

# EMPLOYEE BENEFITS SUMMARY



2023

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**TABLE OF CONTENTS**

- I. FLEX CREDIT CAFETERIA PROGRAM ..... 1**
  
- II. HEALTH INSURANCE PROGRAMS:**
  - A. MEDICAL INSURANCE ..... 1
  - B. DENTAL INSURANCE ..... 3
  - C. VISION INSURANCE ..... 4
  - D. EMPLOYEE ASSISTANCE PLAN (EAP) ..... 5
  
- III. DISABILITY & LIFE INSURANCE:**
  - A. GROUP LIFE INSURANCE ..... 5
  - B. LONG TERM-DISABILITY INSURANCE ..... 5
  - C. STATE DISABILITY INSURANCE (SDI) ..... 5
  - D. WORKERS' COMPENSATION INSURANCE ..... 6
  - E. SUPPLEMENTAL INSURANCE PROGRAMS ..... 6
  - F. TRAVEL INSURANCE..... 6
  
- IV. RETIREMENT BENEFITS:**
  - A. CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM (CalPERS) ..... 7
  - B. RETIREE HEALTH INSURANCE ..... 8
  - C. DEFERRED COMPENSATION (Section 457 Plan) ..... 11
  - D. FEDERAL INSURANCE COMPENSATION ACT (FICA) ..... 11
  
- V. FLEXIBLE SPENDING ACCOUNTS (Section 125 Plan) ..... 11**
  
- VI. PAID LEAVE:**
  - A. VACATION ..... 12
  - B. HOLIDAYS ..... 12
  - C. SICK LEAVE ..... 13
  - D. BEREAVEMENT ..... 13
  - E. JURY DUTY ..... 13
  
- VII. EMPLOYEE DEVELOPMENT:**
  - A. TUITION ASSISTANCE ..... 13
  - B. PROFESSIONAL CERTIFICATION ..... 14
  
- VIII. OTHER COMPENSATION:**
  - A. UNIFORMS & SAFETY BOOT ALLOWANCE ..... 14
  - B. AUTOMOBILE ALLOWANCE ..... 14
  
- IX. PLAN DOCUMENTS ..... 14**

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**TABLE OF CONTENTS**

<b>X. <u>PART-TIME PARTIALLY BENEFITED EMPLOYEES</u></b> .....	15
<b>XI. <u>ANNUAL REQUIRED NOTICES:</u></b>	
<b>A. WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998</b> .....	16
<b>B. MEDICARE CREDITABLE COVERAGE DISCLOSURE NOTICE</b> .....	16
<b>C. HIPAA – HEALTH PRIVACY NOTICE</b> .....	18
<b>D. HIPAA – SPECIAL ENROLLMENT NOTICE</b> .....	22
<b>E. CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009</b> .....	23
<b>F. PATIENT PROTECTION DISCLOSURE</b> .....	27
<b>G. NEW BORN’S AND MOTHERS’ HEALTH PROTECTION ACT</b> .....	28
<b>H. AVAILABILITY OF SUMMARY OF BENEFITS &amp; COVERAGE (SBC)</b> .....	28
<b>I. DISCRIMINATION IS AGAINST THE LAW</b> .....	28

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**I. FLEX CREDIT CAFETERIA PROGRAM:**

Mesa Water’s Cafeteria Plan provides benefited employees a fixed monthly Flex Credit amount to spend on available benefit programs. Flex Credits are \$2,200 per month or \$1,015.38 per pay period in 2023.

Employees may opt out of the CalPERS medical plan by providing proof of other group medical coverage with a completed Health Benefits Opt-Out Form and an Alternative Coverage Attestation Form. The \$1,600 in monthly Flex Credits may be used for permissible cafeteria plan benefits including: Mesa Water’s group medical, dental, and vision insurance plans; pretax supplemental insurance coverage through Colonial Life; and Flexible Spending Accounts (FSA) for healthcare or dependent care.

Any unused Cafeteria Plan funds shall be payable to the employee as additional taxable, non “PERSable” income.

**II. HEALTH INSURANCE PROGRAMS:**

**A. MEDICAL INSURANCE (2023 Orange County Rates)**

The following ten medical plans, provided through CalPERS, are available for employees to choose from when hired and annually during Open Enrollment. Medical insurance coverage is effective the first day of the month following the date of hire, and is available to the employee and qualifying family members with the costs as follows:

**HMO PLANS:**

	<b><u>Per Month</u></b>	<b><u>Per Pay Period</u></b>
<b>1) <u>Kaiser HMO Plan</u></b>		
Employee	\$ 756.21	\$ 349.02
Employee and One Dependent	\$1,512.42	\$ 698.04
Employee and Two or More	\$1,966.15	\$ 907.45
<b>2) <u>Blue Shield Access+ HMO Plan</u></b>		
Employee	\$ 842.61	\$ 388.90
Employee and One Dependent	\$1,685.22	\$ 777.79
Employee and Two or More	\$2,190.79	\$1,011.13
<b>3) <u>Blue Shield Trio</u></b>		
Employee	\$ 760.71	\$ 351.10
Employee and One Dependent	\$1,521.42	\$ 702.19
Employee and Two or More	\$1,977.85	\$ 912.85
<b>4) <u>Anthem HMO Select</u></b>		
Employee	\$ 765.37	\$ 353.25
Employee and One Dependent	\$1,530.74	\$ 706.49
Employee and Two or More	\$1,989.96	\$ 918.44
<b>5) <u>Anthem HMO Traditional</u></b>		
Employee	\$935.12	\$ 431.59
Employee and One Dependent	\$1,870.24	\$ 863.19
Employee and Two or More	\$2,431.31	\$1,122.14
<b>6) <u>Health Net Salud y Mas</u></b>		
Employee	\$ 698.91	\$ 322.57
Employee and One Dependent	\$1,397.82	\$ 645.15
Employee and Two or More	\$1,817.17	\$ 838.69

(Continued on following page)

# MESA WATER DISTRICT SUMMARY OF BENEFITS

## HMO PLANS: (Continued)

	<u>Per Month</u>	<u>Per Pay Period</u>
<b>7) <u>Health Net SmartCare</u></b>		
Employee	\$ 834.65	\$ 385.22
Employee and One Dependent	\$1,669.30	\$ 770.45
Employee and Two or More	\$2,170.09	\$1,001.58
<b>8) <u>UnitedHealthcare Alliance</u></b>		
Employee	\$ 793.63	\$ 366.29
Employee and One Dependent	\$1,587.26	\$ 732.58
Employee and Two or More	\$2,063.44	\$ 952.36
<b>9) <u>UnitedHealthcare Harmony</u></b>		
Employee	\$ 781.58	\$ 360.73
Employee and One Dependent	\$1,563.16	\$ 721.46
Employee and Two or More	\$2,032.11	\$ 937.90

## PPO PLANS:

<b>10) <u>PERS Gold (PPO-Blue Cross)</u></b>		
Employee	\$ 695.93	\$ 321.19
Employee and One Dependent	\$1,391.86	\$ 642.40
Employee and Two or More	\$1,809.42	\$ 835.12
<b>11) <u>PERS Platinum (PPO-Blue Cross)</u></b>		
Employee	\$1,014.80	\$ 468.37
Employee and One Dependent	\$2,029.60	\$ 936.74
Employee and Two or More	\$2,638.48	\$1,217.76

CalPERS premium rates may differ if you live outside of Orange County. Please contact Human Resources for more information.

**Below is a list of phone numbers to contact depending upon the medical plan:**

- Kaiser HMO Customer Service - (800) 464-4000
- Blue Shield Customer Service - (800) 334-5847
- Anthem Blue Cross HMO Select and Traditional Customer Service - (855) 839-4524
- Health Net Salud y Mas and SmartCare Customer Service - (888) 926-4921
- UnitedHealthcare Customer Service - (877) 359-3714
- PERS Gold, or Platinum Customer Service - (877) 737-7776

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**B. DENTAL INSURANCE (2023 Rates)**

The following two dental plans, provided through Guardian Dental, are available. Coverage is effective the first day of the month following the date of hire.

**1) HMO Managed Dental Plan (HMO):**

The HMO Dental Plan requires that services be received from a Guardian Network dentist selected in advance. The cost to receive treatment is listed in a fee schedule that can be obtained from the Human Resources Department or online at [www.guardiananytime.com](http://www.guardiananytime.com). Benefits of the prepaid plan include: no annual deductible, no waiting period, no claim forms, no calendar year maximum limit, no pre-existing condition limitations, and no charge for most preventive services including teeth cleaning, x-rays and office visits.

**The cost to participate in the Guardian Dental HMO Plan Option is as follows:**

	<u>Per Month</u>	<u>Per Pay Period</u>
<b>Employee</b>	\$18.96	\$ 8.75
<b>Employee and One Dependent</b>	\$37.43	\$17.28
<b>Employee and Two or More</b>	\$53.26	\$24.58

Should you need to contact Guardian HMO Dental Customer Service, the number is (888) 600-1600.

**2) PPO Dental Plan:**

The PPO plan allows for freedom of choice in selecting your dentist. However, if you visit a participating dentist within the Guardian Dental Network, you will receive richer benefits. (For example: Basic Services are covered at 90% In Network, but are covered at 80% Out-of-Network).

	<u>In Network</u>	<u>Out-of-Network</u>
<b>Calendar Year Deductible</b>	\$50 (maximum 3 per family) for both in and out of network providers (Note: Deductible is waived for in-network Preventive Services)	
<b>Calendar Year Maximum</b>	\$2,000 maximum benefit per person per calendar year for all services received in-network.	\$1,500 maximum benefit per person per calendar year for services out-of-network.
<b>Preventive</b>	100% Covered	100% Covered
<b>Basic Services</b>	90% (10% co-payment)	80% (20% co-payment)
<b>Major Services</b>	60% (40% co-payment)	50% (50% co-payment)
<b>Orthodontic Service</b>	50% Covered	50% Covered
<b>Rollover Benefit</b>	A covered person may be eligible for a rollover of a portion of his or her unused benefits. Refer to your Guardian group insurance plan benefits for more details.	

**The cost to participate in the Guardian PPO Dental Option is as follows:**

	<u>Per Month</u>	<u>Per Pay Period</u>
<b>Employee</b>	\$ 65.71	\$ 30.33
<b>Employee and One Dependent</b>	\$ 126.55	\$ 58.41
<b>Employee and Two or More</b>	\$ 233.16	\$ 107.61

Should you need to contact Guardian PPO Dental Customer Service, the number is (888) 600-1600.

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**C. VISION INSURANCE (2023 Rates)**

Mesa Water offers a vision plan to employees and eligible dependents through Vision Service Plan (VSP). Services may be obtained either through a VSP Participating Provider or from a Non-VSP Provider. Vision insurance coverage is effective the first day of the month following the date of hire.

<b><u>All Benefits:</u></b> Examination Lenses Frames Co-payment	<b><u>Frequency of Service</u></b> Once every 12 months* Once every 12 months* Once every 12 months* split - \$10 for glasses, \$10 for contacts		
<b><u>Regular Frames:</u></b> Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Frame	<b><u>Services from a VSP Provider</u></b> Covered in full** Covered in full** Covered in full** Covered in full** \$180 allowance toward any frame of your choice, plus 20% off any amount over the allowance.**	<b><u>Services from a Non-VSP Provider</u></b> up to \$ 45** up to \$ 45** up to \$ 65** up to \$ 85** up to \$ 47**	
<b><u>Contact Lenses ***</u></b> <b><u>Evaluation &amp; Fitting: Necessary</u></b>	<b><u>Services from a VSP Provider</u></b> Exam and material covered in full **	<b><u>Services from a Non-VSP Provider</u></b> Up to \$45 for exam, and \$210 toward contact lens evaluation fee, fitting, costs and materials**	
<b><u>Elective</u></b>	Up to \$140 allowance**	Up to \$105 allowance**	

\* From the date of last service  
 \*\* Less any applicable co-payment  
 \*\*\* The contact lens benefit is available instead of lenses and frame

The cost to participate in the VSP vision plan is as follows:

	<b><u>Per Month</u></b>	<b><u>Per Pay Period</u></b>
Employee	\$15.76	\$ 7.27
Employee and one dependent	\$24.49	\$11.30
Employee and two or more	\$38.85	\$17.93

Should you need to contact VSP Customer Service, the number is (800) 877-7195.

# **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

## **D. EMPLOYEE ASSISTANCE PLAN**

Two Employee Assistance Plans (EAP) are available for the employee and members of household or dependents effective the first day of the month following the date of hire. Mesa Water pays the entire cost for this benefit.

Services for EAP benefits are provided through ACWA/JPIA Anthem and Unum our Life, AD&D, LTD provider. The plans provide 24-hour toll-free phone access to counseling for the employee and members of household or dependents. The service can provide help in the following situations: experiencing stress, marital and/or family issues, relationship difficulties, anxiety, depression, substance abuse, loss of a loved one, crime victimization, work related issues, financial or legal worries, retirement, change/transition, elder care questions, or personal problems.

Mesa Water's contracts also include legal and financial consultation services including identify theft services. Other services include face-to-face professional evaluation (Unum has three visits per incident, per calendar year and Anthem has six visits per incident, per calendar year. Note: you can use both providers for the same incident). If it is determined that ongoing counseling or specialized services are necessary, the EAP will refer you to appropriate community resources, or to your medical plan for continued care. You may access these benefits on a confidential and self-referred basis.

**Should you need to access EAP services, the number for Unum is (800) 854-1446. You may also access Unum's website at <https://lifebalance.lifeworks.com/>. User ID and Password: lifebalance**

**The number for Anthem is (800) 999-7222 and their website is [AnthemEAP.com](http://AnthemEAP.com) and enter your company code: ACWAJPIA**

## **III. DISABILITY & LIFE INSURANCE:**

### **A. GROUP LIFE INSURANCE**

Mesa Water offers \$200,000 of group term life and accidental death and dismemberment insurance to all full-time eligible employees. Part-time employees receive a prorated amount depending on the number of hours that they normally work. The amount decreases to \$130,000 at age 65 and \$100,000 at age 70. This benefit, offered through Unum, is provided to the employee at no cost, except for taxes required on premium in excess of \$50,000 worth of coverage. In addition, Mesa Water's retirement plan, CalPERS, also provides an additional death benefit to an eligible beneficiary of an employee.

**Should you need to contact Unum Customer Service, the number is (877) 225-2712.**

### **B. LONG-TERM DISABILITY INSURANCE**

This benefit, fully paid by Mesa Water, provides employees with replacement income in the event of a Long-Term Disability due to an accident or illness. Offered through Unum, the plan is subject to the terms, conditions, and limitations of the insurance company policy. An employee may be eligible for benefits after a 90-day waiting period. The plan pays 66 2/3% of salary up to a maximum benefit of \$12,000 per month. Long-term disability insurance is only available to employees.

**Should you need to contact Unum Customer Service, the number is (877) 225-2712.**

### **C. STATE DISABILITY INSURANCE (SDI)**

Employees who suffer a **non-work** related injury may be entitled to benefits under the State Disability Insurance program administered through the California Employee Development Department (EDD). The cost of Disability Insurance (DI) is funded through employee-paid payroll taxes. DI benefit levels are based on the amount of income earned. Claims are subject to EDD approval and waiting periods.

**For more information please refer to the website at [www.edd.ca.gov](http://www.edd.ca.gov).**



## **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

### **C. STATE DISABILITY INSURANCE (SDI) (continued)**

In 2004, California added a Paid Family Leave (PFL) component to the State Disability Insurance program. This benefit extends disability compensation to qualified employees who take time off to care for a seriously ill child, spouse, parent, or domestic partner; or to bond with a new child.

For more information, please refer to the website at [www.edd.ca.gov](http://www.edd.ca.gov) or call 1-877-BE-THERE.

### **D. WORKERS' COMPENSATION INSURANCE**

As required by the State of California, all Mesa Water employees are covered by Workers' Compensation Insurance. If an employee suffers an on-the-job injury and the claim is accepted the following expenses may be paid under the program:

- Payment of all reasonable medical costs to treat an industrial illness or injury
- Temporary disability payments to cover lost wages until the employee is able to return to work (2/3rds of your wages to a maximum of \$1,619.15 per week as of January, 2023)
- In the case of permanent injury such as amputation an additional payment will be made, depending upon the severity of the injury or illness
- Death benefits ("life insurance") would be paid to survivors if an employee dies as a result of on the job injury or illness up to a maximum amount set by state law

The insurance carrier for Workers Compensation benefits is ACWA/JPIA. Please contact Human Resources with any questions that you may have.

### **E. SUPPLEMENTAL INSURANCE**

Mesa Water offers employees the opportunity to purchase a variety of additional insurance policies at the employee's expense through Flex Credits or payroll deductions. Short-term Disability and Cancer Insurance policies are available through Colonial Life and Accident Insurance Company, with premium deductions through Mesa Water's 125 Cafeteria Plan on a pretax basis or after-tax through payroll deductions.

### **F. TRAVEL INSURANCE**

Mesa Water provides Business Travel Accident Insurance through CHUBB to Directors, employees and their family members for accidents, injuries or loss of life while traveling on District business, provided at no cost. Some examples of covered benefits include medical evacuation and repatriation, and rehabilitation expenses (maximum benefits limits apply). CHUBB partners with Europ Assistance to give you 24/7 access to medical and travel assistance services around the world. Also included in this coverage is Theft Protection Services, which will help you protect your identity and recover any lost or stolen documents.

For Europ Assist call (800) 243-6124 or [www.acetravelassistance.com](http://www.acetravelassistance.com). Group ID aceah, Activation Code: security

For Theft Protection Services call (866) 299-7277 (toll-free), 24/7

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**IV. RETIREMENT BENEFITS:**

**A. CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM (CalPERS)**

As a public agency, Mesa Water has enrolled in the California Public Employees Retirement System (CalPERS). **Mesa Water offers employees a 2% @ 55 retirement formula for “classic” members.** The employee’s share of contribution to CalPERS is 7% of base salary per pay period. Mesa Water contributes a percentage of salary specified by CalPERS called the “Employer’s Share” to an employer’s account for the benefit of the employee. This percentage is determined each year by CalPERS based on an actuarial study. The compensation limit for classic members for the 2023 calendar year is \$330,000. Employees with membership dates prior to July 1, 1996, are not impacted by these limits.

**Effective January 1, 2013, the Public Employees’ Pension Reform Act (PEPRA) will apply to new members of CalPERS. A new member is defined as any of the following:**

- A new hire who is brought into CalPERS membership for the first time on or after 1/1/13, and who has no prior membership in a California public retirement system.
- A new hire who is brought into CalPERS membership for the first time on or after 1/1/13, and who is not eligible for reciprocity with another California public retirement system.
- A member who first established CalPERS membership prior to 1/1/13, and who is rehired by a different CalPERS employer after a break in service of greater than six (6) months.

The benefit formula, final compensation period, maximum pensionable compensation, and member contribution rate for new miscellaneous members under PEPRA is represented in the table below.

<b>Benefit Formula</b>	Miscellaneous 2% at age 62
<b>Final Compensation Period</b>	The average of Pensionable Compensation for 36 month consecutive period of employment.
<b>Member Contribution Rate as a percentage of payroll</b>	<b>7.25% of Reportable Compensation</b>
<b>Maximum Pensionable Compensation</b>	\$ 146,042

All employees hired on or after January 1, 2013, will be subject to CalPERS membership review for applicability of PEPRA.

**Vesting-Employee Contributions:** An employee becomes vested in CalPERS after five years of full-time employment. This money will remain in the program until retirement or, at the employee’s request, may be withdrawn at time of separation from employment. If the employee leaves Mesa Water prior to vesting in the program, the employee’s contribution may be refunded or left in the account. However, if the individual becomes employed in another public agency participating in CalPERS, the funds remain deposited with CalPERS and the account is then transferred with the employee to the new job.

**Part-Time Employees:** Mesa Water’s CalPERS retirement contract does not cover temporary or part-time employees until they have worked 1,000 hours of service within a fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>). At the completion of 1,000 hours temporary or part-time employees may be enrolled.

**Disability Benefits:** The Plan provides for disability benefits if an employee suffers total and permanent disability prior to their normal retirement date and has at least five years of CalPERS service. The amount of the benefit is calculated in accordance with the formula used to determine normal retirement benefits.

# MESA WATER DISTRICT SUMMARY OF BENEFITS

## **A. CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM (Continued)**

**Additional Provisions** Mesa Water has contracted with CalPERS to include the following as part of our retirement plan for classic members:

- One-Year Final Compensation (Highest Year)
- Limit Prior Service to Members Employed on Contract Date
- Public Service Credit for Periods of Layoff
- Public Service for Peace Corps, AmeriCorps\*VISTA, or AmeriCorps Service
- Local System Service Credit Included in Basic Death Benefit
- Partial Service Retirement
- Post-Retirement Survivor Allowance
- Public Service Credit for Service Rendered to a Nonprofit Corporation
- Military Service Credit as Prior Service (4-year maximum self-paid by employee)
- Military Service Credit for Retired Persons
- Pre-Retirement Optional 2 Death Benefit
- Service Credit for Unused Sick Leave
- Special Death Benefit – Violent Act
- \$5,000 Retired Death Benefit

In addition, Mesa Water has elected to have no offset against the CalPERS retirement allowance for Social Security benefits. This means that Mesa Water retirees receive the full benefit amounts for both CalPERS retirement and Social Security.

**Should you need further information or assistance please contact CalPERS at (888) 225-7377 or CalPERS online at [www.calpers.ca.gov](http://www.calpers.ca.gov).**

## **B. RETIREE HEALTH INSURANCE**

Qualified employees enrolled in one or more of Mesa Water’s health benefit plans at the time of retirement from Mesa Water are eligible to participate in the Mesa Water “Health Benefits for Retirees Program” in force on the date that their retirement commences. Mesa Water’s health benefit plans for eligible active and retired employees are currently offered through CalPERS. Following is a summary of the Program currently in place. For detailed information, please consult the approved Plan Documents; copies are available in the Human Resources Department.

<b>CRITERIA:</b>	
<b>Eligibility:</b>	
• Minimum Age at Retirement	<u>Service Retirement:</u> 50 years old; <u>Disability Retirement:</u> No minimum age
• Minimum Years of Service	5-years of covered service as a CalPERS member
<b>Eligible Benefits:</b>	
	1. For Group Medical Insurance, currently offered through CalPERS, the employee must be enrolled at time of retirement or within 120 days after retirement from Mesa Water. Retirees have the opportunity to enroll in CalPERS health insurance annually during open enrollment. This only applies while Mesa Water contracts with CalPERS medical.
	2. For Group Dental, Vision, or other non-group health insurance such as Long Term Care, the employee must be enrolled at the time of retirement to be eligible.

(Table continued on following page)

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**B. RETIREE HEALTH INSURANCE (Continued)**

**CRITERIA:**

**Contribution Towards Insurance Premiums:** Retirees who meet the eligibility criteria in the Mesa Water “Health Benefits for Retirees Program” will receive a total fixed dollar Contribution Towards Insurance Premiums (CTIP).

Mesa Water’s monthly contribution for retirees with less than eleven years of Mesa Water service, or who retire at less than 55 years of age, is \$151.00 a month in 2023. Eligibility to receive this benefit is tied to CalPERS retirement **and** retiree enrollment in CalPERS medical insurance; as well as Mesa Water’s continued participation in the CalPERS medical program. Mesa Water is required to pay this amount directly to CalPERS as a partial cost offset to the retiree’s CalPERS medical insurance premiums.

Retirees who are at least 55 years old **and** have at least 11 years of service with Mesa Water are eligible to participate in Mesa Water’s adopted Health Benefits for Retirees Program, which affords for a greater monthly Contribution Towards Insurance Premiums (CTIP) as shown in the table below:

**Mesa Water Monthly Contribution Towards Insurance Premiums (CTIP) for Retirees**

<b>YEARS OF SERVICE</b>	<b>COVERED MEMBERS</b>	<b>AGE 50-54</b>	<b>AGE 55-64</b>	<b>AGE 65 &amp; Over</b>
<b>5-10 *</b>	Retiree only	\$151**	\$151**	\$151**
	Retiree+Spouse	\$151**	\$151**	\$151**
<b>11-14</b>	Retiree only	\$151**	<b>\$144***</b>	<b>\$ 90***</b>
	Retiree+Spouse	\$151**	<b>\$230</b>	<b>\$144***</b>
<b>15-19</b>	Retiree only	\$151**	<b>\$168</b>	<b>\$ 96***</b>
	Retiree+Spouse	\$151**	<b>\$269</b>	<b>\$154</b>
<b>20-24</b>	Retiree only	\$151**	<b>\$192</b>	<b>\$102***</b>
	Retiree+Spouse	\$151**	<b>\$307</b>	<b>\$163</b>
<b>25-29</b>	Retiree only	\$151**	<b>\$216</b>	<b>\$108***</b>
	Retiree+Spouse	\$151**	<b>\$346</b>	<b>\$173</b>
<b>30+</b>	Retiree only	\$151**	<b>\$240</b>	<b>\$120***</b>
	Retiree+Spouse	\$151**	<b>\$384</b>	<b>\$192</b>

\* Contribution is towards CalPERS medical premiums and applies to retirements after 7/1/01.

\*\* Amount is determined annually by CalPERS and is subject to change. Check CalPERS website: [www.calpers.ca.gov](http://www.calpers.ca.gov) for current information.

\*\*\* Mesa Water retirees enrolled in CalPERS medical will receive the CalPERS minimum contribution, currently, \$151 per month.

Mesa Water’s Contribution Towards Insurance Premiums (CTIP) is paid as follows:

1. The CalPERS medical premium of \$151.00 per month (2023 Rate) is paid by Mesa Water directly to CalPERS. CalPERS will then automatically deduct the balance of any medical insurance premiums owed by the retiree from their monthly retirement check.

(Table continued on following page)

**B. RETIREE HEALTH INSURANCE (Continued)**

## MESA WATER DISTRICT SUMMARY OF BENEFITS

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### CRITERIA:

- Contribution Towards Insurance Premiums:**
2. Mesa Water pays any remaining CTIP amount (less the \$151.00 paid to CalPERS) directly to the retiree. **Or**, if the retiree is enrolled in other optional insurance programs offered by Mesa Water, the CTIP is handled as follows:
    - Dental & Vision premiums are paid directly to the insurance carrier by Mesa Water, with the balance of the premium owed over the available CTIP, if any, billed directly to the retiree by Mesa Water.
    - Long Term Care premiums are paid by the retiree and then reimbursed by Mesa Water from the remaining available CTIP after submission of proof of payment (invoice and cancelled check) is received in Human Resources Department.
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### EXAMPLE – DISBURSEMENT OF MONTHLY CTIP\*

Based on Mesa Water Retiree, age 55 years, with 20 years of service, whose spouse is enrolled and has elected to participate in optional Medical, Dental, and Vision insurance plans:

<b><u>Retiree Monthly CTIP Benefit:</u></b> (see preceding table)	<b><u>\$ Month</u></b> <b><u>\$ 307.00</u></b>
<b><u>Insurance Premiums Paid Directly by Mesa Water:</u></b>	
▪ CalPERS Medical	\$ 151.00
▪ Dental Insurance	\$ 126.55
▪ Vision Insurance	\$ 24.49
SUBTOTAL – Direct Paid Premiums	<b><u>\$ 302.04</u></b>
<b><u>Reimbursed to Retiree</u></b> (Remaining monthly CTIP Amount)	<b><u>\$ 4.96</u></b>
<b><u>TOTAL Monthly CTIP Paid by Mesa Water</u></b> (\$302.04 + \$4.96)	<b><u>\$ 307.00</u></b>

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**Change of Address:** Any changes to a covered member's address, age, phone number, marital status, or retirement status must be reported by the retiree to Mesa Water Human Resources Department within thirty days of event. This information will determine eligibility to continue receiving a subsidy in the Health Benefits for Retirees Program.

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**Plan Documents:** Mesa Water District Health Benefits for Retirees Program (Originally adopted in 1987)

1. Revision #5, adopted by the Board on 6-10-92
2. Resolutions Electing to be Subject to Public Employees' Medical and Hospital Care Act (# 1247, 1248, and 1249, adopted 5-3-01).

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**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**C. DEFERRED COMPENSATION (Section 457 Plan)**

Mesa Water employees are eligible to participate in the Section 457 deferred compensation supplemental retirement plan. IRS regulations allow pre-tax contributions or after-tax (Roth) contributions to this plan up to a specified amount each year. Participation in the plan is voluntary and can be started or stopped at the discretion of an employee. Eligible employees may receive dollar for dollar employer match up to 3.5% of salary per calendar year. Employer match contributions will go into a 401(a) plan and will be tax deferred. Mesa Water has contracted with Empower Retirement for administration of the deferred compensation plan.

The maximum elective deferral limit of 457 Plans is \$22,500 for tax year 2023. If you will be 50 years old or older by 12/31/23, you may increase the amount by \$7,500 to a total annual deferral of \$30,000. Please contact Financial Services for the eligibility rules concerning this provision.

To contact Empower Retirement, the number is (855)-756-4738. Their website is [www.empowermyretirement.com](http://www.empowermyretirement.com)

**D. FEDERAL INSURANCE COMPENSATION ACT (FICA) (2023 Rates)**

This program provides Social Security old age, disability, survivors, and health care benefits. These programs are paid through employee and employer payroll taxes totaling 15.3% of gross wages as follows:

	<u>2023 Wage Base</u>	<u>Employee Share</u>	<u>Mesa Water Share</u>	<u>Maximum Tax</u>
Social Security	\$160,200	6.20%	6.20%	\$9,932.40
Medicare	Unlimited	1.45%	1.45%	Unlimited

**V. FLEXIBLE SPENDING ACCOUNT (Section 125 Plan)**

Mesa Water offers employees the ability to pay for certain benefits with pre-tax dollars using a Flexible Spending Account (FSA), often referred to as a Section 125 Plan. An FSA allows an employee to save money and increase their discretionary income by paying for eligible expenses using pretax dollars. This benefit is offered through TASC/Benesyst with the administrative cost paid entirely by Mesa Water.

You may set aside a maximum combined total of **\$8,050** annually on a pretax basis to pay for qualified health care (\$3,050) and dependent day care expenses (\$5,000). However, IRS regulations require that all money contributed to a Flexible Spending Account (FSA) in any plan year only be used to reimburse qualified expenses incurred during that plan year plus a 2 ½ month grace period (through March 15th). **If money is set-aside during the plan year, and is not spent by March 15th, it is forfeited.** It is extremely important to read how this plan works before you decide to participate.

Two types of Flexible Spending Accounts are available. An employee can participate in one or both:

**Dependent Day Care Expenses** - You may set aside a maximum of up to \$5,000 annually (or \$2,500 if spouse is also participating in plan) on a pre-tax basis to pay for Dependent Day Care expenses for a child under the age of 13, or a family member who is physically or mentally incapable of caring for himself/herself, or for the care of an elderly dependent family member who resides with you. **Employees are eligible to participate upon hire and the waiting period has been waived.**

**Health Care Expenses** - You may set aside a maximum of \$3,050 (or \$117.30 per pay period) on a pre-tax basis to pay for qualified health care expenses. Examples of qualified expenses include co-payments and deductibles for your group health insurances, including prescriptions, and certain qualified elective medical procedures not normally covered by your health insurance. **Employees must complete one-year of employment with Mesa Water before they are eligible to participate in this benefit.**

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**V. FLEXIBLE SPENDING ACCOUNT (Section 125 Plan) (*Continued*)**

**Grace Period** - For the 2023 plan year, Mesa Water has structured the TASC/Benesyst contract to allow an additional 2 ½ month grace period at the end of a plan year. Participants have 2 ½ additional months, until March 15, 2024, to use any remaining money not used for health care expenses. The additional 2 ½ months applies only to health care expenses and NOT to dependent care expenses. The deadline to submit 2023 claims for health care expenses is March 30, 2024, and after that date your money will be forfeited if there is still a balance in the account.

**Should you need to contact TASC/Benesyst Customer Service, the number is (800) 422-4661.**

**To submit claims electronically and manage your account online, the TASC/Benesyst website is:**  
[www.tasconline.com](http://www.tasconline.com)

**VI. PAID LEAVE:**

**A. VACATION LEAVE**

Regular and limited term full-time employees accrue vacation credit in accordance with the schedule below:

<b><u>Period of Continuous Employment</u></b>	<b><u>Accruals Are Shown In Hours Per Pay Period</u></b>
1 <sup>st</sup> & 2 <sup>nd</sup> years	3.40
3 <sup>rd</sup> & 4 <sup>th</sup> years	4.30
5 <sup>th</sup> – 9 <sup>th</sup> years	5.23
10 <sup>th</sup> – 14 <sup>th</sup> years	6.15
15 <sup>th</sup> – 19 <sup>th</sup> years	7.10
20 <sup>th</sup> year & thereafter	8.00

**Maximum Vacation Accrual** - The maximum vacation accumulation effective April 7, 2023, for all Mesa Water District Employees is 360 hours.

**Vacation Cash-out Program** – Management and Supervisory/confidential employees who have used a minimum of forty (40) hours vacation during the fiscal year may cash out a total of eighty (80) hours of vacation. After using a minimum of eighty (80) vacation hours, employees may sell back up to one hundred twenty (120) vacation hours.

**B. HOLIDAY LEAVE (2023 Schedule)**

Mesa Water provides full-time employees with 107 holiday hours per year, comprised of twelve **Observed Holidays** (96 hours), and eleven **Floating Holiday Hours**.

**Observed Holidays** falling on Saturday shall be observed on Friday, the day preceding, and a holiday falling on Sunday shall be observed on Monday, the day following. Unused Observed Holiday hours are converted to Vacation leave at the end of the Fiscal Year.

**Floating Holiday Hours** are awarded at the beginning of each Fiscal Year (July 1<sup>st</sup>). Employees hired after July 1<sup>st</sup> receive pro-rated hours in their first year of employment. Unused Floating Holiday hours are converted to Vacation leave at the end of the Fiscal Year.

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**B. HOLIDAY LEAVE (2023 Schedule) (Continued)**

Mesa Water's Offices will be closed to the public for 2023 on Observed Holidays as follows:

<b>New Year's Day</b>	Monday, January 2, 2023
<b>Martin Luther King Jr. Day</b>	Monday, January 16, 2023
<b>President's Day</b>	Monday, February 20, 2023
<b>Memorial Day</b>	Monday, May 29, 2023
<b>Independence Day</b>	Tuesday, July 4, 2023
<b>Labor Day</b>	Monday, September 4, 2023
<b>Veterans' Day</b>	Friday, November 10, 2023
<b>Thanksgiving Day</b>	Thursday, November 23, 2023
<b>Friday after Thanksgiving</b>	Friday, November 24, 2023
<b>Christmas Eve</b>	Friday, December 22, 2023
<b>Christmas Day</b>	Monday, December 25, 2023
<b>New Year's Eve</b>	Friday, December 29, 2023

**C. SICK LEAVE**

Sick leave is an "insurance policy" and is not to be considered a benefit. The Employee Rules and Regulations or appropriate Memoranda of Understanding govern the use of sick leave. Sick leave hours are accrued at the rate of 3.7 hours for each eligible pay period of employment for regular and probationary full-time and limited term full-time employees.

Part-time benefited employees accrue according to the partially benefited category of employment located in the Summary of Benefits. Seasonal and temporary employees accrue 1 hour of sick leave for every 30 hours worked per pay period.

An employee's supervisor must be notified prior to the start of the employee's shift as to the type of sick leave and probable duration of the absence. In addition, the supervisor must be personally contacted as soon as possible, but in no event later than 1 hour after the beginning of the employee's workday.

**D. BEREAVEMENT**

A leave of absence for a maximum of five (5) days of paid bereavement leave per incident may be granted to an employee in the event of the death of certain extended family members. A maximum of 80 hours per fiscal year may be used for this specific purpose.

**E. JURY DUTY**

Mesa Water has established a policy assuring compensation for work time lost while performing jury duty, i.e. a maximum of seven regularly scheduled work days off without loss of pay is granted for verified jury service. The General Manager may approve additional days, not to exceed eight (8) business days. Refer to the Employees Rules and Regulations or appropriate MOU for additional information.

**VII. EMPLOYEE DEVELOPMENT**

**A. TUITION ASSISTANCE**

Tuition assistance includes accredited college courses that directly relate to the employee's current job as well as courses that can be reasonably assumed to help the employee achieve short-term career goals at Mesa Water. Financial assistance is limited to the equivalent of current full-time student (two semesters or three quarters) California State University system rates for tuition, normal fees, and books for California residents. Tuition reimbursement approval shall be dependent upon pre-approval by Department Manager and Human Resources or designee of an annual career development plan. All other tuition reimbursement approval procedures and grade requirements shall be governed by the current MOU in effect.



# MESA WATER DISTRICT SUMMARY OF BENEFITS

## **B. PROFESSIONAL CERTIFICATION**

Mesa Water pays for all normal fees associated with obtaining and maintaining water-related certifications and Class A California drivers' licenses that are part of the employee's job requirements.

Employees are eligible for incentives for certifications or advanced degrees or certificates beyond what is required for their jobs. Refer to the Employees Rules and Regulations or appropriate MOU for additional information.

## **VIII. OTHER COMPENSATION:**

### **A. UNIFORMS & SAFETY BOOT ALLOWANCE**

Uniforms are provided and maintained by Mesa Water for those employees whose jobs require them.

Mesa Water provides an annual safety boot allowance of \$400.00 per fiscal year for those employees covered under the safety boot program. Mesa Water will reimburse one boot insert per safety boot purchased, as long as the total does not exceed \$400. Should employees' purchased boots become unusable before the fiscal year is over, they will be eligible to purchase new boots with a new \$400 limit pending manager approval. Check with your supervisor for more information regarding the uniform/boot program.

### **B. AUTOMOBILE ALLOWANCE (Management Employees Unit)**

Mesa Water pays an Automobile Allowance of \$250.00 per month to employees in the Management Employees Unit who do not have an assigned District Vehicle. This allowance is paid in-lieu of in-County mileage reimbursement.

## **IX. PLAN DOCUMENTS:**

The benefit plans described herein are presented in summary fashion only and are designed to acquaint you with some of the significant features of the Mesa Water District benefit programs. More detailed information is contained in the official plan documents and insurance policies that govern these plans. **If there is any real or apparent conflict between the summaries contained herein and the terms, conditions or limitations of the official plan documents, the provisions of the official plan documents will prevail.**

More detailed certificate booklets regarding benefit plans are provided to eligible Mesa Water District Employees and these are available in the Human Resources Department. However, appropriate Memoranda of Understanding (MOU) or Employee Rules should be consulted for the status of plans/programs and contributions (Note: Information is current as of January 2023).

**MESA WATER DISTRICT**  
**SUMMARY OF BENEFITS**

**X. EMPLOYEE BENEFITS FOR PART-TIME PARTIALLY BENEFITED EMPLOYEES**

In July of 2006, Mesa Water created a new category of employee, Part-time Partially Benefited. Employees are hired into this category of employment are at one of two fixed benefit levels depending on their work schedule. Level 1, which approximates a 50% benefit level, requires that an employee average twenty or more work hours per week. Level 2, which approximates a 75% benefit level, requires that an employee average 30 or more work hours per week.

Employees working less than an average of twenty hours per week cannot be hired into the Part-time Partially Benefited category. Part-time workers hired on a temporary or seasonal basis are paid for their actual hours worked and are not eligible to participate in Mesa Water's benefit plans.

<b>PART-TIME PARTIALLY BENEFITED CATEGORY OF EMPLOYMENT</b>		
<b>EMPLOYEE BENEFIT:</b>	<b>LEVEL 1 (Averages 20+ Hours/Week)</b>	<b>LEVEL 2 (Averages 30+ Hours/Week)</b>
▪ <b>Flex Credits</b>	50% of the benefit for equivalent full-time position	75% of the benefit for equivalent full-time position
▪ <b>Health &amp; Supplemental Insurance</b>	Eligible to participate in Medical, Dental, Vision, and Supplemental Insurance programs through Flex Credits and Payroll Deductions	
▪ <b>Employee Assistance Plan</b>	Yes	Yes
▪ <b>Group Life</b>	\$100,000	\$150,000
▪ <b>Long-Term Disability</b>	Yes	Yes
▪ <b>CalPERS Retirement</b>	Part-time employees who work over 1,000 hours in a fiscal year (July 1 through June 30) qualify to participate in the District plan	
▪ <b>Deferred Compensation</b> (457 Plan)	Eligible to participate under the same terms as full-time employees	
▪ <b>Flexible Spending</b> (125 Plan)	Eligible to participate under the same terms as full-time employees	
▪ <b>Vacation Accrual</b> (per Pay Period)	1 <sup>st</sup> & 2 <sup>nd</sup> years      1.70 3 <sup>rd</sup> & 4 <sup>th</sup> years      2.15 5 <sup>th</sup> – 9 <sup>th</sup> years      2.62 10 <sup>th</sup> – 14 <sup>th</sup> years      3.08 15 <sup>th</sup> – 19 <sup>th</sup> years      3.08 20 <sup>th</sup> years +      3.08	1 <sup>st</sup> & 2 <sup>nd</sup> years      2.55 3 <sup>rd</sup> & 4 <sup>th</sup> years      3.23 5 <sup>th</sup> – 9 <sup>th</sup> years      3.92 10 <sup>th</sup> – 14 <sup>th</sup> years      4.61 15 <sup>th</sup> – 19 <sup>th</sup> years      4.61 20 <sup>th</sup> years +      4.61
▪ <b>Holidays</b> (12 Annual Holidays)	4.0 hours per District Holiday	6.0 hours per District Holiday
▪ <b>Sick Leave</b>	1.85 hours per PP	2.77 hours per PP
▪ <b>Bereavement Leave</b>	Same conditions as FT employees with a 40-hour annual maximum	Same conditions as FT employees with a 60-hour annual maximum
▪ <b>Jury Duty</b>	Eligible to participate under the same terms as full-time employees based on approved part-time work schedule	
▪ <b>Tuition Assistance</b>	No	No
▪ <b>Professional Certificate Program</b>	For required certifications only	
▪ <b>Uniforms / Safety Boot Allowance</b>	Eligible to participate under the same terms as full-time employees	
<b>ABBREVIATIONS:</b> PP=Pay Period; PT=Part-time; FT=Full-time		

# MESA WATER DISTRICT SUMMARY OF BENEFITS

## **XI. ANNUAL REQUIRED NOTICES**

### **A. WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the CalPERS Health Plan who elects breast reconstruction in connection to a mastectomy you will also be covered for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

### **B. MEDICARE CREDITABLE COVERAGE DISCLOSURE NOTICE**

#### **Important Notice from Mesa Water District About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Mesa Water District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Mesa Water District has determined that the prescription drug coverage offered by the CalPERS Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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#### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

### **B. MEDICARE CREDITABLE COVERAGE DISCLOSURE NOTICE (Continued)**

#### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current CalPERS coverage will be affected. You cannot have prescription drug coverage under both Medicare and CalPERS. You must not enroll in Medicare Part D if you want to keep your CalPERS coverage.

If you do decide to join a Medicare drug plan and drop your current CalPERS coverage, be aware that you and your dependents will be able to get this coverage back.

#### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Mesa Water District and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

#### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information or call Human Resources at (949) 574-1020. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Mesa Water District changes. You also may request a copy of this notice at any time.

#### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

CMS Form 10182-CC According to the Paperwork of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# MESA WATER DISTRICT SUMMARY OF BENEFITS

## **B. MEDICARE CREDITABLE COVERAGE DISCLOSURE NOTICE (Continued)**

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

## **C. HIPAA – HEALTH PRIVACY NOTICE**

### **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

# **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

## **C. HIPAA – HEALTH PRIVACY NOTICE (Continued)**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

# **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

## **C. HIPAA – HEALTH PRIVACY NOTICE (Continued)**

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

# **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

## **C. HIPAA – HEALTH PRIVACY NOTICE (Continued)**

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official



## **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

### **C. HIPAA – HEALTH PRIVACY NOTICE (Continued)**

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

If you have any questions about this Notice or about our privacy practices, please contact Alison Wade, Human Resources, Mesa Water District, 1965 Placentia Avenue, Costa Mesa, CA 92627, (949) 574-1020.

This Notice is effective on November 15, 2018

### **D. HIPAA – SPECIAL ENROLLMENT NOTICE**

#### **HIPAA - SPECIAL ENROLLMENT NOTICE IF YOU ARE WAIVING GROUP HEALTH INSURANCE**

##### **Waiving Coverage Because of Other Health Insurance**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

##### **Conditions of Special Enrollment**

- A. When coverage was declined or waived, employee or dependent stated in writing that other coverage was the reason for the waiver.
- B. If the other coverage was COBRA coverage, then the COBRA coverage must be exhausted for the special enrollment to apply.

## **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

### **D. HIPAA – SPECIAL ENROLLMENT NOTICE** *(Continued)*

- C. If the other coverage was not COBRA coverage, then the other coverage must terminate because of one of the following reasons:
1. Employer Contributions Towards The Coverage Have Been Terminated, or
  2. Loss Of Eligibility Under The Other Coverage:
    - a. Divorce or Legal separation
    - b. Cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan)
    - c. Death of an employee
    - d. Termination of employment or Reduction in the number of hours of employment
    - e. In the case of coverage offered through an HMO, or other arrangement, in the group market that does not provide benefits to individuals who no longer reside, live or work in a service area, loss of coverage because an individual no longer resides, lives or works in the service area (whether or not it is the choice of the individual), and no other benefit package is available to the individual;
    - f. A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits;
    - g. A situation in which a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual.

**Loss of eligibility does not include:**

1. Loss of coverage due to failure on the individual's part to pay premiums on a timely basis, or
2. Termination of coverage for cause, such as fraudulent claims and/or intentional misrepresentation of a material fact in connection with the plan

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption and provide supporting documentation. To request special enrollment or obtain more information, contact Human Resources.

### **E. CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009**

#### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov)

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

## MESA WATER DISTRICT SUMMARY OF BENEFITS

### E. CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 *(Continued)*

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus">https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurancepremium-payment-program-hipp">https://medicaid.georgia.gov/health-insurancepremium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>CALIFORNIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co nt.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co nt.aspx</a> Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864

## MESA WATER DISTRICT SUMMARY OF BENEFITS

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-6185488 (LaHIPP)	Medicaid Website: <a href="http://www.state.nj.us/human-services/dmahs/clients/medicaid/">http://www.state.nj.us/human-services/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/publicassistance/index.html">http://www.maine.gov/dhhs/ofi/publicassistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100

## MESA WATER DISTRICT SUMMARY OF BENEFITS

<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

### **E. CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009** ***(Continued)***

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

# **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent.

Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## **F. PATIENT PROTECTION DISCLOSURE**

CalPERS HMO Plans (Blue Shield Access+, Blue Shield Trio, Anthem HMO Select, Anthem HMO Traditional, Health Net Salud y Mas, Health Net SmartCare, UnitedHealthcare Alliance, UnitedHealthcare Harmony, and Kaiser) generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, (Blue Shield Access+, Blue Shield Trio, Anthem HMO Select, Anthem HMO Traditional, Health Net Salud y Mas, Health Net SmartCare, UnitedHealthcare Alliance, UnitedHealthcare Harmony, and Kaiser) may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Shield Customer Service, (800) 334-5847. Anthem Blue Cross Customer Service, (855) 838-4524. Health Net of California Customer Service, (888) 926-4921. UnitedHealthcare Customer Service (877) 359-3714. Kaiser Customer Service, (800) 464-4000.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from (Blue Shield Access+, Blue Shield Trio, Anthem HMO Select, Anthem HMO Traditional, Health Net Salud y Mas, Health Net SmartCare, UnitedHealthcare Alliance, UnitedHealthcare Harmony, Kaiser, Etc.) or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Shield Customer Service, (800) 334-5847. Anthem Blue Cross Customer Service, (855) 838-4524. Health Net of California Customer Service, (888) 926-4921. UnitedHealthcare Customer Service (877) 359-3714. Kaiser Customer Service, (800) 464-4000.

## **G. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law

## **MESA WATER DISTRICT** **SUMMARY OF BENEFITS**

generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **H. AVAILABILITY OF SUMMARY OF BENEFITS & COVERAGE (SBC)**

The federal healthcare reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC). The SBC is intended to provide easy-to-read important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. Upon your request, electronic or printed copies of current SBCs and applicable revisions and amendments can also be obtained at no cost by contacting your HR department, or visiting [www.calpers.ca.gov](http://www.calpers.ca.gov).

### **I. DISCRIMINATION IS AGAINST THE LAW**

All Mesa Water health plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ACWA JPIA health plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Mesa Water health plans provide free aids and services to people with disabilities to communicate effectively with us, such as large print, audio, and accessible electronic formats.
- Mesa Water health plans provide free language services through qualified interpreters to people whose primary language is not English.

If you need these services, contact the customer service phone number on the back of your health plan ID card.

If you believe that a Mesa Water health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with that health plan using the process outlined in the applicable Evidence of Coverage document. Evidence of Coverage documents are posted on the Employee Drive >HR Reference>2022 Evidence of Coverage (EOC).

For assistance, you may contact Alison Wade in Human Resources (949) 207-5433, or email [alisonw@mesawater.org](mailto:alisonw@mesawater.org) (do not email protected health information).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>