



Supplemental Employee Retirement Plan (SERP)

Benefit Overview by Bargaining Unit

September 2025

SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP)

The San Ramon Valley Unified School District is pleased to announce that the Board of Education has approved the offering of a Supplemental Employee Retirement Plan (SERP). This program will provide eligible employees with a monthly income supplement to their regular CalSTRS/CalPERS retirement benefits or other retirement income.

IMPORTANT: SERP offering is contingent upon Board Approval. If San Ramon Valley Unified School District determines that enrollment in SERP does not meet the operational and fiscal goals of the District, the District may rescind all or part of the plan. If the District chooses to rescind the SERP plan, employees may revoke their Separation Forms indicating retirement.

Retirement Window	Employee Group	Benefit Offered (% of one-year reportable salary)
Window #1*	SRVEA, CSEA, SEIU, Management or Confidential	60%
Window #2	SRVEA, CSEA, SEIU, Management or Confidential	50%

**If an employee elects to participate in Window 1, The San Ramon Valley Unified District may request the employee to defer their retirement and participate in a later Window should that be required for succession planning or recruitment.*

DISTRICT CONTRIBUTION

Bargaining Unit (BU)	Monthly Contribution
SRVEA	\$345 per month (based on FTE & CPI) Must have 10 years of consecutive service in a benefits eligible position
SEIU	\$656 per month (based on FTE & CPI) Must have 10 years of consecutive service in a benefits eligible position
CSEA II	Only eligible for District contribution if hired before 10/1/2002. Full cost of coverage paid for by the Retiree. Must have 10 years in a consecutive service in a benefits eligible position.
CSEA III	Full cost of coverage is paid for by the Retiree. Must have 10 years of consecutive service in a benefits eligible position

Full language outlining the benefits by Bargaining Unit can be found within the specific contract for each unit.

ELIGIBILITY

ENROLLING IN BENEFITS

If you did not enroll in medical, dental or vision benefits when you initially retired, you are not able to do so at a later date. If you enrolled and need to make changes, you may do so by contacting the Benefits Office to request the plan Enrollment Form(s). If you cancel your coverage at any time, you will not be permitted back on to the District plans. If you have enrollment questions, please contact the Benefits Office at (925) 552-2913.

Retirees and their eligible dependents can participate in San Ramon Valley Unified School District benefits. Eligible dependents include:

- Your spouse or domestic partner
- Child(ren) up to age 26 for medical , regardless of marital status
- Unmarried Child(ren) up to age 26 for life insurance
- Unmarried Child(ren) up to age 19 (or age 25 if a full-time student) for dental and vision coverage
- Unmarried Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

PROOF OF DEPENDENT ELIGIBILITY

You are required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to immediate disenrollment without the ability for re-enrollment in the future. If your dependent becomes ineligible for coverage during the year, you must contact the Benefits Office at (925) 552-5014 **within 30 days**. Failure to provide notification may result in a loss of continuation coverage (COBRA) rights for your dependent(s), AND you may also become financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.

RETIREE COST SUMMARY

Benefit - Early Retirees (under age 65)	Retiree Only	Retiree + 1	Retiree + Family
Kaiser Permanente Traditional HMO	\$1,235.44	\$2,470.88	\$3,496.32
Kaiser Permanente High-Deductible HMO	\$963.42	\$1,926.88	\$2,726.54
United Healthcare (UHC) Harmony HMO	\$1,538.62	\$3,068.78	\$4,338.75
United Healthcare (UHC) High-Deductible HMO	\$1,211.12	\$2,415.58	\$3,415.24
United Healthcare (UHC) Select Plus PPO	\$4,387.61	\$8,751.03	\$12,372.54
Benefit - Retirees 65+	Retiree Only	Retiree + 1*	Retiree + Family
Kaiser Permanente Senior Advantage (KPSA) HMO	\$302.80	\$605.60	Inquire with District
United Healthcare (UHC) Medicare Advantage PPO	\$599.04	\$1,198.08	Inquire with District
Benefit - Early Retirees & Retirees 65+	Retiree Only	Retiree + 1	Retiree + Family
Delta Dental (Base Plan)	\$53.20	\$106.36	\$153.36
Delta Dental (Buy-Up Plan)	\$64.39	\$128.74	\$186.89
VSP Vision	\$7.87	\$15.71	\$22.79

The rates illustrated above do not factor in any contribution you may receive from the District.

**assumes both members have Medicare parts A & B; if you need to enroll one person with Medicare and one person without Medicare, please inquire with the District for the applicable rates*

MAKING PAYMENTS

If the amount of your health premiums is more than the post retirement contribution you receive from the district, you will receive a bill each month which is due and payable upon receipt. You are billed current, for example; the bill you receive in September 2025 is for September's coverage.

You can either pay by personal check or sign up to have your financial institution issue a check to SRVUSD each month. We cannot accept wire transfers (ACH), debit or credit cards. If you have your financial institution automatically pay us each month, you will need to adjust your January 2026 payment to reflect the New Year's amount you owe. This change should be made after your December payment has been processed. You will receive a letter with additional information to determine what your monthly contribution will be in 2026.

When setting up an automatic payment from your bank, make sure to reference your six-digit alpha numeric SRVUSD Customer ID # that is located in the lower middle left-hand side, directly below the coverage detail of the invoice we send you (example: A12345). This will assist us in processing your payment timely.

Checks are payable to the San Ramon Valley Unified School District (SRVUSD) and mailed to Accounts Receivable, 699 Old Orchard Drive, Danville CA 94526, Attention: Retiree Benefits. **If payment is not received when due, coverage may lapse and cannot be re-instated.**

MEDICAL PLAN SUMMARIES (HMO)

Early Retirees (under age 65) can enroll in the Kaiser Permanente Health Maintenance Organization (HMO) medical plan or the United Healthcare (UHC) HMO plan, provided that you **live inside the applicable service area**; this also applies to any dependents. Any services obtained outside of the HMO service area will be limited to Emergency coverage only. These medical plans are an HMO and offer in-network coverage only. If you do not select a primary care physician when you enroll, one will be assigned to you by the carrier.

Key Features	Kaiser HMO	UHC Harmony HMO
	In-Network	In-Network
Calendar Year Deductible Individual / Family	None	None
Out-of-Pocket Maximum (<i>includes deductible</i>) Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000
Coinsurance (portion you pay)	None	None
Preventive Care	Covered 100%	Covered 100%
Physician Services Office Visit / Specialist Visit	\$30 copay	\$35 copay
Urgent Care Copay	\$30 copay	Within Service Area: \$35 Outside Service Area: \$50
Emergency Room Copay (waived if admitted)	\$150 copay	\$200 copay
Inpatient Hospital	\$250 copay/per admission	\$500 copay/per admission
Lab and X-Ray Services	No charge	No charge
Chiropractic	\$15 copay, up to 30 visits/year	\$15 copay, up to 40 visits/year (combined with acupuncture)

MEDICAL PLAN SUMMARIES (HMO)

Key Features	Kaiser HMO	UHC Harmony HMO
	In-Network	In-Network
Prescription Drugs		
Calendar Year Prescription Drug Deductible Applies to all non-Generic drugs	\$100	None
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Generic (Tier 1)	\$15 copay	\$10 copay
Preferred Brand (Tier 2)	\$30 copay	\$30 copay
Non-preferred Brand (Tier 3)	\$30 copay	\$50 copay
Specialty	20% up to \$150 may copay	20% up to \$100 may copay
MAIL-ORDER PRESCRIPTIONS	100-DAY SUPPLY	90-DAY SUPPLY
Generic (Tier 1)	\$30 copay	\$25 copay
Preferred Brand (Tier 2)	\$60 copay	\$75 copay
Non-preferred Brand (Tier 3)	\$60 copay	\$125 copay

To review the service area, find a provider, or to obtain additional information about your plan visit www.kp.org or www.myuhc.com.

MEDICAL PLAN SUMMARIES (HDHP HMO)

Early Retirees (under age 65) can choose between two High-Deductible Health Plan (HDHP) options. By choosing to enroll in the Kaiser Permanente HDHP or the United Healthcare (UHC) HDHP you'll have access to a health savings account (HSA), which can be used to set aside money pre-tax to be used for qualified medical expenses. These medical plans are both an HMO and offer in-network coverage only. You must select a primary care physician when you enroll in these plans.

Key Features	Kaiser High Deductible HMO	UHC High Deductible HMO
	In-Network	In-Network
Calendar Year Deductible Individual / Family	\$1,650 / \$3,300	\$3,300 / \$6,600
<i>All Services subject to the Calendar Year Deductible unless otherwise noted</i>		
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$3,300 / \$6,600	\$3,300 / \$6,600
Coinsurance (portion you pay)	10%	None
Preventive Care	Covered 100%	Covered 100%
Physician Services Office Visit / Specialist Visit	10% coinsurance	No charge
Urgent Care Copay	10% coinsurance	No charge
Emergency Room Copay (waived if admitted)	10% coinsurance	No charge
Inpatient Hospital	10% coinsurance	No charge
Lab and X-Ray Services	10% coinsurance	No charge
Chiropractic	\$15 copay, up to 30 visits/year	\$15 copay, up to 40 visits/year (combined with acupuncture; deductible waived)

MEDICAL PLAN SUMMARIES (HDHP HMO)

Key Features	Kaiser High Deductible HMO	UHC High Deductible HMO
	In-Network	In-Network
Prescription Drugs		
Calendar Year Prescription Drug Deductible Applies to all non-Generic drugs	Medical Deductible Applies	Medical Deductible Applies
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Generic (Tier 1)	\$10 copay	No charge
Preferred Brand (Tier 2)	\$30 copay	No charge
Non-preferred Brand (Tier 3)	\$30 copay	No charge
Specialty	20% up to \$250 may copay	No charge
MAIL-ORDER PRESCRIPTIONS	100-DAY SUPPLY	90-DAY SUPPLY
Generic (Tier 1)	\$20 copay	No charge
Preferred Brand (Tier 2)	\$60 copay	No charge
Non-preferred Brand (Tier 3)	\$60 copay	No charge

To review the service area, find a provider, or to obtain additional information about your plan visit www.kp.org or www.myuhc.com.

UHC HMO HARMONY NETWORK

The UHC Harmony network features these physician groups and hospitals in the Bay Area:



These groups allow referrals to each other's specialists, creating a single integrated Canopy referral network:

- Dignity Health Medical Network — Santa Cruz
- John Muir Health Physician Network — Alameda, Contra Costa and partial Solano
- Hill Physicians Medical Group — East Bay, San Francisco, San Mateo, and partial Solano
- Meritage Medical Network — Marin and partial Sonoma
- Santa Clara County IPA (SCCIPA) — Santa Clara

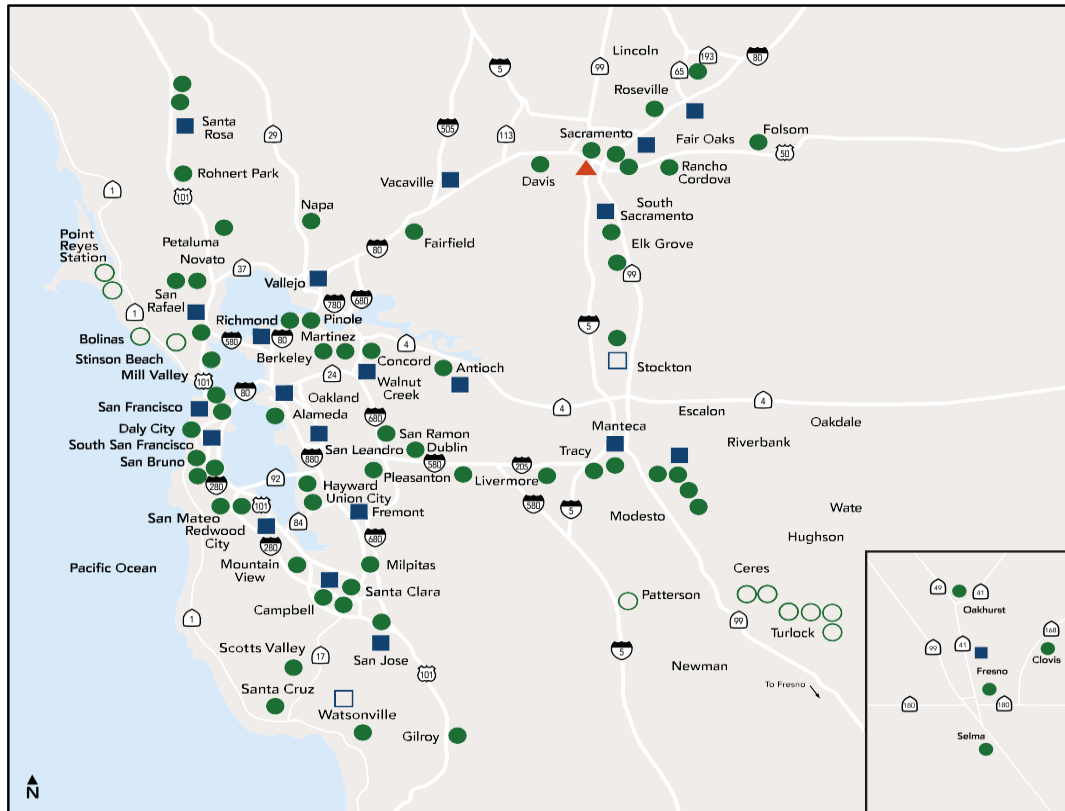
The Signature Value Advantage network will continue to be available **ONLY to subscribers who live outside the Harmony network.** Premiums will be the same as the Harmony rates.

Dependents who are in non-Harmony locations will need to select Harmony providers if subscriber lives in Harmony service area

KAISER HMO SERVICE AREA

In order to enroll in one of the Kaiser plans as a District Retiree you must live within the Kaiser service area.

If you are unsure of whether you live within the appropriate service area please contact the District. You can also find out more by calling Kaiser at (800) 464-4000



■ Kaiser Permanente medical centers (hospital and medical offices) □ Affiliated plan hospital
● Kaiser Permanente medical offices ○ Affiliated medical offices ▲ Specialty facility – sports medicine

- Central Valley
- Diablo
- East Bay
- Fresno
- Greater San Francisco
- Greater Southern Alameda
- Marin/Sonoma
- Napa/Solano
- Redwood City
- Roseville
- Sacramento
- San Jose
- Santa Clara
- Santa Cruz
- South Sacramento

MEDICAL PLAN SUMMARIES (PPO)

Early Retirees (under age 65) have the opportunity to enroll in the United Healthcare (UHC) Preferred Provider Organization (PPO) plan, which offers both in- and out-of-network coverage, but you will pay less for services when you see in-network providers. To find a provider in the Select Plus Plan or to obtain additional information about your plan visit www.myuhc.com. If you do not select a primary care physician when you enroll, UHC will assign one to you.

Key Features	UHC Select Plus (West) PPO	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$250 / \$500	\$500 / \$1,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$2,250 / \$4,500	\$4,500 / \$9,000
Coinsurance (portion you pay)	20%	40%
Preventive Care	Covered 100%	Not covered
Physician Services Office Visit / Specialist Visit	\$15 copay	40%, after deductible
Urgent Care Copay	\$50 copay	40%, after deductible
Emergency Room Copay (waived if admitted)	\$100 copay	
Inpatient Hospital (per admission)	20%, after deductible	40%, after deductible
Lab and X-Ray Services	No charge	40%, after deductible
Chiropractic	\$15 copay, up to 24 visits/year	40%, after deductible

MEDICAL PLAN SUMMARIES (PPO)

Key Features	UHC Select Plus (West) PPO	
	In-Network	Out-of-Network
Prescription Drugs		
Calendar Year Prescription Drug Deductible Individual / Family	None	
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Generic (Tier 1)	\$10 copay	\$10 copay
Preferred Brand (Tier 2)	\$30 copay	\$30 copay
Non-preferred Brand (Tier 3)	\$50 copay	\$50 copay
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)		
Generic	\$25 copay	Not covered
Preferred Brand	\$75 copay	Not covered
Non-preferred Brand	\$125 copay	Not covered

To find a provider in the Select Plus Plan or to obtain additional information about your plan visit www.myuhc.com.

DENTAL BENEFITS

SRVUSD offers dental coverage through Delta Dental. These are Preferred Provider Organization (PPO) plans made up of general dentists and specialists who have agreed to provide dental care at discounted fees.

The Delta Dental PPO plans give you the freedom to choose your own dentist and receive coverage from in-network and out-of-network providers. If you go to a dentist who participates in the PPO, you qualify for in-network coverage and benefit from discounted rates.

The District also offers a Dental Buy-Up plan, in addition to the standard Dental Base plan. The Buy-Up is available at a slightly increased cost, this additional plan option includes an increased Calendar Year Maximum, allowing you to receive more covered services each year.

Key Features	DELTA DENTAL PPO (BASE PLAN)	
	In-Network	Out-of-Network
Annual Calendar Year Maximum (CYM)	\$1,700	\$1,500
Calendar Year Deductible (Individual / Family)	\$25 / \$75	
Diagnostic & Preventive Services (no deductible and does not accumulate toward Annual CYM)	70% - 100% ^{1, 2}	
Basic Services	70% - 100% ¹	
Major Services	70% - 100% ¹	
Orthodontics	Not Covered	
Dental Accident Benefits	100% up to \$1,000 per Calendar Year	

¹ Benefit percentage increases by 10% each year (to a maximum of 100%) provided the member visits the dentist at least once during the year. If the member does not use the plan during the year, the benefit level remains the same as the prior year.

² Diagnostic & Preventive services do not count toward the Annual Calendar Year Maximum

DENTAL BENEFITS

You can find a participating provider at www.deltadentalins.com or by calling their Customer Service Department at 800-765-6003

Key Features	DELTA DENTAL PPO (BUY-UP PLAN)	
	In-Network	Out-of-Network
Annual Calendar Year Maximum	\$2,500	\$1,700
Calendar Year Deductible (Individual / Family)	\$25 / \$75	
Diagnostic & Preventive Services (no deductible and does not accumulate toward Annual CYM)	70% - 100% ^{1, 2}	
Basic Services	70% - 100% ¹	
Major Services	70% - 100% ¹	
Orthodontics	Not Covered	
Dental Accident Benefits	100% up to \$1,000 per Calendar Year	

¹ Benefit percentage increases by 10% each year (to a maximum of 100%) provided the member visits the dentist at least once during the year. If the member does not use the plan during the year, the benefit level remains the same as the prior year.

² Diagnostic & Preventive services do not count toward the Annual Calendar Year Maximum

VISION BENEFITS

You and your dependents have access to vision coverage through VSP. The VSP Signature plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

Key Features	In-Network	Out-of-Network	Frequency
Exam	No charge after \$10 copay	Up to \$50 benefit allowance, after \$10 copay	Once every 12 months
Lenses	No charge after \$25 copay	Varies depending on lens type, after \$25 copay	Once every 12 months
Frames	Up to \$150 benefit allowance, after \$25 copay	Up to \$70 benefit allowance, after \$25 copay	Once every 24 months
Contact Lenses Instead of Glasses (elective)	Up to \$130 benefit allowance, after \$25 copay	Up to \$105 benefit allowance, after \$25 copay	Once every 12 months
Contact Lenses Instead of Glasses (medically necessary)	No charge after \$25 copay	Up to \$210 benefit allowance, after \$25 copay	

Your VSP plan includes a \$20 Essential Medical Eye Care benefit, which includes an exam for diabetes and other medically related services related to your eyes (i.e. pink eye, eye trauma).

VSP also offers a hearing aid discount program to all VSP members and their covered dependents through TruHearing. You can sign up at www.truhearing.com/vsp/ and then call (877) 396-7194 to make an appointment.

BASIC & VOLUNTARY LIFE INSURANCE

Life insurance pays funds to your designated beneficiaries after your death. Basic Term Life is available to you, only if elected upon retirement, in the amount of \$25,000. Voluntary Life Insurance is a closed plan. Beginning in 2025, these benefits will be provided to you through SunLife Financial.

Dependent Life insurance is also available for your eligible dependents¹ in the amount of \$5,000 per dependent; if elected upon retirement.

Key Features	
Basic Life and AD&D Insurance	\$25,000
Conversion and Portability	Included
Accelerated Death Benefit	Included at 75%
Monthly Premium Cost Basic Life	
\$32.20	
Monthly Cost for any Retiree Electing Dependent Life	
\$2.00 for \$5,000 per dependent covered	

¹ Spouse, domestic partner, or unmarried dependent child up to age 26

Please note: the election you make upon initial retirement to take basic and/or additional life cannot be changed in the future, even if there is a change in family status.

NAMING YOUR BENEFICIARY

You may name anyone you wish as the beneficiary who will receive your Life and AD&D benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you submit a new beneficiary designation form. You may change your beneficiary(ies) as often as you wish. Please make sure your beneficiary information on file with the District is up to date. It is best to double check this information is up to date each year.

CSEA III POST RETIREMENT BENEFITS

- 1.** Employees who are employed for twenty (20) hours or more per week (i.e., .500 FTE and higher) shall be eligible to participate in District health, dental, vision and life insurance plans.
- 2.** Eligible employees may cover their spouses and their dependent children or their domestic partners and their dependent children.
- 3.** Retirees' domestic partners and their children are not eligible to be added to retiree coverage unless the domestic partnership commenced prior to the retirement of the employee.
- 4.** Employees who have ten (10) years of continuous benefits-eligible service immediately prior to retirement, may continue the benefits in which they were enrolled as active employees. The cost to the retiree is the full cost of the retiree rate. A retiree is defined as a person who is an annuitant i

CSEA UNIT II POST RETIREMENT BENEFITS

3.1 - All Post-retirement Benefits shall be financed entirely by employee contributions to the trust.

3.2 - The pre-funding rate is determined by an actuarial study, completed periodically in accordance with generally accepted accounting principles for state and local governments related to retiree benefits. The actuarial study defines the percentage of employee payroll necessary to fund the benefit promise. The salary schedule shall be adjusted each year by any changes in the pre-funding rate.

3.3 - Contributions to the Plan shall be calculated mid May for the current fiscal year. This amount shall be based on the annualized salaries for CSEA bargaining unit members as of the calculation date. See Appendix B for calculation. That amount shall be then transferred from the General Fund into the "Retiree Employee Benefit Plan and Trust" for each individual employee group no later than June 30th of the current fiscal year.

ARTICLE IV - BENEFITS

4.1 - The following unit members are eligible for retirement benefits if they fall under the definition of retiree as described above and under the applicable agreement between the District and CSEA that applies to the unit members eligibility for retirement benefits. This retirement benefit shall continue only for the lifetime of the retired bargaining unit members and shall not insure to their heirs, successors or assigns. heirs, successors or assigns. The following conditions shall occur as a condition precedent for participation.

4.1.a. - Employees hired on or after October 1, 2002, are not eligible for early retirement or retirement benefits.

CSEA UNIT II POST RETIREMENT BENEFITS (CONTINUED)

4.1.b. - Early retirement: For employees who were hired prior to October 1, 2002 and who retire from the District after July 1, 1986, the District shall contribute an amount equal to active Kaiser single party medical coverage per month toward medical benefits, from age 55 to 65, after ten (10) years of continuous Unit II Clerical benefits eligible service immediately prior to retirement. The District shall contribute a pro rata amount toward medical benefits from age 55 to 65 for part time employees who retire District and have been employed four (4) hours or more per day, after ten (10) years of continuous benefits eligible service immediately prior to retirement; however such employees who were employed prior to 7/1/73, who were receiving fully-paid health and welfare benefits prior to July 1, 1973, shall be entitled to the same District contributions as full time employees as long as they continue in assignments of four (4) hours or more. Employee must be enrolled with the same carrier as the District, subject to carrier approval. Provided they have had continuous coverage (i.e. are enrolled in the program prior to the effective date of retirement) employees may apply the District contribution plus any of their own contribution toward the cost of medical, dental, vision, or life insurance coverage upon retirement. These employees may continue life insurance into retirement. The amount of life insurance coverage will be \$25,000 of non-contributory, District-paid coverage if this is the only coverage in force prior to retirement. A maximum additional amount of \$25,000 of contributory, employee-paid supplemental life insurance will be allowed if this additional insurance is in force prior to retirement.

4.1.c. - Retirement Benefits: For employees who were hired prior to October 1, 2002, and who retire from the District and have been employed for ten (10) years of continuous benefits eligible service immediately prior to retirement, the District shall provide an amount equal to the current cost of Kaiser single party Medicare carve-out supplemental coverage after age 65.

CSEA UNIT II POST RETIREMENT BENEFITS (CONTINUED)

4.1.c. (Continued) - The District shall contribute a pro-rata amount of this benefit for part time employees who retire from the District and have been employed for four (4) hours or more per day after ten (10) years of continuous benefits eligible service in Unit II Clerical immediately prior to retirement. This coverage shall be provided by the District with the agreement of the Association that any cost containment savings recommended by the Benefits Study Committee will be used to offset the additional cost and that the cost shall be refunded by the District by setting aside current dollars for active employees on an actuarial basis (part time prorated).

4.1.d. - To determine the pro-rated retiree benefit level for employees who were hired prior to October 1, 2002, and who have worked at more than one level of full time equivalence, the employee may designate the ten (10) consecutive years, July 1 through June 30, to be used in retiree benefit level calculation. Time lost as a result of involuntary reduction in hours/layoff shall not be used in calculation of retiree benefit level, provided that the employee has not turned down an offer of employment of the same or greater hours.

4.1.e. - Employees termination or cease employment reason without satisfying all of the requirements for Retirement shall not be entitled to Benefits

4.2 - The actual Benefit amount shall be set forth in Appendix A to the Plan each year.

4.3 - The Trust contribution may be applied toward medical, dental, vision or life insurance coverage as permitted by each carrier. The Retiree must make adequate arrangements for reimbursement to the Trust for monthly premium amounts exceeding the district contribution

SEIU POST RETIREMENT BENEFITS

Retirement 7/2/86 Through 6/30/88: For employees who retire after 7/1/86, the District shall contribute an amount equal to Kaiser single party medical coverage per month toward medical benefits, from age fifty-five (55) to sixty-five (65) after ten (10) years of continuous full-time service immediately prior to retirement. The District shall contribute a pro rata amount toward medical benefits from age fifty-five (55) to sixty-five (65) for part-time employees who have been employed four (4) hours or more per day, after ten (10) years of continuous service immediately prior to retirement.

Retirement After 6/30/88: For employees who retire from the District on or after 7/1/88, the District shall, in addition to H. I. above, provide an amount equal to the current cost of Kaiser Medicare eligible coverage (not Kaiser Senior Advantage rate) for employees after age sixtyfive (65) who have been employed for ten (10) years of continuous service immediately prior to retirement. This coverage shall be provided by the District with the Agreement of the Union that any cost containment savings recommended by the Benefits Study Committee will be used to offset the additional cost and that the cost shall be prefunded by the District by setting aside current dollars for active employees on an actuarial basis. Employees have contributed to pre-funding of post-retirement benefits at an actuarially determined percentage of salary. In the event that future actuarial studies indicate a change in the prefunding percent of salary monies set aside by the District, the District and Union will meet to negotiate.

SEIU POST RETIREMENT BENEFITS (CONTINUED)

Retirement After 6/30/06: The District will contribute a flat rate of five hundred thirty-four dollars (\$534) per month (rate applies to 2018-2019) (adjusted annually by the Consumer Price Index for all urban consumers for San Francisco-Oakland) for eligible employees who are at least age fifty-five (55) and have ten (10) years of continuous full time service immediately prior to retirement. The District shall contribute a pro-rata amount toward medical benefits for eligible part-time employees at least age fifty-five (55) who have been employed four (4) hours or more per day, after ten (10) years of continuous service immediately prior to retirement after 6/30/06.

Retiree Life Insurance: Bargaining unit members may direct their benefit amount to pay medical, dental, vision, or life insurance coverage upon retirement. These employees may continue life insurance into retirement. Life insurance coverage must be continuous and may be purchased at either twenty-five thousand dollars (\$25,000) or fifty thousand dollars (\$50,000) term life coverage

SRVEA POST RETIREMENT BENEFITS

- 1.** Retiree is defined as an individual who retires from the San Ramon Valley Unified School District under the provisions required by STRS/PERS and is receiving retirement benefits from STRS or PERS.
- 2.** Eligibility: The following unit members are eligible for retirement benefits if they fall under the definition of retiree as described above. This retirement benefit shall continue only for the lifetime of the retired bargaining unit member.
 - a.** Employees hired prior to July 1, 1993, shall be eligible for post retirement benefits regardless of the duration of their employment in the San Ramon Valley Unified School District.
 - b.** Employees hired July 1, 1993, or later will be eligible for retirement benefits after at least ten years of paid service in a bargaining unit position with the District immediately preceding 80 STRS retirement or Pre-Retirement Leave as provided in the SRVEA Agreement.
- 3.** In the 2020 plan year, the retiree health and welfare benefits for all unit members shall be \$290.00 per month. This amount shall be increased annually on July 1 by an amount equal to the percentage increase to the consumer price index for all urban consumers for San Francisco-Oakland.

SRVEA POST RETIREMENT BENEFITS (CONTINUED)

4. The District contribution may be applied toward medical, dental, vision or life insurance coverage as permitted by each carrier. The Retiree must make adequate arrangements for reimbursement to the District for monthly premium amounts exceeding the district contribution.

O. The Association and District shall annually participate in a District-wide Employer/Employee Cost Containment and Benefits Study Committee. The Committee shall be comprised of representatives from each bargaining unit, as designated by each unit, one management/confidential representative, and the District's insurance consultant. The recommendations of the Committee will automatically be considered as reopeners for negotiations between the Association and the District.

P. The District shall provide the opportunity for members of the bargaining unit to participate in a Flexible Spending Account Program agreeable to both the District and the Association, provided there is no cost to the General Fund. 81



Thank you!

Additional questions can be directed to the Human Resources department at the District:

Shannelle Sherrod
Shahnaz Babar

925.552.2913
925.552.5014

ssherrod@srvusd.net
sbabar@srvusd.net

These presentation materials will also be available on the TruHu benefits portal:

<https://apps.truhu.com/Login.aspx>

User ID: SRVRetiree (case sensitive)

Password: Benefits1 (case sensitive)

