

**Monterey Peninsula Airport District  
Summary of Benefits for Full-Time Employees**

**Medical Plans: CalPERS Health Plans**

|                         |  |
|-------------------------|--|
| Plan Name:              | <ul style="list-style-type: none"> <li>• Anthem Blue Cross EPO</li> <li>• PERS Select (PPO)</li> <li>• PERS Choice (PPO)</li> <li>• PERS Care (PPO)</li> </ul> |
| Contact                 | 888.225.7377 <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>  |
| 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 \$133 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               | Principal Dental  |
| Contact                 | 800.832.4450 <a href="http://www.principal.com">www.principal.com</a>   |
| 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 employee only. See rate sheet for cost to add dependents. |

**Dental**

|                         |   |
|-------------------------|---|
| Plan Name               | Principal Dental  |
| Contact                 | 800.832.4450 <a href="http://www.principal.com">www.principal.com</a> |
| 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            | Hartford  |
| Contact                 | 800.523.2233 <a href="http://www.thehartford.com">www.thehartford.com</a> |
| 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.calpers.ca.gov                           |
| Eligibility             | Date of hire   |
| Benefit Costs Per Month | Employee contributes 6.25% for new members (hire after 2013) |
| Vesting                 | 5 years of PERS Service and age 50                           |

**Flexible Spending Arrangement (FSA) - Health and Dependent Care**

|                         |   |
|-------------------------|---|
| Program Name            | Aflac - Wageworks   |
| Contact                 | Daniel Eade, 831-594-7448    Daniel_eade@us.aflac.com   |
| 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.   |
|                         | Employee 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 anytime. |
| Employee Contribution   | Voluntary up to yearly maximum limit set by IRS    |
| Benefit Costs Per Month | Employee contribution only                         |
| Note                    | Please choose only one program.                    |

**Workers' Comp 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 Ins**                Yes