

## SAN LUIS OBISPO COUNTY 2019 CAFETERIA BENEFIT AMOUNTS

| Bargaining Unit | Association/ Union | Classifications   | Monthly County Contribution |
|-----------------|--------------------|---|-----------------------------|
| 02              | SLOCEA             | TRADES, CRAFTS, & SERVICES<br>Employee Only   | \$695.95                    |
|                 |                    | Employee + 1  | \$1,025.00                  |
|                 |                    | Employee + 2 or more  | \$1,250.00                  |
| 01, 05, 13      | SLOCEA             | PUBLIC SERVICES, SUPERVISORY, CLERICAL<br>Employee Only   | \$750.58                    |
|                 |                    | Employee + 1  | \$1,025.00                  |
|                 |                    | Employee + 2 or more  | \$1,250.00                  |
| 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           | MGMT               | OPERATIONS & STAFF, GENERAL MGMT. ELECTED OFFICIALS,<br>CONFIDENTIAL<br>Employee Only               | \$ 975.00                   |
|                 |                    | Employee + 1  | \$1,025.00                  |
|                 |                    | Employee + 2 or more  | \$1,250.00                  |
| 17              | MGMT               | COUNTY SUPERVISORS  | \$ 975.00                   |
| 15              | SLOCSMA            | LAW ENFORCEMENT OPERATIONS & STAFF MGMT.  | \$1,300.00                  |
| 16              | MGMT               | LAW ENFORCEMENT MGMT.<br>Employee Only  | \$ 975.00                   |
|                 |                    | Employee + 1  | \$1,025.00                  |
|                 |                    | Employee + 2 or more  | \$1,250.00                  |
| 12              | DCCA               | CONFIDENTIAL ATTORNEYS  | \$1,146.00                  |
| 22              | DSA                | DISPATCHERS   | \$ 700.00                   |
| 27              | ASLOCDS            | ASSOCIATION OF SLO COUNTY DEPUTY SHERIFFS<br>Employee + 1 or Employee + 2 coverage only             | \$ 900.00<br>\$1,023.00     |
| 28              | ASLOCDS            | ASSOCIATION OF SLO COUNTY DEPUTY SHERIFFS SUPERVISORY<br>Employee + 1 or Employee + 2 coverage only | \$975.00<br>\$1,100.00      |
| 31              | SLOCPPOA           | PROBATION OFFICERS<br>Employee + 1 or Employee + 2 coverage only                                    | \$ 991.00<br>\$1,041.00     |
| 32              | SLOCPPOA           | PROBATION SUPERVISORY<br>Employee + 1 or Employee + 2 coverage only                                 | \$1,058.00<br>\$1,108.00    |

### 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, 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 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).

## HEALTH PREMIUM RATES

(Effective 1/1/2019)

| Plan/Coverage            | Premium (Per Pay Period) | Premium (Per Month) | Plan/Coverage  | Premium (Per Pay Period) | Premium (Per Month) |
|--------------------------|--------------------------|---------------------|--|--------------------------|---------------------|
| <b>EIA Anthem Select</b> |                          |                     | <b>EIA Anthem EPO</b>                                |                          |                     |
| Employee Only            | \$269.70                 | \$539.40            | Employee Only  | \$374.20                 | \$748.40            |
| Employee + 1             | \$532.20                 | \$1,064.40          | Employee + 1   | \$744.20                 | \$1,488.40          |
| Family                   | \$693.70                 | \$1,387.40          | Family   | \$971.20                 | \$1,942.40          |
| <b>EIA Anthem Choice</b> |                          |                     | <b>EIA Anthem High Deductible Health Plan (HDHP)</b> |                          |                     |
| Employee Only            | \$303.70                 | \$607.40            | Employee Only  | \$254.83                 | \$509.65            |
| Employee + 1             | \$600.20                 | \$1,200.40          | Employee + 1   | \$502.83                 | \$1,005.65          |
| Family                   | \$782.20                 | \$1,564.40          | Family   | \$654.83                 | \$1,309.65          |
| <b>EIA Anthem Care</b>   |                          |                     |  |                          |                     |
| Employee Only            | \$316.20                 | \$632.40            |  |                          |                     |
| Employee + 1             | \$626.20                 | \$1,252.40          |  |                          |                     |
| Family                   | \$816.70                 | \$1,633.40          |  |                          |                     |

## DENTAL & VISION PREMIUM RATES

| Plan/Coverage             | Premium (Per Pay Period) | Premium (Per Month) | Plan/Coverage             | Premium (Per Pay Period) | Premium (Per Month) |
|---------------------------|--------------------------|---------------------|---------------------------|--------------------------|---------------------|
| <b>Aetna Dental (DMO)</b> |                          |                     | <b>Delta Dental (PPO)</b> |                          |                     |
| Employee Only             | \$15.94                  | \$31.88             | Employee Only             | \$25.12                  | \$50.24             |
| Employee + 1              | \$26.36                  | \$52.72             | Employee + 1              | \$42.70                  | \$85.40             |
| Family                    | \$38.94                  | \$77.88             | Family                    | \$65.30                  | \$130.60            |
| <b>VSP Vision</b>         |                          |                     |                           |                          |                     |
| Employee Only             | \$4.77                   | \$9.54              |                           |                          |                     |
| Employee + 1              | \$7.27                   | \$14.54             |                           |                          |                     |
| Family                    | \$11.76                  | \$23.52             |                           |                          |                     |

## 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 semi-monthly amount is the amount applied to and deducted from each paycheck. To complete the calculation below, please add the total cost of your medical, dental and vision premiums and subtract the cafeteria contribution.

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 on the first page.

### CALCULATE YOUR OUT OF POCKET COST OR CASHOUT FOR TOTAL COVERAGE

|                          | Semi-Monthly Premium | Monthly Premium |
|--------------------------|----------------------|-----------------|
| Medical +                |                      |                 |
| Dental +                 |                      |                 |
| Vision                   |                      |                 |
| <b>= Subtotal</b>        |                      |                 |
| - Cafeteria Contribution |                      |                 |
| <b>= Total</b>           |                      |                 |

|                          | Semi-Monthly Premium | Monthly Premium |
|--------------------------|----------------------|-----------------|
| Medical +                | \$316.20             | \$632.40        |
| Dental +                 | \$15.94              | \$31.88         |
| Vision                   | \$4.77               | \$9.54          |
| <b>= Subtotal</b>        | <b>\$336.91</b>      | <b>\$673.82</b> |
| - Cafeteria Contribution | - \$375.29           | - \$750.58      |
| <b>= Total</b>           | <b>\$38.38</b>       | <b>\$76.76</b>  |

*Example: Anthem Care (Employee Only), Aetna Dental (Employee Only), VSPVision (Employee Only), BU 01 Cafeteria Contribution.*