

ATTACHMENT B

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A.21.4.1 Cafeteria Flexible Benefits Plan – unrepresented units (e.g., O, X, XL and Y)

A. General Provisions

The County will make available a Cafeteria Flexible Benefits Plan to all permanent or Limited Term employees. Permanent or Limited Term employees may elect from the following optional benefits:

- Employee medical coverage under CalPERS.
- Dependent medical coverage under CalPERS.
- No medical coverage
- Employee dental coverage under the County's self-funded plan or a successor plan
- Dependent dental coverage under the County's self-funded plan or a successor plan
- No dental coverage
- Employee vision coverage under the County's self-funded plan or a successor plan
- Dependent vision coverage under the County's self-funded plan or a successor plan
- No vision coverage
- Any other eligible optional benefits which may be made available by the County through the Cafeteria Flexible Benefits Plan.

Additional Payroll Deduction

For each month when the benefit options selected by the employee under this plan exceed the appropriate County contributions for that employee, that employee shall pay by pre-tax payroll deduction the full cost (100%) which exceeds the County's contributions for that employee.

Cafeteria Flexible Benefits Plan Administration

The provisions, rules and regulations governing the administration of the Cafeteria Flexible Benefits Plan are contained in the Cafeteria Flexible Benefits Plan document. Changes may be required from time to time to maintain the integrity of this Cafeteria flexible benefits plan as a lawful IRC Section 125 plan. The

County shall have discretion to make such changes to ensure this plan is eligible for favorable treatment under the Internal Revenue Code. The County may add or remove benefit options to or from this plan. Removal of a benefit shall occur only if the benefit is deemed contrary to public law or regulation governing IRC Section 125 benefit plans, is no longer available by vendor, or becomes insolvent.

B. County CalPERS Required Contributions

The County CalPERS required contributions (PEMHCA Minimum) toward the Cafeteria Flexible Benefits Plan will be as indicated below.

The County shall not contribute any CalPERS required contribution toward the employee's purchase of any other optional benefits which may be provided by the County through the Cafeteria Flexible Benefits Plan.

Employees shall not have the option of using the CalPERS required contributions for any other purpose other than for purchasing employee health. CalPERS required contributions not used to purchase employee health will be forfeited.

Health Insurance Contribution

The County's CalPERS required contribution to the Cafeteria Flexible Benefits Plan for health insurance coverage will be provided as directed by CalPERS.

Dental Insurance Contribution

The County's maximum contribution to the Cafeteria Flexible Benefits Plan for dental coverage will be equal to the cost of the employee only premium monthly for all eligible permanent employees or Limited Term. Should the dental (employee only premium) contribution/premium increase, the County may pay the increase. Should the County's contribution/ premium for dental (employee only premium) decrease, the County shall retain the savings from the decrease.

Vision Insurance Contribution

The County's maximum contribution to the Cafeteria Flexible Benefits Plan for vision coverage will be equal to the cost of the employee only premium monthly for all eligible permanent employees or Limited Term. Should the vision (employee only premium) contribution/premium increase, the County may pay the

increase. Should the County's contribution/ premium for vision (employee only premium) decrease, the County shall retain the savings from the decrease.

C. County Maximum Contributions

The County maximum monthly contributions are as follows:

Unit X – All CalPERS Health Plans

<u>Medical Enrollment</u>	<u>Full-Time Permanent</u>	<u>Part-Time* Permanent</u>
Employee Only	\$1,160.00	\$580.00
Employee Plus One Dep.	\$1,782.00	\$891.00
Employee Plus Family	\$2,190.00	\$1,095.00

Units O, XL, and Y - CalPERS Platinum Health Plan

<u>Medical Enrollment</u>	<u>Full-Time Permanent</u>	<u>Part-Time* Permanent</u>
Employee Only	\$980.01	\$490.01
Employee Plus One Dep.	\$1,904.02	\$952.01
Employee Plus Family	\$2,499.23	\$1,249.62

Units O, XL, and Y - All other CalPERS Health Plans

<u>Medical Enrollment</u>	<u>Full-Time Permanent</u>	<u>Part-Time* Permanent</u>
Employee Only	\$792.84	\$396.42
Employee Plus One Dep.	\$1,667.68	\$833.84
Employee Plus Family	\$2,190.18	\$1,095.09

*Part-time defined as scheduled to work a minimum of 40 (forty hours), but less than 64 (sixty-four) hours per pay period.

The County's contribution above may be applied toward medical, dental and/or vision coverage for the employee and dependents.

Any future increases in health insurance premiums that exceed the County's contribution will be paid by the employee through salary deduction.

Any balance of the County's contribution remaining after the employee selects health insurance may be utilized, at the employee's discretion, toward the purchase of dependent dental and/or dependent vision insurance. The use of any County contributions toward the purchase of the benefits stated above is subject to the employee first selecting employee health insurance coverage under CalPERS.

Elective Contribution Payout

For each month that the County's elective contribution is not used by an employee to obtain benefit options under this plan, the full amount of funds not utilized shall be paid out, provided the employee has purchased at least individual only health insurance through CalPERS.

Amended 12/9/03; 02-096

Amended 12/5/06; 06-021

Amended 7/27/10; 10-234

Amended 7/20/21; 21-212

Amended 10/5/21; 21-xxx