AGENDA ITEM 1 D
Consent Item

MEMORANDUM

DATE: **September 3, 2026**

TO: **El Dorado County Transit Authority**

FROM: **Steffi Ahart, Human Resources Manager**

SUBJECT: **Health Plan Year 2027 Agency Contributions for Health Premiums for Represented, Unrepresented Regular and Management Employees**

REQUESTED ACTION:
BY MOTION,

Adopt Resolution No. 26-25 defining the El Dorado County Transit Authority's health insurance premium contribution rates for represented, unrepresented regular, and management employees beginning January 1, 2027

BACKGROUND

The El Dorado County Transit Authority (El Dorado Transit) agency contribution toward employee health insurance premiums is established annually by resolution. Represented employees receive coverage through the Operating Engineers Local No. 3 (OE3) health plans, while unrepresented regular and management employees receive coverage through the California Public Employees' Retirement System (CalPERS). This action combines the 2027 contribution rates for all three employee groups into one resolution.

DISCUSSION

Resolution No. 26-25 establishes agency contributions toward health premium benefits for represented, unrepresented regular, and management employees effective January 1, 2027. Rates reflect the medical, prescription, dental and vision benefits included with each applicable plan package.

Represented Employees. Based on the renewal information provided by OE3, premiums for all plans offered to represented employees will increase 7% for the 2027 plan year. The 2027 monthly package premiums range from $893 to $1,418 for employee-only coverage, $1,786 to $2,835 for employee-plus-one coverage, and $2,350 to $3,827 for family coverage. Agency contributions are up to $1,190 for employee-only coverage and range from $1,666.80 to $2,506.00 for employee-plus-one coverage and $2,118.00 to $3,299.60 for family coverage. This structure substantially offsets employee costs and continues to provide lower-cost plan choices, including employee-only options that may be fully covered by the agency contribution.

Unrepresented and Management Employees. CalPERS' approved 2027 Region 1 premiums for the plans available to El Dorado Transit employees show plan-specific increases ranging from 1.61% for Kaiser Permanente to 11.24% for Anthem Blue Cross Select HMO. Although the increases vary by carrier and plan, employees continue to have a range of HMO and PPO choices, including medical, dental and vision coverage. 2027 monthly premiums range from $1,117.00 to $1,864.82 for employee-only coverage, $2,223.50 to $3,719.14 for employee-plus-one coverage, and $2,927.58 to $4,871.91 for family coverage. The maximum monthly agency contributions for full-time employees are $1,581.39, $3,185.91 and $4,182.17, respectively; part-time contribution levels are 75% of those amounts.

The agency contribution methodology absorbs a significant portion of the annual premium increases and helps maintain affordable coverage across the available plans and coverage tiers. Employees may select among plans with different provider networks and premium levels, allowing them to balance access, cost and individual health care needs. Depending on employee classification, coverage tier and plan selection, some options are available with little or no employee payroll contribution. Open enrollment elections made during 2026 will take effect January 1, 2027.

FISCAL IMPACT

The fiscal impact will depend on employee enrollment, coverage-tier elections and plan selection. Because the new rates take effect January 1, 2027, they will affect the final six months of Fiscal Year 2026/27. Health insurance costs will be charged to the adopted Health Insurance budget, and staff will monitor actual enrollment and expenditures throughout the plan year.

EL DORADO COUNTY TRANSIT AUTHORITY
RESOLUTION NO. 26-25

RESOLUTION OF THE BOARD OF DIRECTORS OF THE
EL DORADO COUNTY TRANSIT AUTHORITY DEFINING AGENCY
CONTRIBUTIONS FOR THE 2027 CALENDAR YEAR
HEALTH PREMIUM BENEFITS
FOR REPRESENTED, UNREPRESENTED REGULAR AND MANAGEMENT
EMPLOYEES

WHEREAS, the El Dorado County Transit Authority (El Dorado Transit) has represented, unrepresented regular 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 provides health care benefits through the Operating Engineers Local No. 3 (OE3) plans for represented employees and contracts with the California Public Employees' Retirement System (CalPERS) for unrepresented regular and management employees; and

WHEREAS, premiums for the OE3 health plans offered to represented employees will increase seven percent (7%) for the 2027 calendar year; and

WHEREAS, the applicable health plan packages include medical, prescription, dental and vision benefits as provided under each plan; and

NOW, THEREFORE BE IT RESOLVED, that El Dorado Transit shall provide the following maximum contribution levels per pay period over twenty-six pay periods towards health plan premiums for represented, unrepresented regular and management employees, provided sufficient funds are available, effective January 1, 2027:

Represented Employees:

Employee Only	Up to $549.23
Employee + One	$769.29 - $1,156.62
Employee + Two or More	$977.54 - $1,522.89

Unrepresented Regular and Management Employees:

Full-Time Employees:

Full-Time - Employee Only	$729.87
Full-Time - Employee + One	$1,470.42
Full-Time - Employee + Two or More	$1,930.23

Part-Time Employees:

Part-Time - Employee Only	$547.40
Part-Time - Employee + One	$1,102.82
Part-Time - Employee + Two or More	$1,447.67

BE IT FURTHER RESOLVED, that represented employee contribution levels shall be established in accordance with Article 11.A, Medical Contributions, of the Memorandum of Understanding between El Dorado Transit and Operating Engineers Local Union No. 3 effective July 1, 2024 through June 30, 2027, as reflected in the approved 2027 OE3 plan contribution schedule, and shall not exceed the actual premium for the employee's selected plan; and

BE IT FURTHER RESOLVED, that, consistent with the contribution methodology established by Resolution No. 12-17, El Dorado Transit shall provide unrepresented regular and management employees the 2026 agency contribution plus eighty percent (80%) of the increase in the applicable premium from calendar year 2026 to calendar year 2027, benchmarked to the 2027 PERS Platinum Plan (or equivalent), with part-time contribution levels equal to seventy-five percent (75%) of the full-time contribution; and

BE IT FURTHER RESOLVED, that in no event shall an agency contribution exceed the actual premium cost for the employee's selected plan and coverage tier.

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 2026 by the following vote.

AYES: NOES: ABSTAIN: ABSENT:

_____

Brian Veerkamp, Chairperson

ATTEST:

_____

Megan Wilcher, Secretary to the Board

EDCTA SPONSORED PLAN REPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2027 — **UPDATED 08/25/2026**

Operating Engineers Plan		EDCTA MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD	OPEN ENROLLMENT
Anthem Platinum Package						
	Single	$1,190.00	$228.00	$1,418.00	$105.23	September
	2-Party	$2,506.00	$329.00	$2,835.00	$151.85	September
	Family	$3,299.60	$527.40	$3,827.00	$243.42	September
Anthem Gold Package						
	Single	$1,190.00	$106.00	$1,296.00	$48.92	September
	2-Party	$2,311.60	$280.40	$2,592.00	$129.42	September
	Family	$3,038.00	$462.00	$3,500.00	$213.23	September
Anthem Silver Package						
	Single	$1,155.00	$0.00	$1,155.00	$0.00	September
	2-Party	$2,051.60	$215.40	$2,267.00	$99.42	September
	Family	$2,671.60	$370.40	$3,042.00	$170.95	September
Anthem Bronze Package						
	Single	$1,089.00	$0.00	$1,089.00	$0.00	September
	2-Party	$1,938.00	$187.00	$2,125.00	$86.31	September
	Family	$2,514.00	$331.00	$2,845.00	$152.77	September
Kaiser Platinum Package						
	Single	$1,190.00	$74.00	$1,264.00	$34.15	September
	2-Party	$2,261.20	$267.80	$2,529.00	$123.60	September
	Family	$2,876.40	$421.60	$3,298.00	$194.58	September
Kaiser Gold Package						
	Single	$1,077.00	$0.00	$1,077.00	$0.00	September
	2-Party	$1,963.60	$193.40	$2,157.00	$89.26	September
	Family	$2,497.20	$326.80	$2,824.00	$150.83	September
Kaiser Silver Package						
	Single	$937.00	$0.00	$937.00	$0.00	September
	2-Party	$1,737.20	$136.80	$1,874.00	$63.14	September
	Family	$2,195.60	$251.40	$2,447.00	$116.03	September
Kaiser Bronze Package						
	Single	$893.00	$0.00	$893.00	$0.00	September
	2-Party	$1,666.80	$119.20	$1,786.00	$55.02	September
	Family	$2,118.00	$232.00	$2,350.00	$107.08	September

Package includes: Medical Prescription, Dental, Vision
$2,500 burial (active only), $10,000 life (active only), ARP Access

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2027 **UPDATED 08/04/2026**

		EDCTA MONTHLY * CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
Anthem Blue Cross Select HMO					
FULL-TIME EMPLOYEES					
	Single	$1,581.39	$0.00	$1,572.64	$0.00
	2-Party	$3,185.91	$0.00	$3,134.78	$0.00
	Family	$4,182.17	$0.00	$4,112.24	$0.00
PART-TIME EMPLOYEES					
	Single	$1,186.04	$386.60	$1,572.64	$178.43
	2-Party	$2,389.43	$745.35	$3,134.78	$344.01
	Family	$3,136.63	$975.61	$4,112.24	$450.28
Anthem Blue Cross Traditional HMO					
FULL-TIME EMPLOYEES					
	Single	$1,581.39	$237.33	$1,818.72	$109.54
	2-Party	$3,185.91	$441.03	$3,626.94	$203.55
	Family	$4,182.17	$569.88	$4,752.05	$263.02
PART-TIME EMPLOYEES					
	Single	$1,186.04	$632.68	$1,818.72	$292.01
	2-Party	$2,389.43	$1,237.51	$3,626.94	$571.16
	Family	$3,136.63	$1,615.42	$4,752.05	$745.58
Kaiser Permanente					
FULL-TIME EMPLOYEES					
	Single	$1,581.39	$0.00	$1,273.83	$0.00
	2-Party	$3,185.91	$0.00	$2,537.16	$0.00
	Family	$4,182.17	$0.00	$3,335.34	$0.00
PART-TIME EMPLOYEES					
	Single	$1,186.04	$87.79	$1,273.83	$40.52
	2-Party	$2,389.43	$147.73	$2,537.16	$68.18
	Family	$3,136.63	$198.71	$3,335.34	$91.71
PERS Gold					
FULL-TIME EMPLOYEES					
	Single	$1,581.39	$0.00	$1,301.37	$0.00
	2-Party	$3,185.91	$0.00	$2,592.24	$0.00
	Family	$4,182.17	$0.00	$3,406.94	$0.00
PART-TIME EMPLOYEES					
	Single	$1,186.04	$115.33	$1,301.37	$53.23
	2-Party	$2,389.43	$202.81	$2,592.24	$93.60
	Family	$3,136.63	$270.31	$3,406.94	$124.76
PERS Platinum					
FULL-TIME EMPLOYEES					
	Single	$1,581.39	$283.43	$1,864.82	$130.81
	2-Party	$3,185.91	$533.23	$3,719.14	$246.11
	Family	$4,182.17	$689.74	$4,871.91	$318.34
PART-TIME EMPLOYEES					
	Single	$1,186.04	$678.78	$1,864.82	$313.28
	2-Party	$2,389.43	$1,329.71	$3,719.14	$613.71
	Family	$3,136.63	$1,735.28	$4,871.91	$800.90
Western Health Advantage HMO					
FULL-TIME EMPLOYEES					
	Single	$1,581.39	$0.00	$1,117.00	$0.00
	2-Party	$3,185.91	$0.00	$2,223.50	$0.00
	Family	$4,182.17	$0.00	$2,927.58	$0.00
PART-TIME EMPLOYEES					
	Single	$1,186.04	$0.00	$1,117.00	$0.00
	2-Party	$2,389.43	$0.00	$2,223.50	$0.00
	Family	$3,136.63	$0.00	$2,927.58	$0.00

Coverage premiums include Medical, VSP Vision and Delta Dental

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

** EDCTA contribution is a maximum amount.*

CalPERS 2027 Health Premiums

Anthem Blue Cross Traditional HMO

Single	$1,732.52
2-Party	$3,465.04
Family	$4,504.55

Kaiser Permanente

Single	$1,187.63
2-Party	$2,375.26
Family	$3,087.84

PERS Platinum

Single	$1,778.62
2-Party	$3,557.24
Family	$4,624.41

Western Health Advantage HMO

Single	$1,030.80
2-Party	$2,061.60
Family	$2,680.08

PERS Gold

Single	$1,215.17
2-Party	$2,430.34
Family	$3,159.44

Anthem Blue Cross Select HMO

Single	$1,486.44
2-Party	$2,972.88
Family	$3,864.74

Delta Dental 100/80/50
No Changes from 2026. $2000 Max

Single	$79.80
2-Party	$151.50
Family	$230.80

VSP
No Changes from 2026.

Single	$6.40
2-Party	$10.40
Family	$16.70

EDCTA Contribution Level @ Set Amount Per **Unrepresented - Full Time**
Resolution 12-17 plus 80% yearly increase

	Total Premium
Single	$1,581.39
2-Party	$3,185.91
Family	$4,182.17

EDCTA Contribution Level @ 75% **Unrepresented - Part Time**

	Total Premium	75%	Proof
Single	$1,581.39	$1,186.04	75.00%
2-Party	$3,185.91	$2,389.43	75.00%
Family	$4,182.17	$3,136.63	75.00%

Unrepresented Premium Calculation for the 80/20 Split

CalPERS Rates 2027

	PERS Platinum	Delta Dental	VSP	Total Premiums
Single	$1,778.62	$79.80	$6.40	$1,864.82
2-Party	$3,557.24	$151.50	$10.40	$3,719.14
Family	$4,624.41	$230.80	$16.70	$4,871.91

CalPERS Rates 2026

	PERS Platinum	Delta Dental	VSP	Total Premiums
Single	$1,670.14	$79.80	$6.40	$1,756.34
2-Party	$3,340.28	$151.50	$10.40	$3,502.18
Family	$4,342.36	$230.80	$16.70	$4,589.86

Premium Increase

	Single	$108.48
	2-Party	$216.96
	Family	$282.05

EDCTA Portion	Single	$86.78
	2-Party	$173.57
	Family	$225.64

EE Portion	Single	$21.70
	2-Party	$43.39
	Family	$56.41