

Monterey Peninsula Airport District

Summary of Benefits for Full-Time Employees

Medical Plans: CalPERS Health Plans

Plan Name:	<ul style="list-style-type: none">• Anthem HMO Select• Blue Shield Trio HMO• PERS Gold (Select)• PERS Platinum (Choice or Care)
Contact	888.225.7377 www.calpers.ca.gov
Covered Participant	Full-time regular (non-temporary) employees and eligible dependents.
Eligibility	Effective date is first day of the month following date of hire.
Benefit Costs Per Month	MPAD pays \$157 and then 85% of the medical premium. Please refer to premium rate sheets for current premiums.
Notes	Please Refer to CalPERS Health Benefit Summary for information about summary of coverage.

Vision

Plan Name	VSP
Contact	800.438.6388 www.metlife.com
Covered Participant	Full-time regular (non-temporary) employees. Eligible dependents can be enrolled at employee's expense.
Eligibility	Effective date is first day of the month following date of hire.
Benefit Costs Per Month	No cost to employee for employee only coverage. MPAD will pay the premium for the employee only. See rate sheet for cost to add dependents.

Dental

Plan Name	MetLife Dental
Contact	800.438.6388 www.metlife.com

Covered Participant	Full-time regular (non-temporary) employees and eligible dependents.
Eligibility	Effective date is first day of the month following date of hire.
Benefit Costs Per Month	No cost to employee. MPAD will pay the full premium.

Insurances: Life and AD&D (Accidental Death & Dismemberment)

Carrier Name	MetLife
Contact	800.438.6388 www.metlife.com
Eligibility	Immediately upon hire
Benefit Costs Per Month	MPAD pays full premium. No cost to the employee
Note	\$20,000 term life

Retirement: CalPERS

Program Name	CalPERS
Contact	888.225.7377 www.calperso.ca.gov
Eligibility	Date of Hire
Benefit Costs Per Month	Employee contributes 7.75% for new members (hired after 2013)
Vesting	5 years of PERS Service and age 62

Flexible Spending Arrangement (FSA) – Health and Dependent Care

Program Name	Aflac – Wameworks
Contacts	Amy Purvis, (Cell) 408.248.1170 (Office) 408.899.5152 amy_purvis@us.aflac.com Kamilla Ortiz, 510.203.3207, Kamilla_ortiz@us.aflac.com
Benefit Costs Per Month	MPAD will contribute \$100 per month.
Note	Please set up a meeting with Aflac Rep to enroll.
	Employees can also contribute to FSA to pay for qualified medical and dependent care expenses. Post and pre-tax supplemental insurances available.

Deferred Compensation

Program Name	CalPERS 457 (b)
Contact	CalPERS – 888.225.7377 www.calpers.ca.gov
Contact	Voya -
Eligibility	All employees are eligible and can enroll any time.
Employee Contribution	Voluntary up to yearly maximum limit set by IRS
Benefit Costs Per Month	Employee contribution only
Roth Contribution	Employees can elect to have Roth after-tax contributions
Note	Please choose only one program

Workers' Compensation Insurance

Program Name	Special District Risk Management Authority
Contact: Injuries	For life threatening injuries, call 911. For all other injuries notify supervisor and call Company Nurse: 844-518-6711
Contact: Claims	For claims, call 800.922.5020
Eligibility	Immediately upon hire.
Benefits	Determined by California Law
Benefit Costs Per Month	Covered by MPAD

Social Security	Yes
State Disability Insurance	Yes