

Summary of Regional Government Services Employee Benefits 2018

Rates and amounts may change based on provider contract year, which is January to December.

OPEN ENROLLMENT

Employees eligible for health benefit plans have open enrollment once per year generally in October or November, and may change plans at that time, with an effective date of the 1/1 of the following year.

MEDICAL PLANS

<i>Contact</i>	Kaiser – 1.800.464.4000 Anthem Blue Cross Lumenos PPO – 1-844-285-5159 Anthem Blue Cross EPO – 1-844-285-5159 https://www.anthem.com/ca/health-insurance/home/overview
<i>Plan Number and Name</i>	Employer Code/Group Number: Kaiser – 604244-0 Anthem Blue Cross Lumenos PPO – 1860UA Anthem Blue Cross EPO 25 – 1860UE
<i>Covered Participants</i>	All qualified employees who regularly work 30 or more hours per week and their eligible dependents are covered under the plan; benefits are prorated based on work hours. Eligible dependents are those who are under age 26.
<i>Eligibility</i>	The first of the month following date of hire; stops the end of the month following the month in which separated from employment.
<i>Benefit Costs Per Month</i>	Employer contributes to the cost of medical premiums. Please refer to the RGS Health Plan Premium Rates for the current year's employer contribution amount.
<i>Benefit Plans</i>	Various plan choices with varying costs and components: Kaiser, Anthem Blue Cross Lumenos PPO and Anthem Blue Cross EPO 25
Evidence of Coverage available from the providers gives information on limitations and further detail on these benefits.	

LIFE INSURANCE/ACCIDENTAL DEATH/DISEMBLEMENT (AD&D):Reliance Standard

<i>Contact</i>	800.351.7500 or www.reliancestandard.com
<i>Plan Number</i>	Basic Life – GL153440, AD&D VAR206448
<i>Covered Participants</i>	All qualified employees who regularly work fulltime are covered under the plan.
<i>Eligibility</i>	The first of the month following date of hire; stops the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid; .125% of salary.
<i>Death Benefit</i>	1 times the employee's annual salary, up to \$200,000 maximum; maximum payout amounts decrease if still employed after 65.
<i>AD & D Benefit</i>	Varying amounts depending on loss.
Evidence of Coverage provides for limitations and further detail on these benefits.	

DENTAL PLAN: Delta Dental More than 95% of California dentists participate in it.

Delta Dental of California

<i>Contact</i>	800.765.6003 or www.deltadentalins.com/individuals/
<i>Plan Number</i>	Group Number: 17657
<i>Covered Participants</i>	All qualified employees who regularly work full time per week and their eligible dependents are covered under the plan. Eligible dependents are those who are under age 26.
<i>Eligibility</i>	The first of the month following date of hire; stops the last of the month in which separated from employment.
<i>Benefit Costs Per Month</i>	Employer contributes to the cost of dental premiums. Please refer to the RGS Health Plan Premium Rates for the current year's employer contribution amount.
<i>Calendar Year Maximum</i>	\$1,500
Evidence of Coverage provides for limitations and further detail on these benefits.	

VISION PLAN: Superior Vision

	Superior Vision
<i>Contact</i>	800.507.3800 or www.superiorvision.com
<i>Plan Number</i>	Group Number: 31281
<i>Covered Participants</i>	All qualified employees who regularly work 30 or more hours per week and their eligible dependents are covered under the plan. Eligible dependents are those who are under age 26.
<i>Eligibility</i>	The first of the month following date of hire; ends the last of the month in which separated from employment.
<i>Benefit Costs Per Month (effective 2/1/08)</i>	Employer contributes to the cost of medical premiums. Please refer to the RGS Health Plan Premium Rates for the current year's employer contribution amount.
Evidence of Coverage provides for limitations and further detail.	

SHORT-TERM AND LONG-TERM DISABILITY (LSC) INSURANCE: Reliance Standard

<i>Contact</i>	800.351.7500 or www.reliancestandard.com
<i>Plan Number</i>	STD: STD163835; LTD: LTD125729
<i>Covered Participants</i>	All qualified employees who regularly work fulltime are covered under the plan.
<i>Eligibility</i>	The first of the month following date of hire; ends the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid: .065% of salary.
<i>Elimination Period</i>	15-calendar day elimination period for STD; may use any accrued unused leaves during this time; 180 day elimination period for LSC (generally STD is used until eligible for LSC.)
<i>Salary Benefit</i>	Up to 60% of monthly base to a maximum of \$1,385 per week for STD, and 60% of monthly base to a maximum of \$9,000 per month.
<i>Age Limit</i>	Qualified disabled employees are eligible for benefit until age 65.
<i>Limitations</i>	24-month limitation on mental/nervous disorders.
Evidence of Coverage provides for limitations and further detail on these benefits.	

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 on which partner agency employee is assigned.

SECTION 125 PLAN – Flexible Spending Arrangement (FSA)

	Navia Benefits Solution
<i>Contact</i>	1-800-669-3539 or www.naviabenefits.com
<i>Plan Number</i>	Group Number: RLS
<i>Eligibility</i>	All qualified employees who regularly work 30 or more hours per week are eligible to participate under the plan.
<i>Benefit Costs</i>	Employee makes paycheck deduction election. Employer pays for administration cost.
<i>Health Care Flexible Spending Account (HCFA)</i>	Maximum contribution level is \$2,600 per plan year in service must fall within the plan year; limitations required by law; may roll over \$500 per year.
<i>Dependent Care Flexible Spending Account (DCFA)</i>	Maximum contribution level is \$5,000 per plan year in the first 12 payperiods of the calendar year; service must fall within the plan year; limitations required by law.
Evidence of Coverage provides for limitations and further detail on these benefits.	

EMPLOYEE ASSISTANCE PROGRAM (EAP): MHN

This program is a resource to improve and maintain physical and emotional well-being. All information is held in the strictest confidence.

	Managed Health Network (MHN) EAP
<i>Contact</i>	800.227.1060 or www.members.mhn.com
<i>Plan Number</i>	Group Number: 2373
<i>Covered Participants</i>	All employees and their family members.
<i>Eligibility</i>	The first of the month following date of hire; stops the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid \$10 per month.
<i>Counseling Visits</i>	8 visits per presenting issue.
<i>Financial Consultation and Referral</i>	Unlimited
<i>Dependent Care Consultation and Referral</i>	Unlimited
<i>Community Services Referrals</i>	Unlimited
<i>Legal Consultation and Referral</i>	One consultation per incident; Unlimited incidents

WORKERS' COMPENSATION INSURANCE - For work-related injuries and illnesses only.

	Keenan
<i>Contact</i>	Janet Beough at RGS at 650.587.7318
<i>Plan Number</i>	NA
<i>Covered Participants</i>	All employees
<i>Eligibility</i>	Date of hire; ends the last day in paid status.
<i>Benefit Costs Per Month</i>	Employer paid; approximately 3.77% of salary
<i>Doctors' visits</i>	Determined by California law.
<i>Hospitalization</i>	Determined by California law.
<i>Disability Payments</i>	Determined by California law.
<i>Death Benefits</i>	Determined by California law.

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RETIREMENT PLAN - DEFINED CONTRIBUTION PLAN 401(a)

	STARS Administered by MassMutual- 401(a)
<i>Contact</i>	MassMutual at 800.743.5274 or SageView Advisory Group at 800.814.8742; or www.sageviewadvisory.com
<i>Plan Number</i>	STARS
<i>Eligibility</i>	All RGS employees are required to participate.
<i>Employer Contribution</i>	In lieu of retirement, RGS contributes 10% on behalf of the employee at employee's regular rate of pay.
<i>Employee Contribution</i>	None (with exceptions).
<i>Limitations</i>	IRS limitations of no more than \$45,000 per year with age exceptions.
<i>Vesting</i>	Immediately.
<i>Investments</i>	Employee directed.
Evidence of Coverage and legal requirements gives limitations and further detail on these benefits.	

RETIREMENT PLAN - DEFERRED COMPENSATION PLAN 457(b)

	STARS Administered by MassMutual – 457(b)
<i>Contact</i>	MassMutual at 800.743.5274 or SageView Advisory Group at 800.814.8742; Fax 949.955.1991; or www.sageviewadvisory.com
<i>Plan Number</i>	STARS
<i>Eligibility</i>	All RGS employees.
<i>Benefit Costs</i>	No costs to employer.
<i>Employee Contribution</i>	Voluntary.
<i>Limitations</i>	IRS limitations of no more than \$18,000 per year with age exceptions.
<i>Vesting</i>	Immediately.
<i>Investments</i>	Employee directed.
Evidence of Coverage and legal requirements gives limitations and further detail on these benefits.	

For information about any of these programs, contact Mi Ra Park at mpark@rgs.ca.gov or 650.587.7318, or by contacting the various plan providers through their phone or web addresses.

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