

AGENDA ITEM 1 D
Consent Item

MEMORANDUM

DATE: September 7, 2023

TO: El Dorado County Transit Authority

FROM: Maria Harris, Human Resources Manager

SUBJECT: Health Plan Year 2024 Agency Contributions for Health Premiums for Unrepresented Regular and Management Employees

REQUESTED ACTION:
BY MOTION,

Adopt Resolution No. 23-22 defining the El Dorado County Transit Authority's health insurance premium contribution rates provided to unrepresented regular and management employees beginning January 1, 2024

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. 23-22 defines agency contributions towards health premium benefits for unrepresented regular and management employees beginning January 1, 2024.

Rates reflect medical, dental and vision coverages. Dental and vision rates will not increase for the 2024 plan year. CalPERS health rates increased 10.95% overall 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 10.50%. The primary driver of premium increases is rising costs due to high medical inflation, with Kaiser HMO and the PPO plans experiencing the highest increase.

There are no changes to the plans offered within the El Dorado County region. Open enrollment period begins September 18, 2023 and ends on October 13, 2023. Changes made during the 2023 open enrollment will take effect January 1, 2024.

FISCAL IMPACT

The adopted budget for Fiscal Year 2023/24 line item - Health Insurance is \$1,585,000 for unrepresented and represented employees. The budgeted amount for unrepresented health insurance is \$789,408 of that amount.

**EL DORADO COUNTY TRANSIT AUTHORITY
RESOLUTION NO. 23-22**

RESOLUTION OF THE BOARD OF DIRECTORS OF THE
EL DORADO COUNTY TRANSIT AUTHORITY DEFINING AGENCY
CONTRIBUTIONS FOR THE 2024 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-three (23) eligible allocated full – time positions, one (1) eligible allocated part-time position 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, 2024:

<u>Full-Time Employees:</u>		<u>Part-Time Employees:</u>	
Employee Only	\$558.42	Employee Only	\$418.82
Employee + One	\$1,127.51	Employee + One	\$845.64
Employee + Two or More	\$1,484.56	Employee + Two or More	\$1,113.34

BE IT FURTHER RESOLVED, that El Dorado Transit shall provide current contribution and 80% of any adjustment of the 2024 calendar year premium for health care benefits benchmarked at the 2024 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 7th day of September 2023 by the following vote.

AYES:

NOES:

ABSTAIN:

ABSENT:

Jackie Neau, Chairperson

ATTEST:

Megan Wilcher, Secretary to the Board

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2024

UPDATED 08/14/2023

		EDCTA MONTHLY * CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
Anthem Blue Cross Traditional HMO					
FULL-TIME EMPLOYEES					
	Single	\$1,209.92	\$215.98	\$1,425.90	\$99.68
	2-Party	\$2,442.95	\$398.35	\$2,841.30	\$183.85
	Family	\$3,216.32	\$514.40	\$3,730.72	\$237.42
PART-TIME EMPLOYEES					
	Single	\$907.44	\$518.46	\$1,425.90	\$239.29
	2-Party	\$1,832.21	\$1,009.09	\$2,841.30	\$465.73
	Family	\$2,412.24	\$1,318.48	\$3,730.72	\$608.53
Anthem Blue Cross Select HMO					
FULL-TIME EMPLOYEES					
	Single	\$1,209.92	\$15.14	\$1,225.06	\$6.99
	2-Party	\$2,442.95	\$0.00	\$2,439.62	\$0.00
	Family	\$3,216.32	\$0.00	\$3,208.54	\$0.00
PART-TIME EMPLOYEES					
	Single	\$907.44	\$317.62	\$1,225.06	\$146.59
	2-Party	\$1,832.21	\$607.41	\$2,439.62	\$280.34
	Family	\$2,412.24	\$796.30	\$3,208.54	\$367.52
Kaiser Permanente					
FULL-TIME EMPLOYEES					
	Single	\$1,209.92	\$0.00	\$1,107.61	\$0.00
	2-Party	\$2,442.95	\$0.00	\$2,204.72	\$0.00
	Family	\$3,216.32	\$0.00	\$2,903.17	\$0.00
PART-TIME EMPLOYEES					
	Single	\$907.44	\$200.17	\$1,107.61	\$92.39
	2-Party	\$1,832.21	\$372.51	\$2,204.72	\$171.93
	Family	\$2,412.24	\$490.93	\$2,903.17	\$226.58

EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

RATES EFFECTIVE 01/01/2024

UPDATED 08/14/2023

		EDCTA MONTHLY * CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
PERS Platinum					
FULL-TIME EMPLOYEES					
	Single	\$1,209.92	\$190.55	\$1,400.47	\$87.95
	2-Party	\$2,442.95	\$347.49	\$2,790.44	\$160.38
	Family	\$3,216.32	\$448.28	\$3,664.60	\$206.90
PART-TIME EMPLOYEES					
	Single	\$907.44	\$493.03	\$1,400.47	\$227.55
	2-Party	\$1,832.21	\$958.23	\$2,790.44	\$442.26
	Family	\$2,412.24	\$1,252.36	\$3,664.60	\$578.01
PERS Gold					
FULL-TIME EMPLOYEES					
	Single	\$1,209.92	\$0.00	\$1,001.02	\$0.00
	2-Party	\$2,442.95	\$0.00	\$1,991.54	\$0.00
	Family	\$3,216.32	\$0.00	\$2,626.03	\$0.00
PART-TIME EMPLOYEES					
	Single	\$907.44	\$93.58	\$1,001.02	\$43.19
	2-Party	\$1,832.21	\$159.33	\$1,991.54	\$73.54
	Family	\$2,412.24	\$213.79	\$2,626.03	\$98.67
Western Health Advantage HMO					
FULL-TIME EMPLOYEES					
	Single	\$1,209.92	\$0.00	\$893.43	\$0.00
	2-Party	\$2,442.95	\$0.00	\$1,776.36	\$0.00
	Family	\$3,216.32	\$0.00	\$2,346.30	\$0.00
PART-TIME EMPLOYEES					
	Single	\$907.44	\$0.00	\$893.43	\$0.00
	2-Party	\$1,832.21	\$0.00	\$1,776.36	\$0.00
	Family	\$2,412.24	\$0.00	\$2,346.30	\$0.00

Coverage premiums include Medical, VSP Vision and Delta Dental

* EDCTA contribution includes 2023 contribution plus, 80% of premium change using PERS Premium 2024