

RESOLUTION NO. 60-17
AMEND RESOLUTION NO. 74-16 DETERMINING THE COUNTY'S
2018 HEALTH INSURANCE CONTRIBUTIONS AND AMENDING RESOLUTION NO. 47-17
TO REVISE THE NON-REPRESENTED SALARY SCALE BY APPROVING A
1.02% COLA AND 2% GENERAL WAGE INCREASE

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; and

WHEREAS, RCS 36.16.070 states that the Board shall fix the compensation of all employees; and

WHEREAS, the Board has determined that the County's contribution towards health insurance premiums for Elected Officials, eligible Non-Represented employees, and also as applicable and required by the Collective Bargaining Agreements in place and ratified on that date should be adjusted; and

NOW THEREFORE BE IT RESOLVED, effective January 1, 2018, the Board of County Commissioners does hereby establish the County's health insurance contribution rate for Elected Officials, eligible Non-Represented Employees, and as required by the Collective Bargaining Agreements in place and ratified at \$1,206 (One Thousand two hundred six dollars) per month utilizing the pooling method, and resulting in a distribution as follows:

\$878.90 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.

\$1,404.54 per month per Elected Official/Employee for those individuals enrolled on medical as an employee with one or more dependents. This contribution also covers dental, vision, basic life, and basic long-term disability insurance.

WHEREAS, the Board has determined that a .1.02% COLA for all Non-Represented employees and as applicable and required by the Collective Bargaining Agreements is warranted based on 80% of the June to June 2017 Consumer Price Index (CPI) as reflected by the US Government BLS for "US All Cities" Index as the majority of the Union Bargaining Units are receiving the same compensation adjustment in order to reduce the adverse effect of inflation; and

WHEREAS, the Board has determined a 2% general wage increase for Non-Represented employees to maintain parity with recommended increases proposed for the members of the current Collective Bargaining Agreements within the County.

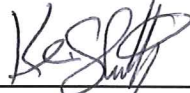
WHEREAS, consistent with Board Resolution No. 74-16, the Board will continue to allow step increases for Non-Represented employees, consistent with policy; and

NOW THEREFORE BE IT RESOLVED, effective January 1, 2018, the Board of County Commissioners does hereby amend the Non-Represented Salary Range Table by 1.02% COLA and 2% general wage increase to be equitable and consistent with the majority of those employees under collective bargaining agreements.

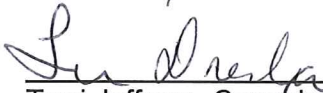
RESOLUTION NO. 60-17
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Approved this 7th day of November 2017

BOARD OF COUNTY COMMISSIONERS

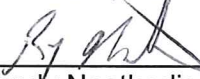


Kevin Shutty, Chairperson




Terri Jeffreys, Commissioner

Drexler



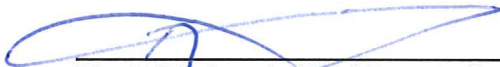
Randy Neatherlin, Commissioner

Attest:



Melissa Drewry, Clerk of the Board

Approved as to Form:



Tim Whitehead, Chief Deputy Prosecutor

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

NON-REPRESENTED SALARY RANGE ALIGNMENT

SALARY RANGE NUMBER	CLASSIFICATION TITLE
46	Community Services Director Chief Deputy Prosecuting Attorney Public Works Director Support Services Director
45	Utilities & Waste Management Director Human Resources Director
44	Deputy Director Public Works/County Engineer Deputy Director Public Works/Utilities & Waste Mgmt
43	Chief Criminal Prosecuting Attorney Chief Public Defender
40	Deputy Director Public Works/ER&R Manager
39	Chief Finance Manager
38	Emergency and Information Services Manager Facilities, Parks and Trails Manager Road Operations & Maintenance Manager Water & Wastewater Manager
37	Administrator, Probation Services
35	District Court Administrator Engineering and Construction Manager Engineer IV Land Use Attorney Superior Court Administrator
34	Personal Health Manager Environmental Health Manager Road Operations & Maintenance Assistant Manager
33	Deputy Administrator, Detention Deputy Administrator, Probation Engineer III Technical Services Manager
32	Planning Manager Permit Assistance Center Manager Construction Services Supervisor Project Support Services Manager Transportation Planning Supervisor Facilities Manager Budget Manager
31	Program Manager II Public Works Finance Manager

NON-REPRESENTED SALARY RANGE ALIGNMENT

SALARY RANGE NUMBER	CLASSIFICATION TITLE
30	Building Official GIS Manager Right of Way Manager/Property Manager
29	Equipment Maintenance Supervisor Finance Manager Road Operations & Maintenance Supervisor Chief Accountant Senior Financial Analyst Chief Deputy Treasurer Administrative Services Manager Human Resources/Risk Manager Chief Deputy Assessor Chief Appraiser Administrative Manager
28	Engineer II Survey Supervisor
27	Administrative Supervisor Chief Deputy Elections Superintendent
26	Human Resources Analyst Grants & Contracts Analyst Engineer I
25	Program Manager I Operations & Maintenance/ER&R Administrator Therapeutic Court Program Manager I
21	Financial Analyst Risk & Safety Compliance Manager Personnel Analyst
20	Deputy Court Administrator Office Manager
19	Official Court Recorder/Judicial Assistant Official Court Recorder/Family Law Facilitator Clerk of the Board/Records Specialist Administrative Clerk

NON-REPRESENTED SALARY RANGE ALIGNMENT

<u>SALARY RANGE NUMBER</u>	<u>CLASSIFICATION TITLE</u>
17	Administrative Assistant
13	Administrative Secretary Legal Secretary
10	Receptionist/Secretary
1	PBX Operator Office Assistant

NON-REPRESENTED, ELECTED'S, PUBLIC DEFENDERS, PROBATION SERVICES AND COMMUNITY FAMILY HEALTH TEAMSTERS EMPLOYEES

PEBB - Medical and Dental 2018

The County premium contribution pooling method pending approval by resolution.

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA (Group Health Classic)	\$15 Primary Care	\$175/Person	\$2,000/Person	PREMIUM	\$878.90	\$1,612.27	\$1,428.93	\$2,162.30
	\$30 Specialist	\$525/Family	\$4,000/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$207.73	\$24.39	\$757.76
Kaiser Permanente WA (Group Health Value)	\$30 Primary Care	\$250/Person	\$3,000/Person	PREMIUM	\$794.03	\$1,442.53	\$1,280.41	\$1,928.91
	\$50 Specialist	\$750/Family	\$6,000/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$37.99	None	\$524.37
Kaiser Permanente WA (Group Health CDHP)	10%/Primary Care	\$1,400/Person	\$5,100/Person	PREMIUM	\$749.69	\$1,347.88	\$1,212.92	\$1,752.78
	10% Specialist	\$2,800/Family	\$10,200/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$348.24
Kaiser Permanente WA (Group Health Sound Choice) <small>(Must live or work in Snohomish, King, Pierce or Thurston County)</small>	15% Primary Care	\$250/Person	\$2,000/Person	PREMIUM	\$767.62	\$1,389.71	\$1,234.19	\$1,856.28
	15% Specialist	\$750 Family	\$4,000/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$451.74
Uniform Medical Plan Classic	15% Primary Care	\$250/Person	\$2,000/Person	PREMIUM	\$818.37	\$1,491.21	\$1,323.00	\$1,995.84
	15% Specialist	\$750/Family	\$4,000/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$86.67	None	\$591.30
Uniform Medical Plan CDHP	15% Primary Care	\$1,400/Person	\$4,200/Person	PREMIUM	\$749.42	\$1,347.34	\$1,212.44	\$1,752.03
	15% Specialist	\$2,800/Family	\$8,400/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$347.49
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN <small>(Must live in Snohomish, King, Kitsap, Pierce, Grays Harbor, Spokane, Yakima, Skagit or Thurston County)</small>	0% Primary Care	\$125/Person	\$2,000/Person	PREMIUM	\$761.07	\$1,376.61	\$1,222.73	\$1,838.27
	15% Specialist	\$375/Family	\$4,000/Family	COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$433.73

Tobacco Use Surcharge					\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver Premium Surcharge					\$0.00	\$50.00	\$0.00	\$50.00
Medical Waived					\$145.08	\$145.08	\$145.08	\$145.08

DENTAL		Deductibles	Max out-of-pocket	VISION	BASIC LIFE AND AD&D Insurance			
Uniform Dental Group #3000	Delta Dental PPO	\$50/Person \$150/Family	You pay amounts over \$1,750	Included in medical plan	Basic Life	\$35,000	Basic AD&D	\$5,000
Delta Care Group #3100	Managed care w/limited dentists	NONE	No General Plan Maximum	You pay any amount over \$150 every 24 months for frames, lenses, contacts and fitting fees combined. Exception: for UMP Classic, you pay any amount over \$65 for contact lens fitting fees.	May enroll in supplemental Term Life Insurance without providing evidence of insurability if enrolled no later than 60 days after becoming eligible.			
Willamette Dental	Managed care & their facilities	NONE	No General Plan Maximum		May enroll in optional LTD within 31 days of initial eligibility for PEBB benefits. After 31 days must also complete Evidence of Insurability form.			

**DEPUTY PROSECUTING ATTORNEYS & GENERAL SERVICES
PEBB - Medical Benefits & WCIF Dental Vision Life Benefits 2018**

The County premium contribution pooling method pending approval by resolution.

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA (Group Health Classic)	\$15 Primary Care	\$175/Person	\$2,000/Person	PREMIUM	\$793.26	\$1,526.63	\$1,343.29	\$2,076.66
	\$30 Specialist	\$525/Family	\$4,000/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$924.86	\$1,658.23	\$1,474.89	\$2,208.26
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	\$45.96	\$253.69	\$70.35	\$803.72
Kaiser Permanente WA (Group Health Value)	\$30 Primary Care	\$250/Person	\$3,000/Person	PREMIUM	\$708.39	\$1,356.89	\$1,194.77	\$1,843.27
	\$50 Specialist	\$750/Family	\$6,000/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$839.99	\$1,488.49	\$1,326.37	\$1,974.87
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$83.95	None	\$570.33
Kaiser Permanente WA (Group Health CDHP)	10%/Primary Care	\$1,400/Person	\$5,100/Person	PREMIUM	\$664.05	\$1,262.24	\$1,127.28	\$1,667.14
	10% Specialist	\$2,800/Family	\$10,200/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$795.65	\$1,393.84	\$1,258.88	\$1,798.74
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$394.20
Kaiser Permanente WA (Group Health Sound Choice) (Must live or work in Snohomish, King, Pierce or Thurston County)	15% Primary Care	\$250/Person	\$2,000/Person	PREMIUM	\$681.98	\$1,304.07	\$1,148.55	\$1,770.64
	15% Specialist	\$750 Family	\$4,000/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$813.58	\$1,435.67	\$1,280.15	\$1,902.24
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$31.13	None	\$497.70
Uniform Medical Plan Classic	15% Primary Care	\$250/Person	\$2,000/Person	PREMIUM	\$732.73	\$1,405.57	\$1,237.36	\$1,910.20
	15% Specialist	\$750/Family	\$4,000/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$864.33	\$1,537.17	\$1,368.96	\$2,041.80
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$132.63	None	\$637.26
Uniform Medical Plan CDHP	15% Primary Care	\$1,400/Person	\$4,200/Person	PREMIUM	\$663.78	\$1,261.70	\$1,126.80	\$1,666.39
	15% Specialist	\$2,800/Family	\$8,400/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$795.38	\$1,393.30	\$1,258.40	\$1,797.99
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$393.45
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN (Must live in Snohomish, King, Kitsap, Pierce or Thurston County)	0% Primary Care	\$125/Person	\$2,000/Person	PREMIUM	\$675.43	\$1,290.97	\$1,137.09	\$1,752.63
	15% Specialist	\$375/Family	\$4,000/Family	WCIF DENTAL VISION LIFE	\$131.60	\$131.60	\$131.60	\$131.60
				PREMIUM TOTAL	\$807.03	\$1,422.57	\$1,268.69	\$1,884.23
				COUNTY POOLED CONTRIBUTION	\$878.90	\$1,404.54	\$1,404.54	\$1,404.54
				EMPLOYEE PAYS (Payroll Deduction)	None	\$18.03	None	\$479.69
Tobacco Use Surcharge					\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver Premium Surcharge					\$0.00	\$50.00	\$0.00	\$50.00
WCIF	DENTAL			VISION	LIFE			
	Delta Dental			VSP \$150	Basic	\$24,000		
	Willamette (Managed Care & their facilities) Reduce premium by \$27			Frame	Dependent	\$1,000		

2018 MEDICAL AND DENTAL BENEFIT RATES
MASON COUNTY TEAMSTERS, WCIF AND NELSON TURST

Please note: County contribution amounts are subject to change in accordance with any memorandum of understanding, collective bargaining agreement, or resolution. Such official changes in contribution levels for 2018 will be announced after the documents are signed.

TEAMSTERS/OPERATORS PUBLIC WORKS

\$1,191.30	Teamster's Plan B Medical or Group Health Options (both Composite Premiums)
\$ 16.00	Weekly Time Loss of \$400 (up to 180 days)
\$ 11.40	9-Month Waiver (Trust will pay up to 9 months of medical premiums for eligible disability)
<u>\$ 131.60</u>	WDS Dental, VSP Vision & Standard Basic Life with WCIF. Willamette members reduce by \$14.38
\$1,350.30	GRAND TOTAL MONTHLY PREMIUM
<u>\$1,206.00</u>	County Contribution
\$ 144.30	TOTAL EMPLOYEE OUT OF POCKET

TEAMSTERS APPRAISERS

\$1,191.30	Teamster's Plan B Medical or Group Health Options (both Composite Premiums)
\$ 4.00	Weekly Time Loss of \$400 (up to 180 days)
\$ 0	9-Month Waiver (Trust will pay up to 9 months of medical premiums for eligible disability)
<u>\$ 131.60</u>	WDS Dental, VSP Vision & Standard Basic Life with WCIF. Willamette members reduce by \$14.38
\$1,326.90	GRAND TOTAL MONTHLY PREMIUM
<u>\$1,206.00</u>	County Contribution
\$ 120.90	TOTAL EMPLOYEE OUT OF POCKET

TEAMSTERS JUVENILE DETENTION

\$1,191.30	Teamster's Plan B Medical or Group Health Options (both Composite Premiums)
\$ 8.00	Weekly Time Loss of \$400 (up to 180 days)
\$ 0	9-Month Waiver (Trust will pay up to 9 months of medical premiums for eligible disability)
<u>\$ 131.60</u>	WDS Dental, VSP Vision & Standard Basic Life with WCIF. Willamette members reduce by \$14.38
\$1,330.90	GRAND TOTAL MONTHLY PREMIUM
<u>\$1,206.00</u>	County Contribution
\$ 124.90	TOTAL EMPLOYEE OUT OF POCKET

AFSCME

ENGINEERS GUILD

\$1,191.30	Teamster's Plan B Medical or Group Health Options (both Composite Premiums)
\$ 0	Weekly Time Loss of \$400 (up to 180 days)
\$ 0	9-Month Waiver (Trust will pay up to 9 months of medical premiums for eligible disability)
<u>\$ 131.60</u>	WDS Dental, VSP Vision & Standard Basic Life with WCIF. Willamette members reduce by \$14.38
\$1,322.90	GRAND TOTAL MONTHLY PREMIUM
<u>\$1,206.00</u>	County Contribution
\$ 116.90	TOTAL EMPLOYEE OUT OF POCKET

IWA CORRECTIONS AND SUPPORT STAFF

<u>\$1,074.00</u>	The Nelson Trust (Dental through Moda Health, VSP vision, and Basic Life and AD&D)
\$1,074.00	GRAND TOTAL MONTHLY PREMIUM
<u>\$1,206.00</u>	County Contribution
\$ 0.00	TOTAL EMPLOYEE OUT OF POCKET

DEPUTIES GUILD

County Contributions \$1,206 Pooled

Tiered WCIF Group Health Access PPO 500 and Dental, vision & Life

TOTAL EMPLOYEE OUT OF POCKET

\$0.00	Employee Only	\$37.34	Employee/Spouse
\$2.05	Employee Children	\$150.29	Employee/Spouse/Children