



Human Resource Services

October 12, 2021

Honorable Board of Supervisors
County of Alameda
1221 Oak Street, Suite 536
Oakland, California 94612-4305

SUBJECT: ADOPT: 1) A SUPPLEMENTAL AGREEMENT WITH ACPA; 2) A SIDELETTER OF AGREEMENT (“SLA”) WITH ACWFIA TO AMEND SUBSECTION 14.A. OF THE MOU; 3) A SLA WITH DSA TO AMEND SUBSECTION 11 OF THE MOU; AND 4) ADMINISTRATIVE CODE AMENDMENTS TO VARIOUS SECTIONS IN CHAPTER 3.64 (EMPLOYEE HEALTH AND WELFARE BENEFIT PROGRAM) RELATED TO THE NEW PPO MEDICAL PLAN OFFERED FOR PLAN YEAR 2022

Dear Board Members:

RECOMMENDATIONS:

- A. Adopt a Supplemental Agreement between the County of Alameda (“County”) and the Alameda County Prosecutors’ Association (“ACPA”) to add the new Preferred Provider Organization (“PPO”) medical plan offering, and implement medical premium cost-share and duplicate coverage options for the new plan effective February 1, 2022 (Attachment 1).
- B. Adopt two (2) Sideletters of Agreement (“SLA”) between:
 - i. the County and the Alameda County Welfare Fraud Investigators Association (“ACWFIA”) (Attachment 2); and
 - ii. the County and the Deputy Sheriffs’ Association (“DSA”) (Attachment 3), to add the new PPO medical plan offering, and implement medical premium cost-share and duplicate coverage options for the new plan effective February 1, 2022.
- C. Adopt Administrative Code amendments to Chapter 3.64 (EMPLOYEE HEALTH AND WELFARE BENEFIT PROGRAM) (Attachment 4), by amending:
 - i. Section 3.64.030 (Benefits.) to add the new PPO medical plan offering effective February 1, 2022 and delete obsolete language;
 - ii. Subsections in Section 3.64.050 (County medical and dental contribution) to implement medical premium cost-share for Unrepresented and ACPA-represented employees related to the new PPO plan effective February 1, 2022; and
 - iii. Subsections in Section 3.64.080 (Duplicative coverage.) to implement duplicate coverage options for the new PPO plan.

DISCUSSION/SUMMARY:

The Human Resource Services Department (“HRS”) Employee Benefits Center (“EBC”) successfully negotiated a Preferred Provider Organization (“PPO”) medical plan option for the County for Plan Year 2022. The County has not had a PPO medical plan option for several years despite continual efforts to secure a PPO/Indemnity medical plan option for employees. Therefore, references to any PPO/Indemnity medical plan were removed as part of clean-up from several memoranda of understanding (MOUs) and agreement during labor contract negotiations and from the Administrative Code. Specifically, such references removed include medical plan options offered, and related premium cost-share and duplicate coverage options. In order to ensure all eligible employees have access to the new PPO medical plan option effective Plan Year 2022, staff recommends

adding such references in relevant subsections of MOUs, agreement and Administrative Code. Staff has received agreement from ACPA to establish a Supplemental Agreement to the Agreement approved by your Board on January 12, 2021, and from ACWFIA and DSA, separately, to establish its respective SLA. Therefore, staff recommends that your Board adopt: 1) a Supplemental Agreement between the County and ACPA; 2) a SLA between the County and ACWFIA; 3) a SLA between the County and DSA; and 4) amendments to the County Administrative Code Chapter 3.64 (Employee Health and Welfare Benefit Program) to add language referencing the following: 1) a new PPO medical plan offering effective February 1, 2022; 2) medical premium cost-share of the new PPO medical plan, with County contribution at the same cost-share percentage rate in effect as of February 1, 2022 for each respective labor organization referenced above and Unrepresented employee groups of the total semi-monthly premium of the lowest cost County-offered Health Maintenance Organization (“HMO”) medical plan; and 3) duplicate coverage options to include the new PPO medical plan.

FINANCING:

Funds are available in the 2021-2022 Approved Budget and will be included in future years’ requested budgets to cover the costs resulting from these actions.

VISION 2026 GOAL:

The Salary Ordinance amendments meet the 10x goal pathways of **Employment for All** in support of our shared vision of a **Prosperous and Vibrant Economy**.

Very truly yours,

DocuSigned by:

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Joe Angelo, Director
Human Resource Services

- c: CAO
- Auditor-Controller
- County Counsel
- Agency/Department Heads

**NEGOTIATIONS
BETWEEN
THE COUNTY OF ALAMEDA (“COUNTY”)
AND THE
ALAMEDA COUNTY PROSECUTORS’ ASSOCIATION (“ACPA”)**

**Supplemental Agreement
September 13, 2021**

The County and ACPA have reached agreement to amend specific subsections of the Agreement approved by the Board of Supervisors on January 12, 2021, as follows:

III. Administrative Code: Amend Administrative Code Section 3.64.050, subsections A.3. (Alameda County Prosecutors’ Association (“ACPA”)), as follows:

A. Medical

3. Alameda County Prosecutors’ Association (“ACPA”).

- a. For employees represented by ACPA, the County shall contribute eighty-seven and one-half (87.5) percent of the total semi-monthly premium for an HMO plan at the corresponding level of coverage (i.e., self, self + one dependent, or family).
- b. Effective February 1, 2022, for employees represented by ACPA, the County shall contribute eighty-five (85) percent of the total semi-monthly premium for an HMO plan or eighty-five (85) percent of the total semi-monthly premium of the lowest cost HMO plan toward the total semi-monthly premium of a PPO/Indemnity Plan at the corresponding level of coverage (i.e., self, self + one dependent, family).

IV. Negotiated MOU: As noted above, the parties shall incorporate the following amended subsections into a newly-negotiated MOU between the parties covering the period February 25, 2020 through November 12, 2022, or as adopted by the BOS:

SECTION 13. MEDICAL, DENTAL, VISION, SHARE THE SAVINGS, CAFETERIA BENEFIT PLANS, AND COUNTY ALLOWANCE

13.A. MEDICAL PLANS. The County offers Health Maintenance Organization (HMO) medical plan options, and effective February 1, 2022, a Preferred Provider Organization (“PPO”)/Indemnity medical plan. At least one (1) option shall include, but is not limited to, a plan with the following co-payments: office visit fifteen dollars (\$15.00) per visit, emergency room up to fifty (\$50.00) per visit, and prescription coverage. Alternative plan options listed in subsection 13.A.3. (Duplicate Coverage) apply to employees who receive alternate coverage through the County. Employees who are regularly scheduled to work at least fifty percent (50%) of the normal full-time biweekly pay period for their classification, shall be entitled to elect coverage from the available options.

The County and covered employees share the cost of medical premiums as provided in subsection 13.A.1. (Payment of Premiums) below.

1. Payment of Premiums:

The County shall contribute eighty-seven and one-half percent (87.5%) of the total semi-monthly medical premium for an HMO plan at the corresponding level of coverage (i.e. Self, Self + 1 dependent, Family).

Plan Year 2022: Effective Plan Year 2022, the County shall contribute eighty-five percent (85%) of the total semi-monthly medical premium for an HMO plan or eighty-five percent (85%) of the total semi-monthly premium of the lowest cost HMO plan toward the total semi-monthly premium of a PPO/Indemnity plan at the corresponding level of coverage (i.e., Self, Self + 1 dependent, Family).

2. **Proration:** The County contribution (in subsection 13.A.1. (Payment of Premiums)) shall be prorated each pay period based upon a proportion of hours the employee is on paid status (excluding vacation purchase hours referenced in subsection 9.J. (Vacation Purchase Plan), which do not count as hours in paid status) within that biweekly pay period to the normal full-time biweekly pay period for the job classification, and, provided further that the employee is on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification. If an employee is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying one-hundred percent (100%) of the semi-monthly medical premium for the benefit.
3. **Duplicative Coverage:** This subsection applies to married County employees, employees in domestic partnerships (as defined in Appendix B – Domestic Partners), and employees in parent-young adult dependent (YAD) relationships where the YAD employee is under age 26, when both parties are employed by the County. The intent of this subsection is to limit County employees from both covering each other or having duplicate coverage within the same medical plan.

Married County employees and employees in domestic partnerships who are both employed by the County, shall be entitled to one (1) choice from the following list of medical plan coverages:

- Up to one (1) full family HMO plan;
- Up to one (1) full family PPO/Indemnity plan;
- Up to one (1) full family HMO plan with up to one (1) full family alternative HMO plan;
or
- Up to one (1) full family HMO plan with up to one (1) full family PPO/Indemnity plan.

For any County employee in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee. If the parent employee has the YAD employee on a family plan, the YAD employee cannot select individual coverage on the same HMO plan as the parent employee.

4. **Effect of Leave Without Pay and Re-Enrollment:** Employees on leave without pay (including vacation purchase hours referenced in subsection 9.J. (Vacation Purchase Plan)) during a pay period that the semi-monthly medical premium is paid shall have their County contribution towards their medical premium prorated as provided in subsection 13.A.2. (Proration). Employees may elect to continue uninterrupted medical coverage for the duration of their leave without pay by paying one-hundred percent (100%) of their current plan medical premiums or enroll in and pay one-hundred percent (100%) of the premiums of a lower level medical plan coverage while on leave without pay. Employees who elect to enroll in and pay for a lower level medical plan coverage while on leave without pay shall maintain the same lower level of coverage through the duration of the Plan Year and may only restore to their prior level of coverage medical plan during Open Enrollment.

Failure to pay the premiums will result in a lapse in coverage. Any employee who is on leave without pay, and who loses his or her medical plan coverage for three (3) months or less, shall be allowed to re-enroll as a continuing member in the same plan under which the employee had coverage prior to the leave without pay by completing the appropriate enrollment form within thirty (30) calendar days of the date the employee returns to work. Such employees will be subject to any deductibles, maximums, and waiting periods that are applicable to the plan year in which they return to work. The effective date of coverage will be based on guidelines established by the County.

5. **Special Enrollment Due to Change in Status:** To make changes to employee benefit elections outside of the annual open enrollment period for a County-sponsored medical plan, employees must notify the EBC within thirty (30) days when they experience a qualifying event (e.g., marriage, adoption, loss of medical coverage by spouse/domestic partner, etc.) involving a change in status as defined by Internal Revenue Code Section 125.

6. **Open Enrollment:** Eligible employees may choose from the medical plans offered by the County and make benefits election changes during the County's annual Open Enrollment period.

WHEREFORE, the parties by and through their authorized agents and representatives agree to the terms of this Agreement subject to the approval of this Agreement by the County of Alameda Board of Supervisors.

TENTATIVE AGREEMENT

For the County:

DocuSigned by:

Keith Fleming

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Keith Fleming
IEDA Negotiator

DocuSigned by:

Margarita Zamora

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Margarita Zamora
Labor Relations Manager

For ACPA:

DocuSigned by:

Matthew Finnegan

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Matthew Finnegan
Teamsters Local Union 856

Date: 9/13/2021

Date: 9/13/2021

**SIDELETTER OF AGREEMENT
BETWEEN
THE COUNTY OF ALAMEDA (“COUNTY”)
AND
ALAMEDA COUNTY WELFARE FRAUD INVESTIGATORS ASSOCIATION (“ACWFIA”)**

**MEMORANDUM OF UNDERSTANDING SECTION 14.A.
LANGUAGE CHANGES DUE TO CHANGE IN MEDICAL COVERAGE**

September 9, 2021

The County and ACWFIA have reached agreement to amend Section 14 of the 2019-2023 Memorandum of Understanding (“MOU”) as follows:

SECTION 14. MEDICAL, DENTAL, VISION, SHARE THE SAVINGS, CAFETERIA BENEFIT PLANS, AND COUNTY ALLOWANCE

14.A. MEDICAL PLANS. The County offers Health Maintenance Organization (HMO) medical plan options, and effective February 1, 2022, a Preferred Provider Organization (PPO)/Indemnity medical plan. In lieu of a County-offered plan, employees covered by this MOU may elect coverage through the Operating Engineers Health and Welfare Trust combined medical and dental insurance plan options as an alternate as long as it is available under this MOU, to the extent permitted by that Trust. Alternative plan options listed in subsection 14.A.4. (Duplicate Coverage) apply to employees who receive alternate coverage through the County. Employees who are regularly scheduled to work at least fifty percent (50%) of the normal full-time biweekly pay period for their classification, shall be entitled to elect coverage from the available options.

The County and covered employees share the cost of medical premiums as provided in subsections 14.A.1. (Payment of Premiums for County-Offered Medical Plans.) or 14.A.2. (Payment of Premiums for Operating Engineers Health and Welfare Trust Combined Medical and Dental Insurance Plan Options.) below.

1. Payment of Premiums for County-Offered Medical Plans. For coverage effective September 16, 2019 through January 31, 2021, the County shall contribute ninety percent (90%) of the total semi-monthly premium for an HMO plan at the corresponding level of coverage (i.e., Self, Self +1 dependent, Family) in a plan year.

For coverage effective February 1, 2021, the County shall contribute eighty-five percent (85%) of the total semi-monthly premium for coverage at the employee’s applicable level of enrollment (i.e. Self, Self + 1 dependent, Family) for an HMO plan offered through the County.

For coverage effective February 1, 2022, the County shall contribute eighty-five percent (85%) of the total semi-monthly premium towards the coverage of an HMO plan or eighty-five percent (85%) of the total semi-monthly premium of the lowest cost HMO plan towards the coverage of a PPO/Indemnity plan at the employee’s applicable level of enrollment (i.e. Self, Self + 1, Family).

2. Payment of Premiums for Operating Engineers Health and Welfare Trust Combined Medical and Dental Insurance Plan Options. For coverage effective September 16, 2019 through January 31, 2021, the County shall contribute the dollar equivalent of ninety percent (90%) of the total semi-monthly premium, at the employee's applicable level of enrollment, for the lowest cost HMO plan offered through the County toward the semi-monthly premium for the Operating Engineers Health and Welfare Trust plan at the corresponding level of coverage (i.e., Self, Self + 1 dependent, Family), or the semi-monthly premium of the elected Operating Engineer's plan, whichever is lower. Because the Operating Engineers Health and Welfare Trust plan includes dental coverage, the County shall also contribute the dollar equivalent of the semi-monthly premium for the County Delta Dental PPO Plan at the corresponding level of coverage (i.e., Self, Self + 1 dependent, Family) toward the semi-monthly premium of the Operating Engineers Health and Welfare Trust plan, or the semi-monthly premium of the elected Operating Engineer's plan, whichever is lower.

For coverage effective February 1, 2021, the County shall contribute the dollar equivalent of eighty-five percent (85%) of the total semi-monthly premium, at the employee's applicable level of enrollment, for the lowest cost HMO plan offered through the County toward the semi-monthly premium for the Operating Engineers Health and Welfare Trust plan at the corresponding level of coverage (i.e., Self, Self + 1 dependent, Family), or the semi-monthly premium of the elected Operating Engineer's plan, whichever is lower. Because the Operating Engineers Health and Welfare Trust plan includes dental coverage, the County shall also contribute the dollar equivalent of the semi-monthly premium for the County Delta Dental PPO Plan at the corresponding level of coverage (i.e., Self, Self + 1 dependent, Family) toward the semi-monthly premium of the Operating Engineers Health and Welfare Trust plan, or the semi-monthly premium of the elected Operating Engineer's plan, whichever is lower.

3. Proration. The County contribution (in either subsection 14.A.1. or 14.A.2., whichever is applicable) shall be prorated each pay period based upon a proportion of hours the employee is on paid status (excluding vacation purchase hours referenced in subsection 10.M. (Vacation Purchase Plan), which do not count as hours in paid status) within that biweekly pay period to the normal full-time biweekly pay period for the job classification, provided the employee is on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification. If an employee is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying the entire semi-monthly premium for the benefits and the County will make no contribution.

In addition, because the Operating Engineers Health and Welfare Trust plan includes dental coverage, proration to the County contribution (as outlined in subsection 14.A.2.) will result in a proration of the County contribution towards dental premiums.

4. Duplicate Coverage. This subsection applies to married County employees, employees in domestic partnerships (as defined in Appendix B), and employees in parent-young adult dependent (YAD) relationships where the YAD employee is under age 26 when both parties are employed by the County. The intent of this subsection is to limit County employees from both covering each other or having duplicate coverage within the same medical plan.

Married County employees and employees in domestic partnerships who are both employed by the County, shall be entitled to one (1) choice from the following list of medical plan coverages:

- Up to one (1) full family HMO plan.
- Up to one (1) full family PPO/Indemnity plan.
- Up to one (1) full family HMO plan with up to one (1) full family PPO/Indemnity plan.
- Up to one (1) full family HMO plan with up to one (1) full family alternative HMO plan.
- Up to one (1) full family HMO plan with up to one (1) full family Operating Engineers – Health and Welfare Trust plan or alternative plan.
- Up to one (1) full family PPO/Indemnity plan with up to one (1) full family Operating Engineers – Health and Welfare Trust plan or alternative plan.
- Up to one (1) full family Operating Engineers – Health and Welfare Trust plan with up to one (1) full family Operating Engineers Trust alternative plan.

For any County employee in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee. If the parent employee has the YAD employee on a family plan, the YAD employee cannot select individual coverage on the same HMO plan as the parent employee.

5. Effect of Leave Without Pay and Re-Enrollment. Employees on leave without pay (including vacation purchase hours referenced in subsection 10.M. (Vacation Purchase Plan)) during a pay period that the semi-monthly premium is paid shall have their County contribution towards the employee's medical premium prorated as provided in 14.A.3. (Proration). Employees may elect to continue uninterrupted medical coverage for the duration of their leave without pay by paying 100% of their current plan's medical premiums or enroll in and pay 100% of the premiums of a lower level of medical plan coverage while on leave without pay. Employees who elect to enroll in and pay for a lower level of medical plan coverage while on leave without pay shall maintain the same lower level of coverage through the duration of the Plan Year and may only restore to their prior level of coverage medical plan during Open Enrollment.

Failure to pay for premiums will result in a lapse of coverage. Any employees who is on leave without pay, and who loses his or her medical plan coverage for a duration of three (3) months or less, shall be allowed to re-enroll as a continuing member in the same plan under which the employee had coverage prior to the leave by completing the appropriate enrollment form within thirty (30) calendar days of the date the employee returns to work. Such employees will be subject to any deductibles, maximums, and waiting periods that are applicable to the plan year in which they return to work. The effective date of coverage will be based on guidelines established by the County.

Those employees whose medical plan coverage was allowed to lapse for a duration greater than three (3) months will be able to re-enroll within thirty (30) calendar days of the date they return to work in the same manner as is allowed for new hires. Such employees will be subject to new deductibles, maximums, and waiting periods that are applicable to the plan year in which they reinstate.

6. Special Enrollment due to Change in Status. To make changes to employee benefit elections outside of the annual open enrollment period for a County-sponsored medical plan, employees must notify the Employee Benefits Center (EBC) within thirty (30) days

when they experience a qualifying event (e.g., marriage, adoption, loss of medical coverage by spouse/domestic partner, etc.) involving a change in status as defined by Internal Revenue Code Section 125.

7. Open Enrollment. Eligible employees may choose from the medical plans offered by the County or the Operating Engineers Health and Welfare Trust and make benefits election changes during the County's annual Open Enrollment period.

14.B. DENTAL PLANS. The County offers both a Dental Health Maintenance Organization (DHMO) dental plan and a Preferred Provider Organization (PPO) dental plan options. In lieu of a County-offered plan, employees covered by this MOU may elect coverage through the Operating Engineers Health and Welfare Trust combined medical and dental insurance plan options (available only in combination with the medical plan option, refer to subsection 14.A.2.) as an alternate as long as it is available under this MOU, to the extent permitted by that Trust. Alternative plan options listed in section 14.B.3. (Duplicate Coverage) apply to employees who receive alternate coverage through the County. Employees who are regularly scheduled to work at least fifty percent (50%) of the normal full-time biweekly pay period for their classification, shall be entitled to elect coverage from the available options.

1. Payment of Premiums for County-Offered Dental Plans. For coverage effective through the remaining term of this MOU, the County shall contribute the total semi-monthly premium for a County-offered dental plan at the corresponding level of coverage (i.e., Self, Self +1 dependent, Family) provided that the employee is on paid status (excluding vacation purchase hours referenced in subsection 10.M. (Vacation Purchase Plan), which do not count as hours in paid status) at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification. If an employee is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying the entire semi-monthly dental premium payment for the benefit.

Annual Benefits Maximum for County-offered PPO Plan. The maximum annual dental coverage limit shall be \$1,550 per plan year.

2. Payment of Premiums for Operating Engineers Health and Welfare Trust Combined Medical and Dental Insurance Plan Options. This option is only available in combination with the medical plan option offered through the Operating Engineers Health and Welfare Trust, refer to subsection 14.A.2. and 14.A.3 (Proration) for additional information. If an employee is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying the entire semi-monthly premium payment for the benefit.

3. Duplicate Coverage. This subsection applies to married County employees, employees in domestic partnerships (as defined in Appendix B), and employees in parent-young adult dependent (YAD) relationships where the YAD employee is under age 26, when both parties are both employed by the County. The intent of this subsection is to limit County employees from both covering each other or having duplicate coverage within the same dental plan.

Married County employees and employees in domestic partnerships who are both employed by the County, shall be entitled to one (1) choice from the following list of dental plan coverages:

- Up to one (1) full family PPO plan together with up to one (1) PPO supplemental plan.
- Up to one (1) full family PPO plan or Operating Engineers plan together with up to one (1) full family DHMO plan.
- Up to one (1) full family DHMO plan.
- Up to one (1) full family PPO plan or Operating Engineers plan.

For County employees in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee if the parent employee has the YAD employee on a family plan.

4. Effect of Leave Without Pay and Re-Enrollment: Employees on leave without pay (including vacation purchase hours referenced in subsection 10.M. (Vacation Purchase Plan)) during a pay period that the semi-monthly premium is paid, who are on paid status less than fifty percent (50%) of the normal full-time biweekly pay period, shall be responsible for one hundred percent (100%) of the semi-monthly dental premium. Employees may elect to continue uninterrupted dental coverage for the duration of their leave without pay by paying 100% of their current plan's dental premiums or enroll in and pay 100% of the premiums of a lower level of dental plan coverage while on leave without pay. Employees who elect to enroll in and pay for a lower level of dental plan coverage while on leave without pay shall maintain the same lower level of coverage through the duration of the Plan Year and may only restore to their prior level of coverage during Open Enrollment.

Failure to pay for premiums will result in a lapse of coverage. Employees on leave without pay, who lose their dental plan coverage for a duration of three (3) months or less, will be able to re-enroll as a continuing member in the same plan under which they had coverage prior to the leave by completing the appropriate enrollment form within 30 calendar days of the date they return to work. The deductibles, maximums, and waiting period shall be applied as though the employee had been continuously enrolled. The effective date of coverage will be based on guidelines established by the County.

Those employees whose dental plan coverage was allowed to lapse for a duration greater than three (3) months will be able to re-enroll within 30 calendar days of the date they return to work in the same manner as is allowed for new hires. Such employees will be subject to new deductibles, maximums, and waiting periods that are applicable to the plan year in which they reinstate. The effective date of coverage will be based on guidelines established by the County.

5. Special Enrollment due to Change in Status. To make changes to employee benefits elections outside of the annual open enrollment period for a County-sponsored dental plan, employees must notify the Employee Benefits Center (EBC) within 30 days when they experience a qualifying event (e.g., marriage, adoption, loss of dental coverage by spouse/domestic partner, etc.) involving a change in status as defined by Internal Revenue Code Section 125.
6. Open Enrollment. Eligible employees may choose from the dental plans offered by the County or the Operating Engineers Health and Welfare Trust and make benefits election changes during the County's annual Open Enrollment period.

14.C. CHANGES IN MEDICAL AND DENTAL COVERAGE.

Benefits Subject to Availability. The foregoing County-offered medical and dental benefit options shall be available as listed to the extent that the applicable carrier continues to offer them. The County will notify the Association of changes in the availability of any of the above County-offered benefit plans regarding a substitute benefit but if a substitute benefit is not possible, as determined by the County, the parties will meet and confer regarding the impact of such benefit changes on matters within the scope of representation. Within seven (7) days after its receipt of such notice, the Association may request to meet and confer regarding the impact of the change on matters within the scope of representation. Such notice shall be in writing and delivered to the County's Labor Relations Manager.

The parties agree that the County may make changes during the term of the MOU to the Medical and Dental Plans that do not materially impact the health benefits upon notice to the Association. Within seven (7) days of receiving such notice the Association may request to meet with the County.

The parties agree that the MOU shall be reopened on notice to the Association to discuss possible changes in the medical and dental plan design.

14.D. VISION PLAN. Employees shall be eligible to participate in the Alameda County Voluntary Vision Plan. The premium cost shall be paid by the employee.

14.E. SHARE THE SAVINGS PLAN. Employees who are eligible for medical benefits as defined in subsection 14.A. (Medical Plans) and have alternate medical coverage, are eligible to enroll in the Share the Savings plan if they choose to waive their County-sponsored medical coverage or reduce their applicable level of enrollment (i.e. Self, Self + 1 dependent, Family). The stipend provided by this plan is taxable, payable on a semi-monthly basis, and subject to Proration (subsection 14.E.2).

1. Tiers and Monthly Stipend. The County's Share the Savings plan tiers and monthly stipend amounts for each eligible employee are as follows:

Tier	Monthly Stipend
Employees who decline all medical coverage.	\$200.00
Employees who decline Family coverage and elect Single coverage.	\$150.00
Employees who decline Family coverage and elect 2-Party coverage.	\$100.00
Employees who decline 2-Party coverage and elect Single coverage.	\$100.00

2. Proration: The stipend shall be prorated each pay period based upon a proportion of hours the employee is on paid status (excluding vacation purchase hours referenced in subsection 10.M. (Vacation Purchase Plan), which do not count as hours in paid status) within that biweekly pay period to the normal full-time biweekly pay period for the job classification. An employee who is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for that classification will not receive the monthly stipend for that bi-weekly pay period.

3. Effect of Leave Without Pay: Employees on leave without pay (including vacation purchase hours referenced in subsection 10.M. (Vacation Purchase Plan)) during a pay period that the semi-monthly stipend is paid shall have their stipend prorated as outlined in subsection 14.E.2. (Proration).

14.F. CAFETERIA BENEFIT PLAN. Employees shall be eligible to participate in the County's Cafeteria Benefit Plan and shall continue to participate in such plan as may be amended from time to time at the sole discretion of the Board of Supervisors. The County's Cafeteria Benefit Plan, authorized under Section 125 of the Internal Revenue Service (IRS) Code, was established for the purpose of providing eligible employees the ability to elect pre-tax deductions from salary, to the extent permitted by the IRS regulations, to pay for allowable medical and other covered optional benefit expenses. In addition, the County provides employees with a County Allowance (as outlined in subsection 14.G. (County Allowance) below) in order to offset the cost related to such eligible benefits.

During the annual Open Enrollment for each new plan year, or within the first 30 days of employment of becoming eligible, the County Allowance will be allocated towards eligible plans as follows, if elected:

- Medical
- Vision
- Supplemental Employee Group Life Insurance
- Group Accidental Death and Dismemberment Insurance

The remaining County Allowance funds, up to five hundred dollars (\$500), are automatically deposited into the employee's Health Care Flexible Spending Account (Health Care FSA). In addition, the employee may allocate remaining County Allowance funds and/or pre-tax salary contributions towards eligible Health Care, Dependent Care, and/or Adoption Assistance Flexible Spending Accounts. Unallocated and/or unused funds are subject to subsection 14.G.4. (Unallocated and/or Unused Funds).

14.G. COUNTY ALLOWANCE.

To help offset employee costs toward the Cafeteria Benefit Plan (as outlined in subsection 14.F. (Cafeteria Benefit Plan) above), the County provides eligible employees with a County Allowance each calendar year. County contributions are made on a semi-monthly basis and subject to proration (as outlined in subsection 14.G.2).

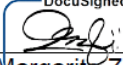
1. Annual Allowance: The annual County Allowance amount shall be three thousand and one hundred dollars (\$3,100).
2. Proration: The County Allowance amount shall be prorated in advance of the calendar year for employees regularly scheduled to work less than full-time based upon the hours that the employee has been regularly scheduled to work to the normal full-time biweekly pay period for the job classification. Employees who transition from a part-time position to a full-time position in a different job classification or from one representation group to another, shall be entitled to a prorated amount based upon the number of pay periods the employee is scheduled to work on a full-time basis during the remainder of the calendar year. Employees appointed during the last two (2) full pay periods and any following partial pay period prior to December 31, shall not be eligible for plan benefits until the following calendar year.

The County Allowance maximum sum available to an employee who reinstates shall not exceed the annual amount stipulated in subsection 14.G.1. (Annual Allowance) minus the sum of the County Allowance received by the employee during the portion of the calendar year preceding termination.

3. Limitation: Except in the case of a termination, reinstatement or a qualifying change in status event, an employee may not make any changes to his or her County Allowance allocation or Flexible Spending Accounts during the year.

4. Unallocated and/or Unused Funds: Failure by the employee to allocate his or her County Allowance to the eligible benefits noted in subsection 14.F. (Cafeteria Benefit Plan) above within the stated timeframe will result in having the unallocated funds, up to a maximum of five hundred dollars (\$500), deposited into the employee's Health Care Flexible Spending Account pursuant to the IRS regulations. Unallocated County Allowance funds exceeding five hundred dollars (\$500) shall be paid out in the form of an after-tax earnings on a semi-monthly basis.

Any remaining unspent funds in any of the Flexible Spending Accounts (Health Care, Dependent Care, and/or Adoption Assistance) at the end of the year, including salary contributions, are County funds.

For County: DocuSigned by:

 Margarita Zamora
 Labor Relations Manager

For ACWFIA: DocuSigned by:

 David Tuttle
 Public Sector Business Agent

Date: 9/9/2021

Date: 9/9/2021

**SIDELETTER OF AGREEMENT
BETWEEN
THE COUNTY OF ALAMEDA (“COUNTY”)
AND
DEPUTY SHERIFFS' ASSOCIATION (“DSA”)**

**MEMORANDUM OF UNDERSTANDING SECTION 11.A.
LANGUAGE CHANGES DUE TO CHANGE IN MEDICAL COVERAGE**

September 10, 2021

The County and DSA have reached agreement to amend Section 11 of the 2012-2025 Memorandum of Understanding (“MOU”) as follows:

SECTION 11. MEDICAL, DENTAL, VISION, SHARE THE SAVINGS, CAFETERIA BENEFIT PLANS, AND COUNTY ALLOWANCE

11.A. HEALTH PLAN COVERAGE.

The County offers Health Maintenance Organization (HMO) medical plan options, and effective February 1, 2022, a Preferred Provider Organization (PPO)/Indemnity medical plan. At least one (1) option shall include, but not limited to, a plan with the following co-payments: office visit \$15 per visit, emergency room up to \$50 per visit, and prescription coverage. Alternative plan options listed in subsection 11.A.3. (Duplicate Coverage) apply to employees who receive alternate coverage through the County. Employees who are regularly scheduled to work at least fifty percent (50%) of the normal full-time biweekly pay period for their classification, shall be entitled to elect coverage from the available options.

The County and covered employees share the cost of medical premiums as provided in subsection 11.A.1 (Payment of Premiums) below.

1. **Payment of Premiums:** Effective July 1, 2018, the County shall contribute eighty-five percent (85%) of the total semi-monthly medical premium for an HMO plan at the corresponding level of coverage (i.e. Self, Self + 1 dependent, Family).

For coverage effective February 1, 2022, the County shall contribute eighty-five percent (85%) of the total semi-monthly premium towards the coverage of an HMO plan or eighty-five percent (85%) of the total semi-monthly premium of the lowest cost HMO plan towards the coverage of a PPO/Indemnity plan at the employee’s applicable level of enrollment (i.e. Self, Self + 1, Family).

2. **Proration:** The County contribution (in subsection 11.A.1 (Payment of Premiums)) shall be prorated each pay period based upon a proportion of hours the employee is on paid status (excluding vacation purchase hours referenced in subsection 23.M. (Vacation Purchase Plan), which do not count as hours in paid status) within that biweekly pay period to the normal full-time biweekly pay period for the job classification, and, provided further that the employee is on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification. If an employee is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying 100% of the semi-monthly medical premium for the benefit.
3. **Duplicate Coverage:** This subsection applies to married County employees, employees in domestic partnerships (as defined in Appendix C), and employees in parent-young adult dependent (YAD) relationships where the YAD employee is under age 26, when both parties are employed by the County. The intent of this subsection is to limit County employees from both covering each other or having duplicate coverage within the same medical plan.

Married County employees and employees in domestic partnerships who are both employed by the County, shall be entitled to one (1) choice from the following list of medical plan coverages:

- a. Up to one (1) full family HMO plan.
- b. Up to one (1) full family PPO/Indemnity plan.
- c. Up to one (1) full family HMO plan with up to one (1) full family alternative HMO plan.
- d. Up to one (1) full family HMO plan with up to one (1) full family PPO/Indemnity plan.

For any County employee in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee. If the parent employee has the YAD employee on a family plan, the YAD employee cannot select individual coverage on the same HMO plan as the parent employee.

4. **Effect of Leave Without Pay and Re-Enrollment:** Employees on leave without pay (including vacation purchase hours referenced in subsection 23.M. (Vacation Purchase Plan)) during a pay period that the semi-monthly medical premium is paid shall have their County contribution towards their medical premium prorated as provided in subsection 11.A.2. (Proration). Employees may elect to continue uninterrupted medical coverage for the duration of their leave without pay by paying 100% of their current plan medical premiums or enroll in and pay 100% of the premiums of a lower level of medical plan coverage while on leave without pay. Employees who elect to enroll in and pay for a lower level of medical plan coverage while on leave without pay shall maintain the same lower level of coverage through the duration of the Plan Year and may only restore to their prior level of coverage medical plan during Open Enrollment.

Failure to pay the premiums will result in a lapse in coverage. Any employee who is on leave without pay, and who loses his or her medical plan coverage for three (3) months or less, shall be allowed to re-enroll as a continuing member in the same plan under which the employee had coverage prior to the leave without pay by completing the appropriate enrollment form within thirty (30) calendar days of the date the employee returns to work. Such employees will be subject to any deductibles, maximums, and waiting periods that are applicable to the plan year in which they return to work. The effective date of coverage will be based on guidelines established by the County.

5. **Special Enrollment Due to Change in Status:** To make changes to employee benefit elections outside of the annual open enrollment period for a County-sponsored medical plan, employees must notify the Employee Benefits Center (EBC) within thirty (30) days when they experience a qualifying event (e.g., marriage, adoption, loss of medical coverage by spouse/domestic partner, etc.) involving a change in status as defined by Internal Revenue Code Section 125.
6. **Open Enrollment:** Eligible employees may choose from the medical plans offered by the County and make benefits election changes during the County's annual Open Enrollment period.
7. **Continuing Coverage Due to Layoff:** Employees laid off as a result of a reduction in force will be entitled to one (1) month of County-paid medical plan coverage equal to the medical plan coverage the month prior to layoff.

11.B. DENTAL PLANS.

The County offers both a Dental Health Maintenance Organization (DHMO) and a Preferred Provider Organization (PPO) dental plan options. Alternative plan options listed in subsection 11.B.2. (Duplicate Coverage) apply to employees who receive alternate coverage through the County. Employees who are regularly scheduled to work at least fifty percent (50%) of the normal full-time biweekly pay period for their classification, shall be entitled to elect coverage from the available options.

1. **Payment of Premiums:** The County shall contribute the total semi-monthly premium for a County-offered dental plan at the corresponding level of coverage (i.e. Self, Self + 1 dependent,

Family) provided that the employee is on paid status (excluding vacation purchase hours referenced in subsection 23.M. (Vacation Purchase Plan), which do not count as hours in paid status) at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification. If an employee is not in paid status at least fifty percent (50%) of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying the entire semi-monthly dental premium payment for the benefit.

Effective Plan Year 2012, the PPO dental annual maximum allowable shall be \$1450.

2. **Duplicate Coverage:** This subsection applies to married County employees, employees in domestic partnerships (as defined in Appendix C), and employees in parent-young adult dependent (YAD) relationships where the YAD employee is under age 26 when both parties are employed by the County. The intent of this subsection is to limit County employees from both covering each other or having duplicate coverage within the same dental plan.

Married County employees and employees in domestic partnerships who are both employed by the County, shall be entitled to one (1) choice from the following list of dental plan coverages:

- a. Up to one (1) full family PPO plan together with up to one (1) PPO supplemental plan;
- b. Up to one (1) full family PPO plan together with up to one (1) full family DHMO plan;
- c. Up to one (1) full family DHMO plan; or
- d. Up to one (1) full family PPO plan.

For County employees in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee if the parent employee has the YAD employee on a family plan.

3. **Effect of Leave Without Pay and Re-Enrollment:** Employees who are on paid status less than fifty percent (50%) of the normal full-time biweekly pay period due to leave without pay (including vacation purchase hours referenced in subsection 23.M. (Vacation Purchase Plan)) shall be responsible for one hundred percent (100%) of the semi-monthly dental premium. Failure to pay for premiums will result in a lapse of coverage. Employees on leave without pay, who lose their dental plan coverage for a duration of three (3) months or less, will be able to re-enroll as a continuing member in the same plan under which they had coverage prior to the leave without pay by completing the appropriate enrollment form within thirty (30) calendar days of the date they return to work. The deductibles, maximums, and waiting periods shall be applied as though the employee had been continuously enrolled. The effective date of coverage will be based on guidelines established by the County.

Those employees whose dental plan coverage was allowed to lapse for a duration greater than three (3) months will be able to re-enroll within thirty (30) calendar days of the date they return to work in the same manner as is allowed for new hires. Such employees will be subject to new deductibles, maximums, and waiting periods that are applicable to the plan year in which they reinstate. The effective date of coverage will be based on guidelines established by the County.

4. **Special Enrollment due to Change in Status:** To make changes to employee benefits elections outside of the annual open enrollment period for a County-sponsored dental plan, employees must notify the Employee Benefits Center (EBC) within thirty (30) days of a qualifying event (e.g., marriage, adoption, loss of dental coverage by spouse/domestic partner, etc.) involving a change in status as defined by Internal Revenue Code Section 125.
5. **Open Enrollment:** Eligible employees may choose from the dental plans offered by the County and make benefits election changes during the annual Open Enrollment period.
6. **Orthodontic Coverage:** An orthodontics policy is available for the employee and their dependents. Premiums shall be paid by all employees through payroll deductions. Premium payments shall be established through agreement with the orthodontic coverage provider. This

policy is subject to premium costs, eligibility requirement, age limitations, coverage exclusions and all other provisions set forth in the applicable insurance contracts.

7. **Dental Benefits Subject to Availability.** The foregoing County-offered benefit options shall be available as listed to the extent that the applicable carrier continues to offer them. The County shall give notice to the Association of such benefit changes. Upon receiving such notice, the Association may request to meet and confer regarding a substitute benefit, but if a substitute benefit is not possible, as determined by the County, the parties will meet and confer regarding the effect of such benefit changes.

11.C. **CHANGES IN MEDICAL AND DENTAL COVERAGE.** The County and the Association agree that this MOU shall be reopened at the County's request to meet and confer to discuss and mutually agree upon possible changes related to the medical and dental plan benefits and contribution rates.

11.D. **VISION PLAN.** Employees shall be eligible to participate in the Alameda County Voluntary Vision Plan. The premium cost shall be paid by the employee.

11.E. **SHARE THE SAVINGS PLAN.** Employees who are eligible for medical benefits as defined in subsection 11.A. (Medical Plans) and have alternate medical coverage, are eligible to enroll in the Share the Savings plan if they choose to waive their County-sponsored medical coverage or reduce their applicable level of enrollment (i.e. Self, Self + 1 dependent, Family). The stipend provided by this plan is taxable, payable on a semi-monthly basis, and subject to subsection 11.E.2 (Proration).

1. **Tiers and Monthly Stipend:** The County's Share the Savings plan tiers and monthly stipend amounts for each eligible employee are as follows:

Tier	Monthly Stipend
Employees who decline all medical coverage.	\$100.00
Employees who decline Family coverage and elect Single coverage.	\$75.00
Employees who decline Family coverage and elect 2-Party coverage.	\$50.00
Employees who decline 2-Party coverage and elect Single coverage.	\$50.00

2. **Proration:** The stipend shall be prorated each pay period based upon a proportion of hours the employee is on paid status (excluding vacation purchase hours referenced in subsection 23.M. (Vacation Purchase Plan), which do not count as hours in paid status) within that biweekly pay period to the normal full-time biweekly pay period for the job classification. An employee who is not on paid status at least fifty percent (50%) of the normal full-time biweekly pay period for that classification will not receive the monthly stipend for that bi-weekly pay period.

3. **Effects of Leave Without Pay:** Employee is on leave without pay (including vacation purchase hours referenced in subsection 23.M. (Vacation Purchase Plan)) during a pay period that the semi-monthly stipend is paid shall have their stipend prorated as outlined in subsection 11.E.2. (Proration).

11.F. **CAFETERIA BENEFIT PLAN.** Employees shall be eligible to participate in the County's Cafeteria Benefit Plan. The County's Cafeteria Benefit Plan, authorized under Section 125 of the Internal Revenue Service (IRS) Code, was established for the purpose of providing eligible employees the ability to elect pre-tax deductions from salary, to the extent permitted by the IRS regulations, to pay for allowable medical and other covered optional benefit expenses. In addition, the County provides employees with a County Allowance (as outlined in subsection 11.G. (County Allowance) below) in order to offset the cost related to such eligible benefits.

During the annual Open Enrollment for each new plan year, or within the first 30 days of becoming eligible, the County Allowance will be allocated towards the eligible plans as follows, if elected:

- Medical

- Vision
- Supplemental Employee Group Life Insurance

The remaining County Allowance funds, up to five hundred dollars (\$500), are automatically deposited into the employee's Health Care Flexible Spending Account (Health Care FSA). In addition, the employee may allocate pre-tax salary contributions towards eligible Health Care and/or Dependent Care Flexible Spending Accounts. Unallocated and/or unused funds are subject to subsection 11.G.4. (Unallocated and/or Unused Funds).

11.G. COUNTY ALLOWANCE.

To help offset employee costs toward the Cafeteria Benefit Plan (as outlined in subsection 11.F. (Cafeteria Benefit Plan) above), the County provides eligible employees with a County Allowance each calendar year. County contributions are made on a semi-monthly basis and subject to proration (as outlined in subsection 11.G.2. (Proration)).


- 1. Annual Allowance:** The annual County Allowance amount shall be six-hundred dollars (\$600) effective Plan Year 2012 through 2025.
- 2. Proration:** The County Allowance amount shall be prorated in advance of the calendar year for employees regularly scheduled to work less than full-time based upon the proportion of hours that the employee has been regularly scheduled to work to the normal full-time biweekly pay period for the job classification. Employees who transition from a part-time position to a full-time position in a different job classification or from one representation group to another, shall be entitled to a prorated amount stipulated in subsection 11.G.1. (Annual Allowance) based upon the number of pay periods the employee is regularly scheduled to work on a full-time basis during the remainder of the calendar year. Employees appointed during the last two (2) full pay periods and any following partial pay period prior to December 31, shall not be eligible for plan benefits until the following calendar year.

The County Allowance maximum sum available to an employee who reinstates shall not exceed the annual amount stipulated in subsection 11.G.1. (Annual Allowance) minus the sum of the County Allowance received by the employee during the portion of the calendar year preceding termination.

- 3. Limitation:** Except in the case of a termination, reinstatement or a qualifying change in status event, an employee may not make any changes to his or her County Allowance allocation or Flexible Spending Accounts during the plan year.
- 4. Unallocated and/or Unused Funds:** Failure by the employee to allocate his or her County Allowance to the eligible benefits noted in subsection 11.F. (Cafeteria Benefit Plan) above within the stated timeframe will result in having the unallocated County Allowance funds, up to a maximum of five hundred dollars (\$500), deposited into the employee's Health Care Flexible Spending Account pursuant to the IRS regulations. Unallocated County Allowance funds exceeding five hundred dollars (\$500) shall be paid as after-tax earnings on a semi-monthly basis.

Any remaining unspent funds in any of the Flexible Spending Accounts (Health Care and/or Dependent Care) at the end of the year, including salary contributions, are County funds.

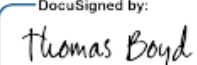
For County:

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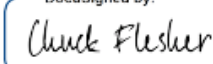
Margarita Zamora
Labor Relations Manager

Date: 9/13/2021

For DSA:

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Thomas Boyd
President

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Chuck Flesher
Labor Relations Consultant

Date: 9/13/2021

Attachment 4

AN ORDINANCE AMENDING CERTAIN PROVISIONS OF THE COUNTY OF ALAMEDA ADMINISTRATIVE CODE

The Board of Supervisors of the County of Alameda ordains as follows:

SECTION I

Chapter 3.64 – EMPLOYEE HEALTH AND WELFARE BENEFIT PROGRAM, Section 3.64.030 (Benefits) of the County of Alameda Administrative Code is hereby amended as follows:

The Board of Supervisors shall approve health and welfare benefit plans coverage for eligible employees and their spouses (or domestic partners effective February 1, 1996) and eligible dependents. The county offers health maintenance organization (HMO) medical plan options, a dental health maintenance organization (DHMO) dental plan, and a preferred provider Organization (PPO) dental plan. Effective February 1, 2022, the county ~~no longer~~ offers an PPO/indemnity medical plan option.

SECTION II

Chapter 3.64 – EMPLOYEE HEALTH AND WELFARE BENEFIT PROGRAM, Section 3.64.050 (County medical and dental contribution) of the County of Alameda Administrative Code is hereby amended as follows:

- A. Medical. The county shall contribute toward the semi-monthly premium for a county-offered medical plan for eligible employees as well as their spouses or domestic partners (effective 2/1/96 and upon submission of a domestic partner affidavit as defined in [Section 3.20.170](#)), and eligible dependents. The county and covered employees will share the cost of medical premiums. In no event shall the county contribution exceed the premium of the medical plan option selected, and such contribution shall be prorated each pay period based upon a proportion of the hours the employee is on paid status within that biweekly pay period to the normal full-time biweekly pay period for the job classification, provided that the employee is on paid status at least fifty (50) percent of the normal full-time biweekly pay period for the job classification. If an employee is not on paid status at least fifty (50) percent of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying the entire semi-monthly premium payment for the benefit.
1. Unrepresented M-Designated Employees.
 - a. Effective February 1, 2019, for unrepresented M-designated employees, the county shall contribute eighty-seven and one-half (87.5) percent of the total semi-monthly premium for an HMO plan at the corresponding level of coverage (i.e., self, self + one dependent, or family).
 - b. Effective February 1, 2022, for unrepresented M-designated employees, the county shall contribute eighty-five (85) percent of the total semi-monthly premium for an HMO plan or eighty-five (85) percent of the total semi-monthly premium of the lowest cost HMO plan towards the coverage of a PPO/Indemnity plan at the corresponding level of coverage (i.e. self, self + one dependent, family).

2. Unrepresented Non-Management Employees.
 - a. Effective February 1, 2013, for unrepresented non-management employees, the county shall contribute ninety (90) percent of the total semi-monthly premium for an HMO plan at the corresponding level of coverage (i.e., self, self + one dependent, family).
 - b. Effective February 1, 2022, for unrepresented non-management employees, the county shall contribute eighty-eight (88) percent of the total semi-monthly premium for an HMO plan or eighty-eight (88) percent of the total semi-monthly premium of the lowest cost HMO plan towards the coverage of a PPO/Indemnity plan at the corresponding level of coverage (i.e. self, self + one dependent, family).

3. Alameda County Prosecutors' Association ("ACPA").
 - a. For employees represented by ACPA, the County shall contribute eighty-seven and one-half (87.5) percent of the total semi-monthly premium for an HMO plan at the corresponding level of coverage (i.e., self, self + one dependent, or family).
 - b. Effective February 1, 2022, for employees represented by ACPA, the County shall contribute eighty-five (85) percent of the total semi-monthly premium for an HMO plan or eighty-five (85) percent of the total semi-monthly premium of the lowest cost HMO plan towards the total semi-monthly premium of a PPO/Indemnity plan at the corresponding level of coverage (i.e. self, self + one dependent, family).

- B. Dental. The county shall contribute the total semi-monthly premium for a county-offered dental plan at the corresponding level of coverage (i.e., self, self + one dependent, family) provided that the employee is on paid status at least fifty (50) percent of the normal full-time biweekly pay period. If an employee is not on paid status at least fifty (50) percent of the normal full-time biweekly pay period for the job classification, the employee will be responsible for paying the entire semi-monthly premium payment for the benefit.
 1. Unrepresented M-Designated Employees. For unrepresented M-designated employees, the annual PPO dental maximum allowable shall be one thousand six hundred fifty dollars (\$1,650.00) effective plan year 2019, and one thousand seven hundred fifty dollars (\$1,750.00) effective plan year 2021.
 2. Unrepresented Non-Management Employees. For unrepresented non-management employees, the annual PPO dental maximum allowable shall be one thousand five hundred fifty dollars (\$1,550.00) effective plan year 2017, one thousand six hundred seventy-five dollars (\$1,675.00) effective plan year 2020, one thousand seven hundred seventy-five dollars (\$1,775.00) effective plan year 2021, and one thousand nine hundred dollars (\$1,900.00) effective plan year 2022.
 3. Alameda County Prosecutors' Association. For employees represented by ACPA, the annual PPO dental maximum allowable shall be one thousand six hundred fifty dollars (\$1,650.00) effective plan year 2020, and one thousand seven hundred fifty dollars (\$1,750.00) effective plan year 2022.

- C. Subsections 3.64.050 A.3., B.3. and C. herein shall be deleted from this Administrative Code upon adoption of the new MOU between the County and ACPA by the Board of Supervisors.

SECTION III

Chapter 3.64 – EMPLOYEE HEALTH AND WELFARE BENEFIT PROGRAM, Section 3.64.080 (Duplicative coverage) of the County of Alameda Administrative Code is hereby amended as follows:

Unless otherwise provided in a current, valid memorandum of understanding, and subject to the premium contribution provisions of Section 3.64.050 and Section 3.64.060, and eligibility requirements of Section 3.64.020, the provisions of this section applies to married county employees or domestic partners (effective February 1, 1996 and upon submission of an affidavit as defined in Section 3.24.180), and employees in parent-young adult dependent (YAD) relationships where the YAD employee is under age twenty-six (26), when both parties are employed by the county. The intent of this section is to limit county employees from both covering each other or having duplicate coverage within the same plan.

A. Medical: Married county employees and employees in domestic partnerships, who are both employed by the county, shall be entitled to one choice from the following list of medical plan coverages:

1. Up to one (1) full family HMO plan;
- ~~4-2. Up to one (1) full family PPO/Indemnity plan;~~
3. Up to one (1) full family HMO plan with up to one (1) full family alternative HMO plan; or-
- ~~2-4. Up to one (1) full family HMO plan with up to one (1) full family PPO/Indemnity plan.~~

For county employees in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee. If the parent employee has the YAD employee on a family HMO plan, the YAD employee cannot select individual coverage on the same HMO plan as the parent employee.

B. Dental: Married county employees and employees in domestic partnerships, who are both employed by the county, shall be entitled to one choice from the following list of dental plan coverages:

1. Up to one full family PPO plan together with up to one PPO supplemental plan;
2. Up to one full family PPO plan together with up to one full family DHMO plan;
3. Up to one full family DHMO plan; or
4. Up to one full family PPO plan.

For county employees in a parent-YAD relationship, the YAD employee cannot have duplicate coverage within the same plan as the parent employee if the parent employee has the YAD employee on a family plan.