



RESOLUTION NO. 133-2002

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, in accordance with the El Dorado County Charter Section 210.a(6), the Board of Supervisors shall establish the compensation of officers and employees; and

WHEREAS, the Board of Supervisors has previously established and amended a Salary and Benefits Resolution for Unrepresented Employees; and

WHEREAS, recent claims experience in the County self-funded Health Plan necessitates a 36% increase in rates in addition to implementation of cost containment measures/benefit changes; and

WHEREAS, representatives of unrepresented employees have participated in discussions of the rate increase/benefit changes through the Health Plan Advisory Committee and separate meetings with staff and have indicated concurrence with the proposed changes;

THEREFORE BE IT RESOLVED, that the Board of Supervisors approve the changes specified below and incorporate such changes into the Salary and Benefits Resolution No. 323-2001 as amended.

1502. County Medical/Dental Plan

A. Contribution Levels and Benefits

Effective June 29, 2002, for each eligible Unrepresented Management and Confidential employee, the County and employee contributions to the County Plan per pay period will be as follows:

| | Contributions thru OBP Credits | Max.Addt'l Co. Contributions | Employee Payroll Deductions |
|----------------|-----------------------------------|---------------------------------|--------------------------------|
| Employee only | \$105.46 | \$100.54 | \$ 0 |
| Employee + one | 173.08 | 179.68 | 7.24 |
| Employee + two | 173.08 | 235.37 | 43.55 |

Effective July 1, 2002, the following benefit changes shall be implemented for the County's self-funded Health Plan administered by Blue Shield:

| | |
|----------------------------|---------------------------------------|
| Deductible: | \$200 per person/\$400 per family |
| Out of Pocket Maximum: | \$1,000 per person/\$2,000 per family |
| Co-insurance: | 80%/20% In Plan Provider |
| | 60%/40% Out of Plan Provider |
| Prescription Drugs Copays: | \$10 generic |
| | \$15 formulary brand |
| | \$30 non-formulary brand |
| Emergency Room Copay: | \$50 (waived if admitted) |

B. ADMINISTRATIVE PROCEDURES

No change.

C. CONTINUATION OF MEDICAL/DENTAL PLAN COVERAGE-MILITARY CALL UP

No change.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on 4TH day of JUNE 2002 ~~XXXX~~, by the following vote of said Board:

Ayes: DUPRAY, BAUMANN, BORELLI, HUMPHREYS, SOLARO

ATTEST
DIXIE L. FOOTE
Clerk of the Board of Supervisors

By Margaret E. Moody
Deputy Clerk

Noes: NONE
Absent: NONE

[Signature]
Chairman, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

ATTEST: DIXIE L. FOOTE, Clerk of the Board of Supervisors of the County of El Dorado, State of California

By _____
Deputy Clerk