ROOTED IN WELLNESS

2027 BENEFITS GUIDE



RAINBOW
MUNICIPAL WATER DISTRICT

Helping Our Community Grow
Since 1953

RAINBOWMWD.CA.GOV

GROWING TOGETHER, ROOTED IN WELLNESS

At Rainbow Municipal Water District, our people are the roots that keep our organization strong. Just as we've been helping our community grow since 1953, we're equally committed to helping our team members grow—in health, security, and well-being.

Your benefits are a vital part of that commitment. They represent a significant District investment in you—your health and wellness today and your financial peace of mind for the future. This guide highlights the resources available to help you stay rooted in wellness and make choices that fit your life and family.

Inside, you'll find a snapshot of your 2026 benefits, costs, coverage options, and tools to help you make the most of them year-round. Whether enrolling for the first time or reviewing your options, explore the full value of what's offered.

Thank you for all you do to help our community—and each other—grow.

Scan the QR code below to view an on-demand narrated slide presentation of Rainbow Water's employee benefits programs.



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YOUR TOTAL REWARDS AT RAINBOW WATER

Rooted in Wellness. Growing in Value.

Your paycheck is just one part of the total value of working at Rainbow Water. The District invests in your health, financial security, and growth through a comprehensive **Total Rewards package**—designed to help you thrive at work and in life.

We aim to ensure every employee understands *what* benefits are available and *how much* the District contributes on your behalf. Each year, the District spends thousands of dollars per employee to provide high-quality health coverage, retirement contributions, and wellness programs that strengthen our team and our community.

Your Benefits Include

Rainbow Water's benefits are an investment in your health, security, and future. In addition to your paycheck, the District contributes thousands of dollars each year to provide comprehensive insurance, time off for work/life balance, retirement, financial wellness and security, and professional growth opportunities.

The chart below shows how these District-paid benefits come together to form your **total benefits package,** illustrating the full value of your benefits.



RAINBOW MUNICIPAL WATER DISTRICT

Understanding the Value

Health insurance is just one piece of your total benefits package. When you include time off, retirement, life insurance, disability, and training programs, you can see that your full benefits package is much more comprehensive.

A simple way to think about it:

For every dollar you earn for time worked, Rainbow Water spends $0.72 on your well-being.





29 ¢ for time off



22 ¢ for Retirement (CalPERS, 457/401a, Social Security)



17 ¢ for Health Insurance



2 ¢ for Dental Insurance



2 ¢ for other benefits

RAINBOW MUNICIPAL WATER DISTRICT

BENEFITS AT A GLANCE

CORE BENEFITS District paid benefits automatically available to all full-time employees	
Paid Time Off **5-7 weeks per year**	Accrued PTO is to allow employees to take time away from work with full pay during illness, vacation, family caretaking, bereavement, and other needs. See your bargaining unit's MOU for accrual rates by length of service.
Paid Holidays **12 per year**	New Year's Day, Martin Luther King Jr Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve.
Retirement Pension **CalPERS**	Lifetime guaranteed retirement income. District and employee contributions are required; vested after 5 years. Classic formula: 2.5% at 55. PEPRA formula: 2% at 62
401(a) Plan **PCS Retirement**	Post-tax deferred compensation retirement savings plan for employees hired after 2012 or who opt out of the retirement medical stipend. Refer to your bargaining unit's MOU for match amounts.
457(b) Plan **Lincoln Financial**	Pre-tax deferred compensation retirement savings plan. Refer to your bargaining unit's MOU for District match amounts.
Life and AD&D **Lincoln Life**	All employees are covered for twice their annual salary, rounded up to the next $10,000, up to a maximum of $350,000.
Short- and Long-Term Disability **Lincoln Life**	District-paid income protection if you are unable to work due to illness or injury. • **STD:** Replaces 70% of your earnings during disability up to $1,750 per week. • **LTD:** Replaces 60% of earnings, up to $10,000 per month. • **Waiting period:** 7 days for illness; none for injuries.
Employee Assistance Program (EAP) **AnthemEAP**	Free, confidential counseling resources for employees and household members. Six in-person counseling sessions per person, per issue, per year. 24/7 crisis phone counseling.
Education Reimbursement	District-funded reimbursement for approved courses and job-related education. Reimbursement ranges from $2,500 to $5,250 per calendar year; see MOU for details.
Dental Insurance **Principal**	100% District paid coverage for preventive, basic, and major services.
Vision Insurance **VSP**	Comprehensive family vision coverage including exams, lenses, and frames; covers prescription safety glasses for employee only. Frames/contact allowance of $170 every 12 months. $15 exam copay.

CHOICE BENEFITS Benefit plans and programs you can elect to join or purchase	
Health Insurance **Kaiser Permanente & Anthem Blue Cross**	• Choice of five HMO, PPO, or CDHP plans. • Kaiser CDHP plan is available at no cost to the employee for family coverage. • See your MOU for District cost share ratios • Refer to this year's price sheet for payroll deduction amounts that apply to your bargaining unit.
Health Savings Account **HealthEquity**	• Available with either the Kaiser or Anthem CDHP plan. • District contributes up to $1,750 (single) or $3,300 (family) annually. • Employees may also contribute pre-tax funds up to IRS annual limits.
Cash-in-Lieu	• See your MOU for District cash-in-lieu amounts • Refer to this year's price sheet for cash-in-lieu amounts
Voluntary Benefits **Aflac**	Optional plans such as accident, critical illness, cancer and hospitalization plans—employee-paid through convenient payroll deductions.

SCAN FOR CORE BENEFITS NARRATED PRESENTATION

SCAN FOR CHOICE BENEFITS NARRATED PRESENTATION

RAINBOW MUNICIPAL WATER DISTRICT

CORE BENEFITS

Rainbow Water supports your health, security, and overall well-being. These **Core Benefits** are provided to all eligible employees at the District's expense as part of our investment in helping every team member grow and thrive.

Paid Time Off to Rest, Recharge, and Reconnect

Rainbow Water believes that time to rest, recharge, and care for yourself and your loved ones is essential to long-term well-being. That's why for every $1 the District pays for time worked; **it invests an additional $0.29** in time away from work—supporting your ability to balance life's demands and return to work refreshed.

Employees receive **5–7 weeks** of accrued paid time off **(PTO)** each year**,** which can be used for vacation, illness, preventive care, mental health, family caretaking, bereavement, volunteerism, or other personal needs.

The District also provides **12 paid holidays** each year, covering major federal holidays and winter closure days, and 30 minutes of paid break time per shift for hourly employees and **safety leave** to ensure adequate rest after extra-long shifts.

Rainbow Water does not participate in California State Disability, which workers normally pay for through SDI tax. Instead, the District purchases private disability coverage for our employees through Lincoln Financial.

Accrual rates and PTO eligibility vary by bargaining unit and length of service—refer to your MOU for details.

It's important to use your PTO strategically.

Because we don't participate in SDI, you are not eligible for the state's Paid Family Leave (PFL) program. Instead, we offer sufficient PTO to cover what you would have received as PFL.

It's recommended to save at least 132 hours of your PTO time to ensure you have enough hours available to provide yourself with partial income replacement during a family care leave.

Lincoln Financial℠

Life, AD&D, And Disability

The District provides comprehensive protection through **Lincoln Financial** to help safeguard you and your family's financial security in case of illness, injury, or loss.

- **Short-Term Disability (STD):** Replaces **70% of your weekly earnings** (up to $1,750) if you're unable to work due to illness or injury. Benefits begin after **7 days for illness** or **immediately for injury**.
- **Long-Term Disability (LTD):** Replaces **60% of your monthly earnings** (up to $10,000) when a serious health condition prevents you from working for an extended period.
- **Life and AD&D Insurance:** Automatically covers all employees for **two times their annual salary**, rounded to the next $10,000 (up to $350,000). This benefit provides peace of mind for your loved ones in the event of your death or a serious accident.

These District-paid benefits ensure that you and your family are protected through life's unexpected challenges—so you can focus on recovery and well-being.

Retirement Benefits

Rainbow Water is committed to helping you build long-term financial security. Your retirement package includes a **defined benefit pension through CalPERS** and additional **retirement savings opportunities** through the District's **401(a)** and **457(b)** deferred compensation plans. Together, these programs provide a strong foundation for your financial future—both during and after your career with Rainbow Water.

CalPERS

CalPERS Pension Plan

The District participates in the **California Public Employees' Retirement System (CalPERS)**, one of the nation's largest and most secure public pension systems. CalPERS is a **defined benefit plan**, which means your retirement income is **guaranteed for life** and based on a formula—not on investment performance. Your pension benefit is calculated using this formula:

Service Credit × Benefit Factor × Final Compensation = Annual Pension

- *Service Credit* = Years worked for a CalPERS-covered employer
- *Benefit Factor* = Percentage based on your age at retirement
- *Final Compensation* = Your highest average pay during a defined period

CalPERS

The District and employees both contribute toward this benefit. Employees are **vested after five years** of CalPERS service.

- **Classic Formula:** 2.5% @ 55
- **PEPRA Formula:** 2.0% @ 62

Scan the QR code to learn more about your CalPERS benefits, retirement formulas, and tools for first-time enrollees.

EMPOWER RETIREMENT

Retirement Savings Accounts with Empower

Your CalPERS pension lays the groundwork for stability; your retirement savings accounts are how you **grow beyond it**, keeping you financially secure and ready for the future you're building.

The earlier you start saving, the more your money can grow through **compound interest**—earning returns not just on what you save, but on the growth itself. Even small contributions made consistently in your 20s or 30s can grow into a significant nest egg by retirement.

457(b) with Lincoln Financial

A **pre-tax savings plan** that allows you to set aside part of your income before taxes, reducing your taxable earnings while building additional retirement savings. New hires will be automatically enrolled for $100 per paycheck after 30 days of hire. Employees can opt-out or change the enrollment amount, or make investment selections by going to empowermyretirement.com and making changes. *Refer to your MOU for applicable District match amounts, **which will be deposited into the 401(a)** and are immediately vested.*

401(a) with Lincoln Financial

A **retirement savings account,** to which employees hired after 2012 or who opt out of the former retirement medical reimbursement stipend are eligible to receive an additional District. District matches to post-tax voluntary employee contributions to the 401(a) are vested over 5 years. *Refer to your MOU for match amounts and eligibility details.*

Dental Insurance

The District offers dental insurance through Principal at no cost to you. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Expenses from non-network providers are paid based on Reasonable and Customary Charges (R&C). Any charges over the R&C amount will be your responsibility. To find an in-network dentist, create an account and log in at Principal.com.

The table below summarizes the key features of the dental plan. Refer to the plan document for additional information on coverage and exclusions.

Eligibility						
Eligible employees	All active, full-time employees					
	Calendar-year deductible			Coinsurance your policy pays		
	EPO	In-network	Out-of-network	EPO	In-network	Out-of-network
Preventive	$0	$0	$25	100%	100%	100%
Basic	$0	$25	$25	100%	90%	80%
Major	$0	$25	$25	70%	60%	50%
Orthodontia	$0	$0	$0	50%	50%	50%
Additional provisions						
Family deductible	3 times the person deductible amount.					
Combined deductible	Your deductibles that are in and out-of-network for services are combined.					
Combined maximums	Maximums for preventive, basic, and major procedures are combined for EPO, PPO in- and out-of-network. Calendar year EPO maximums are $2,000 per person, calendar year PPO in-network maximums are $2,000 per person, or calendar year PPO out-of-network maximums are $1,500 per person.					
Orthodontia lifetime maximum	$2,000 EPO maximum / $2,000 PPO in-network maximum / $2,000 PPO out-of-network maximum					

Your **VSP Vision Plan** helps you keep your eyes healthy and your vision clear—offering generous coverage for exams, eyewear, and safety glasses. Find a provider at **vsp.com.**

- **WellVision Exam:** $15 copay every 12 months
- **Frames:** NEW: $170 allowance **every 12 months**; 20% off the amount over allowance
- **Lenses:** $0 copay for single vision, lined bifocal, or trifocal every 12 months
- **Contacts:** $170 allowance (includes fitting) every 12 months in place of glasses

MENTAL HEALTH AND EMOTIONAL WELLBEING

You're Never Alone

At Rainbow Water, mental health care isn't an afterthought — it's a cornerstone of your well-being. Whether managing daily stress, navigating a difficult life event, or seeking long-term support, you and your family have access to several confidential resources.

Anthem

Employee Assistance Program (EAP)

Anthem's Employee Assistance Program (EAP) provides quick and easy access to work/life support, confidential counseling, and referral services to help you deal with daily work and life challenges. It's employer-sponsored and free to you, your dependents, or household members.

- **Up to six in-person or virtual counseling sessions** per person, per issue, per year
- 24/7 access to **crisis counseling and phone support**
- Referrals for **legal, financial, elder care, and childcare assistance**
- Online tools and self-help resources for personal well-being

*Visit **AnthemEAP.com** using company code **ACWAJPIA** or call **1-800-999-7222**.*

Mental Health Care Through Your Health Plan

For employees enrolled in District medical coverage

All five of Rainbow Water's medical plans include comprehensive behavioral and psychiatric care. You can receive support from in-network psychiatrists, psychologists, and licensed therapists, both in person and virtually.

- **Anthem members:** Log in to your Sydney Health app or visit anthem.com/ca to find an in-network mental health provider or schedule a virtual visit.
- **Kaiser members:** Access therapy and mental health services through your local Kaiser Permanente facility or at kp.org.

MODERN HEALTH

Modern, Adaptive Care with Digital Mental Health Benefit

Any employee or dependent enrolled in **any medical plan** is eligible for this free mental health & well-being benefit, designed to help you be your best self, at home, at work, and in your relationships.

- Eight virtual **therapy and eight coaching** sessions per year
- **Live group sessions**, guided meditations, and self-paced well-being content
- Accessible via mobile app or desktop

To get started, scan the QR Code to download the Modern Health app or go to: my.modernhealth.com
Company Code: ACWA JPIA

Download on the App Store

GET IT ON Google Play

RAINBOW MUNICIPAL WATER DISTRICT

Education & Career Growth

At Rainbow Water, **growth is part of the job**. We believe in helping every team member reach their potential, whether they're just starting their careers or advancing to the next level. Many of our positions include **on-the-job training**, allowing employees to learn valuable skills while they work.

We're proud to offer **careers—not just jobs**—for people of varied experience and education levels. Sometimes, the District even **hires first and pays for education later**, investing in your development from day one.

- **Education Assistance:** Reimbursement for approved courses and degree programs that support your professional growth. *Maximum reimbursement is $5,250 per year, refer to your bargaining unit's MOU for specifics.*
- **Certification Reimbursement:** 100% reimbursement for all **required certifications and licenses**.
- **Out-of-Class Certification Bonus:** Financial recognition for earning **certifications** beyond what your position requires.

With a high internal promotion rate, Rainbow Water rewards learning, initiative, and commitment, helping you build a career that grows with you.

ScholarShare529℠
The California way to save for college

Supporting your growth — and your goals for the future.

Rainbow Water is committed to lifelong learning, and the **ScholarShare 529 Program** provides another way to invest in your education and professional development.

With this voluntary savings plan, you can make **post-tax contributions through direct deposit** and grow your investment tax-free — as long as withdrawals are used for qualifying educational expenses. While many people use 529 accounts to save for their children or grandchildren, you can also use yours for **your own continuing education, professional certifications, or degree programs.**

The account belongs entirely to you — you decide how much to contribute, when to withdraw, and how to use the funds. And if your goals change, the account can easily be **transferred to another beneficiary**, such as a family member.

Used together with Rainbow Water's **Education Assistance Program**, the ScholarShare 529 plan allows you to pursue personal and professional growth on your own terms — building a stronger foundation for your future.

CHOICE BENEFITS

Scan for Choice Benefits narrated presentation

Who May Enroll

Full-time employees working more than 30 hours per week are eligible for the following benefits on the first day of the month following their hire date:

- Medical
- Dental
- Vision
- Health Savings Account
- Employee Assistance Plan

All plans offer coverage for eligible dependents, including your legal spouse*, your domestic partner; your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian); and your dependent children of any age who are physically or mentally unable to care for themselves

When You May Enroll

You may sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31 of the plan year. If you **do not** sign up for benefits during your initial eligibility, open enrollment period, or within 30 days of a qualifying event, then **you cannot elect coverage** until the following plan year.

Changes to Enrollment

If you experience a qualifying event, you have 30 days to update your coverage. Coverage for a new dependent is not automatic. Please get in touch with the Human Resources Department immediately submitted after 30 days cannot be accepted per IRS regulation. Below is the list of qualified life events with the accepted proof of documentation for each event.



Birth, adoption, and legal guardianship



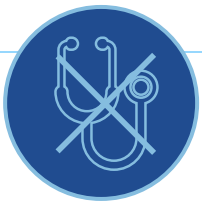
Change of Marital Status



Change in your dependent's eligibility status



Qualified Medical Child Support Order (QMCSO)



Loss of coverage from another health plan



Loss of coverage through Medi-Cal or Children's Health Insurance Program (CHIP)



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



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

RAINBOW MUNICIPAL WATER DISTRICT

HEALTH INSURANCE OPTIONS

Rainbow Water offers a variety of medical plans so you can choose the coverage that best fits your needs and lifestyle. Whether you prefer predictable copays with an HMO, greater provider flexibility with a PPO, or lower premiums paired with a Health Savings Account (HSA) through a CDHP, each option provides comprehensive protection for you and your family.

Important Definitions

Navigating health insurance can feel complicated, but a few key terms make it easier to understand how your plan works and what you'll pay. The definitions below explain common words you'll see throughout this guide and your plan materials—helping you stay informed and make confident choices about your care.

PREMIUMS
The monthly or bi-monthly cost to have health insurance coverage.

COPAYS
The dollar amount you pay for a doctor's visit or prescription.

HMOs use copays

DEDUCTIBLE
The amount you pay out-of-pocket before insurance covers payments.

Applies to PPO & CDHP plans

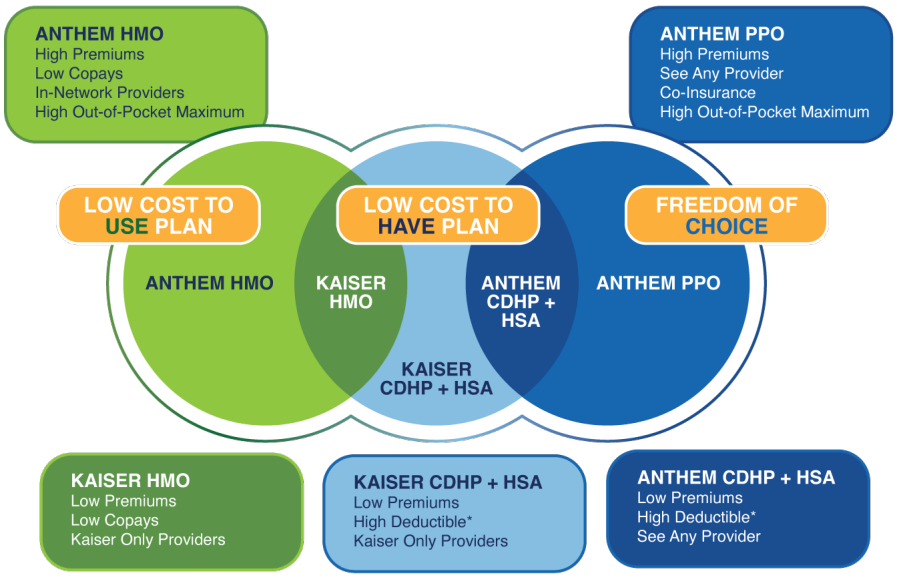
COINSURANCE
A percentage of health care costs you pay after your plan's deductible is met.

Choosing a Plan Grounded in What Matters Most

Selecting a health plan isn't just about comparing premiums—it's about finding the right balance between cost, convenience, and flexibility. Some employees prioritize low or no-cost care with a consistent network of doctors, while others value the freedom to choose their providers or save for future healthcare expenses.

The diagram at right shows how Rainbow Water's five medical plans align across these priorities—helping you choose the option that best supports your health, lifestyle, and budget.

** District-funded Health Savings Accounts offset high CDHP deductibles. Unused funds are yours to keep.*



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Plan Feature Comparisons

All plans include preventive care, hospital and emergency services, mental health support, and prescription drug coverage. For 2026, fertility benefits are now included across all plans, and enhanced menopause care is available through Anthem PPO and CDHP options.

Plan Feature	Kaiser CDHP	Kaiser HMO	Anthem CDHP	Anthem PPO	Anthem HMO
Summary Plan Description					
Network	KAISER PERMANENTE	KAISER PERMANENTE	Anthem Prudent Buyer PPO	Anthem Prudent Buyer PPO	Anthem CalCare HMO
Out-of-Network Coverage	None	None	**Yes**, 40% coinsurance Separate Out of Pocket Max	**Yes**, 20% coinsurance Separate Out of Pocket Max	None
Designated Primary Care Provider (PCP)	Required	Required	**Not** Required	**Not** Required	Required
PCP Referrals for Specialists	Required	Required	Self-Refer	Self-Refer	Required
Fertility Assistance	Covered through Kaiser	Covered through Kaiser	Anthem and progyny	Anthem and progyny	Covered In - Network Only
Pharmacy Benefit Manager	KAISER PERMANENTE	KAISER PERMANENTE	carelon Rx	carelon Rx	carelon Rx
Free Virtual Therapy & Mental Wellness	MODERN HEALTH, headspace care	MODERN HEALTH, headspace care	MODERN HEALTH	MODERN HEALTH	MODERN HEALTH
Surgery Concierge	None	None	carrum health	carrum health	None
Free/low-cost Cancer second opinions & guidance	None	None	carrum health	carrum health	None
Breast cancer treatment bundles	Not bundled	Not bundled	carrum health, City of Hope	carrum health, City of Hope	Not bundled
Free Virtual Physical Therapy	Not offered	Not offered	Hinge Health	Hinge Health	Not offered
Fitness Program	Not offered	Not offered	wellhub	wellhub	Not offered
Virtual Menopause Care	Through primary care telehealth	Through primary care telehealth	Midi, gennev	Midi, gennev	sydney

The chart above is for illustrative and comparison purposes only and is not a complete list of features. Follow each plan's links or QR codes for complete summary plan descriptions

HEALTH SAVINGS ACCOUNTS

An HSA is a **federal tax-free savings account** you can use to pay for eligible medical, dental, and vision expenses—today or in the future. It's available only if you're enrolled in a **Consumer-Directed Health Plan (CDHP),** giving you more control over managing your healthcare dollars. The District's Anthem and Kaiser CDHP plans both qualify you to have a Health Savings Account.

HealthEquity®

The District's HSA is managed through **HealthEquity**. If you already have a HealthEquity account from a previous employer, then Rainbow Water's contributions will be deposited into your existing account—provided doing so does not exceed the IRS annual maximum for the year.

Why a Health Savings Account Makes Sense

An HSA offers flexibility, savings, and long-term value that go beyond your medical plan. Because funds go in **tax-free, grow tax-free, and come out tax-free** when used for qualified expenses, an HSA is one of the most powerful financial tools available for managing healthcare costs—both now and in the future.

You can use your HSA funds to pay for a wide range of eligible expenses, including:

- Medical, dental, and vision care costs not covered by insurance
- Glasses, contact lenses, and dental treatments
- Certain over-the-counter medications and health-related supplies (see the **IRS list of qualified medical expenses** at irs.gov/publications/p502)

Because it's a **savings account**, you can decide whether to spend your HSA dollars now or let them accumulate for future healthcare needs—including costs you might face in retirement. Unused funds **roll over yearly**, earn interest, and remain **yours to keep**—even if you change jobs or health plans.

Contributions

District Contributions: If you enroll in a qualifying CDHP plan, then on the first banking day of the year, or after your initial enrollment, the District will deposit the following amounts into your HealthEquity HSA account:

- $1,750 for employee-only coverage
- $3,300 for family coverage

Your Contributions: You can also voluntarily contribute additional pre-tax dollars up to IRS limits:

- **Employee only:** $2,750 additional to meet the $4,500 IRS limit
- **Family:** $5,700 additional to meet the $9,000 IRS limit
- **Catch up:** Plus an extra $1,000 if you are age 55 or older



It's important to use your HSA funds strategically:

If you spend all your HSA funds early in the year on non-deductible (dental, vision, or smaller over-the-counter expenses), you could run out of money before reaching your deductible.

Consider making additional voluntary contributions through payroll deductions to ensure funds are available when needed.

How the HSA works with your CDHP plan

The CDHP has higher deductibles but lower premiums—and the HSA helps bridge that gap. With your **pre-paid debit card**, you can use your HSA funds anytime for qualified expenses, avoiding claim forms or reimbursements. Just upload a photo of your receipt or bill on the HealthEquity app in case you need it for a future audit.

Three Phases of Your CDHP with HSA Coverage

PHASE	WHAT HAPPENS	HOW THE HSA HELPS
1 **DEDUCTIBLE PHASE**	You pay 100% of costs until you reach your annual deductible.	Use HSA funds to cover these out-of-pocket expenses tax-free.
2 **COST-SHARING PHASE** (COPAY/COINSURANCE)	After the deductible, the plan shares costs—you pay a flat fee (copay) with Kaiser or a percentage (coinsurance) with Anthem.	Continue using HSA dollars for your share of eligible expenses.
3 **OUT-OF-POCKET MAXIMUM REACHED**	Once you reach your out-of-pocket limit, the plan pays 100% of covered expenses for the rest of the year.	Any unused HSA funds remain in your account and roll over for future use.

HSA Participation Rules

Because this is a federally tax-free account, the IRS has rules governing who can participate. To be eligible for an HSA:

- You must be **enrolled in an HSA-qualified plan** that meets the minimum deductible and other IRS requirements. The District's Anthem and Kaiser CDHP plans both qualify.
- You cannot have dual medical coverage, including Medicare (unless it's another HSA-qualified plan).
- Your dependents may have other coverage, but you may not.
- You **cannot** be covered by a general-purpose Flexible Spending Account (FSA) or Health Reimbursement Account (HRA), except for *limited-purpose* (dental/vision only) or *post-deductible* versions.
- You or your dependents **cannot** be claimed as a dependent on someone else's tax return. You must be able to claim adult dependents on your tax return to use HSA funds for their qualified expenses.
- You must **update your payroll deduction** in ADP to continue voluntary contributions each year.
- You can change your contribution amount any time during the year, and you can contribute in one lump sum, with your PTO cash out, or a lump sum merit award.

SPECIAL PROGRAMS FOR ANTHEM PPO AND CDHP MEMBERS

Your Anthem PPO or CDHP medical plan includes access to specialized partner programs that make it easier—and often free—to get high-quality care, personalized support, and wellness resources. These plan enhancements are included automatically with your coverage and are designed to help you stay **rooted in wellness** at every stage of life.

CARRUM HEALTH

Your **Carrum Health** benefit provides an easier way to get exceptional surgical care for over 100 procedures, including knee, hip, and shoulder surgeries, spine, heart, weight loss, and many more. Through your Anthem PPO or CDHP plan, Carrum provides dedicated care concierges, second-opinion consultations, and bundled pricing, often eliminating or reducing out-of-pocket costs.

Learn more at: info.carrumhealth.com/acwajpia
Scan the QR code, Call: 888-855-7806, Text: ACWAJPIA to 555888

Surgery Concierge

When surgery is recommended, Carrum Health helps you make confident decisions. You'll receive access to top-rated surgeons at world-class facilities, second-opinion consultations, and a dedicated care concierge to guide you through every step.

Bonus: Carrum offers a **$250 incentive** when you complete a second opinion before surgery.

Oncology Guidance

If you receive a diagnosis, Carrum's expert team provides 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 that you can stay close to home. For qualifying members, the Carrum Health benefit also covers:

- 48 months of virtual guidance
- Consult with your treating physician or recommendations for local specialists
- Access to navigational support from a team of oncology-certified nurses
- An expert second opinion of your cancer diagnosis & treatment plan from world-renowned specialists
- Access to some of the largest clinical trial programs in the country

Breast Cancer Treatment Bundles

Through a partnership between **Carrum Health** and **City of Hope**, Anthem members have access to **breast cancer treatment bundles** that combine surgery, oncology consultations, and coordinated care at nationally recognized centers of excellence—all with simplified billing and lower out-of-pocket costs. Carrum Health members residing within 60 miles of a City of Hope facility may be eligible for bundled treatment.

Nearest location: City of Hope | Corona 320 W. 6th St. Corona, CA 92882

More Exclusive Programs for Anthem PPO and CDHP Members

NEW IN 2026: Menopause Care

Gennev is now in-network for Anthem PPO/CDHP members.
Gennev is the only virtual menopause clinic that is led by board-certified OB/GYNs and Registered Dietitian Nutritionists available in all 50 states. Gennev has helped thousands of women achieve relief from menopause discomfort, including hot flashes, vaginal dryness, low libido, painful sex, weight changes, heart palpitations, anxiety, mood swings, hair and skin changes, joint pain, and other symptoms.

Learn about proven menopause care from Gennev by visiting gennev.com.

Midi
We are excited to add **Midi's** virtual menopause care benefit to participants in an ACWA JPIA Anthem PPO/CDHP plan. Hormonal changes in midlife can bring on many symptoms that are often misunderstood. Midi's expert clinicians can help you find safe, effective solutions. Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get necessary lab tests and create a personalized Care Plan.

Start your Midi journey at joinmidi.com/menopausebenefit

Fertility and Family Building
Your Anthem PPO and CDHP plans include access to **Progyny**, offering comprehensive fertility and family-building benefits, including IVF coverage, egg freezing, surrogacy and adoption support, and **doula services**. Progyny also offers care coordination and emotional wellness support throughout your journey.

Call Progyny at 866.461.4990 to get started or visit progyny.com/benefits

Virtual Physical Therapy
Receive personalized, virtual physical therapy from licensed clinicians—**at no cost**. Hinge Health delivers guided exercise therapy and digital support to help manage pain, prevent injury, and improve mobility from the comfort of home. This service includes:

- No cost access
- Exempt from deductibles, even on the CDHP plan
- Live video visits
- Tablets with sensors
- Enso units for pain management

Scan QR code or visit hingehealth.com/acwajpia

Fitness Program for all Anthem HMO, PPO or CDHP Members
Wellhub is available to all employees enrolled in a JPIA Anthem HMO or PPO plan. Wellhub is an all-in-one subscription that gives you access to the best gyms and studios near you, live-streamed and on-demand fitness classes, private sessions with certified wellness coaches, a variety of apps that support nutrition, mental well-being, meditation, and more.

VOLUNTARY BENEFITS



Rainbow Water offers additional voluntary insurance options through **Aflac** to help protect your income and provide peace of mind when unexpected events occur. These plans are **employee-paid** through convenient payroll deductions and can complement your core medical coverage by providing cash benefits directly to you when you need them most.

Common voluntary plans include:

- **Accident Insurance** – Helps cover out-of-pocket costs such as emergency room visits, hospital stays, or follow-up care after an injury.
- **Critical Illness Insurance** – Provides a lump-sum benefit if you're diagnosed with a covered condition like cancer, heart attack, or stroke.
- **Hospital Indemnity Insurance** – Pays cash directly to you to help offset hospital admissions, daily stays, or surgery expenses.
- **Supplemental Life Insurance** – Offers additional protection for you and your family beyond the District's core life insurance coverage.

Or, visit your benefits page at: www.aflacenrollment.com/ToMyLandingPageB/A12543442907

These voluntary plans allow you to choose the coverage that best suits your family's needs and financial goals.

To learn more about your options, contact **Aflac** directly at Darren Jones at D28_Jones@us.aflac.com or 951-217-7629.

ScholarShare529℠

The California way to save for college

Invest in their future — one paycheck at a time.

Through the **ScholarShare 529 College Savings Program**, you can set aside post-tax contributions through direct deposits from your paycheck to build a **tax-free education fund** for your children, grandchildren, or other loved ones.

Earnings grow **tax-free**, and withdrawals remain **tax-free when used for qualified educational expenses**, such as tuition, books, fees, and certain housing costs. Accounts are **flexible and transferable**, so if one beneficiary doesn't use the funds, they can easily be reassigned to another family member.

You stay in complete control — decide how much to contribute, change beneficiaries at any time, and pause or adjust contributions as your budget allows.

With ScholarShare 529, a small investment today can help make a big difference in the future cost of education for the people who matter most to you.

HELPFUL INFORMATION & RESOURCES

SCAN FOR CORE BENEFITS NARRATED PRESENTATION

Anthem's Sydney Health app makes healthcare easier

If you have an Anthem health plan, the Sydney Health app can help you maximize your benefits.

Download and use the app to:

- View and use your digital ID card.
- Have a video visit with a doctor or mental health professional.
- See what's covered and check your claims.
- Locate care nearby and check the cost.
- Look up your health history and medical records — and your family's — with My Health Records.
- Chat with a live agent to get answers to your healthcare questions.
- Discover well-being tips on your MyHealth Dashboard.
- Find organizations to help you with food, transportation, and childcare.

sydney℠

Scan the QR code with your phone's camera or visit anthem.com/ca to use the same features on our website.

Prescription Benefits — CarelonRx

CarelonRx is Anthem's **Pharmacy Benefit Manager (PBM),** which manages prescription drug benefits for Anthem PPO and CDHP members. A PBM helps coordinate safe, affordable, and convenient access to your medications by working with pharmacies and health plans to control costs and streamline delivery.

Anthem PPO and CDHP members **must** use a **CarelonRx-approved provider** for all *maintenance medications* (prescriptions you take on an ongoing basis, such as for blood pressure, diabetes, or cholesterol). You can choose from:

- **CarelonRx Home Delivery**, or
- **Participating retail pharmacies:** Safeway, Albertsons, Vons, Pavilions, Ralphs, Costco, Walmart, or Sam's Club

How It Works

- You may fill your prescription **twice (two 30-day supplies)** at any retail pharmacy before it is considered a maintenance medication.
- After that, you'll need to use **CarelonRx Home Delivery** or one of the **participating retail Maintenance medications cost 2× your regular retail copay** for a 90-day supply—often the most cost-effective option.

Tip: To avoid delays or higher costs, ask your doctor to write a **90-day prescription** and send it to Carelon directly.

KAISER PERMANENTE®

Kaiser's convenient ways to get care

If you have a Kaiser Permanente health plan, you can view your care options in the mobile app and at kp.org/getcare.

In-person visits

Walk-in urgent care is available for illnesses and injuries requiring prompt attention but not medical or mental health emergencies.2 Use urgent care for conditions such as back pain, sprains, falls, minor wounds and cuts, fever, and rashes.

Find the closest walk-in urgent care, view wait times on our app, or sign in to kp.org. Select All Care Options, under Walk-in urgent care, select Find urgent care locations, under Visit Urgent Care, select View participating facilities, then select your same-day care need.

Same- or next-day appointments may also be available. Check availability on our app, online, or call 1-833-KP4CARE for the soonest appointment with any clinician.

Target Clinic

Get care for minor illnesses and injuries at a Kaiser Permanente Target Clinic near you. Visit kptargetclinic.org for a full list of services and locations and to schedule same-day or next-day appointments (walk-ins are not guaranteed).

Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 to 48 hours, but is not an emergency medical condition.

Examples include:

- Minor injuries like sprains and falls
- Minor wounds and cuts
- Fever, moderate vomiting

Get Care Now, E-visit, Target Clinic

These care options can handle common conditions, such as:

- COVID-19, cold, flu, and RSV symptoms
- Urinary tract infection (UTI)
- Pink eye
- Care for other minor health conditions

Emergency care

Emergency care is for medical or mental health conditions that require immediate medical attention to prevent serious harm to your health.[1]

Examples include:

- Chest pain or pressure
- Sudden, severe stomach pain
- Decrease in or loss of consciousness
- Severe shortness of breath

For Emergency Mental Health Care:

- **1-800-900-3277** (TTY **711**) for 24/7 crisis intervention
- Call **988** for the National Suicide and Crisis Lifeline[2]

1. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.
2. The lifeline is provided by the Substance Abuse and Mental Health Services Administration.

For 24/7 advice,
call **1-833-KP4CARE**
(1-833-574-2273) (TTY **711**)

See all care options
kp.org/getcare

RAINBOW MUNICIPAL WATER DISTRICT

Contacts & Resources

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources. For information about medical plans, you may also contact the ACWA JPIA Benefits Team at (800) 736-2292 or benefits@acwajpia.com.

Carrier	Phone Number	Website
Anthem Blue Cross PPO Medical Benefits	800-284-2466	www.anthem.com/ca
Anthem Blue Cross HMO Medical Benefits	800-913-2236	www.anthem.com/ca
Carelon Rx – Anthem PPO	844-721-0409	www.anthem.com/ca
Carelon Rx – Anthem HMO	833-264-2467	www.anthem.com/ca
Anthem 24/7 Nurseline	800-700-0197	n/a
Anthem LiveHealth Online	888-548-3432	www.livehealthonline.com
Kaiser Permanente	800-464-4000	www.kp.org
Carrum Health	888-855-7806	Carrum.me/acwajpia
Hinge Health	855-902-2777	Hingehealth.com/acwajpia
Modern Health – Mental Wellness Benefits	866-535-6463	My.joinmodernhealth.com Circles.modernhealth.com
Progyny	866-461-4990	www.progyny.com
Vision Service Plan	800-877-7195	www.vsp.com
AnthemEAP	800-999-7222	www.anthemeap.com
Principal Dental	800-986-3343	www.Principal.com
Lincoln Financial – for Life, AD&D, and Disability plans	877-275-5462	www.LincolnFinancial.com
Lincoln Financial – 457(b)	800-454-6265	www.LincolnFinancial.com
Empower Retirement	800-701-8255	Empowermyretirement.com

Frequently Asked Questions

Are there any changes to our benefits this year?

Yes. For 2027, deductibles are increasing slightly for **CDHP plans** to meet IRS requirements, but the District's **HSA contribution is also increasing** to maintain the same net deductible.

The **vision frame and contact allowance** has also increased to **$170 every year instead of every 2 years**, and there will now be a $15 copay for vision visits.

What's the difference between an HMO and an HSA plan?

An **HMO (Health Maintenance Organization)** offers predictable costs and coordinated care through a network of providers. You'll choose a primary care doctor and need referrals for specialists.

An **HSA plan** is tied to a **CDHP (Consumer-Directed Health Plan)** with a higher deductible and lower premiums. It allows you to save money tax-free in a **Health Savings Account** for eligible medical, dental, and vision expenses.

Think of it this way: HMOs offer simplicity and structure; HSAs offer flexibility and long-term savings potential.

Can I pay for braces with my HSA?

Yes — orthodontia expenses are eligible **HSA-qualified medical expenses** under IRS rules, if they are not covered by insurance. You can also use your HSA for dental work, vision care, and many over-the-counter items.

Tip: Visit irs.gov/publications/p502 for a full list of eligible HSA expenses.

Can I use my HSA for chiropractic care?

Yes — chiropractic treatment is generally considered an eligible medical expense under IRS HSA rules, even if your health plan does not fully cover it. You can use your HSA debit card to pay for qualified chiropractic services, as long as they're for medical treatment rather than general wellness or maintenance.

Tip: Keep your itemized receipt in case the IRS requests documentation of the service.

Where can I see the insurance cost options or compare plans?

You can view all 2027 plan options and side-by-side cost comparisons in **ADP during Open Enrollment**, or in the **Plan Comparison and Pricing** flyer for your bargaining unit. These show each plan's monthly payroll deduction, deductible, and out-of-pocket costs.

How much would I pay if I switch to the Anthem HMO?

Premiums vary depending on your coverage tier (employee only, employee +1, or family). You can view your specific payroll deduction amounts directly in **ADP** during Open Enrollment or refer to the **Plan Cost Comparison** chart in this guide for estimated monthly costs by plan and tier.

Important Legal Notices – 2027 Summary

Each year, employers are required to share key information about your health plan rights and protections. Below is a summary of those notices. For full details, visit https://www.acwajpia.com/wp-content/uploads/2027-Annual-Notices-CHIP-included.pdf

Patient Protection & Primary Care Provider Choice

If you're enrolled in an **Anthem** or **Kaiser HMO**, you have the right to choose any participating **primary care provider (PCP)** who is accepting new patients. You may also choose a **pediatrician** for children or see an **OB/GYN** without a referral.

- **Anthem:** (833) 913-2236 | anthem.com/ca
- **Kaiser:** (800) 464-4000 | kp.org

Women's Health & Cancer Rights Act (WHCRA)

Plans cover all stages of **breast reconstruction** after mastectomy, including reconstruction of the other breast for symmetry, prostheses, and treatment of complications such as lymphedema. These services are subject to regular plan deductibles and copays.

Newborns' & Mothers' Health Protection Act (NMHPA)

Group health plans may not limit hospital stays to fewer than **48 hours after vaginal delivery** or **96 hours after a C-section** unless the patient and physician agree to an earlier discharge.

Summary of Benefits & Coverage (SBC)

You can request a current **Summary of Benefits & Coverage** for each medical plan at no cost from HR, at www.acwajpia.com, or by calling **1-800-736-2292**.

HIPAA Rights & Privacy

The **Health Insurance Portability and Accountability Act (HIPAA)** protects your privacy and ensures special enrollment rights if you lose other coverage, have a new dependent, or become eligible for Medicaid/CHIP assistance.
To request a copy of the **Notice of Privacy Practices**, contact your plan's Member Services (number on your ID card).

Medical Loss Ratio (MLR) Rebates

If ACWA JPIA receives a premium rebate because an insurer fails to meet federal spending standards, the rebate will be applied to **reduce future premiums** for the plan.

Medicare Creditable Coverage Notice

The prescription drug coverage under all **ACWA JPIA medical plans** is **creditable**, meaning it's expected to pay as much as or more than Medicare Part D. Keep this notice if you or a dependent becomes eligible for Medicare—you may need it to avoid late enrollment penalties.

Non-Discrimination & Language Assistance

ACWA JPIA health plans comply with federal civil rights laws and do not discriminate based on **race, color, national origin, age, disability, or sex**. Free aids, interpreters, and translated materials are available by calling the customer service number on your plan ID card.

Medicaid & CHIP Premium Assistance

If you or your dependents are eligible for **Medicaid (Medi-Cal)** or **CHIP**, your state may help pay for your employer-sponsored coverage. Contact your state Medicaid or CHIP office or visit **www.insurekidsnow.gov** for details.

Full Legal Notices

Visit https://www.acwajpia.com/wp-content/uploads/2027-Annual-Notices-CHIP-included.pdf to read the complete Annual Legal Notices (HIPAA, WHCRA, NMHPA, SBC, and more).