

## LIFE INSURANCE

Orange County Water District offers basic life insurance to all full time employees. The basic life insurance consists of two times the employees' annual salary. Employees can also purchase supplemental life insurance for themselves and their family through the District's plan.

## DISABILITY INSURANCE

Orange County Water District's employees are covered at no cost by short and long-term disability insurance, which provides income equal to two-thirds of monthly salary. We currently contract with Prudential Life Insurance for this benefit.

## RETIREMENT

**401(a)** – Upon hire, all full-time employees are immediately enrolled in the District's private 401(a) retirement plan, administered by Prudential. 3% of the employee's mandatory 7.65% contributions are paid by the District leaving the employee to only pay 4.65%. The District also contributes a first layer match of 7.65%, for a total of 10.65%. Following completion of one-year of service, the District contributes a second layer of an additional 6.0 %, which the employee will be fully vested in after five years of employment.

**457 Deferred Compensation Plan** – Participation in the deferred compensation plan is voluntary. We contract with Prudential for our 457 Deferred Compensation plan. In 2018 you may choose to contribute up to \$18,000 (pre-tax) towards your retirement fund.

Prudential has a website at [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement) and a customer service number (877) 778-2100.

## OTHER BENEFITS

**Vacation** – Following completion of 6 month probation, eligible employees are entitled to vacation. Hours accrue thereafter based upon years of service.

### Full-time employee's schedule:

| <u>Length of service</u> | <u>Vacation Hours</u> |
|--------------------------|-----------------------|
| Less than 5 years        | 108                   |
| 5 - 9 years              | 132                   |
| 10 - 14 years            | 156                   |
| 15 - 19 years            | 180                   |
| 20 or more years         | 204                   |

### Part-time employee's schedule:

| <u>Length of service</u> | <u>Vacation Hours</u> |
|--------------------------|-----------------------|
| Less than 5 years        | 54                    |
| 5 - 9 years              | 66                    |
| 10 - 14 years            | 78                    |
| 15 - 19 years            | 90                    |
| 20 or more years         | 102                   |

**Holidays** – Eleven paid holidays per year.

|   |                        |
|---|------------------------|
| New Year's Day  | Veterans' Day          |
| Presidents' Day   | Thanksgiving           |
| Memorial Day  | Day after Thanksgiving |
| Independence Day  | Christmas Eve Day      |
| Labor Day   | Christmas Day          |
| Floating Holiday – Your choice (with supervisor's approval) |                        |

**Sick Leave** – Upon hire, full-time regular employees accrue eight hours of sick leave with pay per month. Part-time regular employees accrue four hours of sick leave with pay per month. OCWD hired temporary employee or intern who is expected to work 30 or more days per year will qualify for twenty-four hours of paid sick leave in each calendar year of employment.



# Orange County Water District



## Mission Statement

*To provide local water retailers with a reliable, adequate, high-quality groundwater supply at the lowest reasonable cost and in an environmentally responsible manner.*



**Orange County Water District**  
18700 Ward Street  
Fountain Valley, California 92708

Mailing Address:  
P.O. Box 8300  
Fountain Valley, CA 92728

OCWD's Website:  
[www.ocwd.com](http://www.ocwd.com)

Main Phone Number:  
(714) 378-3200



**Orange County Water District**  
**Employee**  
**2018 Benefits Sheet**

## Benefits Information



# Employee Information

# Insurance Plans Offered at the Orange County Water District

## MEDICAL INSURANCE

Orange County Water District offers five options of medical coverage to employees. They are **Kaiser HMO or Anthem Blue Cross Plans: Prudent Buyer Classic PPO, Prudent Buyer Advantage PPO, California Care HMO and HealthFund High Deductible PPO**. Each employee has the opportunity to choose which plan works best for themselves and their families. Employees will be offered the choice once upon commencement of employment and once every year at open enrollment, after the initial sign-up. The Orange County Water District pays a set amount for each level of the plans. Here is a brief description about each plan and how much they cost.

If you enroll in one of the PPO plans, you have the greatest choice of health care professionals because you may receive health care services from any licensed health care professional for your covered services. Further information about Anthem Blue Cross can be accessed at [www.anthem.com/ca/](http://www.anthem.com/ca/)

### Prudent Buyer Classic PPO Premiums

|                                  |          |
|----------------------------------|----------|
| <b>Employee only</b>             |          |
| Total Monthly Premium:           | \$852.34 |
| Employee's Portion:              | \$0.00   |
| District's Monthly Contribution: | \$852.34 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus one</b>         |            |
| Total Monthly Premium:           | \$1,736.91 |
| Employee's Portion:              | \$341.42   |
| District's Monthly Contribution: | \$1,395.49 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus two or more</b> |            |
| Total Monthly Premium:           | \$2,335.06 |
| Employee's Portion:              | \$508.12   |
| District's Monthly Contribution: | \$1,826.94 |

### Prudent Buyer Advantage PPO Premiums

|                                  |          |
|----------------------------------|----------|
| <b>Employee only</b>             |          |
| Total Monthly Premium:           | \$717.54 |
| Employee's Portion:              | \$0.00   |
| District's Monthly Contribution: | \$717.54 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus one</b>         |            |
| Total Monthly Premium:           | \$1,460.59 |
| Employee's Portion:              | \$98.10    |
| District's Monthly Contribution: | \$1,362.49 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus two or more</b> |            |
| Total Monthly Premium:           | \$1,963.03 |
| Employee's Portion:              | \$136.58   |
| District's Monthly Contribution: | \$1,826.45 |

The **Anthem Blue Cross HealthFund High Deductible PPO** is also offered to OCWD through the ACWA/JPIA. In this plan you still have the greatest choice of health care professionals because you may receive health care services from any licensed health care professional for your covered services. The difference is you have a \$1,500 deductible before any payments will be made by Anthem Blue Cross. If you add one or more family member(s) the deductible goes up to \$3,000 per calendar year. Further information about Anthem Blue Cross can be accessed at [www.anthem.com/ca/](http://www.anthem.com/ca/)

## HealthFund High Deductible PPO

|                                  |          |
|----------------------------------|----------|
| <b>Employee only</b>             |          |
| Total Monthly Premium:           | \$683.84 |
| Employee's Portion:              | \$0.00   |
| District's Monthly Contribution: | \$683.84 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus one</b>         |            |
| Total Monthly Premium:           | \$1,391.51 |
| Employee's Portion:              | \$79.28    |
| District's Monthly Contribution: | \$1,312.23 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus two or more</b> |            |
| Total Monthly Premium:           | \$1,870.02 |
| Employee's Portion:              | \$229.84   |
| District's Monthly Contribution: | \$1,640.18 |

The **Anthem Blue Cross California Care HMO** medical plan requires you to choose your Primary Care Physician (PCP) at enrollment. If you would like to see a specialist you need to receive a referral from your PCP before going to the specialist. Further information about Anthem Blue Cross can be accessed at [www.anthem.com/ca/](http://www.anthem.com/ca/)

## California Care HMO Premiums

|                                  |          |
|----------------------------------|----------|
| <b>Employee only</b>             |          |
| Total Monthly Premium:           | \$758.68 |
| Employee's Portion:              | \$0.00   |
| District's Monthly Contribution: | \$758.68 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus one</b>         |            |
| Total Monthly Premium:           | \$1,507.46 |
| Employee's Portion:              | \$241.76   |
| District's Monthly Contribution: | \$1,265.70 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus two or more</b> |            |
| Total Monthly Premium:           | \$2,021.80 |
| Employee's Portion:              | \$433.34   |
| District's Monthly Contribution: | \$1,588.46 |

The **Kaiser Traditional HMO** is also offered to OCWD through the ACWA/JPIA. Kaiser is a health maintenance organization (HMO) plan with affiliated and fully accredited hospitals. Further information about Kaiser can be accessed at [www.kp.org](http://www.kp.org)

## Kaiser Traditional HMO

|                                  |          |
|----------------------------------|----------|
| <b>Employee only</b>             |          |
| Total Monthly Premium:           | \$607.42 |
| Employee's Portion:              | \$0.00   |
| District's Monthly Contribution: | \$607.42 |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus one</b>         |            |
| Total Monthly Premium:           | \$1,204.96 |
| Employee's Portion:              | \$208.44   |
| District's Monthly Contribution: | \$996.52   |

|                                  |            |
|----------------------------------|------------|
| <b>Employee plus two or more</b> |            |
| Total Monthly Premium:           | \$1,700.90 |
| Employee's Portion:              | \$314.38   |
| District's Monthly Contribution: | \$1,386.52 |

## DENTAL INSURANCE

Orange County Water District offers two options of dental coverage to the employees. The first plan is the **Delta Dental (PPO)** plan and the second is the **Delta Care (HMO)** plan. Again each employee has

the opportunity to choose which plan works best for themselves and their families. Employees will be offered the choice once upon commencement of employment and once every year at open enrollment, after the initial sign-up. The Orange County Water District pays a set amount for each level of the plan. Here is a brief description about each plan and how much they cost.

**Delta Dental PPO** is offered to OCWD employees through ACWA/JPIA. The structure of the plan is similar to the medical PPO plan. You have a choice of dentist from the plan, but can go outside of the plan for an additional cost. To find out more about Delta Dental you can read the plan description, go to their website at [www.deltadentalins.com](http://www.deltadentalins.com), or call (888) 335-8227.

### Delta Dental PPO

|                                  |         |
|----------------------------------|---------|
| <b>Employee only</b>             |         |
| Total Monthly Premium:           | \$46.23 |
| Employee's Portion:              | \$0.00  |
| District's Monthly Contribution: | \$46.23 |

|                                  |         |
|----------------------------------|---------|
| <b>Employee plus one</b>         |         |
| Total Monthly Premium:           | \$96.37 |
| Employee's Portion:              | \$19.27 |
| District's Monthly Contribution: | \$77.10 |

|                                  |          |
|----------------------------------|----------|
| <b>Employee plus two or more</b> |          |
| Total Monthly Premium:           | \$160.46 |
| Employee's Portion:              | \$32.09  |
| District's Monthly Contribution: | \$128.37 |

The **Delta Care HMO** plan is run similar to the HMO medical plan. You choose a Primary Care Dentist and all referrals are requested through that dentist. To find out more about Delta Care you can read the plan description, go to their website at [www.deltadentalins.com](http://www.deltadentalins.com), or call (800) 422-4234.

### Delta Care HMO

|                                  |         |
|----------------------------------|---------|
| <b>Employee only</b>             |         |
| Total Monthly Premium:           | \$26.93 |
| Employee's Portion:              | \$0.00  |
| District's Monthly Contribution: | \$26.93 |

|                                  |         |
|----------------------------------|---------|
| <b>Employee plus one</b>         |         |
| Total Monthly Premium:           | \$43.10 |
| Employee's Portion:              | \$8.62  |
| District's Monthly Contribution: | \$34.48 |

|                                  |         |
|----------------------------------|---------|
| <b>Employee plus two or more</b> |         |
| Total Monthly Premium:           | \$62.46 |
| Employee's Portion:              | \$12.49 |
| District's Monthly Contribution: | \$49.97 |

## VISION INSURANCE

There is only one vision plan offered at OCWD. Vision Service Plan (VSP) offers a variety of vision care services as well as annual contact lens replacement and bi-annual prescription glasses replacements. You can learn more about this plan by reading the plan description, going online at [www.vsp.com](http://www.vsp.com), or by calling (800) 877-7195.

### Vision Service Plan (VSP)

|  |         |
|--|---------|
| <b>Employee only, or plus one, or plus two or more</b> |         |
| Total Monthly Premium:                                 | \$18.56 |
| Employee's Portion:                                    | \$0.00  |
| District's Portion:                                    | \$18.56 |