

BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 15-09-22-08

IN THE MATTER OF APPROVING BENEFIT
CHANGES TO NON-REPRESENTED
EMPLOYEES AND OFFERING THE FY15/16
VOLUNTARY SEPARATION INCENTIVE
PROGRAM

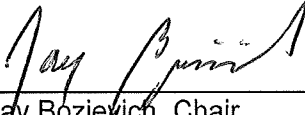
WHEREAS, the Board of County Commissioners is committed to improving the health of our community and have so stated in their strategic plan; and

WHEREAS, the proposed changes are consistent with the guidelines set forth by the Board of Commissioners.

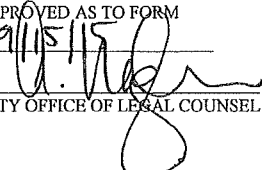
NOW, THEREFORE, the Board of County Commissioners of Lane County **ORDERS** as follows:

1. The benefit changes to Non-Represented employees hired on or after January 1, 2016 be approved.
2. Current Non-Represented employees will be offered the opportunity to participate in the FY15/16 Voluntary Separation Incentive Program
3. The County Administrator and the Human Resources Department be authorized to execute the changes on behalf of the County.

ADOPTED this 22nd day of September, 2015.



Jay Bozievich, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 9/15/15


LANE COUNTY OFFICE OF LEGAL COUNSEL

SUMMARY OF CHANGES FOR NON-REPRESENTED EMPLOYEES

In an effort to address rising health care costs, the upcoming Affordable Care Act excise tax, and wellness the following changes to Non-Represented employees are being proposed.

1. The following language shall be modified in the Administrative Procedures Manual, Chapter 3, Section 34, Time Management and Holidays : (inserted text underlined; deleted text in strikethrough):

B. Accrual Rates:

TM accrues whenever an eligible regular employee is in a paid status with the County except during short-term, non-occupational medical leave.

1. Exempt employees whose most recent hire date is on or before December 31, 2015 will earn TM, based on full-time service, in accordance with the following schedule:

<u>Months of Service</u>	<u>Earned Leave</u>	<u>Earned Leave Accruals</u>
0-12 months (0-1 year)	23 days/year	7.077 hours/pay period
13-24 months (1-2 years)	27 days/year	8.308 hours/pay period
25-48 months (2-4 years)	31 days/year	9.538 hours/pay period
49-108 months (4-9 years)	35 days/year	10.769 hours/pay period
109-168 months (9-14 years)	39 days/year	12.000 hours/pay period
169-228 months (14-19 years)	43 days/year	13.231 hours/pay period
229 months & over (over 19 years)	47 days/year	14.462 hours/pay period

2. Exempt employees whose most recent hire date is on or after January 1, 2016 will earn TM, based on full-time service, in accordance with the following schedule:

<u>Months of Service</u>	<u>Earned Leave</u>	<u>Earned Leave Accruals</u>
<u>0 - 12 months (0 to 1 year)</u>	<u>23.0 days/year</u>	<u>7.077 hours/pay period</u>
<u>13 - 24 months (1 to 2 years)</u>	<u>26.0 days/year</u>	<u>8.000 hours /pay period</u>
<u>25 - 48 months (2 to 4 years)</u>	<u>29.0 days/year</u>	<u>8.923 hours /pay period</u>
<u>49 - 108 months (4 to 9 years)</u>	<u>32.0 days/year</u>	<u>9.846 hours /pay period</u>
<u>109 - 168 months (9 to 14 years)</u>	<u>35.0 days/year</u>	<u>10.769 hours /pay period</u>
<u>169 - 228 months (14 to 19 years)</u>	<u>38.0 days/year</u>	<u>11.692 hours /pay period</u>
<u>229- 288 months (19 to 24 years)</u>	<u>41.0 days/ year</u>	<u>12.615 hours /pay period</u>
<u>289 months +(24 + years)</u>	<u>44.0 days/ year</u>	<u>13.538 hours /pay period</u>

3. Nonexempt employees will earn TM, based on full-time service, in accordance with the following schedule:

<u>Months of Service</u>	<u>Earned Leave</u>	<u>Earned Leave Accruals</u>
0-12 months (0-1 year)	20 days/year	6.154 hours/pay period
13-24 months (1-2 years)	23 days/year	7.077 hours/pay period

25-48 months (2-4 years)	26 days/year	8.000 hours/pay period
49-108 months (4-9 years)	29 days/year	8.923 hours/pay period
109-168 months (9-14 years)	32 days/year	9.846 hours/pay period
169-228 months (14-19 years)	35 days/year	10.769 hours/pay period
229-288 months (19-24 years)	38 days/year	11.692 hours/pay period
289 months and over (over 24 years)	41 days/year	12.615 hours/pay period

2. Insurance Changes

The County will make the following changes for its eligible and qualified regular probationary and non-probationary employees regarding insurance.

- (A) Employees whose most recent hire date is on or before December 31, 2015 will have the choice between the Co-Pay plan, or, at the option of the employee, the High Deductible plan known herein as the ("HDHP") with a health savings account.
- (B) Employees whose most recent hire date is on or after January 1, 2016 will have the choice between the Prime Plus ("Prime+"), or the HDHP plan with a health savings account.
- (C) Effective January 1, 2016, for all employees who elect the HDHP Plan, the **COUNTY** will deposit an amount equivalent to the annual deductible, based on their enrollment as individual (\$1500) or family (\$3000), into the employee's health savings account.
- (D) For all employees whose most recent hire date is on or after January 1, 2016 who complete the annual "Live Well" Health Risk Assessment and the biometric screening offered by the **COUNTY**, the **COUNTY** will provide a "Live Well" credit of twenty (\$20.00) dollars monthly to the employees' health contribution cost.
- (E) For all employees who elect the HDHP plan and whose most recent hire date is on or after January 1, 2016, the employee's monthly contribution will be twenty (\$20.00) dollars per month.
- (F) For all employees whose most recent hire date is on or after January 1, 2016 who elect the Prime+ Plan, the employee's monthly contribution will be as follows: Employee Only = thirty dollars (\$30.00); Employee + Children = sixty dollars (\$60.00); Employee + Spouse (or Domestic Partner) = ninety dollars (\$90.00); Family = one-hundred and twenty dollars (\$120.00).

3. The County will offer the **FY 2015/2016 Voluntary Separation Incentive Program ("VSIP")** to current Non-Represented employees under the following conditions:

- (A) Employees in regular positions (non-probationary) may apply for the VSIP program.
- (B) Employees must apply for the VSIP program between October 15, 2015 and December 15, 2015.

- (C) Employees must separate on or after January 1, 2016 and on or before June 30, 2016.
- (D) Employees who are approved for the program will receive two-hundred and fifty (250) hours of compensation at their hourly rate at the time of separation and five-hundred dollars (\$500.00) per year of completed service. Years of service will not be prorated.
- (E) Employees who have already submitted a resignation or retirement paperwork prior to the date of the Board's Order will not be eligible. Employees in positions considered to be critical as determined by the Department Head and/or County Administrator will not be eligible. Employees must be in a position where a VSIP would result in identified cost savings to the County and/or Department.
- (F) The Department Head will have the ultimate authority on recommending VSIPs and the County Administrator will have the final authority to approve VSIPs. The denial of a VSIP cannot be appealed.

Lane County

Provider Network: PSN Network

Annual Deductible	Per Person, Per Calendar Year	Per Family, Per Calendar Year
All Providers	\$250	\$750
Out-of-Pocket Limit	Per Person, Per Calendar Year	Per Family, Per Calendar Year
All Providers	\$2,000	\$6,000

The member is responsible for the above deductible and the following amounts:

Service	Participating Providers:	Non-participating Providers:
Preventive Care		
Well baby/Well child care	No charge*	Deductible then 50% co-insurance
Routine physicals	No charge*	Deductible then 50% co-insurance
Well woman visits	No charge*	Deductible then 50% co-insurance
Routine mammograms	No charge*	Deductible then 50% co-insurance
Immunizations	No charge*	Deductible then 50% co-insurance
Routine colonoscopy, age 50-75	No charge*	Deductible then 50% co-insurance
Prostate cancer screening	No charge*	Deductible then 50% co-insurance
Professional Services		
Office and home visits	\$25 co-pay/visit*	Deductible then 50% co-insurance
Naturopath office visits	\$25 co-pay/visit*	Deductible then 50% co-insurance
Specialist office and home visits	\$25 co-pay/visit*	Deductible then 50% co-insurance
Office procedures and supplies	No charge*	Deductible then 50% co-insurance
Surgery	\$25 co-pay/visit*	Deductible then 50% co-insurance
Outpatient rehabilitation services	\$25 co-pay/visit*	Deductible then 50% co-insurance
Hospital Services		
Inpatient room and board	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Inpatient rehabilitation services	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Skilled nursing facility care	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Outpatient Services		
Outpatient surgery/services	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Advanced diagnostic imaging	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Diagnostic and therapeutic radiology and lab	No charge up to the first \$500* then Deductible then 20% co-insurance	Deductible then 50% co-insurance

Service	Participating Providers:	Non-participating Providers:
Urgent and Emergency Services		
Urgent care center visits	\$25 co-pay/visit*	Deductible then 50% co-insurance
Emergency room visits	\$250 co-pay/visit [^]	Deductible then 50% co-insurance [^]
Ambulance, ground	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Ambulance, air	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Maternity Services **		
Physician/Provider services (global charge)	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Hospital/Facility services	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Mental Health/Chemical Dependency Services		
Office visits	\$25 co-pay/visit*	Deductible then 50% co-insurance
Inpatient care	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Residential programs	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Other Covered Services		
Allergy injections	\$5 co-pay/visit*	Deductible then 50% co-insurance
Durable medical equipment	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Home health care	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Chiropractic manipulations and acupuncture care	\$25 co-pay/visit*	Not covered
Infertility	Deductible then 50% co-insurance	Not covered
Temporomandibular Joint	Deductible then 50% co-insurance	Not covered
Transplants	Deductible then No charge	Deductible then 50% co-insurance

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

[^] Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital. For emergency medical conditions, non-participating providers are paid at the participating provider level.

* Not subject to annual deductible.

** Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, co-payment, or co-insurance.

Additional Information

What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met. Deductible expense is applied to the out-of-pocket limit.

Participating provider expense and non-participating provider expense apply together toward your deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered medical expenses during the plan year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your Member Handbook, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Participating provider expense and non-participating provider expense apply together toward your out-of-pocket limits.

Annual change in deductible and/or out-of-pocket limit amounts

This plan's deductible and/or out-of-pocket limit amounts may be automatically adjusted upward every January 1 based on the rules set forth by Health and Human Services (HHS).

Payments to providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, non-participating providers may not. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated.