

AGENDA ITEM 1 E  
Consent Item

**MEMORANDUM**

**DATE:** September 5, 2019

**TO:** El Dorado County Transit Authority

**FROM:** Maria Harris, Human Resources Manager

**SUBJECT:** Calendar year 2020 agency contributions for health premiums for unrepresented regular and management employee groups

**REQUESTED ACTION:**

**BY MOTION,**

**Adopt Resolution No. 19-25 defining the agency contributions for the 2020 calendar year health premium benefits for unrepresented regular and management employees**

**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 and management employees.

**DISCUSSION**

**Unrepresented Employees**

Resolution No. 19-25 defines agency contributions towards health premium benefits for unrepresented regular and management employees for the 2020 calendar year.

Rates reflect medical, dental and vision coverages. Dental and vision rates will not increase for the 2020 plan year. Health rates on average increased 4.65 percent across all plans including CalPERS Basic Health Maintenance Organization (HMO) plans and Basic Preferred Provider Organization (PPO) plans. The rising cost are due in part to a number of factors that include an increase in hospital admissions, outpatient surgical procedures and pharmacy costs within the CalPERS Pool. There are no changes to the plans offered within El Dorado County.

Open enrollment period begins September 9, 2019 and ends on October 4, 2019.

## **FISCAL IMPACT**

The adopted budget for Fiscal Year 2019/20 line item - Health Insurance is \$1,574,483 for unrepresented and represented employees. The budgeted amount for unrepresented health insurance is \$568,770 of that amount.

**EL DORADO COUNTY TRANSIT AUTHORITY  
RESOLUTION NO. 19-25**

RESOLUTION OF THE BOARD OF DIRECTORS OF THE  
EL DORADO COUNTY TRANSIT AUTHORITY DEFINING AGENCY  
CONTRIBUTIONS FOR THE 2020 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 – 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 five (5) 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, 2020:

Employee Only	\$391.13
Employee + One	\$792.92
Employee + Two or More	\$1,049.49

**BE IT FURTHER RESOLVED**, that El Dorado Transit shall provide current contribution and 80% of any adjustment of the 2020 calendar year premium for health care benefits benchmarked at the 2019 PERS Choice 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 5<sup>th</sup> day of September 2019 by the following vote.

AYES:

NOES:

ABSTAIN:

ABSENT:

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Mark Acuna, Chairperson

ATTEST:

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Megan Wilcher, Secretary to the Board

# EDCTA SPONSORED PLAN UNREPRESENTED EMPLOYEES

**PROPOSED RATES EFFECTIVE 01/01/2020**

**UPDATED 08/12/2019**

		EDCTA MONTHLY * CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	TOTAL MONTHLY PREMIUM	EMPLOYEE DEDUCTION PER PAY PERIOD
<b>Anthem Traditional HMO</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$423.60	\$1,271.04	\$195.51
	2-Party	\$1,718.00	\$813.58	\$2,531.58	\$375.50
	Family	\$2,273.90	\$1,054.18	\$3,328.08	\$486.54
<b>Anthem Select HMO</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$107.74	\$955.18	\$49.73
	2-Party	\$1,718.00	\$181.86	\$1,899.86	\$83.94
	Family	\$2,273.90	\$232.95	\$2,506.85	\$107.52
<b>Blue Shield Access+</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$366.53	\$1,213.97	\$169.17
	2-Party	\$1,718.00	\$699.44	\$2,417.44	\$322.82
	Family	\$2,273.90	\$905.80	\$3,179.70	\$418.06
<b>Kaiser CA</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$7.25	\$854.69	\$3.35
	2-Party	\$1,718.00	\$0.00	\$1,698.88	\$0.00
	Family	\$2,273.90	\$0.00	\$2,245.57	\$0.00
<b>PERS Choice</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$99.94	\$947.38	\$46.13
	2-Party	\$1,718.00	\$166.26	\$1,884.26	\$76.74
	Family	\$2,273.90	\$212.67	\$2,486.57	\$98.16
<b>PERS Select</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$0.00	\$606.49	\$0.00
	2-Party	\$1,718.00	\$0.00	\$1,202.48	\$0.00
	Family	\$2,273.90	\$0.00	\$1,600.25	\$0.00
<b>PERS Care</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$371.90	\$1,219.34	\$171.65
	2-Party	\$1,718.00	\$710.18	\$2,428.18	\$327.78
	Family	\$2,273.90	\$919.76	\$3,193.66	\$424.50
<b>Western Health Advantage</b>					
FULL-TIME EMPLOYEES					
	Single	\$847.44	\$0.00	\$818.16	\$0.00
	2-Party	\$1,718.00	\$0.00	\$1,625.52	\$0.00
	Family	\$2,273.90	\$0.00	\$2,150.60	\$0.00

Coverage premiums include Medical, VSP Vision and Delta Dental

\* EDCTA contribution includes 2019 contribution plus, 80% of premium change using PERS Choice 2020