

AGENDA ITEM 1 C
Consent Item

MEMORANDUM

DATE: September 7, 2017
TO: El Dorado County Transit Authority
FROM: Maria Harris, Human Resources/Admin Services Manager
SUBJECT: Fiscal Year (FY) 2017/18 agency contributions for health premiums for unrepresented and management employee groups

REQUESTED ACTION:
BY MOTION,

Adopt Resolution No. 17-23 defining agency contributions for health premium benefits for regular unrepresented and management employees for FY 2017/18

BACKGROUND

The designation of health benefit contributions for employees of the El Dorado County Transit Authority (El Dorado Transit) not covered under a labor contract, are established annually in accordance with Article 6 Employment Benefits, 6.2 Health Benefits Eligibility of the Personnel Policies & Procedures Manual, November 2016 .

6.2 Health Benefits Eligibility

Eligible full-time and part-time employees may enroll in an El Dorado Transit sponsored benefit plan on the first of the month following their date of hire or as allowed per insurance summary plans.

Employees may elect to receive medical, dental, and vision benefits under El Dorado Transit Employee Health Care Plan(s). Based on budgetary constraints and fluctuating health care program charges, El Dorado Transit may adjust El Dorado Transit contribution.

El Dorado Transit will only contribute a pro-rata share of the costs for part-time employees. The sum of El Dorado Transit and employee contribution shall constitute full payment, excluding deductibles, co-payments, and other fees and charges as specified in the Plan.

El Dorado Transit has twenty-seven (27) unrepresented employees eligible for agency sponsored health coverage. Medical coverage is provided by the CalPERS Health Plan. El Dorado Transit has separate contracts with Delta Dental and VSP for dental and vision coverage.

Premium contributions are developed based on 2008 Board action to use a benchmark and cost sharing formula for premium increases/decreases. The initial benchmark was the 2007 EPO coverage that was no longer available for 2008. The Board adopted the policy to replace the EPO benchmark with the CalPERS Choice plan. This plan was the most similar plan to the EPO coverage.

Each year since 2008 the agency contribution is developed based on 80% of the increase for the current CalPERS Choice health plan and current dental and vision plan.

DISCUSSION

Unrepresented Employees

Resolution No. 17-23 defines agency contributions towards health premium benefits for unrepresented employees for FY 2017/18.

Rates reflect medical, dental and vision coverages. Dental and vision rates did not increase for the 2018 plan year. Medical premiums on average increased by 2.33 percent overall. The only changes to health plan providers are the addition of Western Health Advantage and deletion of Health Net SmartCare. Both medical plans provide similar coverage of benefits.

Open enrollment period begins September 11, 2017 and ends on October 6, 2017.

FISCAL IMPACT

There will be no fiscal impact to the adopted FY 2017/18 budget.

Adopted Fiscal Year 2017/18 Budget

Agency Contributions	
Employee Health Coverage	
(Unrepresented only)	\$524,448.

**EL DORADO COUNTY TRANSIT AUTHORITY
RESOLUTION NO. 17-23**

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
EL DORADO COUNTY TRANSIT AUTHORITY DEFINING 2018
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 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, 2018

Employee Only	\$344.68
Employee + One	\$700.02
Employee + Two or More	\$928.72

BE IT FURTHER RESOLVED, that El Dorado Transit shall provide current contribution and 80% of any adjustment of the 2018 calendar year premium for health care benefits benchmarked at the 2017 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 7th day of September 2017 by the following vote.

AYES:

NOES:

ABSTAIN:

ABSENT:

Patty Borelli, Chair

ATTEST:

Megan Wilcher, Secretary to the Board

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2018					Updated 08/21/2017
		EDCTA MONTHLY **	EMPLOYEE MONTHLY	TOTAL MONTHLY	EMPLOYEE DEDUCTION
		CONTRIBUTION	CONTRIBUTION	PREMIUM	PER PAY PERIOD
Anthem Traditional HMO *					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$394.02	\$1,140.82	\$181.86
	2-Party	\$1,516.72	\$754.42	\$2,271.14	\$348.19
	Family	\$2,012.23	\$977.28	\$2,989.51	\$451.05
PART-TIME EMPLOYEES					
	Single	\$560.10	\$580.72	\$1,140.82	\$268.02
	2-Party	\$1,137.54	\$1,133.60	\$2,271.14	\$523.20
	Family	\$1,509.17	\$1,480.34	\$2,989.51	\$683.23
Anthem Select HMO *					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$281.69	\$1,028.49	\$130.01
	2-Party	\$1,516.72	\$529.76	\$2,046.48	\$244.50
	Family	\$2,012.23	\$685.22	\$2,697.45	\$316.26
PART-TIME EMPLOYEES					
	Single	\$560.10	\$468.39	\$1,028.49	\$216.18
	2-Party	\$1,137.54	\$908.94	\$2,046.48	\$419.51
	Family	\$1,509.17	\$1,188.28	\$2,697.45	\$548.44
Blue Shield Access+ *					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$146.11	\$892.91	\$67.44
	2-Party	\$1,516.72	\$258.60	\$1,775.32	\$119.35
	Family	\$2,012.23	\$332.72	\$2,344.95	\$153.56
PART-TIME EMPLOYEES					
	Single	\$560.10	\$332.81	\$892.91	\$153.60
	2-Party	\$1,137.54	\$637.78	\$1,775.32	\$294.36
	Family	\$1,509.17	\$835.78	\$2,344.95	\$385.74
Kaiser CA *					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$43.36	\$790.16	\$20.01
	2-Party	\$1,516.72	\$53.10	\$1,569.82	\$24.51
	Family	\$2,012.23	\$65.57	\$2,077.80	\$30.26
PART-TIME EMPLOYEES					
	Single	\$560.10	\$230.06	\$790.16	\$106.18
	2-Party	\$1,137.54	\$432.28	\$1,569.82	\$199.51
	Family	\$1,509.17	\$568.63	\$2,077.80	\$262.44

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2018

Updated 08/21/2017

		EDCTA MONTHLY ** CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
PERS Choice					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$74.78	\$821.58	\$34.51
	2-Party	\$1,516.72	\$115.94	\$1,632.66	\$53.51
	Family	\$2,012.23	\$147.26	\$2,159.49	\$67.97
PART-TIME EMPLOYEES					
	Single	\$560.10	\$261.48	\$821.58	\$120.68
	2-Party	\$1,137.54	\$495.12	\$1,632.66	\$228.52
	Family	\$1,509.17	\$650.32	\$2,159.49	\$300.15
PERS Select					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$24.30	\$771.10	\$11.22
	2-Party	\$1,516.72	\$14.98	\$1,531.70	\$6.91
	Family	\$2,012.23	\$16.01	\$2,028.24	\$7.39
PART-TIME EMPLOYEES					
	Single	\$560.10	\$211.00	\$771.10	\$97.38
	2-Party	\$1,137.54	\$394.16	\$1,531.70	\$181.92
	Family	\$1,509.17	\$519.07	\$2,028.24	\$239.57
PERS Care					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$137.01	\$883.81	\$63.24
	2-Party	\$1,516.72	\$240.40	\$1,757.12	\$110.95
	Family	\$2,012.23	\$309.06	\$2,321.29	\$142.64
PART-TIME EMPLOYEES					
	Single	\$560.10	\$323.71	\$883.81	\$149.40
	2-Party	\$1,137.54	\$619.58	\$1,757.12	\$285.96
	Family	\$1,509.17	\$812.12	\$2,321.29	\$374.82
Western Health Advantage					
FULL-TIME EMPLOYEES					
	Single	\$746.80	\$84.19	\$830.99	\$38.86
	2-Party	\$1,516.72	\$134.76	\$1,651.48	\$62.20
	Family	\$2,012.23	\$171.72	\$2,183.95	\$79.26
PART-TIME EMPLOYEES					
	Single	\$560.10	\$270.89	\$830.99	\$125.03
	2-Party	\$1,137.54	\$513.94	\$1,651.48	\$237.20
	Family	\$1,509.17	\$674.78	\$2,183.95	\$311.44

Coverage premiums include Medical, VSP Vision and Delta Dental

* Anthem Traditional HMO, Blue Shield Access+, Blue Shield NetValue, and Kaiser CA do not offer Chiropractic coverage

** EDCTA contribution includes 2017 contribution plus, 80% of premium change using PERS Choice 2018