

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. To determine your out of pocket costs, complete the calculation below. 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 below.

CALCULATE YOUR OUT OF POCKET COST OR CASHOUT

	Per Pay Period	Monthly Premium
Medical +		
Dental +		
Vision		
= Subtotal		
- Cafeteria Contribution		
= Total		

Example:		
	Per Pay Period	Monthly Premium
Medical +	\$324.50	\$649.00
Dental +	\$23.73	\$47.46
Vision	\$4.77	\$9.54
= Subtotal	\$353.00	\$706.00
- Cafeteria Contribution	\$375.29	750.58
= Total	\$22.29 of cafeteria remaining	\$44.58 of cafeteria remaining
No employee contribution needed, all benefits would be 100% covered by County contribution and employee would receive unspent cafeteria in their paycheck		

Example: Anthem Care (Employee Only), Delta Dental (Employee Only), VSPVision (Employee Only), BU 01 Cafeteria Contribution

COUNTY OF SAN LUIS OBISPO 2020 CAFETERIA CONTRIBUTION AMOUNTS BY BARGAINING UNIT (EFFECTIVE 1/1/2020)

Unit	Association	Classifications	County Contribution
02	SLOCEA	TRADES, CRAFTS, & SERVICES Employee Only Employee + 1 Employee + 2 or more	\$710.00 \$1,050.00 \$1,280.00
01, 05, 13	SLOCEA	PUBLIC SERVICES, SUPERVISORY, CLERICAL Employee Only Employee + 1 Employee + 2 or more	\$750.58 \$1,050.00 \$1,280.00
03, 21, 22 & 14	DSA	LAW ENFORCEMENT, SUPERVISORY LAW ENFORCEMENT, & DISPATCHERS Employee Only: Employee + 1: Employee + 2 or more	\$825.00 \$1,050.00 \$1,280.00
06	DAIA	DA INVESTIGATORS Employee Only Employee +1 Employee +2 or more	\$816.07 \$1,045.00 \$1,275.00
04	SLOPA	PROSECUTINGS ATTORNEYS	\$1,146.00
07-11	MGMT	OPERATIONS & STAFF, MGMT. ELECTED OFFICIALS, CONF. Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
17	MGMT	COUNTY SUPERVISORS	\$ 975.00
15	SLOCSMA	LAW ENFORCEMENT OPERATIONS & STAFF MGMT.	\$1,300.00
16	MGMT	LAW ENFORCEMENT MGMT. Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
12	DCCA	CONFIDENTIAL ATTORNEYS Employee +2 or more:	\$1,146.00 \$1,280.00
27	SDSA	SWORN DEPUTY SHERIFFS ASSOCIATION Employee Only Employee + 1 Employee + 2 or more	\$900.00 \$1,025.00 \$1,250.00
28	SDSA	SWORN DEPUTY SHERIFFS ASSOCIATION - SUPERVISORY Employee Only Employee + 1 Employee + 2 or more	\$975.00 \$1,025.00 \$1,250.00
31	SLOCPPOA	PROBATION OFFICERS Employee Only Employee + 1 Employee + 2 or more	\$ 991.00 \$1,041.00 \$1,250.00
32	SLOCPPOA	PROBATION SUPERVISORY Employee Only: Employee + 1 Employee + 2 or more	\$1,058.00 \$1,108.00 \$1,250.00

2020 MEDICAL PREMIUM RATES

(Effective 1/1/2020)

Plan Name	Employee Only		Employee + 1		Family	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
EIA Anthem High Deductible Health Plan (HDHP)	\$261.63	\$523.25	\$516.13	\$1,032.25	\$672.13	\$1,344.25
EIA Anthem Select	\$277.00	\$554.00	\$546.50	\$1,093.00	\$712.50	\$1,425.00
EIA Anthem Choice	\$311.50	\$623.00	\$616.50	\$1,233.00	\$803.00	\$1,606.00
EIA Anthem Care	\$324.50	\$649.00	\$643.00	\$1,286.00	\$838.50	\$1,677.00
EIA Anthem EPO	\$384.00	\$768.00	\$764.00	\$1,528.00	\$997.50	\$1,995.00

2020 DENTAL & VISION PREMIUM RATES

(Effective 1/1/2020)

Plan Name	Employee Only		Employee + 1		Family	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
Aetna Dental DMO	\$15.94	\$31.88	\$26.36	\$52.72	\$38.94	\$77.88
Delta Dental PPO	\$23.73	\$47.46	\$40.34	\$80.67	\$61.69	\$123.37
VSP	\$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](#).