

# Truckee-Donner Recreation and Park District Policy Handbook

**POLICY TITLE:** Health, Welfare & Retirement Benefits  
**POLICY NUMBER:** 211

**211.10** Medical expense insurance for employees: Health insurance to cover non occupational injuries and sickness for permanent full time, permanent part time, and part-time benefited employees shall be provided by the District. One hundred percent (100%) of the cost of the premium shall be paid for permanent full time employees, sixty seven percent (67%) of the cost of the premium for permanent part time employees, and fifty percent (50%) of the cost of the premium for part-time benefited employees. The scope of coverage is subject to periodic review and adjustment by the Board of Directors. Carrier restrictions and health care law (including dental and vision) will override District policy whenever applicable.

Dental and vision insurance shall be provided to permanent full-time and permanent part-time employees as follows: One hundred percent (100%) of the cost of the dental and vision premiums shall be paid for permanent full time employees and sixty seven percent (67%) of the cost of dental and vision premiums for permanent part time employees.

Insurance for dependents: Health, dental and vision insurance for permanent full time and permanent part time employees' spouses and dependents shall be provided by the District. Eighty five percent (85%) of the cost of the health insurance premium shall be paid for permanent full time employees' spouses and dependents and seventy seven percent (77%) of the cost of the health premium for permanent part time employees' spouses and dependents. Seventy five percent (75%) of the cost of the dental and vision insurance premiums shall be paid for permanent full time employees' spouses and dependents and sixty seven percent (67%) of the cost of the health premium for permanent part time employees' spouses and dependents.

**211.11** All permanent full-time, permanent part-time, and part-time benefited employees shall receive designated insurance per this policy on the first day of the calendar month following their appointment to an authorized position.

**211.12** A permanent full-time or permanent part-time employee may elect to waive the medical/dental/vision benefits provided and elect to take a monthly reimbursement in place of the benefits from the District's health, dental and vision plans if they can provide proof to the general manager that they and/or their spouses or dependents are covered for these services under a comparable group plan. The amounts that could be reimbursed to employees are subject to review and revision by the Board of Directors at the time the various carriers determine their rates, which is usually done on a yearly basis. All reimbursements to employees will:

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- 1) be deposited into the employees account of the District's Deferred Compensation Plan; or
- 2) be paid as a cash reimbursement to an employee if they can provide proof that they are paying a premium for comparable group insurance plans for health, dental, or vision insurance; or
- 3) be used to pay for a part-time employee's 23% share of their premium for employee/spouse/dependent health, dental or vision, or a full time employee's 15% share for spouse/dependent premium.
  - a) The medical health reimbursement amount shall be determined by the Board of Directors and will not exceed 100% of the lowest premium rate charged to the District for employees, spouses and dependents. Permanent full time employees will receive 100% of the amount approved by the Board of Directors and permanent part time employees will receive 67%.
  - b) The dental and vision reimbursement amount shall be 50% of the premium for the plans. Permanent full time employees will receive 100% of the reimbursement amount approved by the Board of Directors and Permanent part time employees will receive 67%.

The following categories are available for Medical/dental/vision Expense Reimbursement:

1. Employee health
2. Employee dental
3. Employee vision
4. Employee spouse's health
5. Employee spouse's dental
6. Employee spouse's vision
7. Employee dependent health
8. Employee dependent dental
9. Employee dependent vision

In order to elect and receive the reimbursement benefit an employee must meet the criteria of one or more of the categories below.

- 1) Employee health – Employees who are covered under another group health plan with benefits comparable to those provided by the District and provide documentation of such coverage are eligible for this reimbursement. The reimbursement is one hundred seventy five dollars (\$175) per month.
- 2) Employee dental – Employees who are covered under another group plan with benefits comparable to those provided by the District and provide

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- documentation of such coverage are eligible for this reimbursement. The reimbursement is fifty percent (50%) of the current monthly premium for the employee.
- 3) Employee vision – Employees who are covered under another group plan with benefits comparable to those provided by the District and provide documentation of such coverage are eligible for this reimbursement. The reimbursement is fifty percent (50%) of the current monthly premium for the employee.
  - 4) Employee spouse's health – Legally married employees whose spouse are covered under another group plan with benefits comparable to those provided by the District and provide documentation of such coverage for the spouse are eligible for this reimbursement. The reimbursement is one hundred seventy five dollars (\$175) per month.
  - 5) Employee spouse's dental – Legally married employee whose spouse is covered under another group plan with benefits comparable to those provided by the District and provide documentation of such coverage are eligible for this reimbursement. The reimbursement is fifty percent (50%) of the current monthly premium for the employee's spouse.
  - 6) Employee spouse's vision – Legally married employee's who's spouse is covered under another group plan with benefits comparable to those provided by the District and provide documentation of such coverage are eligible for this reimbursement. The reimbursement is fifty percent (50%) of the current monthly premium for the employee's spouse.
  - 7) Employee dependent health – An employee who has a child(ren) who are less than twenty-six years of age and covered under another group plan and provide documentation of comparable coverage are eligible for this reimbursement. The reimbursement is seventy dollars (\$70) (effective 6/25/17) per month regardless of the number of children.
  - 8) Employee dependent dental – An employee who has an unmarried child (ren) who are less than nineteen years of age or less than twenty-five years of age if a full time student, and covered under another group plan and provide documentation of comparable coverage are eligible for this reimbursement. The reimbursement is fifty percent (50%) of the current monthly premium for the employee's child (ren).
  - 9) Employee dependent vision – An employee who has an unmarried child(ren) who are less than nineteen years of age or less than twenty-four years of age if a full time student, and covered under another group plan and provide documentation of comparable coverage are eligible for this reimbursement. The reimbursement is fifty percent (50%) of the current monthly premium for the employee's child (ren).

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Reimbursements will be effective the first of the month following the qualifying event.

**211.20**      Retirement Plan: All employees of the District are eligible for participation in the District's retirement plans subject to the rules established with the carrier of the plan.

**211.30**      Workers Compensation Insurance: All District employees and volunteers will be insured against injuries received while on the job as required by State law.

**211.40**      Disability Insurance: If an employee cannot work for medical reasons and/or qualified Paid Family Leave reasons, Disability Insurance benefits and/or Paid Family Leave benefits administered by the State of California may pay a portion of their salary subject to the State's rules and regulations.

(Note: Workers Compensation and Disability/Paid Family Leave benefits – Benefits can be coordinated to receive full pay by using the affected employee's sick hours in combination with workers compensation and/or Disability/Paid Family Leave payments. To receive full pay, an employee must turn in to the District any compensation checks received from either agency. The District will then calculate how many sick hours are needed to make up the difference for a paid 40 hour week.)

**211.50**      Unemployment Insurance: Eligibility is determined by the State of California.

**211.60**      Health Savings Account (HSA): Health savings account funds shall be distributed to permanent full time employees, permanent part time employees, and part-time benefited as follows:

Permanent full time and permanent part time employees shall receive quarterly payments to their HSA account in the amount \$4,000 per year (\$1,000 per quarter) for employees with dependent(s), and \$2,000 per year (\$500 per quarter) for employees with no dependent(s).

Part time benefited employees shall receive quarterly payments to their HSA account in the amount \$1,000 per year (\$250 per quarter).

Payments shall be made directly to employee HSA accounts at the beginning of January, April, July, and October.

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Employee's that receive in-lieu of benefits payments may elect to have an amount equivalent to the amount that would have been contributed into their HSA, as shown above, distributed to their qualified retirement plan or a qualified HSA account.

**211.60**      Health Insurance for Part-Time Benefited Employees: Part-time benefited employees shall be offered ACA compliant health care coverage for the employee, dependents, and spouses. If this coverage is selected the District will pay 61% of the monthly premium for the employee only. Dependent coverage, if selected, is the responsibility of the employee. Dependent coverage includes dependent children and spouse.

The employee selecting employee only coverage will be responsible for the remaining 39% of the monthly premium. If the maximum dollar threshold for affordable care is exceeded the District may pay in excess of 61% to meet that threshold requirement. If necessary, the excess payment amount shall be based on the lowest cost ACA compliant health plan offered by the District.