



County of Colusa Colusa County Management Coalition 2023 Benefit Summary

BENEFIT TYPE	DESCRIPTION OF BENEFIT								
CalPERS Retirement Formula	Classic: 3% @ 60 New: 2% @ 62								
CalPERS Employee Contribution Rate (FY 22/23)	Classic: 8% New: 7.5%								
CalPERS Employer Contribution Rate (FY 22/23)	Classic & New: 39.18%								
Social Security	The County participates in the Social Security Program. Employee share: 6.2% up to \$147,000								
Medicare	Colusa County participates in the Medicare Program. The current employee and employer share is 1.45%.								
State Disability Insurance	Colusa County participates in this the SDI program, the employee rate is 0.9%.								
Cafeteria Plan Contributions	<p>If enrolled in a CalPERS medical insurance plan, the County <u>monthly</u> contributions are as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #ADD8E6;">Coverage Level</th> <th style="background-color: #ADD8E6;">Monthly County Contribution</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$885.00</td> </tr> <tr> <td>Employee plus One Dependent</td> <td>\$1656.67</td> </tr> <tr> <td>Employee plus Two Dependents</td> <td>\$2,153.67</td> </tr> </tbody> </table>	Coverage Level	Monthly County Contribution	Employee Only	\$885.00	Employee plus One Dependent	\$1656.67	Employee plus Two Dependents	\$2,153.67
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Employee Only	\$885.00								
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Employee plus Two Dependents	\$2,153.67								
Medical Plan	<p>Colusa County offers several HMO and PPO medical plan options through CalPERS. Specific plans are based on eligibility. See <i>Plans and Rates</i> table on page 3.</p> <p>Currently, the County pays the entire premium for all coverage levels if employees select the CalPERS Gold Plan or Western Health Advantage!</p>								
Dental Plan	Colusa County offers HMO and PPO dental plans with orthodontic coverage through Delta Dental. See <i>Plans and Rates</i> table on page 3.								
Vision	Colusa County offers a vision plan through Vision Service Providers (VSP) Ameritas. The County contributes the full premium for employee only. Enrollment is mandatory at the employee-only level. See <i>Plans and Rates</i> table on page 3.								
Medical Waiver	Employees electing to opt out of the County provided medical plan will receive \$311 cash in-lieu benefit per month with proof of enrollment in alternate eligible plan.								
Health Reimbursement Arrangement	The County contributes \$50.00 per month into an individual IRS qualified Health Reimbursement Arrangement (HRA) account for each active covered employee. This is in addition to any excess cafeteria funds. **See page 2 below for additional details.								

BENEFIT TYPE	DESCRIPTION OF BENEFIT											
Life Insurance	The County provides a \$50,000 life insurance policy free of cost to employees (enrollment is mandatory). Employees have the option to purchase additional life insurance for themselves and their dependents, term life and whole life policies available.											
Employee Assistance Program	Colusa County offers a confidential counseling program to employees and their dependents with 6 sessions per incident per calendar year.											
Deferred Compensation 457(b) Plan	<p>The County offers optional deferred compensation plans through CalPERS Voya and MetLife with matching contributions based on years of service:</p> <ul style="list-style-type: none"> ➤ Up to 7 years of service, \$20 per month ➤ 7-15 years of service: \$30 per month ➤ 15+ years of service: \$40 per month 											
Sick Leave	Accrual of one (1) day of paid sick leave per month, beginning on the day of hire. Sick leave accrual is unlimited.											
Holidays	There are 13 regular holidays plus one non-floating holiday.											
Vacation	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Years of Service</th> <th style="width: 50%;">Annual Vacation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0 to 5 years</td> <td style="text-align: center;">10 days</td> </tr> <tr> <td style="text-align: center;">6 to 10 years</td> <td style="text-align: center;">15 days</td> </tr> <tr> <td style="text-align: center;">11 to 19 years</td> <td style="text-align: center;">20 days</td> </tr> <tr> <td style="text-align: center;">20+ years</td> <td style="text-align: center;">25 days</td> </tr> </tbody> </table>		Years of Service	Annual Vacation	0 to 5 years	10 days	6 to 10 years	15 days	11 to 19 years	20 days	20+ years	25 days
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	0 to 5 years	10 days										
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20+ years	25 days											
Vacation accrual is capped at 1.5 times the yearly rate.												

**The County provides each employee enrolled in the CalPERS health insurance plan monthly cafeteria contributions to pay for the cost of the plan. The cost of some health plans is lower than the cafeteria contribution (i.e. the premium for employee-only PERS Gold coverage for 2023 is \$828.33 but the County cafeteria contribution is \$885, leaving \$56.67 in excess cafeteria funds). Employees can use any excess funds to pay for dental, vision and pre-tax voluntary Colonial and/or Aflac policies. Any remaining balances is deposited into the employees HRA account.



COUNTY OF COLUSA 2023 RATES

Coverage Period: January 1, 2023 - December 31, 2023

EMPLOYEE GROUP: MGMT/URD

MONTHLY COSTS	COVERAGE LEVELS					
	Employee Only		Employee + 1		FAMILY	
	Prior 1/1/13	After 12/31/12	Prior 1/1/13	After 12/31/12	Prior 1/1/13	After 12/31/12
HEALTH INSURANCE PLAN NAME						
PERS Platinum - PPO (Anthem Blue Cross)	629.08	319.08	1061.49	751.49	1286.94	976.94
PERS Gold - PPO Other (Anthem Blue Cross)	253.33	*(56.67)	310.00	0.00	310.00	0.00
**Blue Shield - Access+ (HMO) & EPO	463.63	153.63	730.58	420.58	856.76	546.76
**Western Health Advantage	187.68	*(122.32)	178.69	*(131.31)	139.29	*(170.71)
**Anthem HMO Select	557.56	247.56	918.44	608.44	1100.98	790.98
**Anthem HMO Traditional	639.71	329.71	1082.74	772.74	1314.57	1004.57
**Blue Shield Trio HMO	316.87	6.87	437.08	127.08	475.20	165.20
**United Health Care HMO	472.52	162.52	748.36	438.36	879.87	569.87
**Kaiser HMO	341.76	31.76	486.84	176.84	539.89	229.89
PORAC - (Peace Officers Only)	252.72	*(57.28)	534.52	224.52	463.92	153.92

*For employees hired after 12/31/2012: the County provides each employee enrolled in the CalPERS health insurance plan monthly cafeteria contributions to pay for the cost of the plan. The cost of some health plans is lower than the cafeteria contribution (i.e. the premium for employee-only PERS Gold coverage is \$828.33 but the County cafeteria contribution is \$885, leaving \$56.67 in excess cafeteria funds). Employees can use any excess funds to pay for dental, vision and pre-tax voluntary Colonial and/or Aflac policies. Any remaining balances is deposited into the employees HRA account. [With significant increase in insurance premiums costs for the 2023 plan year, many employees will have significantly less excess funds to pay for voluntary supplemental policies resulting in an increased out-of-pocket cost.](#)

**Plan available in limited zip codes. To determine if the health plan you are considering provides services where you reside or work, use the Health Plan search by Zip Code available on the CalPERS website.

MONTHLY COSTS	COVERAGE LEVELS			
	EE Only	EE + Spouse	Family	EE + Children
DENTAL INSURANCE PLAN NAME				
Delta Dental PPO	2.70	47.00	107.90	31.90
Delta Care DHMO	0.00	0.00	21.20	0.00

*The County of Colusa requires its employees to enroll in County-sponsored dental coverage unless they can show proof of alternative coverage from another source. Employees hired prior to 1/1/13 may take the \$45 County contribution as a monthly cash in-lieu benefit as per County Dental Plan Coverage Waiver Form guidelines.

MONTHLY COSTS	COVERAGE LEVELS		
	Employee Only	Employee + 1	FAMILY
VISION INSURANCE PLAN NAME			
VISION SERVICE PROVIDERS (VSP)	0.00	6.61	10.37

Vision enrollment is mandatory for all employees.

CASH IN-LIEU AMOUNTS	HIRED	
	Prior to 1/1/13	After 12/31/12
	435.00	311.00

County health plan enrollment is not mandatory. If an employee does not enroll in County health insurance, they may be eligible for a monthly cash in-lieu benefit as long as employees can provide proof of alternative coverage as defined in Health Plan Coverage Waiver Form.