

INTER OFFICE MEMO

To: Board of Directors Date: 09/07/2023

From: Kristina Martinez, Director of Recruitment & EE Development Reviewed by:

SUBJECT: 2024 Administrative Employees Cafeteria Adjustment

Background:

County Connection contracts with California Public Employees Retirement System (CalPERS) under the Public Employees' Medical and Hospital Care Act (PEMHCA) for Administrative, Amalgamated Transit Union (ATU), and Teamsters employee health benefits. County Connection contributes a fixed employer amount to active and retiree health benefit premiums as required by PEMHCA. In addition, County Connection offers a cafeteria plan contribution towards health benefit premiums (or alternative taxable benefits) for active employees.

The current Memorandums of Understanding (MOUs) with the ATU and Teamsters increase the health benefit cafeteria plan contribution annually using a formula that averages the increases in the two most popular health plans by coverage level, splitting that amount in half, and adding it to the prior year cafeteria plan contribution. As a result of this formula, the average increase in premiums is shared equally between the employee and County Connection.

Summary of Issues:

In the interest of equity, the Board has historically utilized the same formula to calculate the increase to the cafeteria plan contribution for Administrative staff, as is required for represented employees. In 2023, the most popular health plan for Administrative employees is Kaiser, followed by a tie between PERS Gold and Anthem Blue Cross Traditional. Therefore, the three most popular plans were included in the formula to arrive at the new cafeteria plan contribution. The formula results in the following increases:

	Monthly Cafeteria Plan Contribution					
Plan Type	2023	Increase	2024			
Employee Only	\$614.43	\$54.31	\$668.74			
Employee Plus 1 dependent	\$960.01	\$108.62	\$1,068.63			
Family	\$1,372.74	\$141.21	\$1,513.95			

Financial Implications:

The proposed cafeteria plan contribution for 2024 will result in an annual increase of \$50,183 in expenditures based on current enrollment statistics. There are sufficient funds in the budget to accommodate the proposed increase.

Recommendation:

The A&F Committee and staff recommend approval of new monthly Administrative Employee Cafeteria Plan rates for calendar year 2024 as follows:

Employee only: \$668.74 Employee +1: \$1,068.63 Family: \$1,513.95

Action Requested:

The A&F Committee and staff request that the Board adopt Resolution No. 2024-06.

Attachments:

Attachment 1: 2024 Medical Premiums – Administrative Employees

Attachment 2: Resolution No. 2024-06

2024 Medical Premiums
Per Month (\$)
Employee Group #1
Administrative Employees

Basic Plans		<u>Total</u>		CCCTA		Employee	<u>Ca</u>	feteria Plan	Ne	t Employee
Kaiser Permanente*	\$	1,021.41	\$	303.56	\$	717.85	\$	668.74	\$	49.11
Kaiser Permanente+1	\$ \$	2,042.82	\$	607.12	\$	1,435.70	\$	1,068.63	\$	367.07 352.46
Kaiser Permanente+2	Ф	2,655.67	\$	789.26	\$	1,866.41	\$	1,513.95	\$	332.40
PERS Platinum*	\$	1,314.27	\$	392.42	\$	921.85	\$	668.74	\$	253.11
PERS Platinum+1	\$	2,628.54	\$	784.84	\$	1,843.70	\$	1,068.63	\$	775.07
PERS Platinum+2	\$	3,417.10	\$	1,020.29	\$	2,396.81	\$	1,513.95	\$	882.86
PERS Gold*	\$	914.82	\$	270.71	\$	644.11	\$	668.74	\$	-
PERS Gold+1	\$	1,829.64	\$	541.42	\$	1,288.22	\$	1,068.63	\$	219.59
PERS Gold+2	\$	2,378.53	\$	703.85	\$	1,674.68	\$	1,513.95	\$	160.73
Anthem Blue Cross Select HMO*	\$	1,138.86	\$	270.71	\$	868.15	\$	668.74	\$	199.41
Anthem Blue Cross Select HMO+1	\$	2,277.72	\$	541.42	\$	1,736.30	\$	1,068.63	\$	667.67
Anthem Blue Cross Select HMO+2	\$	2,961.04	\$	703.85	\$	2,257.19	\$	1,513.95	\$	743.24
	*	_,~~	•		•	_,	•	1,01010	•	
Anthem Blue Cross Traditional HMO*	\$	1,339.70	\$	494.86	\$	844.84	\$	668.74	\$	176.10
Anthem Blue Cross Traditional HMO+1	\$	2,679.40	\$	989.71	\$	1,689.69	\$	1,068.63	\$	621.06
Anthem Blue Cross Traditional HMO+2	\$	3,483.22	\$	1,286.63	\$	2,196.59	\$	1,513.95	\$	682.64
Anthem EPO Del Norte*	\$	1,314.27	\$	392.42	\$	921.85	\$	668.74	\$	253.11
Anthem EPO Del Norte+1	\$	2,628.54	\$	784.84	\$	1,843.70	\$	1,068.63	\$	775.07
Anthem EPO Del Norte+2	\$	3,417.10	\$	1,020.29	\$	2,396.81	\$	1,513.95	\$	882.86
Western Health Advantage HMO*	\$	807.23	\$	383.51	\$	423.72	\$	668.74	\$	_
Western Health Advantage HMO+1	\$	1,614.46	\$	767.01	\$	847.45	\$	1,068.63	\$	-
Western Health Advantage HMO+2	\$	2,098.80	\$	997.12	\$	1,101.68		1,513.95	\$	_
	*	_,,	•	••••	•	1,121122	•	1,01010	•	
Blue Shield Access HMO and EPO*	\$	1,076.84	\$	392.42	\$	684.42	\$	668.74	-	15.68
Blue Shield Access HMO and EPO+1	\$	2,153.68	\$	786.84	\$	1,366.84	\$	1,068.63	\$	298.21
Blue Shield Access HMO and EPO+2	\$	2,799.78	\$	1,020.29	\$	1,779.49	\$	1,513.95	\$	265.54
Blue Shield Trio HMO	\$	946.84	\$	303.56	\$	643.28	\$	668.74	\$	-
Blue Shield Trio HMO+1	\$	1,893.68	\$	607.12	\$	1,286.56	\$	1,068.63	\$	217.93
Blue Shield Trio HMO+2	\$	2,461.78	\$	789.26	\$	1,672.52	\$	1,513.95	\$	158.57
UnitedHealthcare SignatureValue Alliance*	\$	1,091.13	\$	392.42	\$	698.71	\$	668.74	¢	29.97
UnitedHealthcare SignatureValue Alliance+1	\$	2,182.26	\$	784.84	\$	1,397.42	\$	1,068.63	\$	328.79
UnitedHealthcare SignatureValue Alliance+2	\$	2,836.94	\$	1,020.29	\$	1,816.65	\$	1,513.95	\$	302.70
	*	_,	+	.,3_30	+	.,3.3.30	₹	.,	*	· · ·
UnitedHealthcare SignatureValue Harmony*	\$	937.39	\$	392.42	\$	544.97	\$	668.74	\$	-
UnitedHealthcare SignatureValue Harmony+1	\$	1,874.78	\$	784.84	\$	1,089.94	\$	1,068.63	\$	21.31
UnitedHealthcare SignatureValue Harmony+2	\$	2,437.21	\$	1,020.29	\$	1,416.92	\$	1,513.95	\$	-

Employees who do not elect medical coverage and complete a Certification Form receive \$200.00 per month in Cafeteria Plan Contributions. This amount can be used to purchase vacation, vision benefits, or can be cashed out at calendar year-end.

The monthly Net Employee premium is deducted semi-monthly from paychecks in two equal amounts.

Key:

^{*} Employee only

⁺¹ Employee plus one dependent

⁺² Employee plus two or more dependents (also known as family coverage)

RESOLUTION NO. 2024-06

BOARD OF DIRECTORS CENTRAL CONTRA COSTA TRANSIT AUTHORITY STATE OF CALIFORNIA

* * *

AUTHORIZES FY2024 ANNUAL ADJUSTMENT TO ADMINISTRATIVE EMPLOYEES CAFETERIA PLAN AMOUNTS

WHEREAS, the County of Contra Costa and the Cities of Clayton, Concord, the Town of Danville, Lafayette, Martinez, the Town of Moraga, Orinda, Pleasant Hill, San Ramon and Walnut Creek (hereinafter "Member Jurisdictions") have formed the Central Contra Costa Transit Authority ("CCCTA"), a joint exercise of powers agency created under California Government Code Section 6500 *et seq.*, for the joint exercise of certain powers to provide coordinated and integrated public transportation services within the area of its Member Jurisdictions;

WHEREAS, on December 21, 2006, CCCTA adopted a cafeteria plan for its non-represented administrative staff and management ("Administrative Employees Cafeteria Plan");

WHEREAS, Staff has recommended an adjustment to the non-represented administrative staff and management cafeteria amounts based on a formula that averages the increases in the two (2) most popular health plans by coverage level and splitting that amount and adding it to the Administrative Employees Cafeteria Plan; and

WHEREAS, the Administration & Finance Committee recommends that the Board of Directors adopt the recommendations of Staff to adjust the Administrative Employees Cafeteria Plan in accordance with the formula set forth above.

NOW, THEREFORE, BE IT RESOLVED that the CCCTA Board of Directors approves the increases in the Administrative Employees Cafeteria Plan such that the total including the increases, shall be as follows, effective January 1, 2024:

Employee +1:	\$1,068.63
Employee +2 or more:	\$1,513.95
Regularly passed and adopted this 28th day	y of September, 2023 by the following vote.
Ayes:	
Noes:	
Abstain:	
Absent:	
	Amy Worth, Chair, Board of Directors
ATTEST:	
Lathina Hill, Clerk to the Board	

Employee only:

\$668.74