

# CAFETERIA BENEFIT

Your Cafeteria Benefit is the amount the County of San Luis Obispo contributes toward the cost of your health, dental and vision insurance premiums. For most employees the Cafeteria Benefit amount is determined through the collective bargaining process. Please contact your department's Payroll Coordinator for your benefit amount.

**Special notice to Part-time Permanent Employees in most job classifications:** The amount of the monthly cafeteria benefit granted will be calculated using hours paid. Your Payroll Coordinator will tell you if proration of this benefit applies to you.

The County will automatically apply your cafeteria amount to the cost of the plans you select. Any amount of the Cafeteria Benefit not used to pay for your benefits will be given to you as **taxable income**.

**Waiving Health Insurance:** Unlike dental and vision insurance, the purchase of health insurance through the County is not mandatory. If you can provide proof of other health insurance coverage you may waive County health coverage. For employees who elect to opt out of a County-sponsored medical plan on or after January 1, 2016 the County will pay the cost of vision and dental premiums for employee, employee plus one dependent or employee plus family, as applicable.

Any questions about your Cafeteria Benefit can be directed to Human Resources at 781-5959, or to your Departmental Payroll Coordinator.

## 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

<b>PERS SELECT</b>	<b>PERS CHOICE</b>	<b>PERS CARE</b>	<b>PORAC PPO</b>
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

<b>BLUE SHIELD HMO ACCESS+</b>	<b>UNITED HEALTHCARE HMO</b>	<b>ANTHEM HMO TRADITIONAL</b>
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

<b>AETNA DENTAL DMO</b>	<b>DELTA DENTAL</b>	<b>VISION SERVICE PLAN</b>
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.

<b>Health</b> (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
<b>Dental</b> (Mandatory)			
Delta Dental	\$25.12	\$42.70	\$65.30
Aetna Dental DMO	\$15.94	\$26.36	\$38.94
<b>Vision</b> (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