



BEAUMONT-CHERRY VALLEY WATER DISTRICT
560 Magnolia Avenue, Beaumont, CA 92223

**NOTICE AND AGENDA
MEETING OF THE PERSONNEL COMMITTEE**

*This meeting is hereby noticed pursuant to
California Government Code Section 54950 et. seq.*

Tuesday, April 21, 2026 - 4:30 p.m.
560 Magnolia Avenue, Beaumont, CA 92223

TELECONFERENCE NOTICE

*The BCVWD Personnel Committee members will attend in person at the
BCVWD Administrative Office*

This meeting is available to the public via Zoom teleconference

To access the Zoom conference, use the link below:

<https://us02web.zoom.us/j/85792068838?pwd=cFArZHZ4aHRSUmJLeTBCZVpnUGRmdz09>

To telephone in, please dial: (669) 900-9128
Enter Meeting ID: 857 9206 8838 • Enter Passcode: 457586

*For Public Comment, use the “**Raise Hand**” feature if on
the video call when prompted. If dialing in, please **dial *9 to**
“Raise Hand” when prompted*

Meeting materials will be available on the BCVWD’s website:

<https://bcvwd.gov/document-category/personnel-committee-agendas/>

PERSONNEL COMMITTEE MEETING – APRIL 21, 2026

Call to Order: Chair Covington

Roll Call

	John Covington, Chair
	Lona Williams

	Andy Ramirez (alternate)
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PERSONNEL COMMITTEE MEETING – APRIL 21, 2026 - *continued*

Public Comment

PUBLIC COMMENT: RAISE HAND OR PRESS *9 to request to speak when prompted. If you are present in the Conference Room, please fill out a Request to Speak card and deliver it to the Recording Secretary.

At this time, any person may address the Committee on matters within its jurisdiction. However, state law prohibits the Committee from discussing or taking action on any item not listed on the agenda. Any non-agenda matters that require action will be referred to Staff for a report and possible action at a subsequent meeting.

Please limit your comments to three minutes. Sharing or passing time to another speaker is not permitted.

1. **Adjustments to the Agenda:** In accordance with Government Code Section 54954.2, additions to the agenda require a unanimous vote of the legislative body members present, which makes the determination that there is a need to take action, and the need to take action arose after the posting of the agenda.
 - a. Item(s) to be removed or continued from the Agenda
 - b. Emergency Item(s) to be added to the Agenda
 - c. Changes to the order of the Agenda

ACTION ITEMS

2. **Acceptance of Personnel Committee Meeting minutes**

Minutes may be accepted by consensus

- a. March 17, 2026 Regular Meeting (pages 4 - 6)

3. **Report / Update from BCVWD Employees Association** (no staff report)

Association Representatives		
Justin Petruescu	Luis Lomeli	Ericka Enriquez

4. **Comments / Reports / Updates from BCVWD Unrepresented Employees**

No staff report. Individual exempt employees are invited to provide comments at this time

5. **Human Resources Report for March 2026** (pages 7 - 8)

6. **2026 Risk Management Report for First Quarter – January to March** (pages 9 – 13)

7. **Simplified Comparative Analysis: CalPERS vs. ACWA JPIA Medical Programs** (pages 14 - 68)

8. **Action List for Future Meetings**

- a. Policy 3225 Employee Leave Donations Program and Policy
- b. American Heart Association Gold Tier

9. Next Meeting Date: May 19, 2026

10. Adjournment

NOTICES

AVAILABILITY OF AGENDA MATERIALS - Agenda exhibits and other writings that are disclosable public records distributed to all or a majority of the members of the Beaumont-Cherry Valley Water District Personnel Committee in connection with a matter subject to discussion or consideration at an open meeting of the Committee are available for public inspection in the District's office, at 560 Magnolia Avenue, Beaumont, California ("District Office") during business hours, Monday through Thursday from 7:30 a.m. to 5 p.m. If such writings are distributed to members of the Board less than 72 hours prior to the meeting, they will be available from the District Office at the same time or within 24 hours' time as they are distributed to Board Members, except that if such writings are distributed one hour prior to, or during the meeting, they can be made available in the Board Room at the District Office. Materials may also be available on the District's website: <https://bcvwd.gov/>. (GC 54957.5)

REVISIONS TO THE AGENDA - In accordance with §54954.2(a) of the Government Code (Brown Act), revisions to this Agenda may be made up to 72 hours before the Meeting, if necessary, after mailings are completed. Interested persons wishing to receive a copy of the set Agenda may pick one up at the District's Main Office, located at 560 Magnolia Avenue, Beaumont, California, up to 72 hours prior to the Committee Meeting.

REQUIREMENTS RE: DISABLED ACCESS - In accordance with Government Code §54954.2(a), and the Americans with Disabilities Act (ADA), requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting, should be made to the District Office. Notification of at least 48 hours (two workdays) in advance of the meeting will generally enable staff to make reasonable arrangements to ensure accessibility. The Office may be contacted by telephone at (951) 845-9581, email at info@bcvwd.gov or in writing at the Beaumont-Cherry Valley Water District, 560 Magnolia Avenue, Beaumont, California 92223.

CERTIFICATION OF POSTING: A copy of the foregoing notice was posted near the regular meeting place of the Personnel Committee of Beaumont-Cherry Valley Water District and to its website at least 72 hours in advance of the meeting (Government Code §54954.2(a)).



Item 2

BEAUMONT-CHERRY VALLEY WATER DISTRICT AGENDA 560 Magnolia Avenue, Beaumont, CA 92223

MINUTES OF THE PERSONNEL COMMITTEE MEETING Tuesday, March 17, 2026, at 4:30 p.m.

CALL TO ORDER

Chair Covington called the meeting to order at 4:35 p.m.

ROLL CALL

<i>Directors present:</i>	John Covington, Lona Williams
<i>Directors absent:</i>	None
<i>Staff present:</i>	General Manager Dan Jagers Director of Information Technology and Cybersecurity Robert Rasha Human Resources and Risk Manager Ren Berioso Administrative Assistant Cenica Smith Management Analyst II Erica Gonzales Executive Assistant Lynda Kerney
<i>BCVWD Employee Association reps:</i>	Luis Lomeli, Ericka Enriquez, Justin Petruescu
<i>Members of the Public:</i>	None

PUBLIC COMMENT: None.

ACTION ITEMS

1. **Adjustments to the Agenda:** None.
2. **Acceptance of Personnel Committee Meeting minutes**
 - a. February 17, 2026 Regular Meeting

The Committee accepted the meeting minutes by the following vote:

MOVED: Williams	SECONDED: Covington	APPROVED
AYES:	Covington, Williams	
NOES:	None.	
ABSTAIN:	None.	
ABSENT:	None.	

3. **Report / Update from BCVWD Employees Association**
New representative Justin Petruescu was introduced, he was elected on March 10 to replace Andrew Becerra.
4. **Report / Update from BCVWD Exempt Employees:** None.

5. Human Resources Report

Human Resources and Risk Manager Ren Berioso presented highlights of the February 2026 report:

- Currently 47 employees
- Notable anniversaries including James Bean (27 years)
- Three recruitments are in progress
 - Customer Service Representatives (363 applicants, 5 interviews)
 - Administrative Clerk (399 applicants, 9 interviews)
 - Water Utility Worker I (111 applicants, 9 interviews)
- Turnover Rates:
 - February 2026 monthly turnover: 0%

Chair Covington asked about the geographical concentration of applicants. Mr. Berioso explained that approximately 50 percent are from the Pass area, but have also come from Moreno Valley, Redlands, Menifee and San Bernardino. The eligibility list is held open for six months, he noted.

6. Proposed Amendment to CalPERS Pension Contract to Incorporate Public Employees' Pension Reform Act (PEPRA) Provisions

Human Resources and Risk Manager Ren Berioso explained the requirement to update the contract with the provisions of PEPRA. In response to Director Williams, he explained that the District's contracts are valid and the law supersedes any other provisions. Mr. Jagers noted that CalPERS has been administratively following the law but is now pursuing the contract updates. The District's contracts bind the employee to PEPRA, he stated. He briefly summarized the 2013 PEPRA laws regarding maximum benefit formula of 2% at 62.

The contract was last updated in 2006, Berioso continued. In response to Director Williams, Berioso confirmed it is a standard contract and is purely administrative; it does not change benefits for current employees or benefits for retirees or those already being supplied to PEPRA members. The contract amendment process involves legal review, and expected presentation to the Board at the April 8 meeting with the amended contract then moving to the full Board. There will be no fiscal impact, he emphasized.

7. Cost and Benefit Comparison: CalPERS vs. ACWA JPIA Medical Programs

HR and Risk Manager Ren Berioso presented an informational report in response to prior Committee direction to evaluate the financial, administrative, and legal implications of potentially exiting CalPERS health coverage and transitioning to an alternative provider. The analysis was based on current enrollment data and recently released rate information, and was intended as a preliminary comparison to inform future discussions, particularly in advance of upcoming MOU negotiations. GM Jagers emphasized that the report represents an initial "snapshot in time" and does not resolve all variables, but is intended to frame the scope of considerations.

Berioso compared CalPERS and ACWA JPIA, identified as the most comparable alternative based on market research. The analysis indicated that CalPERS currently provides broader plan variety, while ACWA JPIA offers a more limited selection primarily consisting of Anthem Blue Cross and Kaiser plans. Staff noted that most District employees are currently enrolled in Kaiser or Blue Shield plans, and that a transition to ACWA JPIA would likely require employees to move into Anthem-based options as the closest equivalent.

Financial comparisons showed total annual costs under both programs are generally similar, with only marginal differences depending on plan structure. Berioso explained that under ACWA JPIA standard rates, costs would increase slightly due to the absence of post-employment benefit

components, while participation in ACWA JPIA's incentive program (which would require the District's separate continuation of retiree benefits) could result in modest annual savings. However, any potential savings could be offset by additional administrative costs, including the need to manage COBRA, retiree billing, or contract with third-party administrators.

Staff further outlined key administrative, legal, and labor considerations. CalPERS currently provides administrative services that would need to be replicated if the District exited the program. Legal counsel advised that withdrawal could present risks, particularly with respect to obligations to current retirees and employees with vested rights. Staff also noted that existing labor agreements reference CalPERS health benefits, and any transition would likely require reopening negotiations and amending individual contracts. Additionally, staff highlighted a five-year restriction on reentry into CalPERS if the District were to exit the program.

Director Covington commented that the information presented was complex and would benefit from a clearer side-by-side comparison format. He requested that staff develop a simplified matrix comparing CalPERS and ACWA JPIA across key factors, including plan structure and benefits. He emphasized that while cost comparisons are informative, the substantive differences in coverage—such as provider access, out-of-network options, and specific benefits—are critical and should be clearly understood by both the Committee and employees. Director Covington further observed that employees should be encouraged to review detailed plan documents rather than relying solely on summary cost comparisons, noting that individual healthcare needs vary significantly. He asked clarifying questions regarding plan availability and acknowledged that CalPERS offers a broader range of plans than ACWA JPIA. Berioso noted that the comparison tables focused on the most comparable plans, but pointed out that CalPERS provides greater diversity in options.

Director Williams asked about retiree benefits and financial obligations. She inquired about how existing retirees would be affected and how the District's OPEB trust funds would be treated. Berioso explained that existing obligations would remain in place and that trust assets would continue to be managed, though impacts would require further legal and actuarial review. Director Williams also asked about the implications of leaving and potentially reentering CalPERS, specifically whether retirees would retain their original benefit status or be subject to new rules; staff indicated that this issue requires additional analysis.

Director Williams also asked about annual premium increases and confirmed the current projected increase under CalPERS. Staff reported a projected increase of approximately 9.54 percent for the upcoming year and noted that future rate adjustments remain subject to CalPERS review. Staff reiterated that the analysis is preliminary. The Committee directed staff to return with a more refined, side-by-side comparative analysis and continue developing information.

8. Action List for Future Meetings

- Employee Association topics
- Employee Group 2027 Memorandum of Understanding
- Policy 3225 Leave Donation Program (bring back)

9. Next Meeting Date: March 17, 2026

ADJOURNMENT: 5:28 p.m.

DRAFT UNTIL APPROVED

John Covington, Chairman
to the Personnel Committee of the Beaumont-Cherry Valley Water District



**Beaumont-Cherry Valley Water District
Personnel Committee Meeting
April 21, 2026**

Item 5

HUMAN RESOURCES REPORT

TO: Personnel Committee
FROM: Human Resources and Risk Management
SUBJECT: Human Resources Report for the Month of March 2026

Table 1: Personnel

The table below represents the District's current Workforce.

As of March 31, 2026

Total Current Employees (Excluding Board Members)	49
Full-Time Employees	47
Part-Time	1
Temporary	0
Interns	1
Separations	0
Retired Employee(s)	0

Table 2: New Hires

The table below represents newly hired employees.

As of March 31, 2026

Employee Name	Job Title	Department
Vanessa Barbo	Customer Service Rep I	Finance and Administration
Crystal Ocegueda	Administrative Clerk	Operations / Engineering

Table 3: Anniversaries*

The table below represents BCVWD employee anniversaries.

As of March 31, 2026

Employee Name	Department	Years of Service
Jonathan Medina	Operations	21 years
Daniel K. Jagers	Administration	14 years
Khalid Sebai	Engineering	2 years
Ceejay Stafford	Finance and Administration	2 years

**Work Anniversaries for the purposes of this report are calculated from the hire date and do not determine employment conditions or terms. This report does not include elected officials.*

Table 4: Promotions or Division/Title Change

The table below represents promotions or Division/Title Changes.



As of March 31, 2026

Employee Name	Former Title	Changed to
Gerardo Del Rio	Water Utility Worker I (Temporary)	Water Utility Worker I (Regular)

Table 5: Recruitment

The table below represents active/closed recruitment(s).

As of March 31, 2026

Position	Department	Update
Customer Service Representative I	Finance and Administration	New Hire Started 3/2/2026
Administrative Clerk	Operations / Engineering	New Hire Started 3/17/2026
Water Utility Worker I (Regular, Full-Time)	Operations	New Hire Started 3/20/2026

Tables 6 to 7: Separation/Retirement

Table 6 below represents employees separating from BCVWD.

As of March 31, 2026

Employee Name	Position Held	Department	Last Day
None			

Table 7 below represents the monthly and year-to-date Turnover Rate comparing 2025 and 2026

As of March 2026, vs. 2025

Turnover Rate as of March 31, 2026	0%	No Separation for this month
2026 Turnover Rate Year-to-Date	0%	0 Separation as of March 31, 2026
Turnover Rate as of March 31, 2025	0%	No Separation for this month
2025 Turnover Rate Year-to-Date	4.17%	2 Separations as of March 31, 2025

Table 9: Communications

The table below represents HR communications to BCVWD employees.

As of March 31, 2026

Communication	Topic
None	

Staff Report Prepared by Ren Berioso, Human Resources and Risk Manager



**Beaumont-Cherry Valley Water District
Personnel Committee
April 21, 2026**

Item 6

RISK MANAGEMENT REPORT

TO: Personnel Committee
FROM: Human Resources and Risk Management
SUBJECT: **2026 Risk Management Report for First Quarter – January to March**

Staff Recommendation

Receive and file, or direct staff as desired. This does not need to go to the Full Board unless further directions are given.

Executive Summary

At its February 18, 2025 meeting, the Personnel Committee received the Fiscal Year (FY) 2025 Human Resources (HR) and Risk Management Report and directed staff to begin providing quarterly updates on risk management trends and mitigation efforts.

Discussion

HR and Risk Management, in collaboration with District Legal Counsel and ACWA-JPIA, plays a pivotal role in risk management at the District, proactively addressing potential challenges to ensure a safe and compliant work environment. Key risk areas include workers' compensation claims, property loss and damage claims, and liability claims against the District. Through strategic oversight and preventive measures, HR and Risk Management continues to mitigate risks while fostering a culture of safety and accountability.

Occupational Injury Mitigation Report:

Table A shows a slight decrease in workers' compensation claims in Q1 2026, declining from 3 claims in Q4 2025 to 2 claims in Q1 2026. Claim levels remain relatively low and stable, with both incidents involving lower back pain in the Operations Department and classified as first aid only. HR and Risk Management continue to provide monthly in-house safety training focused on safe movement and injury prevention, and plan to implement an ergonomics program in June 2026 to help mitigate ergonomic-related workers' compensation cases.

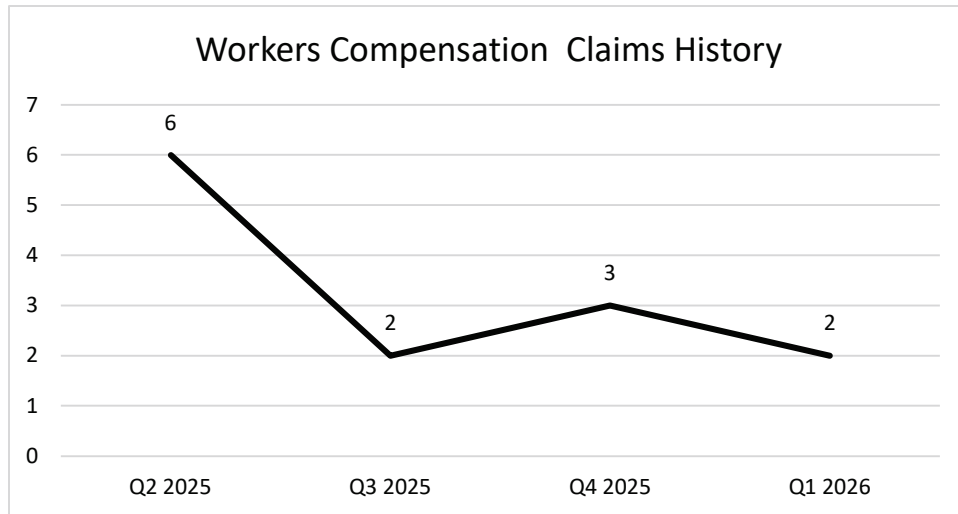
As the District transitions into spring and prepares for warmer summer months, BCVWD Management continues to emphasize employee health and wellness. Staff are reminded to maintain healthy practices, including proper hygiene, nutrition, adequate rest, and staying home when ill, to reduce the risk of illness and maintain a safe work environment.

HR and Risk Management also continued refresher training with employees involved in prior incidents, reinforcing adherence to safety protocols and proper body mechanics. All training courses were documented with signed acknowledgments and Department Head verification. Table A shows the number of claims for workers compensation for the first quarter.



Table A – First Quarter 2026 Workers Compensation Claims

	Case	Department/s	Status	Date
1	Lower Back Pain	Operations	First Aid Only	February 5, 2026
2	Lower Back Pain	Operations	First Aid Only	March 25, 2026



Property Damage and Loss Report:

Table B shows a slight decrease in property damage and loss claims in Q1 2026, declining from 6 claims in Q4 2025 to 5 claims in Q1 2026. While this reflects a modest improvement, claim levels remain elevated compared to earlier quarters. The majority of incidents involved stolen District fire hydrants by external parties, with no District employee liability, in addition to one vehicle-related incident and one equipment-related loss. In response to prior vehicle-related incidents, the District continues to reinforce driver safety measures, including refresher training and ongoing monitoring to promote safe driving practices and reduce preventable accidents.

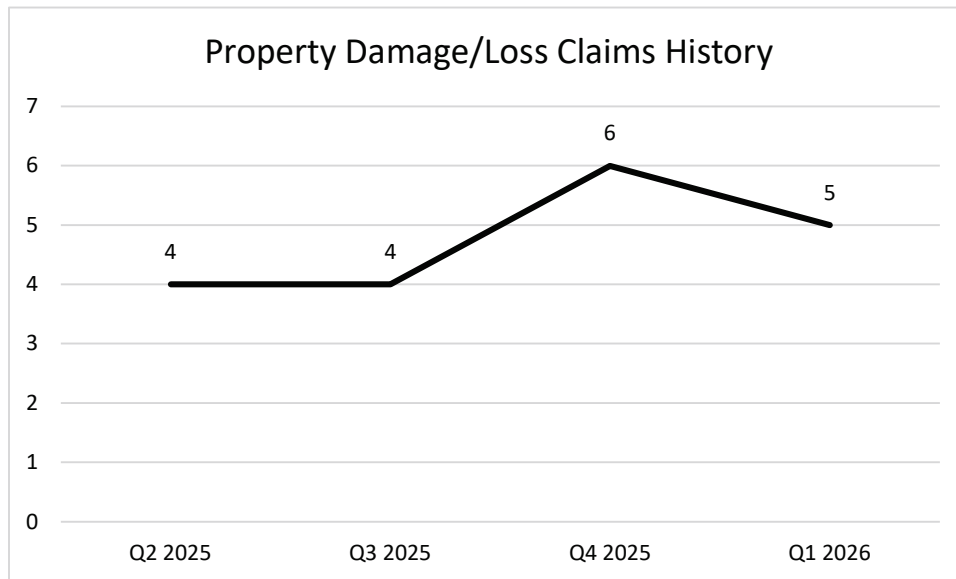
To further reduce risks and improve accountability, HR and Risk Management facilitated internal defensive driving training through AWWA. These efforts have contributed to an improvement in the record of driving-related incidents involving District employees by reinforcing safe driving practices and policy compliance.

Additionally, due to the continued occurrence of hydrant theft incidents, the District maintains its focus on mitigating infrastructure losses and protecting critical water system assets. Coordination among Operations, Engineering, and field staff remains ongoing, with increased monitoring in high-risk areas. Management continues to evaluate preventative measures, including the potential use of locators or tracking devices, and is assessing the associated costs and feasibility of implementing these solutions. Table B reflects the number of claims for property loss and damages for the first quarter.



Table B – First Quarter 2026 Property Loss or Damage Claims

	Case	Involved Party	District Employee Liable?	Incident Location	Date	Approximate Cost
1	AMR/AMI Solar Panel Sled	External	No	Master Ave	January 21, 2026	\$4,500
2	District Vehicle No. 52	Employee	Yes	Brookside Ave	February 2, 2026	\$1,000
3	Stolen District Fire Hydrant	External	No	Highland Springs	March 2026	\$5,300
4	Stolen District Fire Hydrant	External	No	4 th St & Portero Blvd	March 2026	\$5,300
5	Stolen District Fire Hydrant	External	No	4 th St & Portero Blvd	March 2026	\$5,300



General Liability Report:

To ensure accountability and reduce exposure to liability, the District continues to actively manage and monitor claims filed against the organization. The objective of these efforts is to promptly address incidents, control costs, and implement corrective actions that help prevent future claims. Through regular coordination between Risk Management, Operations, and Finance, the District is strengthening its claims oversight process and reinforcing a proactive approach to risk mitigation. As of Q1 2026, as shown in Table C, the District has one litigation matter pending closure, in which the plaintiff has dismissed the case, with only associated attorney’s fees



remaining. Additionally, two claims have been formally closed, including a property damage claim that was withdrawn by the claimant and a financial loss claim that was denied, with no cost incurred to the District. Overall, these outcomes reflect effective claims management and resolution efforts, minimizing financial impact and liability exposure to the District.

Table C – Claims Against the District and Litigations

	Type of Case	Case Status	Date Case Filed and Closed	Cost Associated with Claims
1	Litigation: Financial Loss	Pending Closure. The plaintiff dismissed the case.	Filed: January 6, 2025 Closed: Pending	Attorney's Fees
2	Claim: Property Damage	Closed. Claimant withdrew the claim filing	Filed: December 29, 2025 Closed: January 8, 2026	None
3	Claim: Financial Loss	Closed. Claim was denied. District not at fault.	Filed: November 3, 2025 Closed: January 19, 2026	None

Emergency Response Team Report:

Since September 30, 2025, the Emergency Response Team (ERT) has been conducting workshops on the Emergency Response Plan (ERP), as updated by the HR and Risk Manager and jointly reviewed by the team. At the April 15, 2025 Personnel Committee meeting, the Committee recommended that the General Manager and HR and Risk Manager coordinate Federal Emergency Management Agency (FEMA) training for key ERT members. This training is intended to strengthen employees' understanding of state- and federally-required emergency and non-emergency protocols, with 13 ERT members assigned to complete designated FEMA courses by the original target date of February 10, 2026.

As of March 31, 2026, participants have achieved a 92% completion rate for ICS-100 and an 85% completion rate across the remaining required FEMA virtual courses. Each course ranges from approximately 2 to 4 hours in duration and supports ongoing compliance with incident command and emergency management training requirements. Due to recent Federal Government closures, some individuals have been unable to complete the FEMA courses as scheduled, as the FEMA training website has experienced temporary outages. Completion of the remaining courses is expected once access to the system is fully restored.



Table D – FEMA Virtual Courses Progress At-a-Glance

	Virtual FEMA Courses	Hours	Completion Percentage	Individuals Completed
1	IS-00100(c): Introduction to Incident Command System (ICS-100)	2 hours	92%	12/13
2	IS-00200(c): Basic Incident Command System for Initial Response (ICS-200)	4 hours	85%	11/13
3	IS-00700(b): An Introduction to the National Incident Management System (ICS-700)	3.5 hours	85%	11/13
4	IS-00800(d): National Response Framework, An Introduction (ICS-800)	3 hours	85%	11/13

Fiscal Impact

There is no fiscal impact to the District’s Workers’ Compensation program, as all related costs are fully covered under the ACWA JPIA blanket policy. All reported incidents for the quarter were classified as first aid only, resulting in no lost work time and minimal operational impact.

The fiscal impact of property damage and loss claims depends on whether costs fall below the \$10,000 ACWA JPIA deductible or are excluded from the Memorandum of Coverage (MOC). District vehicle repairs for the quarter are estimated at approximately \$1,000 and are covered within the annual budget. For property loss claims, including stolen hydrants and equipment-related losses, the fiscal impact remains pending ACWA JPIA determination; if excluded from the MOC, the District could incur an estimated loss of approximately \$20,000 to \$25,000.

The fiscal impact of claims against the District remains limited. One litigation matter is pending closure with anticipated attorney’s fees, while all other claims have been resolved with no cost incurred to the District, reflecting effective claims management and minimal financial exposure.

There is no direct fiscal impact associated with FEMA training, as courses are provided at no cost. Staff time to complete the training has been accounted for within the existing operating budget; however, minor delays in completion have occurred due to temporary FEMA system outages related to Federal Government closures.

Attachment(s): None

Staff Report Prepared by Ren Berioso, Human Resources and Risk Manager



**Beaumont-Cherry Valley Water District
Personnel Committee Meeting
April 21, 2026**

Item 7

STAFF REPORT

TO: Personnel Committee
FROM: Human Resources and Risk Management
SUBJECT: **Simplified Comparative Analysis: CalPERS vs. ACWA JPIA Medical Programs**

Staff Recommendation

Informational only or direct staff as desired.

Executive Summary

At the March 17, 2026 Personnel Committee meeting, Human Resources (HR) staff presented a comprehensive analysis comparing the financial, administrative, legal, and operational considerations associated with remaining in CalPERS Health versus transitioning to the ACWA JPIA Medical Program. The analysis successfully conveyed the key findings and considerations to the Committee.

Following the presentation, a Committee Member requested a more simplified and direct comparison format to better evaluate the differences between the two programs. Specifically, staff was directed to present:

- A side-by-side cost comparison between CalPERS and ACWA JPIA (Standard and Incentive Plans)
- A simplified comparison of plan specifications
- A summary of other financial, administrative, and risk considerations

This report provides simplified comparative analysis while maintaining the core findings and conclusions of the original staff report.

Discussion

Section 1: Cost Impact – CalPERS vs. ACWA JPIA (Standard or Incentive Plans)

Based on current enrollment and projected 2026 premium data, the District's estimated annual medical program cost under CalPERS Health, inclusive of OPEB considerations, is approximately \$1.17 million

Comparatively, the ACWA JPIA Medical Program presents two primary options:

- *Standard Plan:* Projected to result in an approximate 2.0% annual increase, representing an estimated additional cost of approximately \$22,900 annually.
- *Incentive Plan:* Projected to result in an approximate 2.3%–2.4% annual decrease, representing an estimated savings of approximately \$27,800 annually.



Table 1: Cost Impact Comparison – CalPERS vs. ACWA JPIA Standard Plan

Item	Category	CalPERS	ACWA JPIA Standard (without OPEB)
1	Monthly Cost without OPEB	\$95,507.50	\$97,419.88
2	Annual Cost without OPEB	\$1,146,090.00	\$1,169,038.56
3	Monthly Variance vs CalPERS	--	+ \$1,912.38
4	Annual Variance vs CalPERS	--	+ \$22,948.56
5	% Difference vs CalPERS	--	+ 2.00%

* Amounts are based on Open Enrollment effective January 1, 2026 (46 full-time benefited employees)

Table 2: Cost Impact Comparison – CalPERS vs. ACWA JPIA Incentive Plan

Item	Category	CalPERS	ACWA JPIA Incentive (with OPEB)
1	Monthly Cost with OPEB	\$97,877.50	\$95,554.46
2	Annual Cost with OPEB	\$1,174,530.00	\$1,146,653.52
3	Monthly Variance vs CalPERS	--	- \$2,323.04
4	Annual Variance vs CalPERS	--	- \$27,876.48
5	% Difference vs CalPERS	--	- 2.37%

* Amounts are based on Open Enrollment effective January 1, 2026 (46 full-time benefited employees)

While the Incentive Plan presents a potential cost savings scenario, the overall financial variance between the programs remains modest, representing less than 3% of the District’s total annual healthcare expenditure.

Additionally, historical premium trends from 2021 through 2026 indicate that CalPERS Health demonstrates more consistent annual increases, whereas ACWA JPIA exhibits greater variability due to its pooled, self-funded structure and reliance on claims experience

Section 2: Plan Specifications – CalPERS vs. ACWA JPIA

During the March 17, 2026 Personnel Committee meeting, one Director emphasized the importance of reviewing plan specifications in detail, noting that medical plans are structured differently and should be evaluated based on each employee’s and their dependents’ specific healthcare needs. Medical plan designs between CalPERS Health and ACWA JPIA are generally comparable in terms of core coverage offerings, including both HMO and PPO plan structures.

Referencing the table comparisons below, both programs provide similar foundational benefit frameworks; however, key differences exist in cost-sharing structure, variability, and plan flexibility.

HMO Plans

As reflected in the HMO comparison table, both CalPERS and ACWA JPIA plans utilize a managed care model with no deductibles and fixed copay structures for most services, resulting in predictable out-of-pocket costs



Table 3: Medical Plan Comparison: CalPERS vs. ACWA JPIA (HMO – 2026)

Item	Category	CalPERS (Anthem / Blue Shield / Kaiser HMO)	ACWA JPIA (Anthem / Kaiser HMO)
1	Deductible (Individual/Family)	None	None
2	Doctor Visit (Primary)	\$15 copay	\$10 / \$30 copay
3	Emergency Room	\$50 copay	\$150 copay
4	Hospital (Inpatient)	\$0 (no charge)	\$250 copay
5	X-ray / Lab	No Charge	No Charge
6	Prescription Drugs (Tiers I/II/III)	\$5 / \$20 / \$50	\$5 / \$20 / \$50
7	Medical Out-of-Pocket Max	\$1,500 / \$3,000	\$1,500 – \$5,000
8	RX Out-of-Pocket Max	Included in Medical OOP Max	Separate RX Max (approximately \$5,100)
9	Plan Type	HMO (managed care)	HMO (managed care)
10	Cost Structure	Predictable copays	Predictable copays

Key distinctions include:

- CalPERS HMO plans generally offer more standardized copays and lower out-of-pocket maximums, with prescription drug costs integrated into the overall medical out-of-pocket limit.
- ACWA JPIA HMO plans may present a broader range of copays and out-of-pocket maximums, including a separate prescription drug out-of-pocket maximum, which may increase total cost exposure depending on utilization.
- Certain services (e.g., emergency room and inpatient hospital care) reflect greater variability in cost-sharing under ACWA JPIA.

PPO Plans

As shown in the PPO comparison table, both CalPERS and ACWA JPIA offer traditional PPO structures that include deductibles, coinsurance, and out-of-pocket maximums

Table 4: Medical Plan Comparison: CalPERS vs. ACWA JPIA (PPO – 2026)

Item	Category	CalPERS PPO (PERS Gold / Platinum)	ACWA JPIA PPO (Anthem Classic / Advantage)
1	Deductible (Individual/Family)	\$500 – \$1,000 / \$1,000 – \$2,000	\$200 – \$600 / \$500 - \$1,000
2	Doctor Visit (Primary)	\$20 – \$35	\$15 – \$30
3	Emergency Room	\$50	\$50
4	Hospital (Inpatient)	10% – 20% coinsurance	10% – 20% coinsurance
5	X-ray / Lab	No Charge	No Charge



Item	Category	CalPERS PPO (PERS Gold / Platinum)	ACWA JPIA PPO (Anthem Classic / Advantage)
6	Prescription Drugs (Tiers I/II/III)	\$5 / \$20 / \$50	\$5 / \$20 / \$50
7	Medical Out-of-Pocket Max	\$2,000 – \$6,000	\$2,000 – \$6,000

Key distinctions include:

- Both programs reflect comparable coinsurance structures for hospital services (typically 10%–20%).
- Deductibles and out-of-pocket maximums are generally within similar ranges, though ACWA JPIA may offer lower entry-level deductibles in certain plans.
- Office visit copays and emergency room cost structures are broadly comparable, with minor variations depending on plan design.

Section 3: Other Financial and Risk Considerations – CalPERS vs. ACWA JPIA

In addition to cost and plan design, the District must evaluate broader financial, administrative, legal, and operational considerations when comparing CalPERS and ACWA JPIA. These factors provide important context in assessing the overall impact of maintaining the current program versus transitioning to an alternative model.

Table 5: Other Financial and Risk Considerations – CalPERS vs. ACWA JPIA

Item	Considerations	CalPERS Medical Plans	ACWA JPIA Incentive Plan
1	Financial Stability (Trends)	Predictable, steady increases	More volatile (risk pool-driven)
2	Plan Variety	12 plans to choose from	6 plans to choose from
3	Administration & Governance	Costs are largely embedded in CalPERS. Simple administration.	District absorbs admin responsibility or outsourced through a vendor. Complicated administration.
4	Retiree / Vesting Risk	Low risk, status quo	Legal exposure since contract states that benefits are vested
5	OPEB Liability (~\$1.1M)	Liability unchanged.	Liability remains but with actuarial fluctuation.
6	Labor Relations	No change	Require negotiations (MOU, Individual agreements)
7	Termination Requirements	No action required	90-day notice + 5-year lockout



As reflected in the table above, CalPERS provides greater financial predictability, administrative simplicity, and overall institutional stability by maintaining the current structure. In contrast, transitioning to ACWA JPIA introduces increased variability in cost trends, additional administrative responsibilities, and potential legal and actuarial considerations related to retiree benefits and OPEB liability. The transition would also require labor negotiations and compliance with termination provisions.

While ACWA JPIA offers certain programmatic flexibility, the overall comparison indicates that remaining with CalPERS represents the lower-risk option from a financial, administrative, and operational perspective.

Fiscal Impact

If remaining with CalPERS:

No structural change: projected renewal increases apply.

If Transitioning to ACWA JPIA:

- Standard Plan: ~2% increase (~\$22,900 annually)
- Incentive Plan: ~2–3% decrease (~\$27,800 annually)
- Potential added administrative costs (not included above)
- OPEB liability impact subject to actuarial review

Attachments:

1. HR Analysis of CalPERS Health vs ACWA JPIA Plans (2026 Current Workforce)
2. BCVWD Benefits Guide 2026
3. ACWA-JPIA 2026 Renewal Packet
4. ACWA JPIA Employee Benefits Program – New Agency Process
5. CalPERS Health Contract – Resolution 2003-07

Staff Report Prepared by Ren Berioso, Human Resources Manager

07 - Attachment 1

HR Analysis of CalPERS Health vs ACWA JPIA Plans (2026 Current Workforce)

2026 Medical Insurance Enrollees	Single	2-Party	Family	TOTAL
Anthem BC Select HMO	2	0	0	2
Anthem BC Traditional HMO	1	2	0	3
Blue Shield Access+ HMO	2	0	14	16
Kaiser Permanente	6	6	9	21
United Healthcare Alliance HMO	0	0	1	1
PERS Platinum*	0	1	2	3
TOTAL	11	9	26	46
GRAND TOTAL				

2026 Medical Insurance Enrollees	Single	2-Party	Family	TOTAL
Anthem BC Select HMO	\$1,925.36	\$0.00	\$0.00	\$1,925.36
Anthem BC Traditional HMO	\$1,128.53	\$4,514.12	\$0.00	\$5,642.65
Blue Shield Access+ HMO	\$1,835.82	\$0.00	\$3,411.98	\$5,247.80
Kaiser Permanente	\$5,814.30	\$11,628.60	\$22,675.77	\$40,118.67
United Healthcare Alliance HMO	\$0.00	\$0.00	\$2,263.98	\$2,263.98
PERS Platinum	\$0.00	\$2,863.62	\$7,445.42	\$10,309.04
TOTAL	\$10,704.01	\$19,006.34	\$65,797.15	\$95,507.50
GRAND TOTAL				

With CalPERS >>> MONTHLY \$95,507.50 / If total enrollees at 46 each month from 1/1/2026
 ANNUALLY \$1,146,090.00 / If total enrollees at 46 end of 2026

With CalPERS plus OPEB >>> MONTHLY \$97,877.50 / If total enrollees at 46 each month from 1/1/2026 plus 5 OPEB
 ANNUALLY \$1,174,530.00 / If total enrollees at 46 end of 2026 plus 5 OPEB

2026 ACWA JPIA Medical Insurance Costs (If BC/WVD opted for ACWA JPIA Standard)	Single	2-Party	Family	TOTAL
Anthem BC Select HMO (comparable to Anthem BC Value HMO)	\$2,173.48	\$0.00	\$0.00	\$2,173.48
Anthem BC Traditional HMO (comparable to Anthem BC CalCare HMO)	\$1,179.95	\$4,719.80	\$0.00	\$5,899.75
Blue Shield Access+ HMO (comparable to Anthem BC Value HMO)	\$2,173.48	\$0.00	\$40,318.04	\$42,491.52
Kaiser Permanente (comparable to Kaiser Traditional HMO)	\$5,077.80	\$10,155.60	\$21,174.39	\$36,407.79
United Healthcare Alliance HMO (comparable to Anthem BC Value HMO)	\$0.00	\$0.00	\$2,879.86	\$2,879.86
PERS Platinum (comparable to Anthem Classic PPO)	\$0.00	\$2,073.28	\$5,494.20	\$7,567.48
TOTAL	\$10,604.71	\$16,948.68	\$69,866.49	\$97,419.88
GRAND TOTAL				

*Assuming all BlueShield and UHC enrollees shift to Anthem BC Value Plan.

With ACWA JPIA (S) >>> MONTHLY \$97,419.88 / If total enrollees at 46 each month from 1/1/2026
 ANNUALLY \$1,169,038.56 / If total enrollees at 46 end of 2026

Variance Monthly	\$1,912.38
Variance Annually	(\$22,946.56)
	2.00%
	2.00%

2026 CalPERS Plan Rates (R3)	Single	2-Party	Family
Anthem BC Select HMO	\$962.68	\$1,925.36	\$2,502.97
Anthem BC Traditional HMO	\$1,128.53	\$2,257.06	\$2,934.18
Blue Shield Access+ HMO	\$917.91	\$1,835.06	\$2,386.57
Kaiser Permanente	\$969.05	\$1,938.10	\$2,519.53
United Healthcare Alliance HMO	\$870.76	\$1,741.52	\$2,263.98
PERS Platinum	\$1,431.81	\$2,863.62	\$3,722.71
OPEB	\$474.00	\$474.00	\$474.00

*Plans listed are the ones employees opted during open enrollment

Insurance Plan	Medical Rates		
	Single	2-Party	Family
<i>Region 3 - Los Angeles, Riverside, and San Bernardino</i>			
Anthem Blue Cross Select HMO	\$962.68	\$1,925.36	\$2,502.97
Anthem Blue Cross Traditional HMO	\$1,128.53	\$2,257.06	\$2,934.18
Blue Shield Access+ HMO	\$917.91	\$1,835.06	\$2,386.57
Blue Shield Trio HMO	\$852.56	\$1,705.12	\$2,216.66
Health Net Salud y Más	\$740.11	\$1,480.22	\$1,924.29
Kaiser Permanente	\$969.05	\$1,938.10	\$2,519.53
UnitedHealthcare SignatureValue Alliance	\$870.76	\$1,741.52	\$2,263.98
UnitedHealthcare SignatureValue Harmony	\$765.51	\$1,531.02	\$1,990.33
PERS Platinum	\$1,431.81	\$2,863.62	\$3,722.71
PERS Gold	\$960.03	\$1,920.06	\$2,496.08

2026 ACWA JPIA Plan Rates - RV	Single	2-Party	Family
Anthem BC Value HMO	\$1,086.74	\$2,173.48	\$2,879.86
Anthem BC CalCare HMO	\$1,179.95	\$2,359.90	\$3,126.87
Kaiser Traditional HMO	\$646.30	\$1,692.60	\$2,352.71
Anthem Classic PPO	\$1,086.64	\$2,073.28	\$2,747.10

*No comparator to Blue Shield Access+ HMO
 *No comparator to UHC Alliance HMO

ACWA JPJA

Employer Participation Requirements

Medical

INCENTIVE RATES
Employers implementing these additional policies will receive a 4% discount on Anthem and Kaiser medical plan premiums.^{1,2}

ELIGIBILITY

- All Employees who are eligible for enrollment in the JPJA medical plans must enroll.³
- Agency does not offer cash in lieu of benefits.

PLANS OFFERED

- Agency offers only JPJA-sponsored medical plans.

EMPLOYER CONTRIBUTION TO PREMIUM

- Contribution for dependents of employees must be at least 50% of the additional premium.

OTHER CRITERIA

- If retirees are covered, the employer must contribute at least 50% of the retiree only monthly premium for the exact cost plan for which the retiree is eligible.
- Early retiree population is less than 20% of total enrollment.

ACWA JPJA 2026 Medical Plan Monthly Rates

OTHER SOUTHERN CALIFORNIA
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo, Santa Barbara & Tulare Counties

Anthem Blue Cross	Standard Rates			Incentive Rates (4%)		
	Single	Two-Party	Family	Single	Two-Party	Family
Classic PPO	1,036.64	2,073.28	2,747.10	995.17	1,990.34	2,637.20
Advantage PPO	912.25	1,824.50	2,417.46	875.76	1,751.52	2,302.76
Consumer/Divert Health Plan (CDHP)	629.31	1,258.62	2,197.67	796.14	1,592.28	2,107.77
CalCare HMO	1,179.95	2,359.90	3,126.87	1,132.75	2,265.50	3,001.79
Value HMO	1,066.74	2,173.48	2,879.86	1,043.27	2,086.54	2,764.67

Some zip codes in the above counties may be in the Kaiser North service area. See the JPJA's Other North region rate sheet for the applicable premiums.

Kaiser South	Standard Rates			Incentive Rates (4%)		
	Single	Two-Party	Family	Single	Two-Party	Family
Traditional HMO	846.30	1,692.60	2,352.71	812.45	1,624.90	2,238.61
HMO with Optical	881.88	1,723.76	2,396.03	827.40	1,654.80	2,300.17
Value HMO	773.56	1,547.12	2,150.50	742.62	1,485.24	2,064.48
Consumer/Divert Health Plan (CDHP)	612.35	1,224.70	1,702.33	587.66	1,175.72	1,634.25

2026 ACWA JPJA Medical Insurance Costs (if BC/WVD opted for ACWA JPJA Incentive Rates)	Single	2-Party	Family	TOTAL
Anthem BC Select HMO (comparable to Anthem BC Value HMO)	\$2,086.54	\$0.00	\$0.00	\$2,086.54
Anthem BC Traditional HMO (comparable to Anthem BC CalCare HMO)	\$1,132.75	\$4,531.00	\$0.00	\$5,663.75
Blue Shield Access+ HMO (comparable to Anthem BC Value HMO)	\$2,086.54	\$0.00	\$38,705.38	\$40,791.92
Kaiser Permanente (comparable to Kaiser Traditional HMO)	\$4,874.70	\$9,749.40	\$20,327.49	\$34,951.59
United Healthcare Alliance HMO (comparable to Anthem BC Value HMO)	\$0.00	\$0.00	\$2,764.67	\$2,764.67
PEPS Platinum (comparable to Anthem Classic PPO)	\$0.00	\$1,990.34	\$5,274.40	\$7,264.74
TOTAL	\$10,180.53	\$16,270.74	\$67,071.94	\$83,523.21

With ACWA JPJA (IP) >>>	MONTHLY	ANNUALLY
	\$83,523.21	\$999,279.85
	\$1,122,278.52	\$13,467,342.24

If total enrolls at 46 each month from 1/1/2026
If total enrolls at 46 end of 2026

With ACWA JPJA (IP) plus OPEB >>>	MONTHLY	ANNUALLY
	\$95,554.46	\$1,146,653.52
	\$1,146,653.52	\$13,759,842.24

If total enrolls at 46 each month from 1/1/2026 plus 5 OPEB
If total enrolls at 46 end of 2026 plus 5 OPEB

Variance Monthly	\$2,323.04	-2.37%
Variance Annually	\$27,876.48	-2.37%

Includes 5 OPEB enrollees
Includes 5 OPEB enrollees

2026 ACWA JPJA Plan Rates - IP	Single	2-Party	Family
Anthem BC Value HMO	\$1,043.27	\$2,086.54	\$2,764.67
Anthem BC CalCare HMO	\$1,132.75	\$2,265.50	\$3,001.79
Kaiser Traditional HMO	\$812.45	\$1,624.90	\$2,238.61
Anthem Classic PPO	\$995.17	\$1,990.34	\$2,637.20
OPEB	\$406.23	\$406.23	\$406.23

*No comparator to Blue Shield Access+ HMO
*No comparator to UHC Alliance HMO

AT-A-GLANCE:

PROVIDERS	Monthly Cost	Yearly Cost	OPEB (K\$)	TOTAL MONTHLY with OPEB	TOTAL YEARLY with OPEB	VARIANCE MONTHLY (- CalPERS)	VARIANCE YEARLY (- CalPERS)	% VALUE
CalPERS	\$95,507.50	\$1,146,090.00	\$2,370.00	\$97,877.50	\$1,174,530.00	N/A	N/A	
ACWA-JPIA (Standard No OPEB)	\$97,419.88	\$1,169,038.56	N/A	\$97,419.88	\$1,169,038.56	\$1,912.38	\$22,948.56	2.00%
ACWA-JPIA (Incentive with OPEB)	\$93,523.21	\$1,122,278.52	\$2,031.25	\$95,554.46	\$1,146,653.52	-\$2,323.04	-\$27,876.48	-2.37%

Notes:

- 1) The cost of medical insurance for the additional fully-benefited staff (2026 pending Board approval) is budgeted with the highest cost of the most popular plan.
- 2) OPEB for CalPERS is a fixed \$474/month per retiree. ACWA-JPIA offers incentive for including OPEB at 50%/month of the lowest quality plan cost per employee and dependents. (value is \$406.25 per retired annuitant)
- 3) As of the current, we have 5 retirees in the District books.

Summary Analysis

The comparison shows that CalPERS and ACWA-JPIA health plans are essentially cost-neutral, with only minor differences. The ACWA-JPIA Standard (no OPEB) option is about 2% more expensive (roughly \$1,912.38 per month and \$22,948.56 per year) than CalPERS, while the ACWA-JPIA Incentive (with OPEB) option is -2.37% cheaper (roughly \$2,323.04 less per month and \$27,876.48 per year).

Conclusion

Given that the financial difference is negligible and CalPERS offers long-term stability, established infrastructure, and administrative familiarity, staying with CalPERS is the more prudent choice unless ACWA-JPIA provides significantly better plan coverage or strategic advantages beyond cost (e.g., enhanced benefits flexibility, lower long-term rate risk, or improved member support).

Employee Benefits Guide

2026

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Click this icon in your benefits guide to watch a video explaining the associated topic.



If you (and/or your dependents) have Medicare or you will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 41 for more details.

The information in this brochure is a general outline of the benefits offered under the Beaumont-Cherry Valley Water District's benefits program. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

Introduction



Benefit Choices

Beaumont-Cherry Valley Water District recognizes that your benefits are an important part of the reason you choose to work here. Benefits provided by Beaumont-Cherry Valley Water District, for eligible employees, include a choice of medical plans, dental plans, a vision plan, group life insurance with built in accidental death and dismemberment benefit, health care and dependent care assistance flexible spending plans along with other optional benefits. Since you have some decisions to make, it is important to understand the various plan options. That is why this guide is being provided to you.

You have 60 days from the date of your initial appointment to enroll, or decline coverage for yourself and eligible family members. Benefits will begin on the 1st of the month after you submit your paperwork and appropriate documentation to the Human Resources Department. If you do not enroll during the initial 60 days your rights to enroll (or add dependents) will be limited. If you have not experienced a qualifying life event, you will have to wait for the earliest of either a 90-day waiting period or the January 1 following the next CalPERS open enrollment period.

Any questions you may have regarding the enclosed information can be referred to the corresponding representative listed in the contact information found at the beginning of this guide.

Benefit	Board of Directors	General Employees (MOU)*	Exempt/ Management*	General Manager*	Confidential*	Temporary/ Part Time	Temporary /Grant
CalPERS	N/A	Classic/PEPRA	Classic/PEPRA	Classic/PEPRA	Classic/PEPRA	Classic/PEPRA for prior members	Classic/PEPRA for prior members
Medical	100% District-Paid	100% District-Paid	100% District-Paid	100% District-Paid	100% District-Paid	N/A	N/A
Vision	Available	Available	Available	Available	Available	Available	Available
Dental	Available	Available	Available	Available	Available	Available	Available
Life Insurance	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary
Voluntary Life Insurance	Available	Available	Available	Available	Available	Available	Available
AD&D	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary	1x Annual Salary
Supplemental Benefits (Colonial Life)	Available	Available	Available	Available	Available	Available	Available
Short-Term Disability (CA SDI)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Social Security	Yes	Yes	Yes	Yes	Yes	Yes	Yes
457 Plan (Pre-Tax)	Available	Available	Available	Available	Available	N/A	N/A
Roth 457 Plan (Post-Tax)	Available	Available	Available	Available	Available	N/A	N/A
401(a) Accrued Leave Conversion Plan	N/A	N/A	N/A	Available	N/A	N/A	N/A
FSA (Health and Dependent Care)	Available	Available	Available	Available	Available	N/A	N/A
EAP (Employee Assistance Program)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Workers Comp	N/A	Yes	Yes	Yes	Yes	Yes	Yes

Introduction (continued)



Benefit	Board of Directors	General Employees (MOU)*	Exempt/ Management*	General Manager*	Confidential*	Temporary/ Part Time	Temporary /Grant
Holidays	N/A	10 plus birthday	10 plus birthday	10 plus birthday	10 plus birthday	N/A	N/A
Vacation	N/A	0-4 yrs: 80 hrs 5-9 yrs: 120 hrs	0-4 yrs: 80 hrs 5-9 yrs: 120 hrs	0-4 yrs: 80 hrs 5-9 yrs: 120 hrs	0-4 yrs: 80 hrs 5-9 yrs: 120 hrs	N/A	N/A
		10 yrs: 130 hrs 11 yrs: 140 hrs 12 yrs: 150 hrs 13 yrs and more: 160 hrs	10 yrs: 130 hrs 11 yrs: 140 hrs 12 yrs: 150 hrs 13 yrs and more: 160 hrs	10 yrs: 130 hrs 11 yrs: 140 hrs 12 yrs: 150 hrs 13 yrs and more: 160 hrs	10 yrs: 130 hrs 11 yrs: 140 hrs 12 yrs: 150 hrs 13 yrs and more: 160 hrs		
Sick Leave	N/A	96 hours	120 hours	120 hours	120 hours	1 hour for every 30 hours worked capped at 24 hours under 200 working days; 16 hours additional if reached 200th day of employment capped at 40 hours in a fiscal year	1 hour for every 30 hours worked capped at 24 hours under 200 working days; 16 hours additional if reached 200th day of employment capped at 40 hours in a fiscal year
Sick Leave and Vacation Buy-Back	N/A	Under conditions listed in District Policy, Accrued, Unused Vacation and Sick Leave may be eligible for buy-back.	Under conditions listed in District Policy, Accrued, Unused Vacation and Sick Leave may be eligible for buy-back.	The General Manager may not utilize buy-back for sick leave unless at the time of retirement.	Under conditions listed in District Policy, Accrued, Unused Vacation and Sick Leave may be eligible for buy-back.	N/A	N/A

* Employment Agreements, MOUs, and Federal/State Law may provide exceptions.

CalPERS Member Type	Retirement Formula
Classic Member	2.7% at 55
PEPRA Member	2% at 62

Available CalPERS Health Plans	Available Dental Plans	Available Vision Plan
Anthem Blue Cross Select HMO	Ameritas Dental PPO Fusion	Ameritas: VSP Choice Network
Anthem Blue Cross Traditional HMO		
Blue Shield Access+ HMO	Liberty Dental Plan (DHMO)	-
Blue Shield Trio HMO		-
Health Net Salud y Más		
Kaiser Permanente		
UnitedHealthcare SignatureValue Alliance		
UnitedHealthcare SignatureValue Harmony		
PERS Platinum		
PERS Gold		

2026 Rates



Beaumont-Cherry Valley Water District covers the entire cost of eligible employee's monthly medical premiums.

The available plan options include:

Insurance Plan	Monthly		
	Single	2-Party	Family
Medical Rates			
Region 3 - Los Angeles, Riverside, and San Bernardino			
Anthem Blue Cross Select HMO	\$962.68	\$1,925.36	\$2,502.97
Anthem Blue Cross Traditional HMO	\$1,128.53	\$2,257.06	\$2,934.18
Blue Shield Access+ HMO	\$917.91	\$1,835.82	\$2,386.57
Blue Shield Trio HMO	\$852.56	\$1,705.12	\$2,216.66
Health Net Salud y Más	\$740.11	\$1,480.22	\$1,924.29
Kaiser Permanente	\$969.05	\$1,938.10	\$2,519.53
UnitedHealthcare SignatureValue Alliance	\$870.76	\$1,741.52	\$2,263.98
UnitedHealthcare SignatureValue Harmony	\$765.51	\$1,531.02	\$1,990.33
PERS Platinum	\$1,431.81	\$2,863.62	\$3,722.71
PERS Gold	\$960.03	\$1,920.06	\$2,496.08



2026 CalPERS – Health Plans



For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	United-Healthcare Signature-Value	Western Health Advantage HMO
	Select HMO Traditional HMO	Access+ HMO EPO Trio HMO				Alliance & Harmony	
Calendar Year Deductible							
• Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A
• Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)							
• Individual	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)
• Family	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)
Hospital (including Mental Health and Substance Abuse)							
• Deductible (per admission)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
• Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Outpatient Facility/Surgery Services	No Charge	No Charge	No Charge	\$15	No Charge	No Charge	No Charge
Emergency Services							
• Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
• Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
• Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Physician Services (including Mental Health and Substance Abuse)							
• Office Visits (copay for each service provided)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
• Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Outpatient Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
• Urgent Care Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
• Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

2026 CalPERS – Health Plans (continued)



For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	United-Healthcare Signature-Value	Western Health Advantage HMO
	Select HMO Traditional HMO	Access+ HMO EPO Trio HMO				Alliance & Harmony	
Diagnostic X-ray/Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs							
• Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
• Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50 Tier 4: \$30	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic: \$5 Brand: \$20	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50
• Retail Pharmacy (90-day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$60 (Retail Preferred Pharmacy Maintenance Medications)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100
• Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$60	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Brand: \$40 (31-100 day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100
• Mail order maximum copayment per person per calendar year	\$1,000	\$1,000	\$1,000	N/A	\$1,000	\$1,000	\$1,000
Durable Medical Equipment	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Infertility Testing/Treatment	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges
Occupational /Physical /Speech Therapy							
• Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Outpatient (office and home visits)	\$15	\$15	\$15	\$15	\$15	\$15	\$15

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

2026 CalPERS – Health Plans (continued)



For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	United-Healthcare Signature-Value	Western Health Advantage HMO
	Select HMO Traditional HMO	Access+ HMO EPO Trio HMO				Alliance & Harmony	
Diabetes Services							
• Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies
• Self-management training	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Acupuncture	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Chiropractic	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Pregnancy & Maternity Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

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2026 CalPERS – PPO Basic Plans



For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	PERS Gold		PERS Platinum	
	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Deductible				
• Individual	\$1,000 ^{1,3}	\$2,500 ³	\$500 ³	\$2,000 ³
• Family	\$2,000 ^{1,3}	\$5,000 ³	\$1,000 ³	\$4,000 ³
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)				
• Individual	\$3,000 (coinsurance)	Unlimited	\$2,000 (coinsurance)	Unlimited
• Family	\$6,000 (coinsurance)	Unlimited	\$4,000 (coinsurance)	Unlimited
Hospital (including Mental Health and Substance Abuse)				
• Deductible (per admission)	N/A		\$250 (copay)	
• Inpatient	20% ²	40% ⁴	10%	40% ⁴
• Outpatient Facility/ Surgery Services	20%	40% ⁴	10%	40% ⁴
Emergency Services				
• Emergency Room Deductible	\$50 (applies to hospital emergency room facility charge only)		\$50 (applies to hospital emergency room facility charge only)	
• Emergency	20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)	
• Non-Emergency	20%	40%	10%	40%
	(payment for physician charges only; emergency room facility charge is not covered)		(payment for physician charges only; emergency room facility charge is not covered)	

- 1 Incentives available to reduce individual inpatient deductible (max. \$500) or family deductible (max. \$1,000). Refer to EOC for details.
- 2 Coinsurance waived for deliveries if enrolled in Included Health’s Maternity Program by the 24th week of pregnancy. For deliveries after April 2026, member must be enrolled by January 1, 2026.
- 3 Deductible is not transferable between PERS Gold and PERS Platinum.
- 4 Of the allowable amount as defined in the EOC.

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

2026 CalPERS – PPO Basic Plans (continued)



For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	PERS Gold		PERS Platinum	
	PPO	Non-PPO	PPO	Non-PPO
Physician Services (including Mental Health and Substance Abuse)				
• Office Visits (copay for each service provided)	\$35 ^{1,2}	40% ³	\$20 ²	40% ³
• Inpatient Visits	20%	40% ³	10%	40% ³
• Outpatient Visits	\$35	40% ³	\$20	40% ³
• Urgent Care Visits	\$35	40% ³	\$35	40% ³
• Preventive Services	No Charge	40% ³	No Charge	40% ³
• Surgery/Anesthesia	20%	40% ³	10%	40% ³
Diagnostic X-Ray/Lab	20% ⁴	40% ³	10% ⁴	40% ³

- 1 Reduced to \$10 when seen by matched primary physician.
- 2 \$35 for specialist visit.
- 3 Of the allowable amount as defined in the EOC.
- 4 For lab services only — no charge when using Quest Diagnostic or Labcorp.

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2026 CalPERS – PPO Basic Plans (continued)



For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	PERS Gold		PERS Platinum	
	PPO	Non-PPO	PPO	Non-PPO
Prescription Drugs				
• Deductible	N/A		N/A	
• Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50		Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	
• Retail Pharmacy (90-day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	
• Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	
• Mail Order Maximum Copayment Per Person Per Calendar Year	\$1,000		\$1,000	
Durable Medical Equipment	20%	40% ¹	10%	40% ¹
	(pre-certification required for specific equipment)		(pre-certification required for the purchase of equipment priced at \$1,000 or more)	

¹ Of the allowable amount as defined in the EOC.

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2026 CalPERS – PPO Basic Plans (continued)



For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet. All benefits subject to regulatory approval.

Benefits	PERS Gold		PERS Platinum	
	PPO	Non-PPO	PPO	Non-PPO
Infertility Testing/ Treatment	50%		50%	
Occupational / Physical / Speech Therapy				
• Inpatient (hospital or skilled nursing facility)	No Charge		No Charge	
• Outpatient (office and home visits)	20%	40% (Occupational therapy: 20%)	10%	40% (Occupational therapy: 10%)
	(pre-certification required for more than 24 visits)		(Pre-certification required for more than 24 visits)	
Diabetes Services				
• Glucose monitors	Coverage Varies		Coverage Varies	
• Self-management training	\$20 ¹	40% ²	\$20 ¹	40% ²
Acupuncture	\$15/Visit	40% ²	\$15/Visit	40% ²
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)	
Chiropractic	\$15/Visit	40% ²	\$15/Visit	40% ²
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)	
Pregnancy & Maternity Care	20% ³	40%	10%	40%

¹ \$35 for specialist visit.

² Of the allowable amount as defined in the EOC.

³ Coinsurance waived for deliveries if enrolled in Included Health’s Maternity Program by the 24th week of pregnancy. For deliveries after April 2026, member must be enrolled by January 1, 2026.

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

2026 Employee Benefits Program Renewal

Attachment 3



August 18, 2025

Dear ACWA JPIA Members,

In 2024 and in 2025, we have experienced much higher than normal claims costs due to multiple high dollar medical claims as well as inflation and other cost pressures. For the self-insured PPO plans, we are increasing rates to address these expenses. As we have done in the past, we will mitigate the 2026 PPO rate increases with our excess funds to stabilize the experience of our members.

The Anthem and Kaiser fully insured HMO programs will also see rate increases for the upcoming plan year.

Effective January 1, 2026, our dental rates will increase slightly, and we are adding three new plans to address concerns about dentists going out-of-network, particularly in rural areas.

Additionally, we are enhancing our vision plans with no change in rates.

The 2026 rates for our EAP will not change and our long-term and short-term disability rates will decrease. Please see the next pages for all our plan year 2026 rate actions and premium charts.

2026 Plan/Benefit Changes:

- **Consumer Driven Health Plans (CDHPs)** – To comply with IRS requirements for HSA compatibility in 2026, Anthem and Kaiser CDHP deductibles will increase from \$1,650/\$3,300 to \$1,700/\$3,400 for single/family.
 - The Out-of-Pocket Maximums on the Anthem CDHP are unchanged.
 - The Out-of-Pocket Maximums on the Kaiser CDHP are still to be determined. Currently they are \$3,300 (single coverage), and \$5,800 (family). We expect to receive the final plan design from Kaiser before October 1, 2025.
- Our fully insured Anthem and Kaiser HMO plans will now include **infertility benefits** in compliance with California SB 729. We are hopeful that details on these benefits will be available from the carriers before October 1, 2025. There are no changes to the infertility benefits offered on the Anthem PPO plans through Progyny.



- JPIA is adding three new Delta Dental PPO plans effective January 1, 2026, which are designed to increase reimbursement to non-network dentists, thereby lowering the out-of-pocket costs for participants who use non-Delta dentists. These plans are targeted for areas of California where there are fewer in-network Delta dentists; however, any agency, regardless of location, may move to one of these new plans. Click [here](#) for more information.
- On our **VSP vision plans**, the contact lens allowance and frame allowance are both increasing to \$170 from \$150 with no change in rates.

The deadline to request a change to the JPIA benefit plans you offer employees is **September 1, 2025** for a **January 1, 2026** effective date. For assistance, please contact Jackie Rech at jrech@acwajpia.com or Michele Dye at mdye@acwajpia.com.

Open enrollment will run from **October 1 through November 7, 2025**. For ease of administration, members are encouraged to advertise a shorter Open enrollment period within the above time frame. The most frequent Open enrollment period utilized is two weeks. Please refer to the [Open Enrollment To-Do List](#) for a list of member responsibilities.

Please join us for the 2026 Employee Benefits Renewal webinar at 11:30 am on [Wednesday, September 10, 2025](#).

Finally, we have welcomed a new member to the Employee Benefits Team, Michele Dye, who is our new Employee Benefits Specialist. Jackie Rech, who is retiring at the end of 2025 is working closely with Michele as she transitions into fully taking over the position in January.

If you have any questions or concerns, please contact us at (800) 736-2292 or benefits@acwajpia.com. Thank you for your continued partnership.

Warm regards,

Adam Dedmon

Employee Benefits Manager



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2026 RATE AND BENEFIT CHANGES

The Executive Committee approved the following changes effective January 1, 2026.

Anthem PPOs (Classic, Advantage, and CDHP)

Rate increase of 10%.

Anthem HMOs (CalCare and Value)

Rate increase of 5%.

Kaiser North and Kaiser South

Aggregate rate increase of 4.28%.

Kaiser Senior Advantage

Rate increase of 8.51%. **Pending Executive Committee approval on Sep 30, 2025.*

UnitedHealthcare Group Medicare Advantage PPO

Rate increase of 9%.

Delta Dental PPO

Rate increase of 3%. Addition of three new plans with 80% UCR Out-of-network reimbursement.

DeltaCare DHMO

No change.

Vision Service Plan

No change in rates. Increase to \$170 for the frame allowance and contact lens allowance.

Anthem Employee Assistance Program

No change.

Standard Basic Life, Supplemental Life, Child Life, Dependent Life, and AD&D

No change.

Standard Long-Term Disability

Rate reduction of 20%. (Participating agencies will receive an updated self-reporting invoice with their new rate in December)

Standard Short-Term Disability

Rate reduction of 10%. (Participating agencies will receive an updated self-reporting invoice with their new rate in December)



ANTHEM CONSUMER DRIVEN HEALTH PLAN (CDHP) Due to IRS changes to HSA-eligible high deductible plan requirements, the deductible will increase to **\$1,700** for single coverage and **\$3,400** for family coverage. All other benefits remain the same.

KAISER CONSUMER DRIVEN HEALTH PLAN (CDHP) Due to IRS changes to HSA-eligible high deductible plan requirements, the deductible will increase to **\$1,700** for single coverage and **\$3,400** for family coverage. Out-of-pocket maximums for Kaiser CDHP plans are still to be determined but expected before October 1, 2025.

HEALTH SAVINGS ACCOUNT CONTRIBUTION LIMITS The IRS updates the maximum amount allowable contribution to a tax-advantaged Health Savings Account (HSA) each year. In 2026, the maximum contribution from all sources for a person enrolled in a high deductible plan as an **individual** will increase from \$4,300 to **\$4,400**. The maximum contribution for a person enrolled in a high deductible plan as a **family** (employee plus one or more) will increase from \$8,550 to **\$8,750**. Those who will be age 55 or older at any time in 2026 may contribute an additional **\$1,000**.

NEXT STEPS

Review the [Open Enrollment To-Do List](#) for required and optional actions to prepare for Open Enrollment.

Join the 2026 Renewal Webinar at 11:30 am, on [Wednesday, September 10, 2025](#). This webinar will be recorded and available upon request.

This packet includes rates effective January 1, 2026. Please update your agency's finance department.

Visit the [JPIA website](#) to access the following documents:

- [Open Enrollment To-Do List](#);
- [Communication Template](#) to send to employees;
- Benefit flyers;
- [Annual participant notices](#);
- Plan summaries - Availability may vary. All are expected to be posted by mid-September.
- Summaries of Benefits and Coverages (SBCs) - Availability may vary. All are expected to be posted by mid-September.

Employers are **required** to distribute the annual notices and SBCs, and to inform employees of the once per year opportunity to make plan changes, unless they experience a mid-year qualifying event.

Anthem Rate Region Map



ACWA JPIA 2026 Medical Plans

Anthem Blue Cross	Deductible (Indiv./Family)	Dr.	ER	Hospital	X-ray, lab	Prescription	Medical Max Out of Pocket	RX Max Out of Pocket
Classic PPO	\$200/600	\$15	\$50	Ded/10%/20% ¹	20%	\$5/20/50	\$2,000/4,000	\$5,350/10,200
Advantage PPO	\$500/1,000	\$20	\$50	Ded/20%	20%	\$5/20/50	\$3,000/6,000	\$3,600/7,200
CalCare HMO	None	\$10	\$50	\$0	N/A	\$5/20/50	\$500/1,500	\$6,100/11,700
Value HMO	None	\$30	\$150	\$250	N/A	\$5/20/50 ²	\$2,500/5,000	\$4,100/8,200
Consumer Driven Health Plan	\$1,700/3,400 ³	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Ded/\$5/20/50		\$2,500/4,000	

Kaiser	Deductible (Indiv./Family)	Dr.	ER	Hospital	X-ray, lab	Prescription	Combined Max OOP
Traditional HMO	None	\$10	\$50	\$0	N/A	\$5/15	\$1,500/3,000
HMO with Optical	None	\$10	\$50	\$0	N/A	\$5/15	\$1,500/3,000
Value HMO	None	\$30	\$150	\$250	N/A	\$10/20	\$3,000/6,000
Consumer Driven Health Plan	\$1,700/3,400 ³	\$20	\$100	\$250	copays	Ded/\$10/20	\$3,300/5,800 ⁴

Medicare Advantage	Combined Max OOP
Kaiser Senior Advantage ⁵	\$1,000/2,100
UHC Medicare Advantage PPO ⁵	\$2,300 per person ⁶

Important Notes

- ¹ Facility charge is covered at 90%. Physician charge covered at 80%. Both are subject to deductible.
 - ² An annual \$100 (individual)/\$300 (family) drug deductible applies to medications on this plan.
 - ³ Member is responsible for 100% of medical & prescription costs (excluding Preventive Care and some maintenance medications) until deductible is met.
 - ⁴ Kaiser CDHP OOP maximums for 2026 are TBA
 - ⁵ Retiree's enrollment in Medicare Parts A and B is required.
 - ⁶ UHC Medical OOP max of \$200 plus Rx OOP max of \$2,100
- This is a very brief plan comparison of **IN-NETWORK** benefits. Plan summaries are available at www.acwajpia.com.
The Evidence of Coverage prevails in the event of a discrepancy.

ACWA JPIA 2026 Medical Plan Monthly Rates

LOS ANGELES AREA

Los Angeles, San Bernardino & Ventura Counties

Anthem Blue Cross	Standard Rates		Incentive Rates (-4%)		Change to Rates
	Single	Family	Single	Family	
Classic PPO	977.28	2,589.79	938.19	2,486.20	10%
Advantage PPO	859.99	2,278.97	825.59	2,187.81	10%
Consumer Driven Health Plan (CDHP)	781.81	2,071.80	750.54	1,988.93	10%
CalCare HMO	1,093.97	2,899.02	1,050.21	2,783.06	5%
Value HMO	1,007.65	2,670.27	967.34	2,563.45	5%
Kaiser South	Standard Rates		Incentive Rates (-4%)		Std / Inc
Traditional HMO	846.30	2,352.71	\$ 812.45	2,258.61	
HMO with Optical	861.88	2,396.03	827.40	2,300.17	4.28%
Value HMO	773.56	2,150.50	742.62	2,064.48	4.28%
Consumer Driven Health Plan (CDHP)	612.35	1,702.33	587.86	1,634.25	4.28%
Medicare Advantage	212.45	424.90	-	-	7.78%
Kaiser Senior Advantage	557.45	1,672.35	-	-	8.78%
United Healthcare PPO	-	-	-	-	-
Mixed Medicare ^{1,2}	3	3	4	4	4
Classic PPO	1,534.73	2,169.96	1,495.64	2,105.46	9.55%
Advantage PPO	1,417.44	1,976.43	1,383.04	1,919.67	9.52%
Consumer Driven Health Plan (CDHP)	1,339.26	1,847.44	1,307.99	1,795.84	9.49%
CalCare HMO	1,651.42	2,362.50	1,607.66	2,290.30	6.14%
Value HMO	1,565.10	2,220.07	1,524.79	2,153.56	6.21%
Kaiser Traditional HMO + Senior Advantage ⁵	1,058.75	1,718.86	1,024.90	1,658.61	4.85%

¹ Mixed Medicare rates are for enrollments that include one retiree with Medicare and one without Medicare.

² Kaiser enrollments cannot mix with UHC enrollments. It must be Anthem+UHC or Kaiser+Kaiser.

³ Kaiser Mixed Medicare rates vary based on a variety of combinations. Email benefits@acwajpia.com to request a scenario-specific rate.

⁴ Family Mixed Medicare rates are for one adult with Medicare, plus one adult and child without Medicare.

⁵ Change to Mixed Medicare rates shown is a comparison of Two-Party Standard rates.

If you have questions or would like additional information, please email benefits@acwajpia.com.

ACWA JPIA 2026 Medical Plan Monthly Rates

OTHER SOUTHERN CALIFORNIA

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

Anthem Blue Cross	Standard Rates			Incentive Rates (-4%)			Change to Rates
	Single	Two-Party	Family	Single	Two-Party	Family	
Classic PPO	1,036.64	2,073.28	2,747.10	995.17	1,990.34	2,637.20	10%
Advantage PPO	912.25	1,824.50	2,417.46	875.76	1,751.52	2,320.76	10%
Consumer Driven Health Plan (CDHP)	829.31	1,658.62	2,197.67	796.14	1,592.28	2,109.77	10%
CalCare HMO	1,179.95	2,359.90	3,126.87	1,132.75	2,265.50	3,001.79	5%
Value HMO	1,086.74	2,173.48	2,879.86	1,043.27	2,086.54	2,764.67	5%

Some zip codes in the above counties may be in the Kaiser North service area. See the JPIA's Other North region rate sheet for the applicable premiums.

Kaiser South	Standard Rates			Incentive Rates (-4%)			Std / Inc
	Single	Two-Party	Family	Single	Two-Party	Family	
Traditional HMO	846.30	1,692.60	2,352.71	812.45	1,624.90	2,258.61	4.28%
HMO with Optical	861.88	1,723.76	2,396.03	827.40	1,654.80	2,300.17	4.28%
Value HMO	773.56	1,547.12	2,150.50	742.62	1,485.24	2,064.48	4.28%
Consumer Driven Health Plan (CDHP)	612.35	1,224.70	1,702.33	587.86	1,175.72	1,634.25	4.28%
Medicare Advantage							
Kaiser Senior Advantage	212.45	424.90	-				7.78%
United Healthcare PPO	557.45	1,114.90	1,672.35				8.78%
Mixed Medicare ^{1,2}							
Classic PPO + UHC		1,594.09	2,267.91		1,552.62	2,199.48	9.57%
Advantage PPO + UHC		1,469.70	2,062.66		1,433.21	2,002.45	9.53%
Consumer Driven Health Plan (CDHP) + UHC		1,386.76	1,925.81		1,353.59	1,871.08	9.51%
CalCare HMO + UHC		1,737.40	2,504.37		1,690.20	2,426.49	6.07%
Value HMO + UHC		1,644.19	2,350.57		1,600.72	2,278.85	6.14%
Kaiser Traditional HMO + Senior Advantage ⁵		1,058.75	1,718.86		1,024.90	1,658.61	4.85%

¹ Mixed Medicare rates are for enrollments that include one retiree with Medicare and one without Medicare.
² Kaiser enrollments cannot mix with UHC enrollments. It must be Anthem+UHC or Kaiser+Kaiser.
³ Family Mixed Medicare rates are for one adult with Medicare, plus one adult and child without Medicare.
⁴ Change to Mixed Medicare rates shown is a comparison of Two-Party Standard rates.
⁵ Rates reflect Kaiser Traditional HMO. Contact JPIA Benefits for rates for other Kaiser plan combinations.
 If you have questions or would like additional information, please email benefits@acwajpia.com.

ACWA JPIA 2026 Medical Plan Monthly Rates

SACRAMENTO

Amador, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sutter, Yolo & Yuba Counties

Anthem Blue Cross	Standard Rates		Incentive Rates (-4%)		Change to Rates
	Single	Family	Single	Family	
Classic PPO	1,136.41	3,011.49	1,090.95	2,891.02	10%
Advantage PPO	1,000.03	2,650.08	960.03	2,544.08	10%
Consumer Driven Health Plan (CDHP)	909.12	2,409.17	872.76	2,312.81	10%
CalCare HMO	1,451.14	3,845.52	1,393.09	3,691.69	5%
Value HMO	1,336.20	3,540.93	1,282.75	3,399.29	5%
Kaiser North	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Family	Single	Family	
Traditional HMO	1,007.25	2,800.16	966.96	2,688.15	4.28%
HMO with Optical	1,025.06	2,849.67	984.06	2,735.69	4.28%
Value HMO	931.17	2,588.65	893.92	2,485.10	4.28%
Consumer Driven Health Plan (CDHP)	771.19	2,143.91	740.34	2,058.15	4.28%
Medicare Advantage	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Family	Single	Family	
Kaiser Senior Advantage	340.24	1,535.79	323.87	1,473.77	8.05%
United Healthcare PPO	557.45	1,672.35	535.15	1,595.15	8.78%
Mixed Medicare ^{1,2}	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Family	Single	Family	
Classic PPO	1,693.86	2,432.53	1,625.91	2,334.83	4.00%
Advantage PPO	1,557.48	2,207.50	1,495.18	2,127.80	9.60%
Consumer Driven Health Plan (CDHP)	1,466.57	2,057.50	1,407.91	1,974.80	9.56%
CalCare HMO	2,008.59	2,951.83	1,928.13	2,850.10	9.53%
Value HMO	1,893.65	2,762.18	1,818.19	2,673.99	5.90%
Kaiser Traditional HMO + Senior Advantage ⁵	1,347.49	2,133.15	1,291.59	2,061.43	5.97%

¹ Mixed Medicare rates are for enrollments that include one retiree with Medicare and one without Medicare.

² Kaiser enrollments cannot mix with UHC enrollments. It must be Anthem+UHC or Kaiser+Kaiser.

³ Kaiser Mixed Medicare rates vary based on a variety of combinations. Email benefits@acwajpia.com to request a scenario-specific rate.

⁴ Family Mixed Medicare rates are for one adult with Medicare, plus one adult and child without Medicare.

⁵ Change to Mixed Medicare rates shown is a comparison of Two-Party Standard rates.

If you have questions or would like additional information, please email benefits@acwajpia.com.

ACWA JPIA 2026 Medical Plan Monthly Rates

OTHER NORTHERN CALIFORNIA

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity & Tuolumne Counties

Anthem Blue Cross	Standard Rates		Incentive Rates (-4%)		Change to Rates
	Single	Two-Party	Single	Two-Party	
Classic PPO	1,141.79	2,283.58	1,096.12	2,192.24	10%
Advantage PPO	1,004.78	2,009.56	964.59	1,929.18	10%
Consumer Driven Health Plan (CDHP)	913.43	1,826.86	876.89	1,753.78	10%
CalCare HMO	1,463.85	2,927.70	1,405.30	2,810.60	5%
Value HMO	1,347.89	2,695.78	1,293.97	2,587.94	5%
Kaiser North	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Two-Party	Single	Two-Party	
Traditional HMO	1,007.25	2,014.50	966.96	1,933.92	4.28%
HMO with Optical	1,025.06	2,050.12	984.06	1,968.12	4.28%
Value HMO	931.17	1,862.34	893.92	1,787.84	4.28%
Consumer Driven Health Plan (CDHP)	771.19	1,542.38	740.34	1,480.68	5.46%
Medicare Advantage					
Kaiser Senior Advantage	340.24	680.48			8.05%
United Healthcare PPO	557.45	1,114.90			8.78%
Mixed Medicare ^{1,2}	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Two-Party	Single	Two-Party	
Classic PPO	1,699.24	2,441.40	1,653.57	2,366.05	9.60%
Advantage PPO	1,562.23	2,215.34	1,522.04	2,149.02	9.56%
Consumer Driven Health Plan (CDHP)	1,470.88	2,064.61	1,434.34	2,004.32	9.54%
CalCare HMO	2,021.30	2,972.80	1,962.75	2,876.20	5.90%
Value HMO	1,905.34	2,781.47	1,851.42	2,692.50	5.96%
Kaiser Traditional HMO + Senior Advantage ⁵	1,347.49	2,133.15	1,307.20	2,061.43	5.10%

¹ Mixed Medicare rates are for enrollments that include one retiree with Medicare and one without Medicare.

² Kaiser enrollments cannot mix with UHC enrollments. It must be Anthem+UHC or Kaiser+Kaiser.

³ Kaiser Mixed Medicare rates vary based on a variety of combinations. Email benefits@acwajpia.com to request a scenario-specific rate.

⁴ Family Mixed Medicare rates are for one adult with Medicare, plus one adult and child without Medicare.

⁵ Change to Mixed Medicare rates shown is a comparison of Two-Party Standard rates.

If you have questions or would like additional information, please email benefits@acwajpia.com.

ACWA JPIA 2026 Medical Plan Monthly Rates

BAY AREA

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, & Sonoma Counties

Anthem Blue Cross	Standard Rates		Incentive Rates (-4%)		Change to Rates
	Single	Two-Party	Single	Two-Party	
Classic PPO	1,187.99	2,375.98	1,140.47	2,280.94	10%
Advantage PPO	1,045.44	2,090.88	1,003.62	2,007.24	10%
Consumer Driven Health Plan (CDHP)	950.41	1,900.82	912.39	1,824.78	10%
CalCare HMO	1,534.83	3,069.66	1,473.44	2,946.88	5%
Value HMO	1,413.21	2,826.42	1,356.68	2,713.36	5%
Kaiser North	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Two-Party	Single	Two-Party	
Traditional HMO	1,007.25	2,014.50	\$ 966.96	1,933.92	4.28%
HMO with Optical	1,025.06	2,050.12	\$ 984.06	1,968.12	4.28%
Value HMO	931.17	1,862.34	\$ 893.92	1,787.84	4.28%
Consumer Driven Health Plan (CDHP)	771.19	1,542.38	\$ 740.34	1,480.68	4.28%
Medicare Advantage					
Kaiser Senior Advantage	340.24	680.48			8.05%
United Healthcare PPO	557.45	1,114.90			8.78%
Mixed Medicare ^{1,2}	Standard Rates		Incentive Rates (-4%)		Std / Inc
	Single	Two-Party	Single	Two-Party	
Classic PPO	1,745.44	2,517.63	1,697.92	2,439.23	9.61%
Advantage PPO	1,602.89	2,282.43	1,561.07	2,213.42	9.57%
Consumer Driven Health Plan (CDHP)	1,507.86	2,125.63	1,469.84	2,062.89	9.55%
CalCare HMO	2,092.28	3,089.92	2,030.89	2,988.63	5.86%
Value HMO	1,970.66	2,889.25	1,914.13	2,795.97	5.92%
Kaiser Traditional HMO + Senior Advantage ⁵	1,347.49	2,133.15	1,307.20	2,061.43	5.10%

¹ Mixed Medicare rates are for enrollments that include one retiree with Medicare and one without Medicare.

² Kaiser enrollments cannot mix with UHC enrollments. It must be Anthem+UHC or Kaiser+Kaiser.

³ Kaiser Mixed Medicare rates vary based on a variety of combinations. Email benefits@acwajpia.com to request a scenario-specific rate.

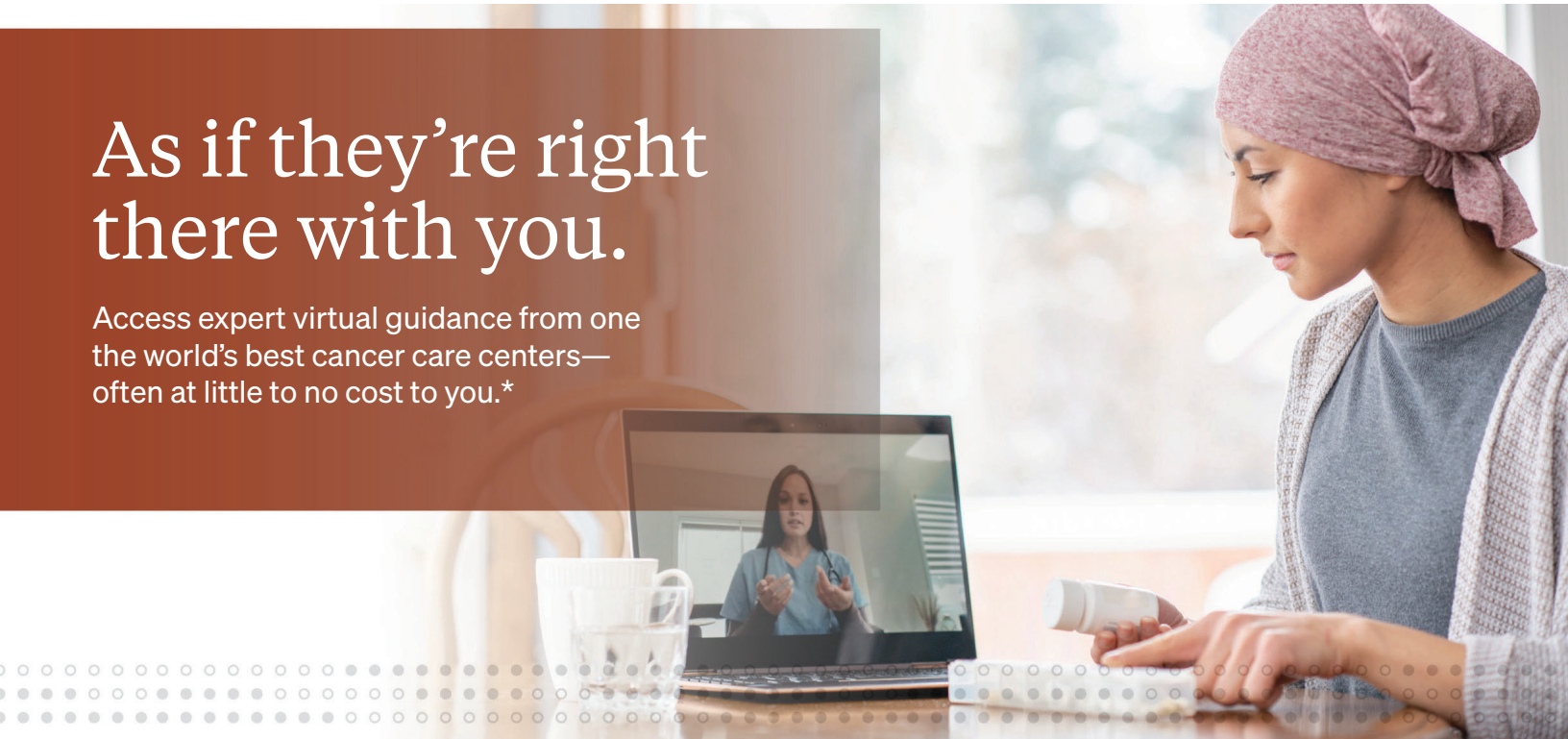
⁴ Family Mixed Medicare rates are for one adult with Medicare, plus one adult and child without Medicare.

⁵ Change to Mixed Medicare rates shown is a comparison of Two-Party Standard rates.

If you have questions or would like additional information, please email benefits@acwajpia.com.

As if they're right there with you.

Access expert virtual guidance from one of the world's best cancer care centers—often at little to no cost to you.*



The Carrum Health benefit provides an easier and less-expensive way to get exceptional surgical care. Now, eligible employees also have access to the very best cancer support.

When facing cancer, getting the correct diagnosis and access to the latest research is critical to achieving the best possible outcome. And now, with your Carrum Health benefit, eligible ACWA JPIA employees have access to expertise from two amazing cancer care organizations:

AccessHope: Delivers expertise from renowned National Cancer Institute (NCI)—Designated Comprehensive Cancer Centers including:

- City of Hope
- Dana-Farber Cancer Institute
- Emory Healthcare and Winship Cancer Institute of Emory University
- Fred Hutchinson Cancer Center
- Northwestern Medicine and the Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Through AccessHope, eligible employees* have access to leading edge cancer expertise, compassionate oncology nurses who can answer cancer-related questions, and specialists who can review your case and provide treatment recommendations to your local oncologist, so you can stay close to home.

For qualifying members, the Carrum Health benefit also covers:

- Access to navigational support from a team of oncology-certified nurses
- An expert opinion of your cancer diagnosis and treatment plan from world-renowned specialists
- Recommendations for local providers and specialists
- Access to some of the largest clinical trial programs in the country

In addition to the remote expertise, eligible employees and dependents with first-time, nonmetastatic breast or thyroid cancer may be eligible for additional care through one of Carrum Health's top-tier cancer treatment centers.

Ready to get started?

Visit: info.carrumhealth.com/acwajpia
Call: 888-855-7806



*Carrum Health is a special benefit for employees, sponsored by your employer's health plan through ACWA JPIA. Employees and dependents on the Anthem PPO or CDHP plan are eligible. For CDHP plan members, with the exception of second opinions, Carrum will work with Anthem to collectively ensure you pay the minimum deductible to maintain HSA eligibility. Second opinions are provided at no cost to members and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income to the covered member.

The information contained in this document is for informational purposes only. No material is intended to be a substitute for professional medical advice, diagnosis or treatment.

Top Surgeons, World-class Care.

Carrum Health selects the nation's top surgeons for our network, so you're sure to get the world-class care you deserve. And when you use your Carrum Health benefit, most, if not all, of your surgery costs are often covered.

With the surgeons carefully selected by Carrum Health, you'll benefit from:

80% **Fewer Complications**
Our surgeons have 80% fewer complications and readmissions compared to the national average.

30% **Reduction in Unnecessary Surgeries**
30% of members who come to Carrum with a recommendation for surgery benefit from less-invasive treatment options.

3X **More Experience**
Our surgeons, on average, perform three times as many procedures as most other surgeons in the country.



If surgery has been recommended to you, register today and see your options for extraordinary care.

Starting in 2024, you'll receive a \$250 incentive for completing a surgical consultation/second opinion through Carrum Health. Please note, the incentive is not valid for cancer guidance.

Ready to get started?

Visit: info.carrumhealth.com/acwajpia or call: 888-855-7806



*Carrum Health is a special benefit for employees, sponsored by your employer's health plan through ACWA JPIA. Employees and dependents on the Anthem PPO or CDHP plan are eligible. For CDHP plan members, with the exception of second opinions, Carrum will work with Anthem to collectively ensure you pay the minimum deductible to maintain HSA eligibility. Second opinions are provided at no cost to members and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income to the covered member.

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Fertility and Family Building

Provided by: ACWA JPIA

Your Progyny benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. Whether you just want to learn more about your options, are trying to conceive, or exploring fertility treatment, we are here for you.

Access **comprehensive coverage** through the **Progyny Smart Cycle**, which covers all the individual services, tests, and treatments you may need. Connect with **top fertility specialists** across the U.S. and lean on your Patient Care Advocate with unlimited **concierge support**.

Your Progyny coverage includes:

- **2 Smart Cycles** per family per lifetime for fertility treatment coverage
- **Progyny Rx** fertility medication coverage
- **\$20,000** adoption financial assistance per lifetime
- **\$20,000** surrogacy financial assistance per lifetime
- **\$1,000** doula financial assistance per child
- **Fertility preservation** coverage for egg and sperm freezing
- **Donor tissue** coverage for egg and sperm tissue purchase

Note: To be eligible for Progyny benefits, you must be enrolled in an Anthem PPO plan through ACWA JPIA. You are subject to financial responsibility accordingly to your plan. Please consult with your human resources department to confirm eligibility.

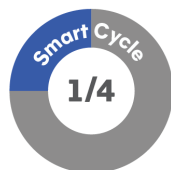
Common ways to use a Smart Cycle:



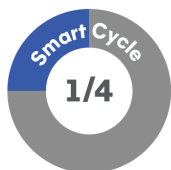
IVF Fresh Cycle



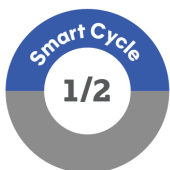
IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



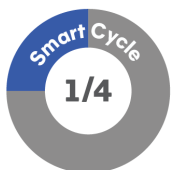
Intrauterine Insemination (IUI) or Timed Intercourse



Pre-Transfer Embryology Services



Egg Freezing



Sperm Freezing



Call Progyny at 866.461.4990 to get started

Visit progyny.com/benefits



Marcus is wearing a TruHearing Advanced hearing aid.

Save thousands on hearing care.

Thanks to VSP® Vision Care plan, you and your family have access to exclusive savings through TruHearing®. Your hearing program saves you 30-60% off the retail price of prescription hearing aids.

Example pricing per pair

If you have a hearing aid allowance through your medical insurance, you may be able to combine it with TruHearing prices to save even more on quality hearing aids.

Product	Retail price	Savings	TruHearing price
TruHearing Advanced	\$2,720	\$1,470	\$1,250
⚡ Signia 3IX	\$2,113	\$763	\$1,350
⚡ Widex® SmartRIC™ 220	\$2,332	\$982	\$1,350
⚡ ReSound NEXIA™ 9	\$3,047	\$797	\$2,250
Starkey® Genesis® AI 1600	\$2,129	\$579	\$1,550
⚡ Phonak® Lumity® L-RL 90	\$3,349	\$1,099	\$2,250
⚡ Oticon® Real® 2	\$3,018	\$1,243	\$1,775

⚡ Rechargeable | Listed products are smartphone-compatible¹
Exam must be performed by a TruHearing network provider.

Your hearing aid purchase includes



60-day, risk-free trial



1 year of follow-up visits



80 free batteries per non-rechargeable hearing aid



3-year manufacturer warranty

Start by calling TruHearing.

📞 1-844-622-3213 | TTY: 711

Hours: 8am–8pm, Monday–Friday





Get started with **5 simple steps.**

TruHearing makes the journey easy.



Scan with your smartphone to see how it works.
TruHearing.com/how-it-works



1. Call TruHearing



2. Schedule an exam



3. Go to your exam




4. Order hearing aids



5. Fitting and follow-up

Call TruHearing to get started.

 **1-844-622-3213** | TTY: 711

Hours: 8am–8pm, Monday–Friday

Learn more at: TruHearing.com/VSP



Save up to 20% on over-the-counter (OTC) hearing aids.

For those with mild-moderate hearing loss, TruHearing also offers several models of OTC hearing aids.² Learn more at shop.TruHearing.com.

¹ Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

² Hearing benefits cannot be used to purchase OTC hearing aids. Over-the-counter hearing aid purchase inclusions are different from prescription hearing aids see shop.TruHearing.com for specific details.

VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors.

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\$0 cost to you

INTRODUCING MENOPAUSE CARE

Take control of your menopause symptoms

Joint pain, bone density changes, hot flashes, embarrassing leaks. Menopause symptoms are often overwhelming and unexpected.

As a benefit covered by ACWA JPIA, Hinge Health can help you manage these symptoms at no additional cost to you.*

What does menopause care include?

- A virtual care plan that features personalized exercises, guided breathing, and educational articles.
- Expert guidance from a physical therapist trained in menopause care.
- A convenient app where you can access all of the above — anytime, anywhere.



Scan the QR code to enroll now
hinge.health/acwajpia-menocare
 Questions? Call (855) 902-2777

Please use the default camera on your device to scan the QR code, not a third party application. If you are directed to another site, do not proceed.

Hinge Health está disponible en español

Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos.

*Eligibility for menopause care is based on the specific program in which you are placed.

Employees, early retirees (pre-Medicare), and dependents 18+ enrolled in an Anthem PPO or CDHP medical plan through ACWA JPIA are eligible. Thinking about or planning for surgery? ACWA JPIA also offers Carrum Health, a surgery benefit that makes it easy to get the best care possible at little or no cost to you. Go here to learn more about the Carrum Health Benefit: carrum.me/acwajpia.

Clear your mind



Wellbeing

Be kind to your mind.

Take advantage of multiple accessible resources on Wellhub that can clear your mind, sharpen your thinking, improve your mood, and offer a sense of calm.



Headspace

Stress less, sleep soundly, and get happier with guided meditations, sleepcasts, and more.
iOS, Android, Web



ifeel

Mental wellness tools, mood tracking, and daily affirmations for self-improvement.
iOS, Android



Zen

Guided meditations, music and programs for personal development.
iOS, Android



Meditopia

Find inner peace through meditation, sleep stories and music.
iOS, Android, Web



Sleep Cycle

A tracking tool to help you improve your sleep.
iOS, Android



Minddoc

Monitor and manage your mental wellbeing through self-care practices.
iOS, Android



Rootd

Anxiety and panic attack management and relief tools in your pocket.
iOS, Android



MindSpa

Immersive 3D sound for mind travel, meditation and relaxation.
iOS, Android, Web

Wellhub app partners can be accessed at no additional cost through your membership using the Wellhub app. Scan the QR code to download!



Questions?

Chat with us at support.wellhub.com

Get started today!

Download the Wellhub app or visit wellhub.com/en-us

ACWA JPIA 2026 Dental and Vision Plan Numbers Listing by Agency

See pages 28-31 for 2026 Dental PPO and Vision plan rates. There are no changes to vision rates for 2026.
For plan numbers in red, see page 32.

Member Agency	Dental Plan	Vision Plan
ACWA	1002	3051
ACWA-JPIA	1002	4029
Alameda County Water District	2453	4011
Alpaugh Irrigation District	1312	3029
Alta Irrigation District	1309	3043
Amador Water Agency	1002	3009
American River Flood Control	1002	3041
Angiola Water District	1012	3009
Antelope Valley-East Kern WA	1002	3009
Aromas Water District	1009	3009
Arvin-Edison WSD	N/A	4017
Banta Carbona ID	1001	3009
Bay Area Water Supply	3007	4011
Bella Vista WD	1012	N/A
Berrenda Mesa WD	1312	4029
Big Bear City CSD	3007	3043
Big Bear MWD	1012	N/A
Biggs-West Gridley WD	3007	3043
Bodega Bay PUD	3002	3009
Bolinas Community PUD	1012	N/A
Borrego WD	3007	4005
Brookstrail Township CSD	1009	N/A
Browns Valley ID	1012	3043
Buena Vista WSD	3003	3043
Butte WD	5303	4003
Byron-Bethany ID	4003	3043
Cachuma Oper & Maint Board	3002	3043
Calaveras CWD	1012	3043
Calaveras PUD	1007	3043
Calleguas MWD	1002	4029
Camrosa WD	1312	3051
Carmichael WD	1003	4005
Carpinteria Valley WD	3002	3043
Casitas MWD	1012	3043
Castroville CSD	1007	4005
Cawelo WD	1012	N/A
Centerville CSD	1012	3101
Central Basin MWD	3007	N/A
Central California ID	N/A	3043
Central WD	1009	3051
Channel Island Beach CSD	3002	3043
Chino Basin Desalter Authority	1002	3043
Chino Basin WCD	1009	4029
Chowchilla WD	1002	3043
City of Buellton	1007	3043
City of San Juan Bautista	1312	3029
City of Tehachapi	5003	4029
Clearlake Oaks CWD	3007	4029
Coastside CWD	5003	3019
Consolidated ID	1002	3043
Contra Costa WD	1015	3051
Corcoran ID	3002	3043

ACWA JPIA 2026 Dental and Vision Plan Numbers Listing by Agency

See pages 28-31 for 2026 Dental PPO and Vision plan rates. There are no changes to vision rates for 2026.

For plan numbers in red, see page 32.

Member Agency	Dental Plan	Vision Plan
Crestline Village WD	1007	N/A
Crestline-Lake Arrowhead WA	3007	4005
Del Puerto WD	3307	3051
Delano-Earlimart ID	3002	3009
Delhi County WD	3002	3043
Desert WA	1312	3043 (GF)/3029
Diablo Water District	5004	N/A
East Contra Costa ID	1012	3043
East Orange CWD	3002	4011
El Toro WD	5004	3051
Elsinore Valley MWD	N/A	4011
Exeter Irrigation District	1302	3051
Fair Oaks WD	3002	4035
Fall River Valley CSD	1309	4029
Fallbrook PUD	1013	3051
Firebaugh Canal WD	1007	4005
Florin Resource Conservation Dist.	3002	4011
Foothill MWD	1302	3043
Forestville WD	N/A	4033
Frazier Park PUD	1009	4011
Fresno Metro Flood Control Dist.	5004	3043
Friant Power Authority	1012	3055
Friant Water Authority	3007	3043
Georgetown Divide PUD	5304	4033
Glenn Colusa ID	1002	N/A
Golden Hills CSD	1012	3051
Goleta WD	3302	3009
Grassland Basin Authority	1307	3043
Grassland WD	3002	3043
Helix WD	1302	3043
Hidden Valley Lake CSD	1002	N/A
Hi-Desert WD	1002	3051/3047 (Retirees)
Humboldt Bay MWD	1012	3043
Humboldt CSD	1012	3055
Idyllwild WD	1012	3009
Indian Wells VWD	1007	3009
Ivanhoe ID	1312	3043
James ID	1007	3051
Joshua Basin WD	5304	4029
Kanawha WD	1009	3043
Kaweah Delta WCD	1002	3043
Kern CWA	1002	3019
Kern Tulare WD	1012	N/A
Kings County Water District	1012	4033
Kings River Conservation District	1009	3055
Kinneloa ID	1012	3043
Kirkwood Meadows PUD	3007	3043
La Habra Heights CWD	N/A	3043
La Puente Valley CWD	N/A	4005
Laguna Beach CWD	1012	3051
Laguna ID	N/A	3051
Lakeside Irrigation WD	1312	3051

ACWA JPIA 2026 Dental and Vision Plan Numbers Listing by Agency

See pages 28-31 for 2026 Dental PPO and Vision plan rates. There are no changes to vision rates for 2026.

For plan numbers in red, see page 32.

Member Agency	Dental Plan	Vision Plan
Lakeside WD	1012	N/A
Laton Community Services District	1309	4017
Le Grand CSD	1012	3051
Littlerock Creek ID	1012	3009
Los Alamos CSD	3007	4029
Madera ID	1012	3019
Madera WD	1009	N/A
Madera/Chowchilla WPA	1302	3019
Mammoth CWD	1007	3041
Marina Coast WD	1312	3051
Mariposa PUD	1009	N/A
McKinleyville CSD	3002	N/A
Mid-Peninsula WD	5004	3019
Mission Hills CSD	1012	3043
Mission Springs WD	N/A	3043
Mojave PUD	1012	3043
Mojave WA	1002	3009
Montara Water & Sanitary District	1012	N/A
Montecito Sanitary District	1012	4017
Montecito Water District	1309	3029
Mountain Gate CSD	1012	3009
MWD of Orange County	N/A	3009/3003 (Retirees)
Nevada ID	1002	3055
North Coast CWD	5004	4101
North Delta Water Agency	1309	3029
North Kern WSD	1302	4005
Oakdale ID	1002	3019
Olivenhain MWD	N/A	3051
Orange Cove ID	1007	3009
Orange CWD	1309	3043
Orchard Dale WD	3007	4029
Orosi PUD	3002	3043
Pajaro Valley WMA	5004	3043
Pajaro/Sunny Mesa CSD	1012	3009
Palm Ranch ID	1009	3051
Palmdale WD	3002	4033
Panoche WD	1007	3043
Paradise ID	1003	3023
Patterson ID	1012	3043
Pebble Beach CSD	1007	3009
Pescadero RD #2058	N/A	3029
Pico WD	N/A	4011
Planada CSD	3007	3009
Pleasant Valley County Water District	3002	3043
Porterville ID	1012	3009
Princeton-Codora-Glenn ID	1012	4017
Quartz Hill WD	1003	4029
Rainbow MWD	N/A	3101
Ramona Municipal WD	N/A	3009
Rancho California WD	1002	3019
Reclamation District #1000	1007	3043
Reclamation District #1004	1009	4029

ACWA JPIA 2026 Dental and Vision Plan Numbers Listing by Agency

See pages 28-31 for 2026 Dental PPO and Vision plan rates. There are no changes to vision rates for 2026.
For plan numbers in red, see page 32.

Member Agency	Dental Plan	Vision Plan
Reclamation District #784	5004	3009
Richvale ID	1001	3029
Rincon Del Diablo MWD	1007	3051
Rio Alto Water District	5001	3051
Rosamond CSD	3007	3051
Rosedale-Rio Bravo WSD	3002	4029
Rowland WD	5004	4033
San Andreas SD	1007	4029
San Benito CWD	1302	N/A
San Bernardino VMWD	3007	4033
San Bernardino VWCD	1012	3009
San Francisquito Creek JPA	3007	3009
San Gabriel CWD	N/A	3009
San Geronio Pass WA	1307	4101
San Juan Water District	3307	3043
San Luis & Delta-Mendota WA	1007	3009
San Mateo County FSLRRD	1312	3029
Santa Ana Watershed PA	5001	3009
Santa Clarita Valley WA	1007	3043
Santa Margarita WD	3307	3043
Santa Ynez River WCD	3007	3051
Saucelito ID	5001	3009
Scotts Valley WD	5001	3043
Semitropic WSD	1012	3043
Serrano WD	1007	3055
Shafter-Wasco ID	1002	3043
Solano County WA	1009	3043
Solano ID	1002	3043
Soquel Creek WD	1002	3043
South Feather Water & Power	1012	3009
South Montebello ID	3007	3009
South San Joaquin ID	N/A	3009
South Sutter WD	1012	3041
South Tahoe PUD	N/A	3009
Southern San Joaquin MUD	1002	N/A
Stockton East WD	1002	4011
Stone Corral ID	3307	3043
Sutter Extension WD	1009	3043
Tehachapi-Cummings CWD	1007	3009
Terra Bella ID	1002	3051
Thermalito WSD	3002	N/A
Three Valleys MWD	3002	3051
Tranquility ID	1009	3043
Tri-County Water Authority	1012	3009
Tri-Dam Project	1001	4005
Tri-District Water Authority	3302	3043
Tulare ID	5004	3043
Tulare Lake Basin WSD	1312	N/A
Tulelake ID	1002	4029
Tuolumne Utilities District	1002	3051
Twentynine Palms WD	1012	3051
Union Public Utility District	5003	4101

ACWA JPIA 2026 Dental and Vision Plan Numbers Listing by Agency

See pages 28-31 for 2026 Dental PPO and Vision plan rates. There are no changes to vision rates for 2026.
For plan numbers in red, see page 32.

Member Agency	Dental Plan	Vision Plan
United WCD	1003	3043
Vallecitos WD	3002	3051
Valley CWD	3007	4011
Valley of the Moon WD	1002	3043
Vandenberg Village CSD	1012	3051
Ventura River CWD	1002	3051
Vista ID	1002	N/A
Walnut Valley WD	1007	3041
Water Replenishment Dist of So CA	1001	N/A
Weaverville CSD	1012	4005
West Basin MWD	3007	N/A
West Kern WD	3007	N/A
West Stanislaus ID	1007	4029
West Valley WD	3007	N/A
Westborough WD	1007	3043
Western Canal WD	1007	4033
Westside Water Authority	1312	4029
Wheeler Ridge-Maricopa WSD	N/A	3051
Yolo County FC & WCD	N/A	4029
Yorba Linda WD	3007	N/A
Yuba County WA	3007	4033
Yuima MWD	1312	3009

Plan numbers are accurate as of 8/12/25. If you requested a plan change or addition after that date, your prior information will be shown on the table above.

Revised 8/12/25

ACWA JPIA 2026 DeltaCare USA HMO Participating Agencies

No change to rates

Member Agency

ACWA

ACWA JPIA

Berrenda Mesa Water District

East Contra Costa Irrigation District

Helix Water District

Idyllwild Water District

Kern County Water Agency

Laguna Beach County Water District

Orange County Water District

Palmdale Water District

Pescadero Reclamation District #2058

Rosamond Community Service District

Santa Margarita Water District

Three Valleys Municipal Water District

Tulare Irrigation District

Vallecitos Water District

Vista Irrigation District

Walnut Valley Water District

West Valley Water District

Yorba Linda Water District

Revised 7/31/2025

JPIA Employee Benefits Medical Program – Review Process

As a part of the initial review process for entry into the JPIA Employee Benefits Medical program, please complete the following steps:

- Review the JPIA Employee Benefits participation requirements and retiree policy requirements in the quote packet you were provided and confirm that your agency will be able to follow these practices. Optimally, a call or visit can be set up to go over these requirements with you.
- **IF YOU ARE CURRENTLY WITH CALPERS for *health benefits*, please read the attached **Information for Agencies Considering a Move from CalPERS.****
- If you wish to move forward, we will ask you for the items listed below. For certain items, templates and forms will be given to you for completion. The following documents should be provided to JPIA Employee Benefits (email to jrech@acwajpia.com) for review.
 - a) Employee census (A template will be sent to you that includes the specific census information that should be provided to ACWA JPIA.)
 - i) Include waivers (for any reason) and any COBRA participants
 - ii) Include retirees and/or directors who are eligible for/enrolled in coverage through your agency's health plan
 - b) Medical Application (form will be provided)
 - c) Current employee handbook, MOU or policy manual
 - d) Large claims disclosure statement – please complete to the best of your knowledge (form will be provided)
 - e) Current carrier and health plan information including:
 - i) In force rates and benefits (e.g. benefit summary or evidence of coverage)
 - ii) Last health plan renewal letter (from medical carrier) with rates
- If your agency is new to JPIA programs (i.e. not currently participating in JPIA Property, Liability, Workers' Comp, or Employee Benefits), make note of the additional steps needed for joining ACWA and ACWA JPIA (see next page).

JPIA Employee Benefits will review the information provided and make a determination regarding your agency's entry into the JPIA Employee Benefits Medical Program. If we have any questions, we will contact you for clarification.

NOTE: We strongly recommend that agencies do not move forward with obtaining internal approvals (i.e. staff, board or union) until JPIA has made its determination.

If you have any questions about any of the above steps or the status of your request, please email Jackie Rech at jrech@acwajpia.com or call 916-474-1773.

For Agencies New to ACWA JPIA

If your agency is new to ACWA JPIA, and you are approved to join the JPIA Employee Benefits program, the following steps must also be completed:

1. Become a member of [ACWA](#) (Association of California Water Agencies). We can provide a contact name at ACWA who can help you with membership.
2. Become a member of ACWA JPIA:
 - a) Pass a board resolution agreeing to the JPA Agreement. The JPA Agreement can be found [here](#).
 - b) Sign the JPA Agreement.
 - c) Provide confirmation of ACWA membership. NOTE: ACWA must receive check for dues before being considered officially approved for ACWA membership.
 - d) Obtain JPIA Executive Committee approval. Your agency will be presented for membership by JPIA Employee Benefits at the next JPIA ExCo meeting, if the previous steps have been completed.
 - e) Designate a District Director to serve as an ACWA JPIA Director*. Designate a staff member or another Director to serve as an alternate.

* All of our member agency Directors, along with staff or any involved or interested parties, are invited to our board meetings in May and November. Attendance isn't required, but is encouraged. For governance purposes, this full board elects an Executive Committee with nine members who approve business throughout the year at more frequent meetings.

For Agencies Considering a Move from CalPERS

Below are some of the significant differences between JPIA and CalPERS rules and administration that should be reviewed when considering a move from CalPERS health benefits to JPIA medical. This is not a complete list. Care should be taken to understand the differences between CalPERS benefit plans and administration and those of ACWA JPIA.

- Agencies must follow JPIA Participation requirements to join JPIA medical.
 - A. JPIA has minimum contribution and other requirements for member agencies that may not match those required by CalPERS.
- JPIA does not handle COBRA administration. Agencies may administer COBRA in-house or may engage a COBRA administrator.
- JPIA does not handle retiree health billing administration. Agencies may administer retiree billing in-house or may engage a billing administrator.
- Agencies can continue to participate in CalPERS pension and have health coverage elsewhere. If your agency offers retiree health coverage through ACWA JPIA, the retirees would still have their pensions through CalPERS.
- Retiree health coverage with JPIA is not driven by CalPERS pension or health eligibility rules. Being eligible for a CalPERS pension does not automatically confer retiree health coverage through JPIA. Whether a terminating employee draws their CalPERS pension has no bearing on eligibility for JPIA retiree health benefits. Eligibility is driven solely by age and years of service at your agency.
- Upon termination of health coverage, CalPERS does not allow anyone to remain with CalPERS coverage including COBRAs and retirees, unless those retirees are receiving their retiree coverage due to service with another agency (rare).
- Agencies must follow JPIA Retiree Health Policy requirements to join JPIA medical. Please note:
 - A. Agencies are **not** required to offer retiree health benefits.
 - B. JPIA minimum age for retirement is 50 years of age **and** minimum service of five years at the agency, **not** five years as a CalPERS participant.
 - i. Agencies may require a higher age or years of service to qualify for retiree health benefits and most do.
 - ii. An agency's retiree health policy may end retiree health coverage at a certain age or number of years of coverage, such as age 65 or after ten years.
 - C. JPIA does not allow disability retirements unless the employee already meets the agency's retiree health coverage requirements, and those requirements meet JPIA's minimum thresholds.
 - i. For example, if an agency's minimum age for retirement is 60 years and minimum service required is ten years, and an employee becomes disabled at 55 with ten years of service, they would not be eligible for retiree health coverage through JPIA. They should be offered COBRA instead.

**CERTIFIED
COPY**

RESOLUTION ELECTING TO BE SUBJECT TO PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT AND FIXING THE EMPLOYER'S CONTRIBUTION FOR EMPLOYEES AND THE EMPLOYER'S CONTRIBUTION FOR ANNUITANTS AT DIFFERENT AMOUNTS

WHEREAS, Government Code Section 22850 provides the benefits of the Public Employees' Medical and Hospital Care Act to employees and annuitants of local agencies contracting with the Public Employees' Retirement System on proper application by a local agency; and

WHEREAS, Government Code Section 22857 provides that a contracting agency may fix the amount of the employer's contribution for employees and the employer's contribution for annuitants at different amounts provided that the monthly contribution for annuitants shall be annually increased by an amount not less than 5 percent of the monthly contribution for employees, until such time as the amounts are equal; and

WHEREAS, **Beaumont Cherry Valley Water District**, hereinafter referred to as Public Agency is a local agency contracting with the Public Employees' Retirement System; and

WHEREAS, The Public Agency desires to obtain for its employees and annuitants the benefit of the Act and to accept the liabilities and obligations of an employer under the Act and Regulations; now, therefore, be it

RESOLVED, That the Public Agency elect, and it does hereby elect, to be subject to the provisions of the Act; and be it further

RESOLVED, That the employer's contribution for each employee shall be the amount necessary to pay the full cost of his enrollment, including the enrollment of his family members in a health benefits plan up to a maximum of **\$474.00** per month; and be it further;

RESOLVED, That the employer's contribution for each annuitant shall be the amount necessary to pay the cost of his enrollment, including the enrollment of his family members, in a health benefits plan up to a maximum of **(see calculation sheet)** per month; and be it further


RESOLVED, That the employer's contribution for each annuitant shall be increased annually by **5** percent of the monthly contribution for employees, until such time as the contributions are equal;


And that the contributions for employees and annuitants shall be in addition to those amounts contributed by the Public Agency for administrative fees and to the Contingency Reserve Fund; and be it further

RESOLVED, That the executive body appoint and direct, and does hereby appoint and direct, C.J. Butcher to file with the Board of Administration of the Public Employees' Retirement System a verified copy of this Resolution, and to perform on behalf of said Public Agency all functions required of it under the Act and Regulations of the Board of Administration; and be it further

RESOLVED, That coverage under the Act be effective on **May 1, 2002.**

Adopted at a regular/special meeting of the Board of Directors of the BCVWD
at 7.00pm this 13th day of August 2003.

Signed: 
Gerald H. Brey
President of the Board of Directors of the
Beaumont Cherry Valley Water District

Attest: 
C.J. Butcher
Secretary of the Board of Directors of the
Beaumont Cherry Valley Water District

RESOLUTION 99-7

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
BEAUMONT-CHERRY VALLEY WATER DISTRICT
ELECTING TO BE SUBJECT TO THE PUBLIC EMPLOYEES' MEDICAL
AND HOSPITAL CARE ACT
FIXING THE EMPLOYER'S CONTRIBUTION FOR EMPLOYEES
AND ANNUITANTS AT DIFFERENT AMOUNTS**

WHEREAS, (1) Government Code Section 22850 extends the benefits of the Public Employees' Medical and Hospital Care Act to employees of contracting agencies on proper application by an agency; and

WHEREAS, (2) Government Code Section 22754 (g) defines any special District as a contracting agency; and

WHEREAS, (3) Government Code Section 22857 provides that a contracting agency may fix the amount of the employer's contribution for employees and the employer's contribution for retired employees and survivors at different amounts provided that the monthly contribution for retired employees and survivors shall be annually increased by an amount not less than 5 percent of the monthly contribution for employees, until such time as the amounts are equal; and

WHEREAS, (4) A Special District is hereby defined as a non-profit, self-governed public agency within the State of California, and comprised solely of public employees performing a governmental rather than proprietary function, and

WHEREAS, (5) Beaumont-Cherry Valley Water District hereinafter referred to as Special District is an entity meeting the above definition; and

WHEREAS, (6) The Special District desires to obtain for its active and retired employees and survivors the benefit of the Act and to accept the liabilities and obligations of an employer under the Act and Regulations;

NOW, THEREFORE, BE IT RESOLVED,

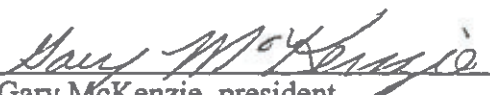
- (a) That the Special District elect, and it does hereby elect, to be subject to the provisions of the Act; and be it further resolved,
- (b) That the employer's contribution for each employee shall be the amount necessary to pay the full cost of his enrollment, including the enrollment of his family members in a health benefits plan up to a maximum of \$474 per month; and be it further resolved,

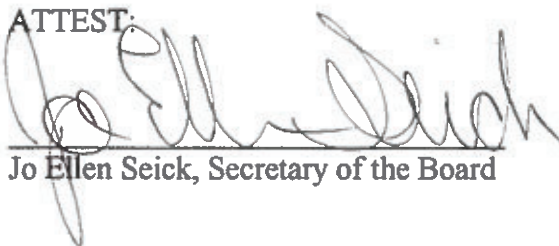
- (c) That the employer's contribution for each retired employee or survivor shall be the amount necessary to pay the cost of his enrollment, including the enrollment of his family members, in a health benefits plan up to a maximum of \$1 per month; and be it further resolved,
- (d) That the employer's contribution for each retired employee or survivor shall be increased annually by 5% of the monthly contribution for employees, until such time as the contributions are equal;

And that the contributions for active and retired employees and survivors shall be in addition to those amounts contributed by the Special District for administrative fees and to the contingency Reserve Funds; and be it further resolved,

- (e) That the executive body appoint and direct, and does hereby appoint and direct, the Assistant Manager to file with the Board of Administration of the Public Employees' Retirement System a verified copy of this Resolution, and to perform on behalf of said Special District all functions required of it under the Act and Regulations of the Board of Administration; and be it further resolved,
- (f) That the officer appointed pursuant to section (e) will advise the Board of Administration of the Public Employees' Retirement System if the District ceases to be a public agency as defined in section (4) above; and be it further resolved,
- (g) That coverage under the Act be effective on June 1, 1999.

ADOPTED at a Special Meeting of the Board of Directors of the Beaumont-Cherry Valley Water District, at Beaumont, CA this 31st day of March 1999.


Gary McKenzie, president

ATTEST:

Jo Ellen Seick, Secretary of the Board

FILED: APRIL 22, 1999
EFFECTIVE DATE: JUNE 1, 1999

BEAUMONT-CHERRY VALLEY WATER DISTRICT

DIRECTORS

Gary McKenzie

President

Dave Andrews

Vice President

William Hurlbirt

David L. Sumner

Joseph Voigt

P.O. Box 2037

560 Magnolia Avenue

Beaumont, California 92223-2258

Telephone 909-845-9581

Fax 909-845-0159

OFFICERS

Jo Ellen Seick

Secretary of the Board

Dave L. Sumner

Treasurer

J.C. Reichenberger

Parsons Engineering Science

Engineer

Jeffry Ferre

General Counsel

May 19, 1999

Ms. Rosie Jimenez
CALPERS
Administrative/Contract Unit
P. O. Box 942714
Sacramento CA 94229-2714

Dear Ms. Jimenez:

Enclosed please find District Resolution 99-8 regarding health benefit coverage for the District's elected members. Although the resolution was adopted the present elected officials do not wish to participate at this time. Donna Beaumont suggested the District proceed with filing the resolution with CalPERS in order to afford coverage to elected members when they should choose to participate.

Thank you for your assistance throughout our decision-making process. Please feel free to contact me if you have any questions.

Sincerely,



Jo Ellen Seick
Finance/Business Manager

Enclosure

700

701

RESOLUTION 99-8

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
BEAUMONT-CHERRY VALLEY WATER DISTRICT
ELECTING TO BE SUBJECT TO THE PUBLIC EMPLOYEES'
MEDICAL AND HOSPITAL CARE ACT ONLY WITH RESPECT TO
ELECTED MEMBERS OF THE DISTRICT
FIXING
THE DISTRICT'S CONTRIBUTION FOR ELECTED MEMBERS
AND THE EMPLOYER'S CONTRIBUTION FOR ANNUITANTS
AT DIFFERENT AMOUNTS**

WHEREAS, (1) The Public Employees' Medical and Hospital Care Act provides that a contracting agency may elect, upon proper application, to participate under the Act with respect to its elected members of its Board of Directors ("Board Members"); and

WHEREAS, (2) Government Code Section 22754 (g) defines any Special District as a contracting agency; and

WHEREAS, (3) Government Code Section 22857 provides that a contracting agency may fix the amount of the employer's contribution for elected Board Members and the employer's contribution for retired elected Board Members and survivors at different amounts provided that the monthly contribution for retired elected Board Members and survivors shall be annually increased by an amount not less than 5 percent of the monthly contribution for elected Board Members, until such time as the amounts are equal; and

WHEREAS, (4) A Special District is hereby defined as a non-profit, self-governed public agency within the State of California, and comprised solely of public employees performing a governmental rather than proprietary function, and

WHEREAS, (5) Beaumont-Cherry Valley Water District hereinafter referred to as Special District is an entity meeting the above definition; and

WHEREAS, (6) The Special District desires to obtain for the members of the Board of Directors who are active and retired elected Board Members of the agency, the benefit of the Act and to accept the liabilities and obligations of an employer under the Act and Regulations; and

WHEREAS, (7) Government Code Section 53208.5(b) prohibits any elective member of a legislative body whose service first commences on and after January 1, 1995, from receiving health and welfare benefits greater than the most generous schedule of benefits being received by any category of non-safety employees; and

WHEREAS, (8) Government Code Section 53201(c) (2) prohibits a local agency that did not provide benefits to former elective members of a legislative body before January 1, 1994, from providing benefits after January 1, 1994, unless the members participate on a self-pay basis; and

WHEREAS, (9) Government Code Section 53201(c)(1) provides that a legislative body that provided benefits to former elected Board Members shall not provide benefits to any person first elected to a term of office that begins on or after January 1, 1995, unless the members participate on a self-pay basis or was fully vested prior to January 1, 1995.

NOW THEREFORE BE IT RESOLVED,

- (a) That the Special District elect, and it does hereby elect, to be subject to the provisions of the Act; and be it further resolved
- (b) That the employer's contribution for each elected Board Member shall be the amount necessary to pay the full cost of their enrollment, including the enrollment of their family members in a health benefits plan up to a maximum of \$16 per month; and be it further resolved
- (c) That the employer's contribution for each retired elected Board Member or survivor shall be the amount necessary to pay the cost of their enrollment, including the enrollment of their family members, in a health benefits plan up to a maximum of \$1 per month; and be it further resolved
- (d) That the employer's contribution for each retired elected Board Member or survivor shall be increased annually by 5% of the monthly contribution for elected Board Members, until such time as the contributions are equal;

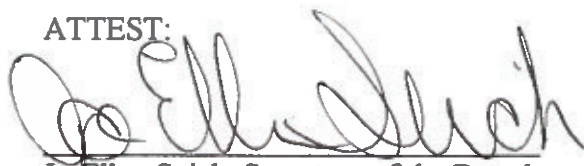
And that the contributions for active and retired elected Board Members and survivors shall be in addition to those amounts contributed by the Special District for administrative fees and to the contingency Reserve Funds; and be it further resolved,

- (e) That the executive body appoint and direct, and does hereby appoint and direct, the Assistant Manager to file with the Board of Administration of the Public Employees' Retirement System a verified copy of this Resolution, and to perform on behalf of said Special District all functions required of it under the Act and Regulations of the Board of Administration; and be it further resolved
- (f) That coverage under the Act be effective on July 1, 1999.

ADOPTED at a Special meeting of the Board of Directors of the Beaumont-Cherry Valley Water District, at Beaumont, California, this 28th day of April 1999.

ATTEST:


Gary McKenzie, President


Jo Ellen Seick, Secretary of the Board

5-24-99

EFFECTIVE DATE: 7-1-99

APPROVED: 