County Connection

INTER OFFICE MEMO

To: A&F Commitee

Date: September 25, 2017

From: Lisa Rettig
Director of Human Resources

Subject: Cafeteria Plan

Approved by: William Churchill, Assistant GM Administration WC.

SUMMARY OF ISSUES:

County Connection contract under the Public Employee's Medical and Hospital Care Act (PEMHCA) for Administrative employee benefits.

The current MOUs with the ATU and Teamsters increase the Cafeteria Plan annually using 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 Cafeteria Plan.

In recent history the Board has provided the same increases to the Administrative employees cafeteria plan in the interest of equality.

The current two most popular health plans are Kaiser and Anthem Traditional. For 2018, Kaiser increased 3.2% and Anthem Traditional decreased 3.3%. The average is a net decrease therefore the cafeteria rates are remaining the same for 2018.

Attached are the 2018 monthly medical premiums for each employee group, ATU, Teamsters and Administration.

FINANCIAL IMPLICATIONS:

None

ACTION REQUESTED:

None, this is an informational item only.

2018 Medical Premiums
Per Month ($)
Employee Group #1
Administrative Employees

	Total	CCCTA	Employee	Cafeteria Plan	Net Employee
Blue Shield*	$889.02	$329.08	$559.94	$428.26	$131.68
Blue Shield+1	$1,778.04	$658.16	$1,119.88	$663.91	$455.97
Blue Shield +2	$2,311.45	$855.60	$1,455.85	$888.76	$567.09
Kaiser*	$779.86	$303.56	$476.30	$428.26	$48.04
Kaiser+1	$1,559.72	$607.12	$952.60	$663.91	$288.69
Kaiser+2	$2,027.64	$789.26	$1,238.38	$888.76	$349.62
PERS Choice*	$800.27	$289.98	$510.29	$428.26	$82.03
PERS Choice+1	$1,600.54	$579.96	$1,020.58	$663.91	$356.67
PERS Choice+2	$2,080.70	$753.95	$1,326.75	$888.76	$437.99
PERSCARE*	$882.45	$494.86	$387.59	$428.26	$0.00
PERSCARE+1	$1,764.90	$989.71	$775.19	$663.91	$111.28
PERSCARE+2	$2,294.37	$1,286.63	$1,007.74	$888.76	$118.98
PERS Select*	$717.50	$270.71	$446.79	$428.26	$18.53
PERS Select+1	$1,435.00	$541.42	$893.58	$663.91	$229.67
PERS Select+2	$1,895.50	$703.85	$1,191.65	$888.76	$302.89
Anthem HMO Select*	$856.41	$270.71	$585.70	$428.26	$157.44
Anthem HMO Select+1	$1,712.82	$541.42	$1,171.40	$663.91	$507.49
Anthem HMO Select+2	$2,226.67	$703.85	$1,522.82	$888.76	$634.06
Anthem HMO Traditional*	$925.47	$494.86	$430.61	$428.26	$2.35
Anthem HMO Traditional+1	$1,850.94	$989.71	$861.23	$663.91	$197.32
Anthem HMO Traditional+2	$2,406.22	$1,286.63	$1,119.59	$888.76	$230.83
Unitedhealthcare*	$1,371.84	$303.56	$1,068.28	$428.26	$640.02
Unitedheathcare+1	$2,743.68	$607.12	$2,136.56	$663.91	$1,472.65
Unitedhealthcare+2	$3,566.78	$789.26	$2,777.52	$888.76	$1,888.76

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 Services Plan benefits or at the end of the calendar year it can be cashed out.

* =Employee Only
+1=Employee plue One Dependent
+2=Employee plus Two or more Dependents (also known as Family Coverage)

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

2018 Medical Premiums
Per month $
Employee Group #2
ATU Local 1605

	Total	CCCTA	Employee	Cafeteria Plan	Net Employee Cost
Blue Shield*	$889.02	$266.47	$622.55	$501.25	$121.30
Blue Shield+1	$1,778.04	$532.93	$1,245.11	$809.92	$435.19
Blue Shield+2	$2,311.45	$692.81	$1,618.64	$1,078.57	$540.07
Kaiser*	$779.86	$235.34	$544.52	$501.25	$43.27
Kaiser+1	$1,559.72	$470.67	$1,089.05	$809.92	$279.13
Kaiser+2	$2,027.64	$611.87	$1,415.77	$1,078.57	$337.20
PERS Choice*	$800.27	$241.24	$559.03	$501.25	$57.78
PERS Choice+1	$1,600.54	$482.48	$1,118.06	$809.92	$308.14
PERS Chocie+2	$2,080.70	$627.23	$1,453.47	$1,078.57	$374.90
PERSCARE*	$882.45	$374.92	$507.53	$501.25	$6.28
PERSCARE+1	$1,764.90	$749.83	$1,015.07	$809.92	$205.15
PERSCARE+2	$2,294.37	$974.78	$1,319.59	$1,078.57	$241.02
PERS Select*	$717.50	$233.59	$483.91	$501.25	$0.00
PERS Select+1	$1,435.00	$467.18	$967.82	$809.92	$157.90
PERS Select+2	$1,895.50	$607.34	$1,288.16	$1,078.57	$209.59
Anthem HMO Select*	$856.41	$233.59	$622.82	$501.25	$121.57
Anthem HMO Select+1	$1,712.82	$467.18	$1,245.64	$809.92	$435.72
Anthem HMO Select+2	$2,226.67	$607.34	$1,619.33	$1,078.57	$540.76
Anthem HMO Traditional*	$925.47	$374.92	$550.55	$501.25	$49.30
Anthem HMO Traditional+1	$1,850.94	$749.83	$1,101.11	$809.92	$291.19
Anthem HMO Traditional+2	$2,406.22	$974.78	$1,431.44	$1,078.57	$352.87
United Healthcare*	$1,371.84	$235.34	$1,136.50	$501.25	$635.25
United Healthcare+1	$2,743.68	$470.67	$2,273.01	$809.92	$1,463.09
United Heathcare+2	$3,566.78	$611.87	$2,954.91	$1,078.57	$1,876.34

Employees who do not elect medical coverage and complete a Certification Form receive $150.00 per month in Cafeteria Plan contributions. This amount can be used to purchase vacation, Vision Services Plan benefits or at the end of the calendar year it can be cashed out.

* = Employee Only
+1=Employee plus One Dependent
+2=Employee plus Two (or More) Dependents (also known as Family Coverage)

The monthly Employee premium is deducted bi-monthly from paychecks in two equal amounts

2018 Medical Premiums
Per Month ($)
Employee Group #3
Teamsters Local 856/Transit Supervisors

	Total	CCCTA	Employee	Cafeteria Plan	Net Employee Cost
Blue Shield*	$889.02	$280.29	$608.73	$481.13	$127.60
Blue Shield+1	$1,778.04	$560.57	$1,217.47	$769.65	$447.82
Blue Shield +2	$2,311.45	$728.74	$1,582.71	$1,026.23	$556.48
Kaiser*	$779.86	$254.15	$525.71	$481.13	$44.58
Kaiser+1	$1,559.72	$508.30	$1,051.42	$769.65	$281.77
Kaiser+2	$2,027.64	$660.79	$1,366.85	$1,026.23	$340.62
PERS Choice*	$800.27	$241.24	$559.03	$481.13	$77.90
PERS Choice+1	$1,600.54	$482.48	$1,118.06	$769.65	$348.41
PERS Choice+2	$2,080.70	$627.23	$1,453.47	$1,026.23	$427.24
PERSCARE*	$882.45	$374.92	$507.53	$481.13	$26.40
PERSCARE+1	$1,764.90	$749.83	$1,015.07	$769.65	$245.42
PERSCARE+2	$2,294.37	$974.78	$1,319.59	$1,026.23	$293.36
PERS Select*	$717.50	$226.58	$490.92	$481.13	$9.79
PERS Select+1	$1,435.00	$453.16	$981.84	$769.65	$212.19
PERS Select+2	$1,895.50	$589.11	$1,306.39	$1,026.23	$280.16
Anthem HMO Select*	$856.41	$226.58	$629.83	$481.13	$148.70
Anthem HMO Select+1	$1,712.82	$453.16	$1,259.66	$769.65	$490.01
Anthem HMO Select+2	$2,226.67	$589.11	$1,637.56	$1,026.23	$611.33
Anthem HMO Traditional*	$925.47	$374.92	$550.55	$481.13	$69.42
Anthem HMO Traditional+1	$1,850.94	$749.83	$1,101.11	$769.65	$331.46
Anthem HMO Traditional+2	$2,406.22	$974.78	$1,431.44	$1,026.23	$405.21
Unitedhealthcare*	$1,371.84	$254.15	$1,117.69	$481.13	$636.56
Unitedhealthcare+1	$2,743.68	$508.30	$2,235.38	$769.65	$1,465.73
Unitedhealthcare+2	$3,566.78	$660.79	$2,905.99	$1,026.23	$1,879.76

Employees who do not elect medical coverage and complete a Certification From receive $50.00 per montl in Cafeteria Plan contributions. This amount can be used to purchase vacation, Vision Services Plan benefits or at the end of the calendar year it can be cashed out.

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