AGENDA ITEM 1 D Consent Item

MEMORANDUM

DATE: September 4, 2025

TO: El Dorado County Transit Authority

FROM: Lenay Guidry, Human Resources Manager

SUBJECT: Health Plan Year 2026 Agency Contributions for Health Premiums

for Unrepresented Regular and Management Employees

REQUESTED ACTION:

BY MOTION,

Adopt Resolution No. 25-23 defining the El Dorado County Transit Authority's health insurance premium contribution rates provided to unrepresented regular and management employees beginning January 1, 2026.

BACKGROUND

The El Dorado County Transit Authority (El Dorado Transit) agency's portion of health care insurance premium contributions 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. 25-23 defines agency contributions towards health premium benefits for unrepresented regular and management employees beginning January 1, 2026.

Rates reflect medical, dental and vision coverages. Dental and vision rates will not increase for the 2026 plan year. CalPERS health rates increased 5.48% overall average across the Basic Health Maintenance Organization (HMO) plans and rates for the Basic Preferred Provider Organization (PPO) plans will see an overall average increase of 9.64%.

CalPERS attributes the primary factors behind premium increases to the rising costs of providing services and the growing use of high-cost specialty and brand-name medications.

There are no changes to the plans offered within the El Dorado County region. Open enrollment period begins September 15, 2025, and ends on October 10, 2025. Changes made during the 2025 open enrollment will take effect January 1, 2026.

FISCAL IMPACT

The adopted budget for Fiscal Year 2025/26 line item - Health Insurance is \$1,770,000 for unrepresented and represented employees. The budgeted amount for unrepresented health insurance is \$862,210 of that amount.

EL DORADO COUNTY TRANSIT AUTHORITY RESOLUTION NO. 25-23

RESOLUTION OF THE BOARD OF DIRECTORS OF THE EL DORADO COUNTY TRANSIT AUTHORITY DEFINING AGENCY CONTRIBUTIONS FOR THE 2026 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 – Health Benefits/Eligibility 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-seven (27) eligible allocated full – time positions and six (6) eligible retirees enrolled in the health plan; 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, 2026:

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ull-Time Employees:		Part-Time Employees:		
Employee Only	\$689.82	Employee Only	\$517.37	
Employee + One	\$1,390.31	Employee + One	\$1042.73	
Employee + Two or More	\$1,826.09	Employee + Two or More	\$1369.57	

BE IT FURTHER RESOLVED, that El Dorado Transit shall provide current contribution and 80% of any adjustment of the 2026 calendar year premium for health care benefits benchmarked at the 2026 PERS Premium 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 4th day of September 2025 by the following vote.

AYES:	NOES:	ABSTAIN:	ABSENT:
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El Dorado County	Transit Autho	ority Chairperson	
ATTEST:			
Megan Wilcher, Se	cretary to the	Board	

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/9	01/2026				UPDATED 08/11/2025
101120 211201112 01	01/2020	EDCTA MONTHLY * CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
Anthem Blue Cross Select H FULL-TIME EMPLOYEES	МО				
	Single	\$1,494.61	\$0.00	\$1,422.49	\$0.00
	2-Party	\$3,012.34	\$0.00	\$2,834.48	\$0.00
	Family	\$3,956.53	\$0.00	\$3,721.85	\$0.00
PART-TIME EMPLOYEES					
	Single	\$1,120.96	\$301.53	\$1,422.49	\$139.17
	2-Party	\$2,259.26	\$575.23	\$2,834.48	\$265.49
	Family	\$2,967.40	\$754.45	\$3,721.85	\$348.21
Anthem Blue Cross Traditio	nal HMO				
CEL-TIME EMI EO TEES	Single	\$1,494.61	\$203.67	\$1,698.28	\$94.00
	2-Party	\$3,012.34	\$373.72	\$3,386.06	\$172.49
	Family	\$3,956.53	\$482.38	\$4,438.91	\$222.64
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PART-TIME EMPLOYEES	Single	\$1,120.96	\$577.32	\$1,698.28	\$266.46
	2-Party	\$2,259.26	\$1,126.81	\$3,386.06	\$520.06
	Family	\$2,967.40	\$1,471.51	\$4,438.91	\$679.16
Kaiser Permanente					
	Single	\$1,494.61	\$0.00	\$1,255.06	\$0.00
	2-Party	\$3,012.34	\$0.00	\$2,499.62	\$0.00
	Family	\$3,956.53	\$0.00	\$3,286.54	\$0.00
PART-TIME EMPLOYEES					
ART-THVIE EIVII EOT LES	Single	\$1,120.96	\$134.10	\$1,255.06	\$61.89
	2-Party	\$2,259.26	\$240.37	\$2,499.62	\$110.94
	Family	\$2,967.40	\$319.14	\$3,286.54	\$147.30
PERS Gold FULL-TIME EMPLOYEES					
OLE-TIME EMI LOTEES	Single	\$1,494.61	\$0.00	\$1,206.78	\$0.00
	2-Party	\$3,012.34	\$0.00	\$2,403.06	\$0.00
	Family	\$3,956.53	\$0.00	\$3,161.01	\$0.00
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PART-TIME EMPLOYEES	Single	\$1,120.96	\$85.82	\$1,206.78	\$39.61
	2-Party	\$2,259.26	\$143.81	\$2,403.06	\$66.37
	Family	\$2,967.40	\$193.61	\$3,161.01	\$89.36
PERS Platinum					
FULL-TIME EMPLOYEES	Single	\$1,494.61	\$261.73	\$1,756.34	\$120.80
	2-Party	\$3,012.34	\$489.84	\$3,502.18	\$226.08
	Family	\$3,956.53	\$633.33	\$4,589.86	\$292.31
PART-TIME EMPLOYEES					
	Single	\$1,120.96	\$635.38	\$1,756.34	\$293.25
	2-Party	\$2,259.26	\$1,242.93	\$3,502.18	\$573.66
	Family	\$2,967.40	\$1,622.46	\$4,589.86	\$748.83
Western Health Advantage I	НМО				
CEET INVIELENTI EO I EES	Single	\$1,494.61	\$0.00	\$1,055.78	\$0.00
	2-Party	\$3,012.34	\$0.00	\$2,101.06	\$0.00
			\$0.00	\$2,768.41	\$0.00
	Family	\$3,956.53	\$0.00	+= ,, •••••	4
PART-TIME EMPLOYEES	Family	\$3,936.33	\$0.00	42 ,, 60.1.1	*****
PART-TIME EMPLOYEES	Family Single	\$3,956.53 \$1,120.96	\$0.00	\$1,055.78	\$0.00
PART-TIME EMPLOYEES	·			·	

Coverage premiums include Medical, VSP Vision and Delta Dental

^{*} EDCTA contribution includes 2025 contribution plus, 80% of premium change using PERS Premium 2026.

 $^{*\} EDCTA\ contribution\ is\ a\ maximum\ amount.$