

AGENDA ITEM 1 E
Consent Item

MEMORANDUM

DATE: September 3, 2020

TO: El Dorado County Transit Authority

FROM: Maria Harris, Human Resources Manager

SUBJECT: Calendar Year 2021 agency contributions for health premiums for unrepresented regular and management employee groups

REQUESTED ACTION:

BY MOTION,

Adopt Resolution No. 20-24 defining agency contributions for health premium benefits for unrepresented regular and management employees for Calendar Year 2021

BACKGROUND

The El Dorado County Transit Authority (El Dorado Transit) agency's portion of health care insurance premium contribution is established annually by resolution. El Dorado Transit contracts with the California Public Employees' Retirement System (CalPERS) to provide health care benefits for unrepresented regular and management employees.

DISCUSSION

Resolution No. 20-24 defines agency contributions towards health premium benefits for unrepresented regular and management employees for Calendar Year 2021. Rates reflect medical, dental and vision coverages. Dental and vision rates will not increase for the 2021 plan year. Health rates on average increased 4.44 percent across the CalPERS Basic Health Maintenance Organization (HMO) plans and rates for the Basic Preferred Provider Organization (PPO) plans will see an overall average increase of 8.54 percent. There are no copay or coinsurance changes for 2021. There are also no changes to the plans offered within El Dorado County.

Open enrollment period begins September 21, 2020 and ends on October 16, 2020.

FISCAL IMPACT

The adopted Operating Budget for Fiscal Year 2020/21 includes the Health Insurance line item projected at a total of \$1,052,200 for unrepresented and represented employees. The portion of that amount budgeted for the unrepresented and management employee group is projected at \$563,458.

**EL DORADO COUNTY TRANSIT AUTHORITY
RESOLUTION NO. 20-24**

RESOLUTION OF THE BOARD OF DIRECTORS OF THE
EL DORADO COUNTY TRANSIT AUTHORITY DEFINING AGENCY
CONTRIBUTIONS FOR THE 2021 CALENDAR YEAR
HEALTH PREMIUM BENEFITS
FOR UNREPRESENTED REGULAR AND MANAGEMENT EMPLOYEES

WHEREAS, the El Dorado County Transit Authority (El Dorado Transit) has unrepresented regular employees and management employees; and

WHEREAS, the El Dorado County Transit Authority Personnel Policies and Procedures Manual Article 6.2 – Employee Benefits/Insurance Plans allows El Dorado Transit to adjust contributions based upon budgetary constraints and fluctuating health care costs; and

WHEREAS, El Dorado Transit contracts with the California Public Employees’ Retirement system (CalPERS) to provide health care benefits for its employees; and

WHEREAS, El Dorado Transit currently has twenty-five (25) eligible allocated full –time equivalent positions and five (5) eligible retirees; and

WHEREAS, El Dorado Transit provides dental and vision insurance through separate carriers; and

NOW, THEREFORE BE IT RESOLVED, that El Dorado Transit shall provide the following contribution levels over twenty-six (26) pay periods toward health plan premiums of unrepresented regular and management employees, provided sufficient funds are available effective January 1, 2021:

<u>Full-Time Employees:</u>		<u>Part-Time Employees:</u>	
Employee Only	\$418.69	Employee Only	\$293.34
Employee + One	\$792.92	Employee + One	\$594.69
Employee + Two or More	\$1,049.49	Employee + Two or More	\$787.12

BE IT FURTHER RESOLVED, that El Dorado Transit shall provide current contribution and 80% of any adjustment of the 2021 calendar year premium for health care benefits benchmarked at the 2020 PERS Choice Plan (or equivalent) for the unrepresented regular and management employees.

PASSED AND ADOPTED BY THE GOVERNING BOARD OF THE EL DORADO COUNTY TRANSIT AUTHORITY at a regular meeting of said Board held on the 3rd day of September 2020 by the following vote.

AYES:

NOES:

ABSTAIN:

ABSENT:

John Hidahl, Chairperson

ATTEST:

Megan Wilcher, Secretary to the Board

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2021

UPDATED 08/05/2020

		EDCTA MONTHLY * CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
Anthem Traditional HMO					
FULL-TIME EMPLOYEES					
	Single	\$907.17	\$486.89	\$1,394.06	\$224.72
	2-Party	\$1,837.46	\$940.16	\$2,777.62	\$433.92
	Family	\$2,429.19	\$1,218.75	\$3,647.94	\$562.50
PART-TIME EMPLOYEES					
	Single	\$680.38	\$713.68	\$1,394.06	\$329.39
	2-Party	\$1,378.10	\$1,399.53	\$2,777.62	\$645.93
	Family	\$1,821.89	\$1,826.05	\$3,647.94	\$842.79
Anthem Select HMO					
FULL-TIME EMPLOYEES					
	Single	\$907.17	\$104.63	\$1,011.80	\$48.29
	2-Party	\$1,837.46	\$175.64	\$2,013.10	\$81.06
	Family	\$2,429.19	\$224.87	\$2,654.06	\$103.79
PART-TIME EMPLOYEES					
	Single	\$680.38	\$331.42	\$1,011.80	\$152.96
	2-Party	\$1,378.10	\$635.01	\$2,013.10	\$293.08
	Family	\$1,821.89	\$832.17	\$2,654.06	\$384.08
Blue Shield Access+					
FULL-TIME EMPLOYEES					
	Single	\$907.17	\$349.11	\$1,256.28	\$161.13
	2-Party	\$1,837.46	\$664.60	\$2,502.06	\$306.74
	Family	\$2,429.19	\$860.52	\$3,289.71	\$397.16
PART-TIME EMPLOYEES					
	Single	\$680.38	\$575.90	\$1,256.28	\$265.80
	2-Party	\$1,378.10	\$1,123.97	\$2,502.06	\$518.75
	Family	\$1,821.89	\$1,467.82	\$3,289.71	\$677.45
Kaiser CA					
FULL-TIME EMPLOYEES					
	Single	\$907.17	\$0.00	\$899.84	\$0.00
	2-Party	\$1,837.46	\$0.00	\$1,789.18	\$0.00
	Family	\$2,429.19	\$0.00	\$2,362.96	\$0.00
PART-TIME EMPLOYEES					
	Single	\$680.38	\$219.46	\$899.84	\$101.29
	2-Party	\$1,378.10	\$411.09	\$1,789.18	\$189.73
	Family	\$1,821.89	\$541.07	\$2,362.96	\$249.72
PERS Choice					
FULL-TIME EMPLOYEES					
	Single	\$907.17	\$114.87	\$1,022.04	\$53.02
	2-Party	\$1,837.46	\$196.12	\$2,033.58	\$90.52
	Family	\$2,429.19	\$251.49	\$2,680.68	\$116.07
PART-TIME EMPLOYEES					
	Single	\$680.38	\$341.66	\$1,022.04	\$157.69
	2-Party	\$1,378.10	\$655.49	\$2,033.58	\$302.53
	Family	\$1,821.89	\$858.79	\$2,680.68	\$396.36

PERS Select

FULL-TIME EMPLOYEES

Single	\$907.17	\$0.00	\$652.87	\$0.00
2-Party	\$1,837.46	\$0.00	\$1,295.24	\$0.00
Family	\$2,429.19	\$0.00	\$1,720.84	\$0.00

PART-TIME EMPLOYEES

Single	\$680.38	\$0.00	\$652.87	\$0.00
2-Party	\$1,378.10	\$0.00	\$1,295.24	\$0.00
Family	\$1,821.89	\$0.00	\$1,720.84	\$0.00

PERS Care

FULL-TIME EMPLOYEES

Single	\$907.17	\$473.72	\$1,380.89	\$218.64
2-Party	\$1,837.46	\$913.82	\$2,751.28	\$421.76
Family	\$2,429.19	\$1,184.50	\$3,613.69	\$546.69

PART-TIME EMPLOYEES

Single	\$680.38	\$700.51	\$1,380.89	\$323.31
2-Party	\$1,378.10	\$1,373.19	\$2,751.28	\$633.78
Family	\$1,821.89	\$1,791.80	\$3,613.69	\$826.98

Western Health Advantage

FULL-TIME EMPLOYEES

Single	\$907.17	\$0.00	\$843.22	\$0.00
2-Party	\$1,837.46	\$0.00	\$1,675.94	\$0.00
Family	\$2,429.19	\$0.00	\$2,215.75	\$0.00

PART-TIME EMPLOYEES

Single	\$680.38	\$162.84	\$843.22	\$75.16
2-Party	\$1,378.10	\$297.85	\$1,675.94	\$137.47
Family	\$1,821.89	\$393.86	\$2,215.75	\$181.78

Blue Shield Trio

FULL-TIME EMPLOYEES

Single	\$907.17	\$59.53	\$966.70	\$27.48
2-Party	\$1,837.46	\$85.44	\$1,922.90	\$39.43
Family	\$2,429.19	\$107.61	\$2,536.80	\$49.67

PART-TIME EMPLOYEES

Single	\$680.38	\$286.32	\$966.70	\$132.15
2-Party	\$1,378.10	\$544.81	\$1,922.90	\$251.45
Family	\$1,821.89	\$714.91	\$2,536.80	\$329.96

Coverage premiums include Medical, VSP Vision and Delta Dental

* EDCTA contribution includes 2020 contribution plus, 80% of premium change using PERS Choice 2021