

Legislation Details (With Text)

File #:	17-1358	Name:	County Health Premium Contributions for Plan Year 2018		
		In control:	Human Resources		
On agenda:	10/31/2017	Final action:	10/31/2017		
Enactment date:		Enactment #:			
Title:	Approve the Addenda to Memoranda of Understanding regarding County Health Premium Contributions for Plan Year 2018, effective December 18, 2017; Approve the County Health Premium Contributions for Plan Year 2018 for Unrepresented and Management (including Senior Management) employees under the same terms and conditions as specified in the Addenda for Representation Units participating in the County's Health Benefit Program, effective December 18, 2017				
Sponsors:					
Indexes:					

Code sections:

Attachments: 1. Agenda Item, 2. Addenda to Memoranda of Understanding

Date	Ver.	Action By	Action	Result	
10/31/2017	1	Board of Supervisors	Conducted Hearings	Pass	
DATE:		October 31, 2017			
TO:		Board of Supervisors			
SUBMITTED BY:		Paul Nerland, Director of Human Resources			
SUBJECT:		County Health Premium Contrib	utions for Plan Year 2018		

RECOMMENDED ACTION(S):

- 1. Approve the Addenda to Memoranda of Understanding regarding County Health Premium Contributions for Plan Year 2018, effective December 18, 2017, for the following Representation Units:
 - a) Unit 02 Sheriff's and Probation Personnel
 - b) Unit 10 District Attorney Investigators
 - c) Unit 11 Deputy Probation Officers
 - d) Unit 13 Crafts and Trades
 - e) Unit 19 Professional Employees
 - f) Unit 25 Engineering Technicians
 - g) Unit 30 Deputy District Attorneys
 - h) Unit 39 Operating Engineers
 - i) Unit 40 Probation Services Managers
 - j) Unit 42 Engineers
 - k) Unit 43 Computer Employees
- 2. Approve the County Health Premium Contributions for Plan Year 2018 for Unrepresented and Management (including Senior Management) employees under the same terms and conditions

as specified in the Addenda for Representation Units participating in the County's Health Benefit Program, effective December 18, 2017.

Approval of the recommended action would implement the County's Health Premium Contribution increase for Plan Year 2018 for the identified groups currently receiving \$283 per pay period.

ALTERNATIVE ACTION(S):

If the Board were not to approve the recommended action the existing County Health Premium Contribution would remain unchanged and Health Premium Contribution negotiations would continue.

FISCAL IMPACT:

The estimated cost associated with the recommended action is approximately \$9,114,288 (\$1,405,423 NCC) and is included in the FY 2017-18 Adopted Budgets for the impacted departments.

DISCUSSION:

Your Board's representatives have signed tentative agreements with the identified representation units regarding the County Health Premium Contribution for Plan Year 2018, which are before your Board today for approval. In the spirit of equity, the same offer was extended to groups who had previously agreed to status quo County Health Premium Contributions and who did not have a health insurance re-opener provision within their respective Memorandum of Understandings, which are also included on this agenda item.

Additionally, approval of Recommended Action No. 2 would extend the same County Health Premium Contribution for Unrepresented and Management (including Senior Management) employees under the same terms and conditions as specified in the Addenda for Representation Units participating in the County's Health Benefit Program.

As reflected in the Addenda, the County's Health Premium Contribution towards the County sponsored Health Plans for Plan Year 2018 (including \$95 or \$100 for dependent coverage depending on the employee's selection) will increase by \$10 for Employee Only and \$15 for dependents, per pay period and is as follows:

Employee Only:	\$293
Employee plus Child(ren):	\$403
Employee plus Spouse:	\$403
Employee plus Family:	\$408

Furthermore, the Health Benefit Addenda will continue to allow employees eligible to participate in the County's Health Benefit Program the ability to opt out of the County's Health Benefit Program during the Open Enrollment period, by providing written proof that they have group medical coverage from another source.

REFERENCE MATERIAL:

BAI #5.1, December 6, 2016

ATTACHMENTS INCLUDED AND/OR ON FILE:

Addenda to Memoranda of Understanding for Representation Units Participating in the County's Health Benefit Program

CAO ANALYST:

Sonia M. De La Rosa