## RESOLUTION NO. 64-10 AMENDING RESOLUTION 89-09 HEALTH INSURANCE CONTRIBUTIONS FOR ELECTED OFFICIALS AND NON-UNION EMPLOYEES

WHEREAS, RCW 36.40.080 states that "...the Board of County Commissioners shall fix and determine each item of the budget separately and shall by resolution adopt the budget...,"

WHEREAS, RCW 36.16.070 states that "... the Board shall fix the compensation of all employees...,"

WHEREAS, the Board has determined that the County's contribution toward the premiums for employee group insurance for Elected Officials and eligible Non-Union employees should be adjusted;

**NOW THEREFORE BE IT RESOLVED**, effective January 2011, the Board of County Commissioners does hereby establish the County's health insurance contribution rate for Elected Officials and eligible Non-Union Employees as follows:

\$658 per month per Elected Official/Employee for those individuals enrolled on medical as an employee only (no dependent coverage). This contribution also covers dental, vision, and employee life insurance. \$936 per month per Elected Official/Employee for those individuals enrolled on medical as employee with one or more dependents. This contribution also covers dental, vision, basic long-term disability, and employee life insurance.

Approved this Zumday of August 2010

Ross Gallagher, Chairperson

Lynda Ring Erickson, Commissioner

ABSENT

Tim Sheldon, Commissioner

Attest:

Shannon Goudy, Clerk of the Board

Approved as to Form:

c: Financial Services, Payroll Human Resources

Monty Cobb, Chief Deputy

All Elected Officials and Department Heads

## 2011 NON-UNION & ELECTED OFFICIALS HEALTH BENEFITS County Contribution Calculations (\$825 Pooled)

## **Headcount as of August 2010**

Excluded Prosecutors/IWA & adjusted for anticipated terminations.

Single coverage @ \$825 minus actual of \$658* = \$167 savings each per month	<b>@2.044.00</b>
\$167 x 23 Singles = 2 Medical Waivers @ \$825 minus \$144.16 for PEBB Dental, LTD, Life =	\$3,841.00 \$1,361.68
1 Medical Waiver that cannot have double PEBB coverage minus \$136.95 for	Ψ1,001.00
WCIF dental, vision, life	\$ 688.05
Total per month for dependent coverage =	\$5,890.73
\$5,890.73 divided by 53 dependent coverages =	

<sup>\* \$658</sup> is the largest potential premium for a single coverage.

## **Pooled County Contributions**

\$825 + \$111 = \$936 County Contribution for Dependent Coverages \$658 County Contribution for Single Coverage

NON - UNION Full PEBB Package 2011 County Contribution Amounts

***********	Employee *********	Employee and Spouse	Employee & Child(ren)	Employee Spouse & Child(ren)
Group Health Classic	\$657.72	\$1,171.28	\$1,042.89	\$1,556.45
County Contribution	(658.00)	(936.00)	(936.00)	(936.00)
Employee Pays (payroll deduction)	None	\$235.28 <sup>°</sup>	\$106.89 ******	\$620.45
Group Health Value	\$617.21	\$1,090.26	\$972.00	\$1,445.05
County Contribution	(658.00)	(936.00)	(936.00)	(936.00)
Employee Pays (payroll deduction)	None	\$154.26	\$36.00	\$509.05
Uniform Medical Plan PPO	\$647.55	\$1,150.94	\$1,025.09	\$1,528.48
County Contribution	(658.00)	(936.00)	(936.00)	(936.00)
Employee Pays (payroll deduction)	None <sup>´</sup>	\$214.94 ********	`\$89.09 <sup>`</sup> ********	\$592.48 <sup>°</sup>

Medical Waived: \$144.16/month for Dental, Vision, Life, LTD

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