# RESOLUTION NO. 5411 AMENDING RESOLUTION 64-10 HEALTH INSURANCE CONTRIBUTIONS FOR ELECTED OFFICIALS AND NON-UNION EMPLOYEES

WHEREAS, RCW 36.40.080 states that ... the Board of County Commissioners shall fix and determine each item of the budget separately and shall by resolution adopt the budget...,

WHEREAS, RCW 36.16.070 states that ... the Board shall fix the compensation of all employees...,

WHEREAS, the Board has determined that the County's contribution towards health insurance premiums for Elected Officials and eligible Non-Union employees should be adjusted;

**NOW THEREFORE BE IT RESOLVED**, effective January 2012, the Board of County Commissioners does hereby establish the County's health insurance contribution rate for Elected Officials and eligible Non-Union Employees as follows:

**\$683 per month** per Elected Official/Employee for those individuals enrolled on medical as an employee only (no dependent coverage). This contribution also covers dental, vision, basic life and basic long-term disability insurance.

**\$951 per month** per Elected Official/Employee for those individuals enrolled on medical as employee with one or more dependents. This contribution also covers dental, vision, basic life and basic long-term disability insurance.

Approved this 23 day of August 2011

BOARD OF COUNTY COMMISSIONERS

Lynda Ring Erickson, Chairperson

Vacant

Jerry Lingle, Commissioner

Tim Sheldon, Commissioner

Attest:

Shannon Goudy, Clerk of the Board

Approved as to Form:

Tim Whitehead, Chief Deputy Prosecutor

c: Financial Services, Payroll Human Resources

All Elected Officials and Department Heads

### 2012 NON-UNION & ELECTED OFFICIALS HEALTH BENEFITS County Contribution Calculations (\$825 Pooled)

### **Headcount as of August 2011**

Excluded Prosecutors/IWA.

Single coverage @ \$825 minus actual of \$683* = \$142 savings each per month \$142 x 24 Singles = 3 Medical Waivers @ \$825 minus \$137.43 for PEBB Dental, LTD, Life = 1 Medical Waiver that cannot have double PEBB coverage minus \$137.96 for WCIF dental, vision, life	\$3,408.00 \$2,062.71 \$ 687.04
Total per month for dependent coverage =	\$6,157.75
\$6,157.75 divided by 49 dependent coverages =	\$ 126.00
* \$683 is the largest potential premium for a single coverage.	

Pooled County Contributions

\$825 + \$126 = **\$951** County Contribution for Dependent Coverages **\$683** County Contribution for Single Coverage

## NON - UNION Full PEBB Package 2012 County Contribution Amounts

***********	Employee	Employee and Spouse	Employee & Child(ren)	Employee Spouse & Child(ren)
Group Hoolth Classic	¢600.00	¢4 007 00	¢4 004 00	£1.626.04
Group Health Classic	\$682.38	\$1,227.33	\$1,091.09	\$1,636.04
County Contribution	(683.00)	(951.00)	(951.00)	(951.00)
Employee Pays (payroll deduction)	None	\$276.33 ******	\$140.09 ******	\$685.04 ******
Grown Hoolth Volum	<b>#</b> 000 40	<b>64 400 50</b>	\$4.00F.F0	<b>04 504 57</b>
Group Health Value	\$633.48	\$1,129.53	\$1,005.52	\$1,501.57
County Contribution	(683.00)	(951.00)	(951.00)	(951.00)
Employee Pays (payroll deduction)	None	\$178.53	\$54.52	\$550.57
Group Health High Deductible	\$614.82	\$1,089.25	\$985.22	\$1,401.32
County Contribution	(683.00)	(951.00)	(951.00)	(951.00)
<del>-</del>	(003.00) <b>None</b>	\$138.25	\$34.22	\$450.32
Employee Pays (payroll deduction)	NONE	Т.ОС.Т *********	######################################	\$450.52 *******
Uniform Medical Classic	\$663.01	\$1,188.59	\$1,057.20	\$1,582.78
County Contribution	(683.00)	(951.00)	(951.00)	(951.00)
Employee Pays (payroll deduction)	None .	\$237.59 <sup>°</sup>	\$106.20 <sup>°</sup>	\$631.78
Uniform Medical High Deductible	\$617.12	\$1,093.35	\$988.87	\$1,406.77
County Contribution	(683.00)	(951.00)	(951.00)	(951.00)
Employee Pays (payroll deduction)	None	\$142.35	\$37.87 ******	\$455.77

Medical Waived: \$137.43/month for Dental, Life, LTD

#### Annual deductibles (Don't apply to preventative care):

Group Health Classic - \$250/person, \$750/family

Group Health Value - \$350/person, \$1,050/family

Group Health High Deductible - \$1,400/person or \$2,800/family

Uniform Medical Classic - \$250/person, \$750/family

Uniform High Deductible - \$1,400/person or \$2,800/family

#### Co-pays:

Group Health Classic - \$15 for regular office visit, \$30 for specialist

Group Health Value - \$20 for regular office visit, \$40 for specialist

Group Health High Deductible - 10%, 30% for extended network (details provided in Nov)

Uniform Medical Classic - 15%

Uniform Medical High Deductible - 15%

### **Dental Plan Selections:**

Uniform Dental Group #3000 (WDS dentist network), Delta Care Group #3100 (managed care, limited dentists)

Willamett Dental (managed care, their facilities)

PEBB dental plans will not coordinate benefits with another plan unless the other plan pays less than PEBB would pay for a procedure. PEBB will only pay up to their maximum allowable for a procedure, minus amount paid by primary plan.

Vision Benefit: \$150 for glasses or contacts every 2 yrs. Use participating clinics with medical plan

Excel: medicalrate2012PEBB