

SAN LUIS OBISPO COUNTY 2017 CAFETERIA BENEFIT AMOUNTS

Bargaining Unit	Association/ Union	Classifications	Monthly County Contribution
02	SLOCEA	TRADES, CRAFTS & SERVICES	\$ 695.95
01, 05, 13	SLOCEA	PUBLIC SERVICES, SUPERVISORY, CLERICAL	\$ 750.58
03, 21	DSA	LAW ENFORCEMENT	\$ 700.00
14	DSA	SUPERVISORY LAW ENFORCEMENT	\$ 775.00
06	DAIA	DA INVESTIGATORS	\$ 816.07
04	SLOGAU	GOVERNMENT ATTORNEYS	\$1,146.00
07-11 & 17	MGMT	OPERATIONS & STAFF, GENERAL MGMT. ELECTED OFFICIALS, CONFIDENTIAL, COUNTY SUPERVISORS	\$ 975.00
15	SLOCSMA	LAW ENFORCEMENT OPERATIONS & STAFF MGMT.	\$1,300.00
16	MGMT	LAW ENFORCEMENT MGMT.	\$ 584.00
12	DCCA	CONFIDENTIAL ATTORNEYS	\$1,146.00
22	DSA	DISPATCHERS	\$ 700.00
27	ASLOCDS	ASSOCIATION OF SLO COUNTY DEPUTY SHERIFFS	\$ 900.00
28	ASLOCDS	ASSOCIATION OF SLO COUNTY DEPUTY SHERIFFS SUPERVISORY	\$975.00
31	SLOCPPOA	PROBATION OFFICERS Employee + 1 or Employee + 2 coverage only	\$ 991.00 \$1,041.00
32	SLOCPPOA	PROBATION SUPERVISORY Employee + 1 or Employee + 2 coverage only	\$1,058.00 \$1,108.00

For opt out cash option see Association MOU or Benefits at a Glance

Dates For Grandfather Prorated Provision Of Cafeteria Benefits By Bargaining Unit

Bargaining Unit	Grandfathered if hired before	Bargaining Unit	Grandfathered if hired before
01, 05, 13 SLOCEA	12/14/04	02 SLOCEA	10/03/06
03, 22, 14 DSA	02/07/06	31, 32 Probation	02/28/05
06 DA Investigators	09/13/05	04, 07, 08, 09, 10, 11, 12 MGT	02/25/05
15, 16 Law Enforcement Mgt	No Agreement		

Special notice to Part-time Permanent Employees: Pro-rated cafeteria plan contribution based on hours worked, paid leave, and/or time off granted under Voluntary Time Off Program (VTO).

MONTHLY PREMIUM RATES EFFECTIVE 1/1/2017

HEALTH PLANS

PERS SELECT		PERS CHOICE		PERS CARE		PORAC PPO	
Emp only	\$ 633.46	Emp only	\$ 714.43	Emp only	\$ 802.24	Emp only	\$ 699.00
Emp +1	1,266.92	Emp +1	1,428.86	Emp +1	1,604.48	Emp +1	1,467.00
Emp +2	1,647.00	Emp +2	1,857.52	Emp +2	2,085.82	Emp +2	1,876.00

BLUE SHIELD HMO ACCESS+		UNITED HEALTHCARE HMO		ANTHEM HMO TRADITIONAL	
Emp only	\$ 778.45	Emp only	\$ 549.76	Emp only	\$ 799.15
Emp +1	1,556.90	Emp +1	1,099.52	Emp +1	1,598.30
Emp +2	2,023.97	Emp +2	1,429.38	Emp +2	2,077.79

DENTAL PLANS

VISION PLAN

AETNA DENTAL DMO		DELTA DENTAL		VISION SERVICE PLAN	
Emp only	\$ 31.88	Emp only	\$ 50.24	Emp only	\$ 9.54
Emp +1	\$ 52.72	Emp +1	85.40	Emp +1	\$14.54
Emp +2	\$ 77.88	Emp +2	130.60	Emp +2	\$23.52

**EMPLOYEE WORKSHEET
CAFETERIA PLAN OPTIONS - CALENDAR YEAR 2017**

The County contributes a dollar amount, usually determined through labor negotiations, which will be applied toward the cost of health, dental and vision plans you select. Your benefit options and their costs are provided below. **In order to complete this worksheet, you must use the semi-monthly amount of the County Contribution.** All premiums listed below are **semi-monthly** amounts. Circle the premium amounts for the plans you have selected.

<u>Health</u> (Optional)	<u>Single</u>	<u>2 – Party</u>	<u>Family</u>
Blue Shield HMO Access+	\$389.23	\$778.45	\$1011.99
United Healthcare HMO	\$274.88	\$549.76	\$714.69
Anthem HMO Traditional	\$399.58	\$799.15	\$1038.90
PERS Select	\$316.73	\$633.46	\$823.50
PERS Choice	\$357.22	\$714.43	\$928.76
PERS Care	\$401.12	\$802.24	\$1,042.91
PORAC	\$349.50	\$733.50	\$938.00
<u>Dental</u> (Mandatory)			
Delta Dental	\$25.12	\$42.70	\$65.30
Aetna Dental DMO	\$15.94	\$26.36	\$38.94
<u>Vision</u> (Mandatory)			
VSP	\$ 4.77	\$7.27	\$11.76

Employee Deduction

COUNTY CONTRIBUTION \$ _____
(*semi-monthly*)

LESS: Health \$ _____
Dental \$ _____
Vision \$ _____

(_____) (Add the insurance plan costs and subtract from County contribution.)

NET CASH or DEDUCTION \$ _____
PER PAY PERIOD