



County of Fresno

Hall of Records, Rm. 301
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Legislation Text

File #: 19-1371, **Version:** 1

DATE: November 5, 2019
TO: Board of Supervisors
SUBMITTED BY: Paul Nerland, Director of Human Resources
SUBJECT: County Health Contributions for Plan Year 2020

RECOMMENDED ACTION(S):

Approve the Addenda to Memoranda of Understanding regarding County Health Premium Contributions for Plan Year 2020, effective December 16, 2019, for the following Representation Units:

- a) Unit 25 - Engineering Technicians**
- b) Unit 40 - Probation Services Managers**

Approval of the recommended action would implement the County's Health Premium Contribution increase for Plan Year 2020 for the identified groups.

ALTERNATIVE ACTION(S):

If your 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 total estimated cost associated with the recommended action is approximately \$48,884; \$7,233 in Net County Cost (NCC). The estimated year-over-year cost for FY's 2019-20 and 2020-21 is approximately \$26,250 (\$3,884 in NCC) and \$22,634 (\$3,349 in NCC), respectively. Sufficient appropriation are included in the impacted department's FY 2019-20 Adopted Budgets and will be included in subsequent budget requests.

DISCUSSION:

Your Board's representatives have signed addenda with the identified representation units regarding County Health Premium Contributions for Plan Year 2020, which are before your Board today for approval. In the spirit of equity, this offer was extended to groups who did not have a health insurance reopener provision within their respective Memorandum of Understanding, which are identified and included on this agenda item.

As reflected in the Addenda, the County's Health Premium Contribution towards the County sponsored Health Plans for Plan Year 2020 (including \$110 or \$115 for dependent coverage depending on the employee's selection) will increase by \$25 per pay period, as follows:

- | | | |
|-----------------------------|-------|-------|
| • Employee Only: | | \$343 |
| • Employee plus Child(ren): | \$453 | |
| • Employee plus Spouse: | \$453 | |
| • Employee plus Family: | \$458 | |

The Agenda Item will continue to allow employees who are eligible to participate in the County's Health Benefit Program (Program) to opt out of the Program during the next open enrollment period by providing written proof that they have medical coverage from another source.

REFERENCE MATERIAL:

BAI#35, October 23, 2018 - County Health Premium Contribution for Plan Year 2019
BAI#40, June 12, 2018 - Sal Res Amendment, County Health, Sal Steps for UNR/Mgmt
BAI#35, October 31, 2017 - County Health Premium Contribution for Plan Year 2018

ATTACHMENTS INCLUDED AND/OR ON FILE:

Unit 25 Addendum
Unit 40 Addendum

CAO ANALYST:

Debbie Paolinelli