
Yamhill County

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Office of County Administrator

LAURA S. TSCHABOLD
COUNTY ADMINISTRATOR

KEN HUFFER
DEPUTY ADMINISTRATOR

MEMORANDUM

TO: Board of Commissioners

Date: July 21, 2017

FROM: Laura Tschabold, County Administrator



CC: Ken Huffer, Christian Boenisch, Desiree Lundeen, Becky Weaver

RE: **Extension of 99% of 2017-2018 Providence Base Plan Monthly Premium to Non-Bargaining Employees**

It is time to send out the annual notice of the 2017-2018 medical, dental and vision rates to employees so that they can choose to make any desired plan changes during open enrollment which is schedule for August 7 through 11, 2017.

Negotiations are continuing with the YCEA/AFSCME bargaining group. We are schedule for a mediation session on August 14. Should we be unable to settle on a successor agreement prior to the new plan year, which begins on September 1, 2017, YCEA members will be in a status quo situation for the medical/dental/vision premium. This means that until a successor agreement is ratified, the County will proceed status quo in paying the premium amount approved in the 2014-2017 YCEA Collective Bargaining Agreement. Unfortunately, the County is unable to determine what the final new agreement will consist of. Therefore, at this time, for the YCEA bargaining group, the maximum amount that the county will contribute to the monthly premium is the current 99% of the 2016-2017 Providence Base Plan monthly premium – which is the status quo with no increase (\$1,401.51). The Providence Base Plan includes the Providence Health Base Plan, Delta Dental of Oregon (ODS/MODA) and Vision Services Plan (VSP).

Due to the timing of open enrollment, I am requesting now that the Board of Commissioners extend to YCEA affiliated non-bargaining employees 99% of the 2017-2018 Providence Base Plan monthly premium. This amount equals \$1,431.86.

Please let me know if you have any questions. Thank you for your consideration.

B.O. 17-303

2017-2018 YCEA/ AFSCME BARGAINING EMPLOYEES- INTERIM Medical Contribution/CAP Calculation



**2017-2018 VEBA contribution \$100 for participants enrolled in the Providence Base Plan*
Blended Providence Rate**

	2016-2017	2017-2018	Maximum County Contribution	Difference	YCEA MedAcct/Pays	County Retains/Pays	Employee Pays
Providence Base Plan	\$ 1,272.89	\$ 1,303.54	\$ -				\$ -
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04					\$ -
Delta Dental of Oregon	\$ 129.74	\$ 129.74					\$ -
Total Base Medical & Dental	\$ 1,415.67	\$ 1,446.32	\$ 1,401.51	\$ 44.81			\$ 44.81
MAX. MONTHLY CONTRIBUTION (99%) of 2016-2017 Rate \$ 1,401.51							

	2016-2017	2017-2018	Max. Contribution	Difference	VEBA Allowance	Employee Pays
Providence Buy-up Option #1	\$ 1,658.40	\$ 1,698.61				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Delta Dental of Oregon	\$ 129.74	\$ 129.74				
Total EPO Medical & Dental	\$ 1,801.18	\$ 1,841.39	\$ 1,401.51	\$ 439.88	\$ 100.00	\$ 339.88
Providence Buy-up Option #2	\$ 1,729.99	\$ 1,771.36				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Delta Dental of Oregon	\$ 129.74	\$ 129.74				
Total PHP Open Option	\$ 1,872.77	\$ 1,914.14	\$ 1,401.51	\$ 512.63	\$ 100.00	\$ 412.63
Providence Base Plan	\$ 1,272.89	\$ 1,303.54				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total Base Medical & Dental	\$ 1,469.54	\$ 1,513.19	\$ 1,401.51	\$ 111.68	\$ 100.00	\$ 111.68
Providence Buy-up Option #1	\$ 1,658.40	\$ 1,698.61				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total EPO Medical & Dental	\$ 1,855.05	\$ 1,908.26	\$ 1,401.51	\$ 506.75	\$ 100.00	\$ 406.75
Providence Buy-up Option #2	\$ 1,729.99	\$ 1,771.36				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total PHP Open Option	\$ 1,926.64	\$ 1,981.01	\$ 1,401.51	\$ 579.50	\$ 100.00	\$ 479.50
Kaiser Medical	\$ 1,583.89	\$ 1,630.92				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total Kaiser Medical & Dental	\$ 1,767.50	\$ 1,827.53	\$ 1,401.51	\$ 426.02	\$ -	\$ 426.02
Kaiser Medical	\$ 1,583.89	\$ 1,630.92				
Delta Dental of Oregon	\$ 129.74	\$ 129.74				
Kaiser Medical & Dental	\$ 1,713.63	\$ 1,760.66	\$ 1,401.51	\$ 359.15	\$ -	\$ 359.15
Kaiser Medical \$150 Deductible Option	\$ -	\$ 1,570.13				
Kaiser Dental	\$ -	\$ 196.61				
Total Kaiser Medical & Dental	\$ -	\$ 1,766.74	\$ 1,401.51	\$ 365.23	\$ -	\$ 365.23
Kaiser Medical \$150 Deductible Option	\$ -	\$ 1,570.13				
Delta Dental of Oregon	\$ -	\$ 129.74				
Total Kaiser Medical & Dental	\$ -	\$ 1,699.87	\$ 1,401.51	\$ 298.36	\$ -	\$ 298.36

* Providence Base Plan receives VEBA to offset the high deductible plan design. Providence buy-up options premium costs are offset by the VEBA allowance.

YAMHILL COUNTY



2017-2018 YCEA/ AFSCME BARGAINING EMPLOYEES- INTERIM CONTRIBUTION SUMMARY

The County's contribution equals 99% of the 2016-2017 BASE Providence medical plan with VSP and the Delta Dental of Oregon dental plan. In addition, there is a \$100 contribution to each member's VEBA account each month for those enrolled on the Base Providence medical plan. Members enrolled on any other Providence plan will receive the equivalent premium contribution PLUS THE VEBA allowance applied to their combined medical, vision and dental expenses and will pay the difference through payroll deduction.

	Total Premium	County	Employee/YCEA Cost
PROVIDENCE HEALTH PLAN (PHP)/DELTA DENTAL of OREGON (DDO)			
PHP BASE MEDICAL/DELTA DENTAL of OREGON DENTAL			
PERSONAL OPTION - \$1,000 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,303.54		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,401.51	\$ 44.81
DDO COMPOSITE DENTAL	\$ 129.74		
VEBA CONTRIBUTION		\$ 100.00	
PHP BUY-UP MEDICAL #1/DELTA DENTAL of OREGON DENTAL			
PERSONAL OPTION - \$500 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,698.61		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,401.51	\$ 339.88
DDO COMPOSITE DENTAL	\$ 129.74		
PHP BUY-UP MEDICAL #2/DELTA DENTAL of OREGON DENTAL			
OPEN OPTION - \$250 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,771.36		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,401.51	\$ 412.63
DDO COMPOSITE DENTAL	\$ 129.74		
PROVIDENCE HEALTH PLAN (PHP)/KAISER DENTAL			
PHP BASE MEDICAL			
PERSONAL OPTION - \$1,000 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,303.54		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,401.51	\$ 111.68
KAISER COMPOSITE DENTAL	\$ 196.61		
VEBA CONTRIBUTION		\$ 100.00	
PHP BUY-UP MEDICAL #1/KAISER DENTAL			
PERSONAL OPTION - \$500 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,698.61		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,401.51	\$ 406.75
KAISER COMPOSITE DENTAL	\$ 196.61		
PHP BUY-UP MEDICAL #2/KAISER DENTAL			
OPEN OPTION - \$250 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,771.36		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,401.51	\$ 479.50
KAISER COMPOSITE DENTAL	\$ 196.61		

YAMHILL COUNTY



2017-2018 YCEA/ AFSCME BARGAINING EMPLOYEES- INTERIM CONTRIBUTION SUMMARY

The County's contribution equals 99% of the 2016-2017 BASE Providence medical plan with VSP and the Delta Dental of Oregon dental plan. In addition, there is a \$100 contribution to each member's VEBA account each month for those enrolled on the Base Providence medical plan. Members enrolled on any other Providence plan will receive the equivalent premium contribution PLUS THE VEBA allowance applied to their combined medical, vision and dental expenses and will pay the difference through payroll deduction.

	Total Premium	County	Employee/YCEA Cost
KAISER PERMANENTE / KAISER DENTAL			
KAISER ORIGINAL MEDICAL AND KAISER DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,630.92	\$ 1,401.51	\$ 426.02
<i>KAISER COMPOSITE DENTAL</i>	\$ 196.61		
KAISER \$150 DEDUCTIBLE OPTION MEDICAL AND KAISER DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,570.13	\$ 1,401.51	\$ 365.23
<i>KAISER COMPOSITE DENTAL</i>	\$ 196.61		
KAISER PERMANENTE / DELTA DENTAL OF OREGON DENTAL			
KAISER ORIGINAL MEDICAL AND DELTA DENTAL OF OREGON DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,630.92	\$ 1,401.51	\$ 359.15
<i>DDO COMPOSITE DENTAL</i>	\$ 129.74		
KAISER \$150 DEDUCTIBLE OPTION MEDICAL AND DELTA DENTAL of OREGON DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,570.13	\$ 1,401.51	\$ 298.36
<i>DDO COMPOSITE DENTAL</i>	\$ 129.74		

2017-2018 YCDDA, FOPPO, NON-BARGAINING Contribution/CAP Calculation

**2017-2018 VEBA contribution \$100 for participants enrolled in the Providence Base Plan*
Blended Providence Rate**

FINAL

	2016-2017	2017-2018	Maximum County Contribution	Difference	YCEA MedAcct/Pays	County Retains/Pays	Employee Pays
Providence Base Plan	\$ 1,272.89	\$ 1,303.54	\$ -				\$ -
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04					\$ -
Delta Dental of Oregon	\$ 129.74	\$ 129.74					\$ -
Total Base Medical & Dental	\$ 1,415.67	\$ 1,446.32	\$ 1,486.45	\$ 14.46			\$ 14.46
MAX. MONTHLY CONTRIBUTION (99%)			\$ 1,431.86				

	2016-2017	2017-2018	Max. Contribution	Difference	VEBA Allowance	Employee Pays
Providence Buy-up Option #1	\$ 1,658.40	\$ 1,698.61				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Delta Dental of Oregon	\$ 129.74	\$ 129.74				
Total EPO Medical & Dental	\$ 1,801.18	\$ 1,841.39	\$ 1,431.86	\$ 409.53	\$ 100.00	\$ 309.53
Providence Buy-up Option #2	\$ 1,729.99	\$ 1,771.36				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
ODS Dental	\$ 129.74	\$ 129.74				
Total PHP Open Option	\$ 1,872.77	\$ 1,914.14	\$ 1,431.86	\$ 482.28	\$ 100.00	\$ 382.28
Providence Base Plan	\$ 1,272.89	\$ 1,303.54				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total Base Medical & Dental	\$ 1,469.54	\$ 1,513.19	\$ 1,431.86	\$ 81.33	\$ 100.00	\$ 81.33
Providence Buy-up Option #1	\$ 1,658.40	\$ 1,698.61				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total EPO Medical & Dental	\$ 1,855.05	\$ 1,908.26	\$ 1,431.86	\$ 476.40	\$ 100.00	\$ 376.40
Providence Buy-up Option #2	\$ 1,729.99	\$ 1,771.36				
Vision Service Plan (VSP)	\$ 13.04	\$ 13.04				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total PHP Open Option	\$ 1,926.64	\$ 1,981.01	\$ 1,431.86	\$ 549.15	\$ 100.00	\$ 449.15
Kaiser Medical	\$ 1,583.89	\$ 1,630.92				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total Kaiser Medical & Dental	\$ 1,767.50	\$ 1,827.53	\$ 1,431.86	\$ 395.67	\$ -	\$ 395.67
Kaiser Medical	\$ 1,583.89	\$ 1,630.92				
Delta Dental of Oregon	\$ 129.74	\$ 129.74				
Kaiser Medical & Dental	\$ 1,713.63	\$ 1,760.66	\$ 1,431.86	\$ 328.80	\$ -	\$ 328.80
Kaiser Medical \$150 Deductible Option	\$ 1,583.89	\$ 1,570.13				
Kaiser Dental	\$ 183.61	\$ 196.61				
Total Kaiser Medical & Dental	\$ 1,767.50	\$ 1,766.74	\$ 1,431.86	\$ 334.88	\$ -	\$ 334.88
Kaiser Medical \$150 Deductible Option	\$ 1,583.89	\$ 1,570.13				
Delta Dental of Oregon	\$ 129.74	\$ 129.74				
Kaiser Medical & Dental	\$ 1,713.63	\$ 1,699.87	\$ 1,431.86	\$ 268.01	\$ -	\$ 268.01

* Providence Base Plan receives VEBA to offset the high deductible plan design. Providence buy-up options premium costs are offset by the VEBA allowance.

YAMHILL COUNTY

2017-2018 YCDDA, FOPPO, NON-BARGAINING CONTRIBUTION SUMMARY

FINAL

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VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,431.86	\$ 14.46
DDO COMPOSITE DENTAL	\$ 129.74		
VEBA CONTRIBUTION		\$ 100.00	
PHP BUY-UP MEDICAL #1/DELTA DENTAL of OREGON DENTAL			
PERSONAL OPTION - \$500 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,698.61		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,431.86	\$ 309.53
DDO COMPOSITE DENTAL	\$ 129.74		
PHP BUY-UP MEDICAL #2/DELTA DENTAL of OREGON DENTAL			
OPEN OPTION - \$250 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,771.36		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,431.86	\$ 382.28
DDO COMPOSITE DENTAL	\$ 129.74		
PROVIDENCE HEALTH PLAN (PHP)/KAISER DENTAL			
PHP BASE MEDICAL			
PERSONAL OPTION - \$1,000 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,303.54		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,431.86	\$ 81.33
KAISER COMPOSITE DENTAL	\$ 196.61		
VEBA CONTRIBUTION		\$ 100.00	
PHP BUY-UP MEDICAL #1/KAISER DENTAL			
PERSONAL OPTION - \$500 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,698.61		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,431.86	\$ 376.40
KAISER COMPOSITE DENTAL	\$ 196.61		
PHP BUY-UP MEDICAL #2/KAISER DENTAL			
OPEN OPTION - \$250 DEDUCTIBLE			
PHP COMPOSITE MEDICAL	\$ 1,771.36		
VISION SERVICE PLAN (VSP)	\$ 13.04	\$ 1,431.86	\$ 449.15
KAISER COMPOSITE DENTAL	\$ 196.61		

YAMHILL COUNTY

FINAL

2017-2018 YCDDA, FOPPO, NON-BARGAINING CONTRIBUTION SUMMARY

The County's contribution equals 99% of the 2017-2018 BASE Providence medical plan with VSP and the Delta Dental of Oregon dental plan. In addition, there is a \$100 contribution to each member's VEBA account each month for those enrolled on the Base Providence medical plan. Members enrolled on any other Providence plan will receive the equivalent premium contribution PLUS THE VEBA allowance applied to their combined medical, vision and dental expenses and will pay the difference through payroll deduction.

	Total Premium	County	Employee/YCEA Cost
KAISER PERMANENTE / KAISER DENTAL			
KAISER ORIGINAL MEDICAL AND KAISER DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,630.92	\$ 1,431.86	\$ 395.67
<i>KAISER COMPOSITE DENTAL</i>	\$ 196.61		
KAISER \$150 DEDUCTIBLE OPTION MEDICAL AND KAISER DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,570.13	\$ 1,431.86	\$ 334.88
<i>KAISER COMPOSITE DENTAL</i>	\$ 196.61		
KAISER PERMANENTE / DELTA DENTAL OF OREGON DENTAL			
KAISER ORIGINAL MEDICAL AND DELTAL DENTAL OF OREGON DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,630.92	\$ 1,431.86	\$ 328.80
<i>DDO COMPOSITE DENTAL</i>	\$ 129.74		
KAISER \$150 DEDUCTIBLE OPTION MEDICAL AND DELTA DENTAL of OREGON DENTAL			
<i>KAISER COMPOSITE MEDICAL</i>	\$ 1,570.13	\$ 1,431.86	\$ 268.01
<i>DDO COMPOSITE DENTAL</i>	\$ 129.74		

Accepted by Yamhill County
Board of Commissioners on
7-27-17 by Board Order
17-303