE BENEFITS HANDBOOK

January 2022

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NOTICE TO ALL EMPLOYEES

The District has established a number of employee benefit programs for its eligible employees. Although this handbook does not restate 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 entitlement often exist. Official plan documents should be consulted for further information regarding each benefit program. In the case of an actual or apparent conflict between the benefit summaries set forth in the handbook 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 the District's present intention to continue these benefits, the District reserves the right, whether in an individual case or more generally, to modify, curtail, reduce or eliminate any benefit, in whole or in part, either with or without notice. Finally, neither the benefit programs nor their descriptions are intended to create any guarantees regarding employment or continued employment. As noted in the employee handbook, employment relationships are for an indefinite term and are terminable at will, either at the option of the employee or the employer.

HEALTH INSURANCE

ANTHEM BLUE CROSS
P.O. BOX 4202
WOODLAND HILLS, CA 91365
800-284-2466
<http://www.anthem.com/>

ACWA/JPIA
HEALTH BENEFITS AUTHORITY
4600 NORTHGATE BLVD., SUITE 100
SACRAMENTO, CALIFORNIA 95834-1121
800-736-2292
benefits@acwajpia.com

GROUP NUMBER: 67797A

Employees may choose from three plans:

- Prudent Buyer Classic (PPO)
 - Deductibles
 - \$200/Member
 - \$600/Family
- Prudent Buyer Advantage (PPO)
 - Deductibles
 - \$500/Member
 - \$1,000/Family
- CaliforniaCare (HMO)
 - No Deductible

Eligibility and coverage begin:

- Employees may opt-out with proof of coverage
- Full time employee – First of month after 30 days of employment
- Part time employee (30 hours per week or more) – First of month after 30 days of employment
- Part time employee (less than 30 hours per week) – Not eligible
- Retirees – Not eligible

Open enrollment: October 1 through November 30

Cost: District pays entire premium for employee and 50% of the premium for dependents.

FLEXIBLE SPENDING ACCOUNT (FSA)

AFLAC, INC
1932 WYNNNTON ROAD
COLUMBUS, GEORGIA 31999
1-800-992-3522
<http://www.aflac.com/>

WAGeworks, INC.
1100 PARK PLACE, 4TH FLOOR
SAN MATEO, CA 94403
1-888-990-5099
<https://www.wageworks.com/>

Plan type: Medical Care Expense Reimbursement (URM) Section 125 Cafeteria Plan

The FSA can be used for most medical, dental, vision, and pharmacy expenses. Some over-the-counter expenses require a prescription from a physician for reimbursement.

Eligibility and coverage begin:

- Participation is voluntary
- Full time employee – First of month after 30 days of employment
- Part time employee (30 hours per week or more) – First of month after 30 days of employment
- Part time employee (less than 30 hours per week) – Not eligible

Open enrollment: December 1 through December 31

Annual limit: \$2,850 maximum, no minimum

Rollover limit: \$570 maximum

PRESCRIPTION DRUGS

ANTHEM BLUE CROSS
P.O. BOX 4202
WOODLAND HILLS, CA 91365
800-284-2466
<http://www.anthem.com/>

ACWA/JPIA
HEALTH BENEFITS AUTHORITY
4600 NORTHGATE BLVD., SUITE 100
SACRAMENTO, CALIFORNIA 95834-1121
800-736-2292
benefits@acwajpia.com

Eligibility:

All employees enrolled in Blue Cross of California Preferred Provider

Present Blue Cross identification card to participating pharmacist for them to bill Blue Cross directly.

MEDIMPACT
1-888-728-5056
www.medimpact.com/jpia

DENTAL INSURANCE

DELTA DENTAL (ADMINISTERED BY ACWA/JPIA HEALTH BENEFITS AUTHORITY
DENTAL PLAN)

SERVICE IS PROVIDED BY DELTA DENTAL DENTISTS. NO CLAIMS ARE FILED.

1-888-335-8227

<http://www.deltadentalca.org>

GROUP NUMBER: 399-1012AU

Eligibility and coverage begin:

- Participation is mandatory
- Full time employee - First of month after 60 days of employment
- Part time employee (30 hours per week or more) - First of month after 60 days of employment
- Part time employee (less than 30 hours per week) - Not eligible

Cost: District pays entire premium for employee and dependents.

Orthodontia is not covered

VISION CARE PLAN

VISION SERVICE PLAN (ADMINISTERED BY ADMINISTERED BY ACWA/JPIA HEALTH BENEFITS AUTHORITY)

1-800-877-7195

<http://www.vsp.com>

GROUP NUMBER: 3051AU

Eligibility and coverage begin:

- Participation is mandatory
- Full time employee – First of month after 60 days of employment
- Part time employee (30 hours per week or more) - First of month after 60 days of employment
- Part time employee (less than 30 hours per week) - Not eligible

Cost: District pays entire premium for employee and dependents.

Benefits:	Eye examination	once each 12 months
	Lenses	once each 12 months
	Frames	once each 24 months

Discounts on Laser VisionCare Services

Lenses or lens characteristics not necessary for visual welfare but desired for cosmetic reasons are not covered by VSP.

Elective contact lenses may be chosen in lieu of spectacle lenses and frame. An allowance will be provided toward the contact lens evaluation fee, fitting costs and materials. Any additional costs exceeding the allowance are the responsibility of the patient.

LIFE INSURANCE

STANDARD INSURANCE COMPANY (ADMINISTERED BY ADMINISTERED BY ACWA/JPIA
HEALTH BENEFITS AUTHORITY)
1-800-736-2292 (BENEFITS DEPARTMENT)

Eligibility and coverage begin:

- Participation is mandatory
- Full time employee – First of month after 30 days of employment
- Part time employee (30 hours per week or more) - First of month after 30 days of employment
- Part time employee (less than 30 hours per week) - Not eligible

Cost: District pays entire premium for employee.

Coverage: 1.5 times annual gross salary - maximum of \$150,000.

WORKER'S COMPENSATION

SELF INSURED (ADMINISTERED BY ACWA-JOINT POWERS INSURANCE AUTHORITY)

1-800-231-5742

<http://www.acwajpia.com/WorkersComp.aspx>

Eligibility and coverage begin:

All employees - Date of hire.

Cost: District pays entire premium.

DISABILITY INSURANCE

SHORT TERM

STATE DISABILITY INSURANCE (SDI)
STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
128 EAST ORTEGA STREET
SANTA BARBARA, CA 93101-1631
1-800-480-3287
http://www.edd.ca.gov/disability/disability_insurance.htm

Eligibility

- Workers who suffer a loss of wages when they are unable to work due to a non-work-related illness or injury, pregnancy or childbirth.

REQUIREMENTS

1. You must be unable to do your regular or customary work for at least eight consecutive days.
2. You must be employed or actively looking for work at the time you become disabled.
3. You must have lost wages because of your disability or, if unemployed, have been actively looking for work.
4. You must have earned at least \$300 from which State Disability Insurance (SDI) deductions were withheld during a previous period.
5. You must be under the care and treatment of a licensed doctor or accredited religious practitioner during the first eight days of your disability. (The beginning date of a claim can be adjusted to meet this requirement.) You must remain under care and treatment to continue receiving benefits.
6. You must complete and mail a claim form within 49 days of the date you became disabled or you may lose benefits.
7. Your doctor must complete the medical certification of your disability. A licensed midwife, nurse-midwife, or nurse practitioner may complete the medical certification for disabilities related to normal pregnancy or childbirth. (If you are under the care of a religious practitioner, request a "Practitioner's Certificate," DE 2502, from the SDI office. Certification by a religious practitioner is acceptable only if the practitioner has been accredited by Employment Development Department.)

LONG TERM

NATIONAL GROUP TRUST (ADMINISTERED BY KELSEY NATIONAL CORPORATION)
3030 SOUTH BUNDY DR.
LOS ANGELES, CA 90066
1-800-366-5656

POLICY NUMBER: 4722
ACCOUNT NUMBER: 622394

Eligibility and coverage begin:

- Participation is mandatory
- Full time employee – First of month after 90 days of employment
- Part time employee (30 hours per week or more) – First of month after 90 days of employment
- Part time employee (less than 30 hours per week) – Not eligible

Cost: District pays all premiums for employee.

Benefits begin 180 days after injury or illness and are paid until:

1. Employee is released by doctor to return to work.
2. Maximum benefit is reached:
 - A. Sickness (whichever is first)
 1. 5 years
 2. Age 65
 - B. Injury
 1. Age 65

SUPPLEMENTAL INSURANCE

AFLAC, INC
1932 WYNNNTON ROAD
COLUMBUS, GEORGIA 31999
<http://www.aflac.com/>

Benefit Services
(800) 323-5391
(877) 353-9256 (fax)

Policies include but are not limited to:

- Accident
- Cancer
- Specified-Disease

Eligibility and coverage begin:

- Participation is voluntary
- Full time employee – First of month after 30 days of employment.
- Part time employee (30 hours per week or more) – First of month after 30 days of employment
- Part time employee (less than 30 hours per week) – Not eligible

Open enrollment: November 1 through December 31

Cost: Employees pay 100% of the premium. Depending on the policy, employees will have premiums automatically taken out of their check on a pre-tax or after-tax basis. Benefits are paid directly to the employee.

RETIREMENT PROGRAM

EMPLOYER PAID

PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
P.O. BOX 1982
SACRAMENTO, CA 95809-1982
(916) 326-3180
<http://www.calpers.ca.gov/>

COVERAGE GROUP: 70001

Eligible:

- Participation is mandatory
- Full time employees – Date of hire
- Part time employees – After 1,000 hours of service

Each pay period:

- Classic Employees: District contributes employer contribution rate (varies each year) plus a percentage of the member contribution rate.
- New Employees: District contributes employer contribution rate (varies each year). Member pays the 6.25 percent member contribution rate.

Annual statement sent in October.

EMPLOYEE PAID

PUBLIC EMPLOYEES' RETIREMENT SYSTEM
(PERS 457 DEFERRED COMPENSATION PLAN)
SUPPLEMENTAL INCOME PLANS
INVESTMENT OFFICE
P.O. BOX 942713
SACRAMENTO, CA 94229-2713
(800) 260-0659
<https://calpers.voyaplans.com/>

EMPLOYEE PLAN #450012

Eligible:

- Participation is voluntary
- All employees – Date of hire

Each pay period: Employee voluntarily contributes a fixed dollar. The District will match the contribution up to \$2,600 per calendar year for Classic employees and \$3,900 per calendar year for PEPRA employees.

Employee will receive a quarterly statement.

PAID TIME OFF

SICK LEAVE

Full time employee – 13 days annually from date of employment

Part time employee – pro-rata basis (i.e. 25-hour week equals 0.625% of full time benefit or 8.13 days annually)

VACATION

Full time employee:

- one through five years 13 days
- six through fifteen years 18 days
- sixteen or more years 22 days

Part time employee – pro-rata basis (i.e. 25-hour week equals 0.625% of full time benefit or 8.13 days (of 13-day benefit) annually)

HOLIDAYS

The following days will be observed as National Holidays:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth National Independence Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- The Friday after Thanksgiving Day
- Veterans' Day
- Christmas Eve (1:00pm to 5:00pm)
- Christmas Day
- New Year's Eve (1:00pm to 5:00pm)
- Any day government offices are closed by Proclamation or Executive Order of the President of the United States.

All full and part time employees will be paid their normal straight time rate for each holiday. Full time employees will receive eight hours for each full day and three hours for each half-day holiday. Part time employees will receive the equivalent hours for their normal workday.

One floating holiday per employee will be available annually on July 1. Floating holidays cannot be saved beyond the fiscal year end date of June 30.