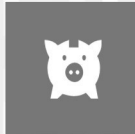
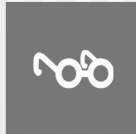
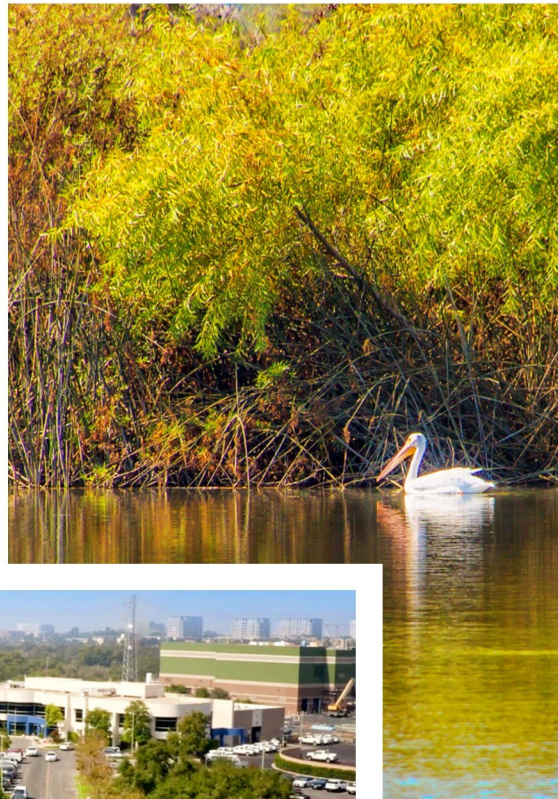




Irvine Ranch
Water District

EMPLOYEE BENEFITS



2024

Welcome!

Irvine Ranch Water District is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

IRWD benefits are broken into two major categories:

Core Benefits	Benefit Choices
Plans and programs automatically available to you at no cost	Plans and programs you can elect to join or purchase



This package contains a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Human Resources Department: (949) 453-5433 or Human_Resources@irwd.com.

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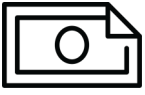
Benefits At A Glance

Core Benefits Plans and programs automatically available to you at no cost

Employee Assistance Program REACH & Reliance Standard EAP	<ul style="list-style-type: none"> • 24/7 phone consultations • Up to six face-to-face counseling sessions per household member, per problem, per year • Access to legal and financial counseling
Basic Life/AD&D Reliance Standard	<ul style="list-style-type: none"> • Annual salary <\$50,000: 3x annual salary, up to \$150,000 • Annual salary >\$50,000: 4x annual salary, up to \$1,000,000 • Spouse/registered domestic partner: \$25,000 • Dependent child(ren): \$25,000
Long Term Disability Reliance Standard	<ul style="list-style-type: none"> • 66.67% of your pre-disability earnings to a monthly maximum of \$10,000

Benefit Choices Plans and programs you can elect to join or purchase

Medical & Prescription Drugs Various Carriers	<ul style="list-style-type: none"> • HMO (Anthem, Blue Shield of CA, Health Net, Kaiser, Sharp, UHC) • PPO (Anthem)
Dental Delta Dental	<ul style="list-style-type: none"> • PPO
Vision EyeMed	<ul style="list-style-type: none"> • PPO
Flexible Spending Accounts Chard Snyder	<ul style="list-style-type: none"> • Health Care Account: Up to \$3,200 per year • Dependent Care Account: Up to \$5,000 per year
Commuter Benefits Chard Snyder	<ul style="list-style-type: none"> • Mass Transit (including transit passes and vanpooling): \$315 per month • Parking: \$315 per month
Voluntary Life/AD&D Reliance Standard	<ul style="list-style-type: none"> • Employee: Increments of \$10,000 up to \$500,000 • Spouse: Increments of \$10,000 up to \$500,000 • Child(ren): up to \$10,000
Worksite Benefits Reliance Standard	<ul style="list-style-type: none"> • Accident • Critical Illness • Hospital Indemnity
Medicare/Social Security Medicare	<ul style="list-style-type: none"> • Employee pays 1.45% and IRWD pays 1.45% • IRWD does not participate in Social Security
Retirement Planning	<ul style="list-style-type: none"> • CalPERS Pension Plan • Empower Retirement Deferred Compensation • Retiree Health Cost Reimbursement Plan
Supplemental Benefits Various Vendors & Coverages	<ul style="list-style-type: none"> • Bereavement Support (Reliance Standard) • ID Theft (Reliance Standard) • Legal (ARAG) • Travel Assistance (Reliance Standard) • Pet Insurance (MetLife)



Contributions

Your cost per Month

The tables below illustrate your share of the cost on a monthly basis.

Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura Counties

Region 3

Los Angeles, San Bernardino, and Riverside Counties

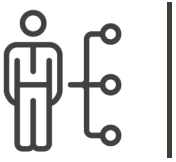
Plan	Single	2-Party	Family	Single	2-Party	Family
HMO Medical Plan Options						
Anthem Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Access+ HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio HMO ¹	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Salud y Más HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente (CA) HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sharp Performance Plus HMO	\$0.00	\$0.00	\$0.00	n/a	n/a	n/a
United Healthcare SV Alliance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
United Healthcare SV Harmony	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO Medical Plan Options						
PERS Gold PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO	\$115.15	\$230.30	\$299.39	\$95.12	\$190.24	\$247.31
Dental and Vision Plans						
Delta Dental DPPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EyeMed Vision PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

IRS Code Section 125

The IRWD employee benefit plans are designed under Section 125 of the IRS Code. This allows you to take advantage of federal laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, your Medical, Dental, Vision, and Flexible Spending Account contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact the Human Resources Department if you wish to pay for your benefits with after-tax dollars.

Region 2: Blue Shield Trio HMO is only available in Kern, Kings, Monterey, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Tulare and Ventura.

[CalPERS Health Plan Search by Zip Code](#)



Eligibility & Enrollment

Who may enroll

IRWD Employees

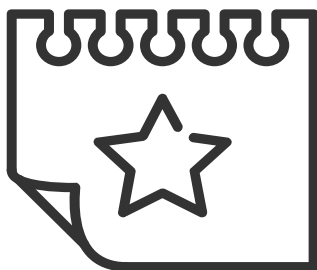
- Regular, employees working at least 30 hours per week
- Temporary employees under certain circumstances (see Human Resources for more information)

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Your spouse, domestic partner and children can be enrolled in our Medical, Dental, Vision, and Supplemental insurance plans.

**Benefits Plan Year:
January 1 - December 31**



When you may enroll

As an Eligible Employee

- As a new hire, you have 30 days from your date of hire to participate in the company's benefits. Be sure to enroll as soon as possible to avoid delays in coverage
- As a new hire, you are eligible for the CalPERS Pension plan. Benefits vary based on date of hire
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS



Eligibility & Enrollment

Changes to enrollment

Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following January 1st effective date.

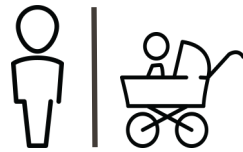
Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to:



Marriage, divorce, legal separation, or annulment



Birth, adoption, or death of a child or spouse



Qualified Medical Child Support Order (QMCSO)



Change in your dependent's eligibility status



Loss of coverage from another health plan



Change in your residence or workplace (if your benefit options change)



Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)



Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. Oracle login information is located on page 3 of this guide. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.



Medical plan choices

Medical Plan Options

IRWD offers a variety of medical plans through the California Public Employees Retirement System (CalPERS) medical program. You may enroll in a health plan using either your residential zip code or the Irvine Ranch Water District zip code. You can search health plans by using the CalPERS search tool [Health Plan Search by Zip Code](#). It is recommended that you contact the plan before enrolling to make sure they cover your area and that your preferred provider is in their network. You may also visit the CalPERS website for helpful resources and tools, such as, MyCalPERS Health Plan Comparison Feature, and the MyCalPERS Health Plan Choice Worksheet. Monthly medical premiums for **Region 2** (Fresno, Imperial, Inyo, Kern Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura counties) and **Region 3** (Los Angeles, Riverside, and San Bernardino counties), are found on page 4. Available medical plan information can be found on pages 9-11 of this guide.

About HMO Plans

With the Health Maintenance Organization (HMO) plans, Anthem Select, Anthem Traditional, Blue Shield Access+, Blue Shield Trio, Health Net Salud y Más, Kaiser, Sharp, United Healthcare SignatureValue Alliance, United Healthcare SignatureValue Harmony, and Sharp Health Plan, you must choose a primary care physician (PCP) or medical group within the network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

About PPO Plans

The Preferred Provider Organization (PPO) plan allows you to direct your own care. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Prescription Drugs

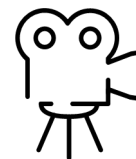
OptumRx provides prescription drug benefit management services for the HMO plans (except Kaiser & Blue Shield HMO), and PERS Gold and Platinum PPO plans. These services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotech and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare.

Mandatory generic substitution: if a brand name is requested when generic is available you will be responsible for the generic copay and the difference between the generic and brand name.

Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit.

Finding a Medical Provider

Page 27 of this guide provides a list of phone numbers and websites to help you search for providers in all of the plans offered.



Educational Video

Health Insurance Terms

<http://video.burnhambenefits.com/terms>



Benefit Terms

Deductible

The set dollar amount a member must pay before insurance coverage for medical or dental expenses can begin. Usually, services that are subject to a copayment are not subject to the deductible.

Copayment (Copay)

The flat fee paid by the member when a medical or dental service is received. This is usually associated with doctor's office visits, prescription drugs or certain dental services under the HMO or PPO program.

Coinsurance

The percentage of the charges the member is required to pay for a medical or dental service in a plan. For example, on the PERS Gold PPO Plan, Anthem will pay 90% of the covered claim and the member will pay 10% of the remaining amount after the deductible has been met.

Out-of-Pocket Maximum

The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

Network Provider

A network provider is a hospital, doctor, medical group, dentist or other healthcare provider contracted to provide services to members at a contracted or discounted rate. Network providers are not permitted to "balance bill" members.

Reasonable Charges

Medical and Dental insurance companies determine if charges for a particular service are "reasonable" based on how much the average provider for a particular geographic area charges for a service.

Balance Bill

Out-of-Network (Non-Contracted) Providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is reasonable, the member may be responsible to pay the difference. Before seeking care with an Out-of-Network Provider, find out what their charges are and confirm the insurance company considers them "reasonable."

Calendar Year Maximum

Under the Dental Plan, the Calendar Year Maximum is the total amount the insurance company will pay in a calendar year for services. Once a member has reached their Calendar Year Maximum, no further benefits will be paid until the next Calendar Year.



Medical Plan highlights: HMO

Plan Name	Anthem Select HMO (Anthem Select HMO Network) OR Anthem Traditional HMO (Anthem CA Care HMO Network) In-Network Only	Blue Shield Access+ HMO (Blue Shield Access+ Network) OR Blue Shield HMO Trio³ (Blue Shield HMO Trio ³) In-Network Only	Health Net Salud HMO (Health Net Salud y Más Network) In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0
Out-of-Pocket Maximum - Medical ³ - Pharmacy	Individual / Family \$1,500 / \$3,000 \$7,950 / \$15,900	Individual / Family \$1,500 / \$3,000 \$7,950 / \$15,900	Individual / Family \$1,500 / \$3,000 \$7,950 / \$15,900
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP - Specialist Visits - Preventive Care - Chiropractic / Acupuncture - Physical Therapy - Diagnostic X-Ray & Lab	\$15 \$15 \$0 \$15 (20 visits/Year Combined) \$15 \$0	\$15 \$15 \$0 \$15 (20 visits/Year Combined) \$15 \$0	\$15 \$15 \$0 \$15 (20 visits/Year Combined) \$15 \$0
Pharmacy Benefits			
Retail - Generic - Brand Name - Non-Formulary - Supply Limit	(through OptumRx) \$5 \$20 \$50 30 Days ²	(through CVS/Caremark) \$5 \$20 \$50 30 Days ²	(through OptumRx) \$5 \$20 \$50 30 Days ²
Retail/Home Delivery - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Acute Care			
Emergency Room Facility	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care	\$15	\$15	\$15
Telemedicine Visits	\$15 livehealthonline.com	\$0 Blueshieldca.com/teladoc	\$15 babylon.com

¹ Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

² Region 2: Blue Shield Trio HMO is only available in Kern, Kings, Monterey, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Tulare and Ventura.



Medical Plan highlights: HMO

Plan Name	Kaiser Permanente HMO (Kaiser Network)	Sharp³ Health Plan HMO (Performance Plus)	UnitedHealthcare HMO (SignatureValue Alliance Network) OR UnitedHealthcare HMO (SignatureValue Harmony Network)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0
Out-of-Pocket Maximum - Medical ³ - Pharmacy	Individual / Family \$1,500 / \$3,000 \$7,950 / \$15,900	Individual / Family \$1,500 / \$3,000 \$7,950 / \$15,900	Individual / Family \$1,500 / \$3,000 \$7,950 / \$15,900
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP ¹ - Specialist Visits ¹ - Preventive Care - Chiropractic / Acupuncture - Physical Therapy - Diagnostic X-Ray & Lab	\$15 \$15 \$0 \$15 (20 visits/Year Combined) \$15 \$0	\$15 \$15 \$0 \$15 (20 visits/Year Combined) \$15 \$0	\$15 \$15 \$0 \$15 (20 visits/Year Combined) \$15 \$0
Pharmacy Benefits		(through OptumRx)	(through OptumRx)
Retail - Generic - Brand Name - Non-Formulary - Supply Limit	\$5 \$20 N/A 30 Days	\$5 \$20 \$50 30 Days ²	\$5 \$20 \$50 30 Days ²
Retail/Home Delivery - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 N/A 31-100 Days	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	\$0	\$0	\$0
Outpatient Surgery	\$15	\$0	\$0
Acute Care			
Emergency Room Facility	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care	\$15	\$15	\$15
Telemedicine Visits	\$15 kp.org	\$15 Telehealth services	\$15 uhc.com/virtualvisits

¹ Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

² Sharp Health Performance Plus HMO is available in San Diego only.



Medical Plan highlights: PPO

Plan Name	PERS Platinum PPO (Anthem Prudent Buyer PPO Network)		PERS Gold PPO (Anthem Select PPO Network)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Provisions				
Calendar Year Deductible	Individual / Family \$500 / \$1,000	Individual / Family \$2,000 / \$4,000	Individual / Family \$1,000 ⁵ / \$2,000 ⁵	Individual / Family \$2,500 / \$5,000
Out-of-Pocket Maximum - Coinsurance - Medical ³ - Pharmacy	Individual / Family \$2,000 / \$4,000 \$7,450 / \$14,900 \$2,000 / \$4,000	Unlimited Unlimited Unlimited	Individual / Family \$3,000 / \$6,000 \$7,450 / \$14,900 \$2,000 / \$4,000	Unlimited Unlimited Unlimited
Lifetime Maximum	Unlimited		Unlimited	
Medical Benefits				
Office Visit Copay - PCP - Specialist Visits - Preventive Care - Chiropractic / Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$20 \$35 \$0 \$15 10% ^{1,6} 10% ¹	40% ² 40% ² 40% ² 40% ² 40% ² 40% ²	\$35 ⁴ / \$10 ⁴ \$35 \$0 \$15 20% ^{1,6} 20% ¹	40% ² 40% ² 40% ² 40% ² 40% ² 40% ²
Pharmacy Benefits				
	(through OptumRx)		(through OptumRx)	
Retail - Generic - Brand Name - Non-Formulary - Supply Limit	\$5 \$20 \$50 30 Days	Not Covered Not Covered Not Covered N/A	\$5 \$20 \$50 30 Days	100% up front; may submit paper claim to request partial reimbursement
Retail/Home Delivery - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 \$100 90 Days	Not Covered Not Covered Not Covered N/A	\$10 \$40 \$100 90 Days	100% up front; may submit paper claim to request partial reimbursement
Hospital Benefits				
Room & Board / Surgeon's Fees / Maternity—Delivery	10% after \$250	40% after \$250	20% ¹	40% ²
Outpatient Surgery	10% ¹	40% ²	20% ¹	40% ²
Acute Care				
Emergency Room Facility	\$50 (waived if admitted) + 10% ¹		\$50 (waived if admitted) + 20% ¹	
Urgent Care	\$35	40% ²	\$35	40% ²
Telemedicine Visits	\$20 livehealthonline.com	40%	\$10 livehealthonline.com	40%

¹ Subject to deductible.

² Subject to deductible. Out-of-Network benefits are paid based on an allowed amount.

³ Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum.

⁴ Reduced to \$10 if enrolled with primary doctor.

⁵ Incentives can reduce deductible to: Individual: \$500; Family: \$1,000. More information on page 12.

⁶ No Copayment will be required for laboratory services provided at Quest Diagnostics and Labcorp Facilities.



PERS Gold PPO Savings opportunities

Opportunity to Lower Deductible for PERS Gold PPO Plan

With the CalPERS Gold PPO plan, members have the ability to "earn back" up to \$500 per adult covered on the plan through Deductible Credits. Think of it as a discount on your deductible. You may lower your deductible by up to \$500 by completing the following:



\$100 Flu Shot

To receive a \$100 credit to your deductible, simply get your annual flu shot at your doctor's office or an in-network pharmacy. You may also be eligible to receive this \$100 credit if you obtain your flu shot at a County sponsored flu clinic. Certain verification/documentation will be required.



\$100 Smoking

If you are a non-smoker, this is an easy \$100 in your pocket. Members will be given access to a Health Risk Assessment through Anthem's mobile app. During the Health Risk Assessment, you will be asked if you currently smoke. By checking "no", you automatically knock \$100 off your deductible. If you are a smoker and have a desire to quit, you can earn a \$100 credit toward your deductible by enrolling (and completing) in a smoking cessation program through Anthem.



\$100 Biometric Screening

Another \$100 deductible credit can be earned by obtaining your biometric results. This can be done at your primary care physician's office during your annual routine physical or at one of 2,200 Quest Diagnostic facilities across the U.S. If you live too far away from a Quest facility, you may qualify for an "at home" test kit.



\$100 Virtual Second Opinion

Members have the opportunity to obtain a second opinion through Anthem's virtual second opinion program or a Select plan doctor for non-urgent or non-emergency surgeries. Call 1-888-361-3944 (Monday through Friday, 5:30 PM to 8:00 PM, PST) if you are having nonurgent and nonemergency scheduled surgery in 2024. They will see if you need a second opinion.



\$100 Condition Care Certification

Take part in the Condition Care Program if you have Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure or Coronary Artery or Vascular Disease. If you are diagnosed with any of these conditions throughout the year, Anthem will reach out to you to participate in their Condition Care program. You can earn a \$100 credit towards your deductible if you earn a condition care certification.

Opportunity to Lower Office Visit Copay

With the CalPERS Gold PPO plan, when you visit an in-network doctor, your copay is \$35. However, when you select an in-network Personal Doctor, your doctor's office visit copay is just \$10 when visiting that physician, a \$25 savings per doctor's visit.

PPO—Maximum Calendar Year Medical & Pharmacy Financial Responsibility

There is a Maximum Calendar Year Financial Responsibility of \$8,700 per Member and \$17,400 per family. This maximum financial responsibility is broken down into a maximum medical responsibility (\$6,700 per Member and \$13,400 per family) and maximum Pharmacy responsibility (\$2,000 per Member and \$4,000 per family).



Accessing Care

It's important to know where to go when an illness or injury occurs. Below is a quick overview to help you better understand when to use the different options available to you as a member of our medical insurance through CalPERS: Anthem Blue Cross, Blue Shield of CA, Health Net, Kaiser Permanente, Sharp Health Plan, or United Healthcare.



24-Hour Nurseline	Telemedicine	Doctor Visit	Urgent Care	Emergency Room
Free	Cost varies	\$	\$\$	\$\$\$
<ul style="list-style-type: none"> Available 24/7 Registered nurses can help you decide where to go for care when you or a family member have a health concern 	<ul style="list-style-type: none"> Available 24/7/365 U.S. board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults through Teladoc, LiveHealth Online, American Well, or Doctor on Demand 	<ul style="list-style-type: none"> Office hours vary Generally, the best place to go for non-emergency care as a relationship is established and your doctor is able to treat you based on knowledge and medical history 	<ul style="list-style-type: none"> Generally open on evenings, weekends and holidays Often used when your doctor's office is closed and there is no true emergency Urgent care does not replace your primary care physician 	<ul style="list-style-type: none"> Open 24/7 Use for true emergencies such as any accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

Medical Plan Contacts and Provider Finders

Medical - CalPERS HMO Plans

- Anthem Blue Cross Select HMO & Traditional HMO
- Blue Shield of CA Trio HMO and Access+ HMO
- Health Net Salud y Más HMO
- Kaiser Permanente HMO
- Sharp Health Plan HMO (*San Diego only*)
- United Healthcare SV Harmony and SV Alliance HMO

855-839-4524	www.anthem.com/ca/calpers
800-334-5847	www.blueshieldca.com/calpers
888-926-4921	www.healthnet.com/calpers
800-464-4000	www.kp.org/calpers
855-955-5004	www.sharphealthplan.com/calpers
877-359-3714	www.uhc.com/calpers

Medical - Anthem Blue Cross CalPERS PPO Plans

- PERS Gold PPO
- PERS Platinum PPO

877-737-7776	www.anthem.com/ca/calpers
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Pharmacy - CVS Caremark/OptumRx/Kaiser Permanente

- CVS Caremark (*Blue Shield HMO plans only*)
- Kaiser Permanente (*Kaiser HMO plan only*)
- OptumRx (*all other HMO and PPO plans except Kaiser & Blue Shield HMO*)

866-346-7200	www.caremark.com/calpers
800-464-4000	www.kp.org/calpers
855-505-8110	www.optumrx.com/calpers

Other Resources

- Burnham COVID-19 Response Center - click [here](#)
- CalPERS COVID-19 Test Kits for Members - click [here](#)
- CalPERS Carrier Resources - click [here](#)



Employee Assistance

Employee Assistance Program

This coverage is provided by IRWD at no cost to you

The Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with problems that may interfere with work or family responsibilities. You will have access to these programs through ACI Employee Assistance Program and REACH.

EAP Services

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- REACH: Up to six face-to-face counseling sessions per issue per year for you and your household members
- ACI EAP: Up to three face-to-face counseling sessions per issue per year for you and your household members
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts

The EAP can help with the following issues:



Stress, Anxiety or Depression



Relationship Issues



Grief and Loss



Legal Assistance



Financial Services and Referrals



Childcare Resources and Referrals



Senior Care



Pet Care



Identity Theft



and More!



Educational Video

Mental Health FAQs

<https://flimp.live/Mental-Health-FAQ>

Accessing REACH

Call (800) 273-5273 or visit www.reachline.com
Password: reach

Accessing the EAP

Call (855) 775-4357 or visit <http://rsli.acieap.com>



Dental Plan Choices

Delta Dental | PPO Plan

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. When you utilize a network dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a PPO dentist. If you obtain services using a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. The chart below provides a high-level overview of your dental plan.

Plan Name	Delta Dental PPO	
	Delta Dental Network	Non-Network
Dental Benefits		
Calendar Year Max. Benefit	\$1,750	
Annual Deductible		
- Individual	\$25	
- Family	\$50	
Diagnostic & Preventive Services (Plan Pays)	100%	100%*
Basic Services (Plan Pays)	Deductible, 80%	Deductible, 80%*
Major Services (Plan Pays)	Deductible, 50%	Deductible, 50%*
Orthodontia (Plan Pays)		
- Child	50% / \$2,000 Lifetime Benefit Maximum	
- Adult	50% / \$2,000 Lifetime Benefit Maximum	

*Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

Note:

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Finding a Dental Provider

Visit www.deltadentalins.com to find a provider in the Delta Dental PPO network.



Vision Plan Choices

EyeMed | PPO Plan

IRWD provides vision coverage through EyeMed. You can see an EyeMed in-network provider or an out-of-network provider, however, your costs will be lower if you visit an in-network provider. If you visit an in-network provider you will be responsible for a copayment at the time of your service. If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

Plan Name	EyeMed PPO	
	Select Network	Non-Network
Vision Benefits		
Examination (Every 12 Months)	\$10 Copay	Up to \$35
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	\$10 Copay \$10 Copay \$10 Copay	Up to \$35 Up to \$49 Up to \$74
Frames (Every 12 Months)	\$0 Copay; 20% off balance over \$170 Allowance	Up to \$85
Contact Lenses (Every 12 Months) - Cosmetic / Elective - Medically Necessary	(in lieu of frames and lenses)	
	\$160 Allowance No Charge	Up to \$128 Up to \$300
Laser Vision Correction	Discounts Apply	Not Covered

Finding a Vision Provider

- **Telephone:** Call (866) 299-1358
- **Web:** Go to www.eyemed.com

The EyeMed network includes access to independent ophthalmologists and optometrists, as well as LensCrafters®, Target Optical, and most Pearle Vision retail stores.



Additional Discounts Available

- **LASIK and PRK Benefit:** You are entitled to a 15% discount on the usual and customary fees for LASIK and PRK procedures, or a 5% discount on any promotional pricing, whichever is the greater benefit, through the US Laser Network.
- **Continued Eyewear Savings:** After your initial visits have been utilized, you are able to receive ongoing discounts on additional eye wear purchases at a network provider, which result in discounts up to 40% off the retail price of eye wear and accessories.



Life/AD&D

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

Reliance Standard | Basic Life and AD&D

This coverage is provided by IRWD at no cost to you

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the company or retire.

The Basic Life and AD&D plan provided to you by IRWD includes coverage for you, your spouse/registered domestic partner and dependent child(ren). The benefit amount is determined by your salary and those covered under your plan.



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Human Resources Department for a copy of the Beneficiary Designation Form, or login to Oracle to change your Beneficiary as needed.

Benefits at a Glance

Reliance Standard

You	<ul style="list-style-type: none"> If your annual salary is under \$50,000—3x your annual salary, up to \$150,000 If your annual salary is \$50,000 or more—4x your annual salary, up to \$1,000,000
Your spouse or registered domestic partner	<ul style="list-style-type: none"> \$25,000
Your dependent child(ren)	<ul style="list-style-type: none"> \$25,000 (birth to age 26)
Guarantee Issue	<ul style="list-style-type: none"> If your coverage amount exceeds \$500,000, you may be required to submit proof—called Evidence of Insurability—and first be approved by medical underwriting. If approved, your coverage will start the date you were approved by Reliance Standard
Age reduction	<ul style="list-style-type: none"> Coverage ends at age 70

1959 Survivor Benefit

The 1959 Survivor Benefit provides a monthly allowance to eligible survivors of members who are covered for this benefit and die before retirement. This benefit coverage is available by contract amendment for those not covered by Social Security through their employers. Covered members pay a \$2 monthly fee that is deducted from their salary to fund the 1959 Survivor Benefit Program.



Voluntary Life/AD&D

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Voluntary Life and AD&D insurance at discounted group rates provided by Reliance Standard. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Voluntary Life and AD&D

Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000. Subject to a salary cap of 10 times base annual earnings

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse - benefits for your spouse are available in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 50% of your employee election

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) up to age 20 or 26 if a full time student - benefits for your child(ren) are available in the amounts of \$2,500, \$5,000, \$7,500, or \$10,000 not to exceed 50% of your employee election. Coverage from birth to 6 months is \$1,000

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the company or retire.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$150,000
- **Spouse or Domestic Partner:** \$30,000
- **Child(ren):** Entire benefit amount up to \$10,000

If you are no longer in your initial eligibility period, you will need to provide proof of good health for any amount of coverage you elect. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. Reliance Standard may approve or decline coverage based on a review of your health history.

Age Bands	Monthly Life/AD&D Rate per \$10,000	Benefit	Child(ren)*
	Employee & Spouse Rate		
Under 30	\$1.07	\$2,500	\$0.42
30-34	\$0.99	\$5,000	\$0.82
35-39	\$1.29	\$7,500	\$1.22
40-44	\$1.92	\$10,000	\$1.62
45-49	\$3.04	AD&D	\$0.30
50-54	\$4.71		
55-59	\$7.94		
60-64	\$10.59		
65-69	\$16.46		
70 and over	\$33.78		

*One rate for all eligible dependent children in the family, regardless of how many children there are.



Long Term Disability

If you are unable to work due to an illness or injury, our disability plans will work together to provide a source of income to meet your needs. Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

California State Disability (SDI)

If you experience a Short Term Disability claim, you are eligible for benefits provided by the state. California State Disability Insurance (SDI) is a partial wage-replacement insurance plan for California workers. The SDI program is state-mandated and funded through employee payroll deductions. SDI provides short term benefits to eligible 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. For more information on eligibility, benefit amounts, and instructions on how to file a claim for the SDI program please visit the EDD website at www.edd.ca.gov.

Reliance Standard | Long Term Disability

This coverage is provided by IRWD at no cost to you. IRWD offers you Long Term Disability (LTD) to provide income replacement if you become disabled for an extended period of time.

Pre-existing Condition limitations may apply. If you were sick or injured for which the insured received medical treatment, consultation, care of services, including diagnostic procedures, or took prescribed drugs or medicines, during the three months immediately prior to the insured's effective date, you would not be eligible for disability benefits until you have been Actively at work for one full day following the end of twelve consecutive months from the date you became insured.

Long Term Disability	Benefit
Benefit Percentage	66 2/3%
Monthly Benefit Maximum	\$10,000
When Benefit Begin	90th Day
Maximum Benefit Duration	To Social Security Normal Retirement Age



Flexible Spending Accounts

FSA Plan Year: January 1 - December 31

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your debit card, you must save your receipts, just in case Chard Snyder needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Chard Snyder | Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$3,200 pre-tax per year.

Eligible expenses include:



Coinsurance, Copays and Deductibles



Medical and Prescriptions



Dental and Orthodontia



Eye Exams, Eyeglasses and Lasik Eye Surgery

Chard Snyder | Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000* pre-tax per year.

Eligible expenses include:



Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool



Adult daycare facilities

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA

You must forfeit any money left in your account after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances exceeding the allowed carry-over amount cannot be carried forward to a future plan year.

\$640 Carry-Over

Up to \$640 of any unspent funds remaining in your account at the end of the plan year will carry-over to the next plan year, and unspent funds above \$640 will be forfeited.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by December 31st of each plan year.

Tip!

If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

Go to www.fsastore.com to shop for FSA-eligible products, and for a list of eligible expenses.



Educational Video

Flexible Spending Accounts
<http://video.burnhambenefits.com/fsa/>



Accident

Reliance Standard | Accident

Accident insurance will pay you a benefit to help cover your out-of-pocket medical costs in case of an off-the-job accident. For covered accidental injuries, fixed benefits are paid directly to you, regardless of any other coverage. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. This plan is guarantee issue (no medical questions) and does not have any pre-existing condition limitations. There is also an annual wellness benefit of \$50 for completing certain screenings.



Critical Illness

Reliance Standard | Critical Illness

Critical Illness insurance can help you protect yourself and your family from the unexpected cost of fighting a life-threatening illness. You'll receive a lump-sum cash payment upon diagnosis of a covered condition such as heart attack, stroke, kidney failure and cancer. There is no pre-existing condition limitation on this plan. Coverage is offered at guarantee issue (no medical questions) for up to \$20,000 for employee and spouse during the initial eligibility window. Children are covered for up to \$10,000. This plan also has \$50 wellness benefit annually.



Hospital Indemnity

Reliance Standard | Hospital Indemnity

Hospital Indemnity insurance is designed to provide financial protection for covered individuals by paying a lump sum benefit if you are admitted to the hospital, as well as a daily benefit for days spent confined. There are no pre-existing condition limitations. Benefits are paid directly to the insured and do not coordinate with any other benefit payments.

For More Information

- **Web:** www.reliancestandard.com



ID Theft

Reliance Standard | ID Theft Plan

This coverage is provided by IRWD at no cost to you

With Reliance Standard, you'll be better protected from the often devastating consequences of identity theft. If you suspect that you're a victim of identity theft, a toll-free call will put you in touch with a professional fraud support representative. You'll be assigned a dedicated Privacy Advocate who'll work with you step-by-step to help you recover your identity as quickly and as easily as possible.



Travel Assistance

Reliance Standard | Travel Assistance Program

This coverage is provided by IRWD at no cost to you

Reliance Standard offers a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel more than 100 miles from home or in a foreign country. On Call International also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information.



Bereavement support

Reliance Standard | Bereavement Support Services

This coverage is provided by IRWD at no cost to you

Bereavement Support Services provide help to you and your family members when coping with the loss of a loved one. Should you or a family member experience the loss, this service offers access to unlimited and confidential telephonic grief counseling, as well as legal and financial consultation when you need it most. Professional clinicians, who are experienced in dealing with grief, are available to discuss any concerns and offer comfort.

For More Information

- **ID Theft:** Call (855) 246-7347 to be assigned to a dedicated Privacy Advocate.
- **Travel Assistance:** Call (800) 456-3893 in the US or (603) 328-1966 worldwide (call collect).
- **Bereavement:** Call (855) RSL-HELP (855-775-4357) to be connected with a Bereavement Support Specialist.



Commuter Benefits

Chard Snyder | Commuter Benefits

IRWD provides you with a Transportation Spending Account Plan through Chard Snyder. The Transportation Spending Account Plan allows you to pay for work-related transit and parking expenses with pre-tax dollars.

Mass Transit (Including Transit Passes and Vanpooling)

\$315 per Month

Parking

\$315 per Month



Legal services

ARAG | Legal Plan

The Legal Plan from LegalShield gives you a place to turn to help address and resolve life's legal or financial issues – from disputing a contractor's charges, to preparing a will, to receiving a traffic ticket. You'll have access to a network of attorneys who can, work with you in-person, over the phone or online to consult with you on legal issues, review and prepare documents, make follow-up calls or write letters on your behalf, represent you if needed, and more. When you go to an in-network attorney most legal matters are covered at 100%. For any services not covered, you will received a 25% discount on the network attorney's normal rate.



Pet Insurance

MetLife | Pet Insurance

With the MetLife Pet Insurance reimbursement plan, you can visit any licensed veterinarian, veterinary specialist or animal hospital in the United States. To receive reimbursements through MetLife, submit the bill and claim via the online portal, email, fax or mail. After meeting your policy's deductible, you will be reimbursed according to your plan's benefit schedule allowance or the invoice amount, whichever is less. If elected, you will own this policy and pay premiums to MetLife directly.

For More Information

- **Commuter Benefits:** Go to www.chard-snyder.com or call (800) 982-7715.
- **Legal:** Go to www.araglegal.com or call (800) 247-4184.
- **Pet Insurance:** Go to www.mybenefits.metlife.com or call (800) GET-MET8 (800-438-6388)



Retirement Savings

CalPERS Pension Plan

The CalPERS Pension Plan is a deferred benefit plan that provides you a pension benefit upon retirement. The benefit varies depending on your date of hire.

For more information about the CalPERS Pension Plan, go to <https://www.calpers.ca.gov/page/active-members>.

Date of Hire	CalPERS Retirement Formula
On or before September 28, 2012	<ul style="list-style-type: none"> • CalPERS 2.5% @ 55 Formula (benefit is based on your highest 12 months of compensation) • You pay 8% contribution rate • Includes a survivor benefit
September 29, 2012 — December 31, 2012, or “Classic” PERS Members hired after December 31, 2012	<ul style="list-style-type: none"> • CalPERS 2.0% @ 60 Formula (benefit is based on an average of your highest 36 months of compensation) • You pay 7% contribution rate • Includes a survivor benefit
January 1, 2013 or later as “New Members” in CalPERS	<ul style="list-style-type: none"> • CalPERS 2.0% @ 62 Formula (benefit is based on an average of your highest 36 months of compensation) • You pay 50% of normal cost as determined by CalPERS, currently a contribution rate of 7.5% • Includes a survivor benefit

Deferred Compensation Plan

You can save even for retirement through the Irvine Ranch Water District Deferred Compensation Plan. Here’s how it works in 2024. **Note:** At the time of this guide’s publication, the 2024 limits have not yet been released. The IRS is expected to release 2024 limits before the end of 2023.

- **Your contributions** — You can contribute up to \$22,500 in tax-deferred dollars through payroll deductions. Once you reach age 50, you can contribute an additional \$7,500.
- **Employer matching contributions** — After one year of service, you are eligible to receive a match from Irvine Ranch Water District (100% match up to 3% of your annual base salary). After two years of service, you are eligible for an additional 1% direct contribution from the District.

Stay tuned for invitations to attend our informational Quarterly Deferred Compensation meetings.

For a complimentary, 1:1 retirement review, visit eric-winston.empowermytime.com to schedule a meeting.

For more information, contact:
Eric Winston
 (800) 701-8255
Eric.Winston@empower-retirement.com



Employee perks

The following are additional perks and opportunities available to you as an employee of IRWD:



Flexible Work Schedule

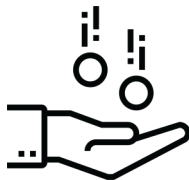
Irvine Ranch Water District offers a variety of work schedules, depending on your position and job requirements:

Check with your supervisor to determine which schedule will apply to you.



Wellness

- Access to an on-site fitness center
- Bike-to-work incentive
- Shared Health and Fitness Incentive



Retiree Health Cost Reimbursement Plan

Irvine Ranch Water District offers retirees reimbursement of health care costs up to \$360 – \$800/month for 12 – 60 months, depending on your years of service at retirement.

You become eligible once you are age 55 or older, have at least three years of service with Irvine Ranch Water District, and retire through CalPERS.

In addition, for those retirees who continue their CalPERS medical coverage into retirement, the District will contribute \$157/month towards the medical premium cost.

Irvine Ranch Water District will contribute the current Public Employees' Medical and Hospital Care Act (PEMHCA) amount as long as the retiree stays with CalPERS for medical coverage.



Educational Reimbursement

Receive up to 75% reimbursement for your books and tuition (based on the California State and University systems' average tuition, as determined by the district annually). There is no annual maximum.

Reimbursements in excess of \$5,250 per calendar year are considered taxable income.

You may be eligible to receive an incentive of \$750 for earning a certification that exceeds your minimum job requirements and/or \$1,000 if you earn a college degree or occupational certificate that exceeds your minimum job requirements.

For details, please refer to the Education and Training IRWD Policy No. 23



Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. IRWD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department, or download a copy from Oracle.

The following is a list of Annual Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by IRWD's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of IRWD's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary of your health plan's benefits and coverage.



ACA

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2023 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by IRWD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because IRWD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information

- **Web:** Go to www.healthcare.gov.



Carrier Contacts

Anthem

Medical

HMO Member Services (855) 839-4524
 Carrier Website www.anthem.com/ca/calpers

Blue Shield

Medical

Access+ and Trio HMO Member Services (800) 334-5847
 Carrier Website www.blueshieldca.com/calpers

Health Net

Medical

Salud and HMO Member Services (888) 926-4921
 Carrier Website www.healthnet.com/calpers

Kaiser Permanente

Medical

HMO Member Services (800) 464-4000
 Carrier Website www.kp.org/calpers

Sharp Health Plan

Medical

HMO Member Services (855) 995-5004
 Carrier Website www.sharphealthplan.com/calpers

United Healthcare

Medical

HMO Member Services (877) 359-3714
 Carrier Website www.uhc.com/calpers

PERS

Medical

Gold and Platinum PPO Member Services (877) 737-7776
 Carrier Website www.anthem.com/ca/calpers

OptumRx

Prescriptions

Member Services (855) 505-8110
 Carrier Website www.optumrx.com/calpers



Burnham Advocate

(800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.



Carrier Contacts

Delta Dental

Dental

Member Services (800) 765-6003
Carrier Website www.deltadentalins.com

EyeMed

Vision

Member Services (866) 299-1358
Carrier Website www.eyemed.com

REACH & ACI EAP

REACH Employee Assistance Program

Member Services (800) 273-5273
Carrier Website www.reachline.com

ACI EAP

Member Services (855) 775-4357
Carrier Website <http://rsli.acieap.com>

Reliance Standard

Basic & Voluntary Life/AD&D, Long Term Disability, Identity Theft, Travel Assistance, Bereavement Support Services, Accident, Critical Illness and Hospital Indemnity

Member Services (800) 351-7500
Carrier Website www.reliancestandard.com

Chard Snyder

Flexible Spending Accounts, Commuter Benefits

Member Services (800) 982-7715
Carrier Website www.chard-snyder.com

ARAG

Legal Services

Member Services (800) 247-4184
Carrier Website www.araglegal.com

MetLife Pet Discount Program

Discount Pet Insurance

Member Services (800) 438-6388
Carrier Website www.mybenefits.metlife.com

CalPERS Pension Plan

Retirement Planning

Member Services (888) 225-7377
Carrier Website www.CalPERS.ca.gov

Empower Retirement Plan Advisor

Deferred Compensation

Member Services (800) 701-8255
Email Eric.Winston@empower-retirement.com



2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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