

Summary of MPAD Employee Benefits 2016

Medical Plans: CalPERS Health Plans

Plan Name:	<ul style="list-style-type: none"> • Anthem Blue Cross EPO • PERS Select (PPO) • PERS Choice (PPO) • PERS Care (PPO) • PORAC (PPO), Police and Fire Health Plan
Contact	888.225.7377 www.calpers.ca.gov
Covered Participant	Full-time regular (non-temporary) employees and eligible dependents.
Eligibility	First of the month after the date of hire.
Benefit Costs Per Month	For non-contracted employees, MPAD pays \$125 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 (Vision Service Plan)
Contact	800.877.7195 www.vsp.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 two full calendar months of continuous employment.
Benefit Costs Per Month	No cost to employee for employee only coverage. MPAD will pay the premium for employee only. See rate sheet for cost to add dependents.

Dental

Plan Name	Principal
Contact	800.832.4450 www.principal.com
Covered Participant	Full-time regular (non-temporary) employees and eligible dependents.
Eligibility	Effective date is first day of the month following two full calendar months of continuous employment.
Benefit Costs Per Month	No cost to employee. MPAD will pay the full premium.

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

Carrier Name	Hartford
Contact	800.523.2233 www.thehartford.com
Covered Participant	Full-time regular (non-temporary) employees only.
Eligibility	Immediately upon hire.
Benefit Costs Per Month	No cost to the employee. MPAD pays full premium.

Retirement: CalPERS

Program Name	CalPERS
Contact	888.225.7377 www.calpers.ca.gov
Covered Participant	Full-time regular (non-temporary) employees only.
Eligibility	Date of hire.
Benefit Costs Per Month	Varies
Vesting	5 years of PERS Service and age 50
Note	Mandatory enrollment if eligible.

Flexible Spending Arrangement (FSA) - Health and Dependent Care

Program Name	Aflac - Wageworks
Contact	Edie Behning 408.421.1214
Covered Participant	Full-time regular (non-temporary) employees only.
Eligibility	First of the month following 30 days of continuous employment.
Benefit Costs Per Month	MPAD will contribute \$100 per month.
Note	Please set up a meeting with Aflac Rep to enroll.

Deferred Compensation	
Program Name	CalPERS 457 (b) and Voya 457 (b)
Contact	CalPERS - 888.225.7377, www.calpers.ca.gov
Contact	Voya - Ann Vivell at 925.930.8207
Eligibility	All employees are eligible.
Employee Contribution	Voluntary up to yearly maximum limit set by IRS.
Benefit Costs Per Month	No cost to employer. Employee contribution only.
Vesting	Immediately
Note	Please choose only one program.

Workers' Comp Insurance	
Program Name	Special District Risk Management Authority Workers' Comp
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.

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 based on individual job position.

Please refer to Evidence of Coverage available from the providers for information on limitations and further detail on all benefits.

For information about any of these programs, feel free to contact MPAD HR or 650.587.7318, or by contacting the various plan providers through their phone or web addresses.