## AGENDA ITEM 1 E Consent Item

#### **MEMORANDUM**

DATE: September 6, 2018

TO: El Dorado County Transit Authority

FROM: Maria Harris, Human Resources Manager

SUBJECT: Fiscal Year 2018/19 agency contributions for health premiums

for unrepresented and management employee groups

# **REQUESTED ACTION:**

BY MOTION,

Adopt Resolution No. 18-30 defining agency contributions for health premium benefits for regular unrepresented and management employees for Fiscal Year (FY) 2018/19

## **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 employees and management employees.

#### **DISCUSSION**

#### **Unrepresented Employees**

Resolution No. 18-30 defines agency contributions towards health premium benefits for unrepresented and management employees for FY 2018/19.

Rates reflect medical, dental and vision coverages. Dental and vision rates will not increase for the 2019 plan year. Health rates on average increased 1.16 percent overall marking the lowest health premium increase CalPERS has negotiated in two decades. The only change to health plan providers is the withdrawal of Health Net SmartCare within El Dorado County.

Open enrollment period begins September 10, 2018 and ends on October 5, 2018.

#### **FISCAL IMPACT**

The adopted budget for Fiscal Year 2018/19 line item - Health Insurance is \$1,538,024.68 for unrepresented and represented employees. The budgeted amount for unrepresented health insurance is \$554,370.00 of that amount.

El Dorado County Transit Authority September 6, 2018 Agenda

# EL DORADO COUNTY TRANSIT AUTHORITY RESOLUTION NO. 18-30

RESOLUTION OF THE BOARD OF DIRECTORS OF THE EL DORADO COUNTY TRANSIT AUTHORITY DEFINING 2019 CALENDAR YEAR CONTRIBUTIONS FOR 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-eight (28) eligible allocated full – time positions and three (3) 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, 2019

Employee Only \$368.01 Employee + One \$746.70 Employee + Two or More \$989.40

**BE IT FURTHER RESOLVED,** that El Dorado Transit shall provide current contribution and 80% of any adjustment of the 2019 calendar year premium for health care benefits benchmarked at the 2018 PERS Choice Plan (or equivalent) for the unrepresented regular employees 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 6<sup>th</sup> day of September 2018 by the following vote.

AYES:	NOES:	ABSTAIN:		ABSENT:
			-	
Shiva Frentzen, Ch	airperson			
ATTEST:				
Megan Wilcher, Se	ecretary to the Bo	ard	-	

# EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

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Name	PROPOSED RATES EFFEC	TIVE 01/01/2	2019			<b>Updated 08/27/2018</b>
Number   N			EDCTA MONTHLY *		TOTAL MONTHLY	EMPLOYEE DEDUCTION
FUIL-TIME EMPLOYEES			CONTRIBUTION	CONTRIBUTION	PREMIUM	PER PAY PERIOD
Single   S797.36   S407.33   S1,264.99   S21,83	Anthem Traditional HMO					
Pamily   S.1,617.84   S901.64   S.2,519.48   S416.14	FULL-TIME EMPLOYEES					
Family   S2,143.69   S1,168.66   S3,312.35   S39.38						
Anthem Select HMO PULL-TIME EMPLOYEES    Single   S797.36   S234.98   \$1,032.34   \$108.45   \$2.04.18   \$201.39   \$2.04.18   \$201.39   \$2.04.18		•				
FULL-TIME EMPLOYEES		Family	\$2,143.69	\$1,168.66	\$3,312.35	\$539.38
FULL-TIME EMPLOYEES						
Single   S797.36   S234.98   \$1,032.34   \$108.45   \$2,047   \$1,617.84   \$436.34   \$2,054.18   \$2,001.09   \$2,143.69   \$563.77   \$2,707.46   \$260.20   \$260.20   \$2,007.46   \$260.20   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.46   \$2,001.00   \$2,007.21   \$2,007.46   \$2,007.40   \$2						
Part   St. 16.17.84   S436.34   S2.054.18   S20.139	FULL-TIME EMPLOYEES	g: 1	<b>4505.2</b> 6	<b>#22.4</b> 0.0	<b>01.000.04</b>	\$100.4F
Family   \$2,143.69   \$563.77   \$2,707.46   \$260.20						
FUIL_TIME EMPLOYEES						
FULL-TIME EMPLOYEES		Family	\$2,143.09	\$303.77	\$2,707.40	\$200.20
FULL-TIME EMPLOYEES	Di Gilli					
Single   S797.36   S169.85   S967.21   S78.39						
C-Party   S1.617.84   S306.08   S1.923.92   S141.27	FULL-TIME EMPLOYEES	g: 1	<b>4505.2</b> 6	<b>0150.05</b>	00.67.01	<b>\$50.20</b>
Family   \$2,143.69   \$394.44   \$2,538.13   \$182.05						
Name		-				
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FULL-TIME EMPLOYEES	W					
Single   \$797.36   \$0.00   \$774.19   \$0.00						
PERS Choice   FULL-TIME EMPLOYEES   Single   S797.36   S0.00   S1.537.88   S0.00   S2.036.27   S0.00   S0.00   S2.036.27   S0.00   S0.00   S2.036.27   S0.00   S0.00   S2.036.27   S0.00   S	FULL-TIME EMPLOYEES	g: 1	<b>4505.2</b> 6	0.00	<b>Ф77.4.10</b>	Фо оо
Family   \$2,143.69   \$0.00   \$2,036.27   \$0.00						
PERS Choice   FULL-TIME EMPLOYEES   Single   \$797.36   \$87.42   \$884.78   \$40.35   \$2-Party   \$1.617.84   \$141.22   \$1,759.06   \$65.18   Family   \$2,143.69   \$180.12   \$2,323.81   \$83.13   \$		-				
Single   \$797.36   \$87.42   \$884.78   \$40.35   \$2-Party   \$1,617.84   \$141.22   \$1,759.06   \$651.18   \$651.18   \$180.12   \$2,323.81   \$83.13   \$8		Family	\$2,143.69	\$0.00	\$2,036.27	\$0.00
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2-Party \$1,617.84 \$0.00 \$1,555.26 \$0.00		Single	\$797.36	\$0.00	\$782.88	\$0.00
·						\$0.00
		Family				

Coverage premiums include Medical, VSP Vision and Delta Dental

<sup>\*</sup> EDCTA contribution includes 2018 contribution plus, 80% of premium change using PERS Choice 2019