

**RESOLUTION NO. 7512**  
**AMENDING RESOLUTION 01-12**  
**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 towards health insurance premiums for Elected Officials and eligible Non-Union employees should be adjusted;

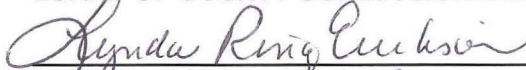
**NOW THEREFORE BE IT RESOLVED**, effective January 2013, the Board of County Commissioners does hereby establish the County's health insurance contribution rate for Elected Officials and eligible Non-Union Employees as follows:

**\$721 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, basic life and basic long-term disability insurance.

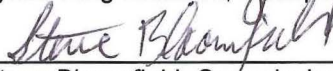
**\$1,055 per month** per Elected Official/Employee for those individuals enrolled on medical as employee with one or more dependents. This contribution also covers dental, vision, basic life and basic long-term disability insurance.

Approved this 6<sup>th</sup> day of November 2012

BOARD OF COUNTY COMMISSIONERS



Lynda Ring Erickson, Chairperson



Steve Bloomfield, Commissioner



Tim Sheldon, Commissioner

**Attest:**

  
Shannon Goudy, Clerk of the Board

**Approved as to Form:**

  
Tim Whitehead, Chief Deputy Prosecutor

c: Financial Services, Payroll  
Human Resources  
All Elected Officials and Department Heads

## 2013 NON-UNION & ELECTED OFFICIALS HEALTH BENEFITS County Contribution Calculations (\$900 Pooled)

### Headcount as of October 2012

*Excluded Prosecutors/IWA which has PEBB medical*

Single coverage @ \$900 minus actual of \$721* = \$179 savings each per month	
\$179 x 18 Singles =	\$3,222.00
4 Medical Waivers @ \$900 minus \$142.47 for PEBB Dental, LTD, Life =	\$3,030.12
2 Medical Waivers that cannot have double PEBB coverage minus \$127.30 for WCIF dental, vision, life	<u>\$1,545.40</u>

Total per month for dependent coverage = \$7,797.52

\$7,797.52 divided by 50 dependent coverages = \$ 155.95

\* \$721 is the largest potential premium for a single coverage.

### Pooled County Contributions

\$900 + \$155 = **\$1,055** County Contribution for Dependent Coverages  
**\$ 721** County Contribution for Single Coverage

**NON - UNION  
Full PEBB Package  
2013 County Contribution Amounts**

	<b>Employee</b>	<b>Employee and Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee Spouse &amp; Child(ren)</b>
*****				
<b>Group Health Classic</b>	\$720.95	\$1,299.43	\$1,154.81	\$1,733.29
County Contribution	(721.00)	(1,055.00)	(1,055.00)	(1,055.00)
<b>Employee Pays (payroll deduction)</b>	<b>None</b>	<b>\$244.43</b>	<b>\$99.81</b>	<b>\$678.29</b>
*****				
<b>Group Health Value</b>	\$671.51	\$1,200.55	\$1,068.29	\$1,597.33
County Contribution	(721.00)	(1,055.00)	(1,055.00)	(1,055.00)
<b>Employee Pays (payroll deduction)</b>	<b>None</b>	<b>\$145.55</b>	<b>\$13.29</b>	<b>\$542.33</b>
*****				
<b>Group Health High Deductible</b>	\$650.06	\$1,154.69	\$1,043.12	\$1,489.42
County Contribution	(721.00)	(1,055.00)	(1,055.00)	(1,055.00)
<b>Employee Pays (payroll deduction)</b>	<b>None</b>	<b>\$99.69</b>	<b>None</b>	<b>\$434.42</b>
*****				
<b>Uniform Medical Classic</b>	\$682.12	\$1,221.77	\$1,086.86	\$1,626.51
County Contribution	(721.00)	(1,055.00)	(1,055.00)	(1,055.00)
<b>Employee Pays (payroll deduction)</b>	<b>None</b>	<b>\$166.77</b>	<b>\$31.86</b>	<b>\$571.51</b>
*****				
<b>Uniform Medical High Deductible</b>	\$636.24	\$1,126.55	\$1,018.56	\$1,450.54
County Contribution	(721.00)	(1,055.00)	(1,055.00)	(1,055.00)
<b>Employee Pays (payroll deduction)</b>	<b>None</b>	<b>\$71.55</b>	<b>None</b>	<b>\$395.54</b>
*****				

**Medical Waived: \$142.47/month for Dental, Life, LTD**

**Annual deductibles (Don't apply to preventative care):**

- Group Health Classic - \$250/person, \$750/family
- Group Health Value - \$350/person, \$1,050/family
- Group Health High Deductible - \$1,400/person or \$2,800/family
- Uniform Medical Classic - \$250/person, \$750/family
- Uniform High Deductible - \$1,400/person or \$2,800/family

**Co-pays:**

- Group Health Classic - \$15 for regular office visit, \$30 for specialist
- Group Health Value - \$20 for regular office visit, \$40 for specialist
- Group Health High Deductible - 10%, 30% for extended network (details provided in Nov)
- Uniform Medical Classic - 15%
- Uniform Medical High Deductible - 15%

**Dental Plan Selections:**

- Uniform Dental Group #3000 (WDS dentist network), Delta Care Group #3100 (managed care, limited dentists)
- Willamett Dental (managed care, their facilities)

PEBB dental plans will not coordinate benefits with another plan unless the other plan pays less than PEBB

would pay for a procedure. PEBB will only pay up to their maximum allowable for a procedure, minus amount paid by primary plan.

**Vision Benefit (subject to annual deductible): \$150 for glasses or contacts every 2 yrs.**

Use participating clinics with medical plan network