

## CAFETERIA CONTRIBUTIONS

The County contributes a fixed dollar amount toward employee medical, dental and vision premiums monthly which is called a cafeteria contribution. The monthly cafeteria amount is determined by your bargaining unit.

Benefit premiums and the associated Cafeteria contributions are accounted for on a semi-monthly basis or 24 times a year. The per pay period amount is the amount applied to and deducted from each paycheck.

If the cafeteria amount is greater than your selected premiums the remainder of the cafeteria is paid out in employee's paychecks. If the cafeteria amount is less than your monthly premiums the balance is the employee's responsibility.

Employees may waive medical insurance by providing proof of other group coverage which could be an insurance ID card or a proof of other coverage statement from the insurance carrier. Employees that opt out of medical insurance are not eligible for the monthly cafeteria contribution unless their MOU states otherwise. Please see the information regarding those grandfathered into the former cash-in-lieu policy below.

To determine your out-of-pocket costs, complete the calculation on the next page. Add the total cost of your medical, dental and vision premiums and subtract the cafeteria contribution. Review your specific Bargaining Unit's Cafeteria Contribution, as well as the medical, dental and vision rates on the last two pages of this packet.

Please note: this calculation is solely for medical, dental and vision premiums. You may be enrolled in other benefits that will increase your out-of-pocket costs, including ancillary insurance, flexible spending accounts and health savings accounts. To review your out-of-pocket costs for these additional benefits, please refer to your [confirmation statement](#) through [Benxcel](#).

## CALCULATE YOUR MEDICAL, DENTAL AND VISION COSTS

Medical, Dental and Vision premiums and the associated Cafeteria contributions are accounted for on a semi-monthly basis or 24 times a year. Please review page 1 of this packet for further information regarding Cafeteria Contributions.

**To determine your costs, follow the steps and complete the table below.**

1. Identify your **specific Bargaining Unit's Cafeteria Contribution** with your plan type (pg. 3).
2. Identify the **medical, dental and vision plans** you are electing this year (pg. 3). Write the plan names in the first column of the table below.
3. Write the **monthly cost of your medical, dental and vision premiums** in the second column based on your dependent tier enrollment by plan, then add together to find your total cost.
4. **Subtract the cafeteria contribution** from the total cost of your medical coverage. This will calculate your out of pocket cost or cashout for the month.
5. **Divide your monthly out pocket cost** in half to calculate your costs coming out of your paycheck every two weeks.

\*If the cafeteria amount is greater than your selected premiums the remainder of the cafeteria is paid out in your paycheck on a post tax basis. If the cafeteria amount is less than your monthly premiums the balance is what will be deducted from your paycheck.

EXAMPLE	
Elected Plan Name	Monthly Premium
<b>Medical+ Plan EPO, PPO, and HDHP Plans</b>	
<i>Anthem Care PPO Employee +1</i>	<b>\$1,482.00</b>
<b>Dental+ Plan Aetna DMO, Delta PPO Plans</b>	
<i>Delta Dental PPO Employee +1</i>	<b>\$80.67</b>
<b>Vision+ Plan VSP Vision Plan</b>	
<i>VSP Vision Employee +1</i>	<b>\$14.54</b>
<b>= SUBTOTAL</b>	<b>\$1,577.21</b>
<b>SUBTRACT - BU Cafeteria Contribution</b>	
<i>BU 06 DAIA Employee +1</i>	<b>\$1,085.00</b>
<b>= TOTAL out of pocket cost</b>	<b>\$492.21</b>
<b>DIVIDE BY TWO- For Per Pay Period Cost</b>	
<b>= TOTAL Per Pay Period Cost</b>	<b>\$246.11</b>

Elected Plan Name	Monthly Premium
<b>Write the elected Medical+ Plan EPO, PPO, and HDHP Plans</b>	
<b>Write the elected Dental+ Plan Aetna DMO, Delta PPO Plans</b>	
<b>Write the elected Vision+ Plan VSP Vision Plan</b>	
<b>= SUBTOTAL</b>	
<b>SUBTRACT - BU Cafeteria Contribution</b>	
<b>= TOTAL out of pocket cost</b>	
<b>DIVIDE BY TWO- For Per Pay Period Cost</b>	
<b>= TOTAL Per Pay Period Cost</b>	

**COUNTY OF SAN LUIS OBISPO 2022 CAFETERIA CONTRIBUTION AMOUNTS BY BARGAINING UNIT (EFFECTIVE 1/1/2022)**

<b>Unit</b>	<b>Association</b>	<b>Classifications</b>	<b>County Contribution</b>
02	SLOCEA	<b>TRADES, CRAFTS, &amp; SERVICES</b> Employee Only Employee + 1 Employee + 2 or more	\$740.00 \$1,100.00 \$1,340.00
01, 05, 13	SLOCEA	<b>PUBLIC SERVICES, SUPERVISORY, CLERICAL</b> Employee Only Employee + 1 Employee + 2 or more	\$765.58 \$1,100.00 \$1,340.00
03, 21, 22 & 14	DSA	<b>LAW ENFORCEMENT, SUPERVISORY LAW ENFORCEMENT, &amp; DISPATCHERS</b> Employee Only: Employee + 1: Employee + 2 or more	\$825.00 \$1,100.00 \$1,340.00
06	DAIA	<b>DA INVESTIGATORS</b> Employee Only Employee +1 Employee +2 or more	\$816.07 \$1,085.00 \$1,325.00
04	SLOPA	<b>PROSECUTINGS ATTORNEYS</b>	\$1,146.00
07-11	MGMT	<b>OPERATIONS &amp; STAFF, MGMT. ELECTED OFFICIALS, CONF.</b> Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,100.00 \$1,340.00
17	MGMT	<b>COUNTY SUPERVISORS</b> Employee Only Employee + 1 Employee + 2 or more	\$ 975.00 \$1,100.00 \$1,340.00
15	SLOCSMA	<b>LAW ENFORCEMENT OPERATIONS &amp; STAFF MGMT.</b>	\$1,300.00
16	MGMT	<b>LAW ENFORCEMENT MGMT.</b> Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,100.00 \$1,340.00
12	DCCA	<b>CONFIDENTIAL ATTORNEYS</b> Employee +2 or more:	\$1,146.00 \$1,340.00
27	SDSA	<b>SWORN DEPUTY SHERIFFS ASSOCIATION</b> Employee Only Employee + 1 Employee + 2 or more	\$900.00 \$1,025.00 \$1,250.00
28	SDSA	<b>SWORN DEPUTY SHERIFFS ASSOCIATION - SUPERVISORY</b> Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
31	SLOCPPOA	<b>PROBATION OFFICERS</b> Employee Only Employee + 1 Employee + 2 or more	\$991.00 \$1,041.00 \$1,250.00
32	SLOCPPOA	<b>PROBATION SUPERVISORY</b> Employee Only Employee + 1 Employee + 2 or more	\$1,058.00 \$1,108.00 \$1,250.00
00	TEMP, OTHER	<b>TEMP-HELP, CONTRACT, OTHER</b>	\$499.11

## 2022 MEDICAL PREMIUM RATES

(Effective 1/1/2022)

Plan Name	Employee Only		Employee + 1		Family	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
<b>EIA Anthem High Deductible Health Plan (HDHP)</b>	\$301.13	\$602.25	\$594.63	\$1,189.25	\$774.13	\$1,548.25
<b>EIA Anthem Select</b>	\$319.50	\$639.00	\$630.00	\$1,260.00	\$821.00	\$1,642.00
<b>EIA Anthem Choice</b>	\$359.00	\$718.00	\$710.50	\$1,421.00	\$925.00	\$1,850.00
<b>EIA Anthem Care</b>	\$373.50	\$747.00	\$741.00	\$1,482.00	\$966.00	\$1,932.00
<b>EIA Anthem EPO</b>	\$442.00	\$884.00	\$880.00	\$1760.00	\$1149.50	\$2299.00

*County of San Luis Obispo contributes \$750 to a Health Savings Account if you are in one of the following Bargaining Units: 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 21, 22, 27, and 28*

## 2022 DENTAL & VISION PREMIUM RATES

(Effective 1/1/2022)

Plan Name	Employee Only		Employee + 1		Family	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
<b>Aetna Dental DMO</b>	\$15.94	\$31.88	\$26.36	\$52.72	\$38.94	\$77.88
<b>Delta Dental PPO</b>	\$23.73	\$47.46	\$40.34	\$80.67	\$61.69	\$123.37
<b>VSP</b>	\$4.77	\$9.54	\$7.27	\$14.54	\$11.76	\$23.52

### Special notice to Part-time Permanent Employees:

The pro-rated cafeteria plan contribution is based on hours worked, paid leave, and/or time off granted under Voluntary Time Off Program. See below for grandfather dates by bargaining unit for part-time employees entitled to full Cafeteria benefits.

Dates For Grandfather Prorated Provision Of Cafeteria Benefits By Bargaining Unit			
Bargaining Unit	Grandfathered if hired	Bargaining Unit	Grandfathered hired if
01, 05, 13 SLOCEA	12/14/04	02 SLOCEA	10/03/06
03, 21, 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	02/25/05
15, 16 Law Enforcement	No Agreement		

For grandfathered Cafeteria Cash Out dates and amounts, please refer to your bargaining unit's [MOU](#).

**COUNTY OF SAN LUIS OBISPO 2021 CAFETERIA CONTRIBUTION AMOUNTS BY BARGAINING UNIT (EFFECTIVE 1/1/2021)**

<b>Unit</b>	<b>Association</b>	<b>Classifications</b>	<b>County Contribution</b>
02	SLOCEA	<b>TRADES, CRAFTS, &amp; SERVICES</b> Employee Only Employee + 1 Employee + 2 or more	\$725.00 \$1,075.00 \$1,310.00
01, 05, 13	SLOCEA	<b>PUBLIC SERVICES, SUPERVISORY, CLERICAL</b> Employee Only Employee + 1 Employee + 2 or more	\$750.58 \$1,075.00 \$1,310.00
03, 21, 22 & 14	DSA	<b>LAW ENFORCEMENT, SUPERVISORY LAW ENFORCEMENT, &amp; DISPATCHERS</b> Employee Only: Employee + 1: Employee + 2 or more	\$825.00 \$1,075.00 \$1,310.00
06	DAIA	<b>DA INVESTIGATORS</b> Employee Only Employee +1 Employee +2 or more	\$816.07 \$1,065.00 \$1,300.00
04	SLOPA	<b>PROSECUTINGS ATTORNEYS</b>	\$1,146.00
07-11	MGMT	<b>OPERATIONS &amp; STAFF, MGMT. ELECTED OFFICIALS, CONF.</b> Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
17	MGMT	<b>COUNTY SUPERVISORS</b>	\$ 975.00
15	SLOCSMA	<b>LAW ENFORCEMENT OPERATIONS &amp; STAFF MGMT.</b>	\$1,300.00
16	MGMT	<b>LAW ENFORCEMENT MGMT.</b> Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
12	DCCA	<b>CONFIDENTIAL ATTORNEYS</b> Employee +2 or more:	\$1,146.00 \$1,310.00
27	SDSA	<b>SWORN DEPUTY SHERIFFS ASSOCIATION</b> Employee Only Employee + 1 Employee + 2 or more	\$900.00 \$1,025.00 \$1,250.00
28	SDSA	<b>SWORN DEPUTY SHERIFFS ASSOCIATION - SUPERVISORY</b> Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
31	SLOCPPOA	<b>PROBATION OFFICERS</b> Employee Only Employee + 1 Employee + 2 or more	\$ 991.00 \$1,041.00 \$1,250.00
32	SLOCPPOA	<b>PROBATION SUPERVISORY</b> Employee Only: Employee + 1 Employee + 2 or more	\$1,058.00 \$1,108.00 \$1,250.00

## 2021 MEDICAL PREMIUM RATES

(Effective 1/1/2021)

Plan Name	Employee Only		Employee + 1		Family	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
<b>EIA Anthem High Deductible Health Plan (HDHP)</b>	\$285.63	\$571.25	\$564.12	\$1,128.35	\$734.62	\$1,469.25
<b>EIA Anthem Select</b>	\$303.00	\$606.00	\$597.50	\$1,195.00	\$779.00	\$1,558.00
<b>EIA Anthem Choice</b>	\$340.50	\$681.00	\$674.00	\$1,348.00	\$877.50	\$1,755.00
<b>EIA Anthem Care</b>	\$354.50	\$709.00	\$703.00	\$1,406.00	\$916.50	\$1,833.00
<b>EIA Anthem EPO</b>	\$419.50	\$839.00	\$835.00	\$1,670.00	\$1,090.50	\$2,181.00

## 2021 DENTAL & VISION PREMIUM RATES

(Effective 1/1/2021)

Plan Name	Employee Only		Employee + 1		Family	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
<b>Aetna Dental DMO</b>	\$15.94	\$31.88	\$26.36	\$52.72	\$38.94	\$77.88
<b>Delta Dental PPO</b>	\$23.73	\$47.46	\$40.34	\$80.67	\$61.69	\$123.37
<b>VSP</b>	\$4.77	\$9.54	\$7.27	\$14.54	\$11.76	\$23.52

### Special notice to Part-time Permanent Employees:

The pro-rated cafeteria plan contribution is based on hours worked, paid leave, and/or time off granted under Voluntary Time Off Program. See below for grandfather dates by bargaining unit for part-time employees entitled to full Cafeteria benefits.

Dates For Grandfather Prorated Provision Of Cafeteria Benefits By Bargaining Unit			
Bargaining Unit	Grandfathered if hired	Bargaining Unit	Grandfathered if hired
01, 05, 13 SLOCEA	12/14/04	02 SLOCEA	10/03/06
03, 21, 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	02/25/05
15, 16 Law Enforcement	No Agreement		

For grandfathered Cafeteria Cash Out dates and amounts, please refer to your bargaining unit's [MOU](#).