



**CLARK COUNTY HUMAN RESOURCES**  
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Date: September 27, 2011  
 To: Unions/Guilds who are members of Health Care Committee  
 From: Kathy Meyers, Benefits Manager  
 RE: 2012 Health Care Costs

The Health Care Committee has completed their health plan renewal work for the 2012 Plan Year. There are no plan changes being made primarily because employees will be required to pay a portion of their premiums for the first time.

The health plan rates did increase, but not as much as expected. The Regence plan increased less than 5% and WDS dental decreased by 1.2%. The Kaiser medical plan had the largest increase at 15.7%. Kaiser dental and VSP remained flat.

Another factor that impacted our costs is the addition of approximately 250 overage dependent children. These children became eligible in 2011 with the implementation of the Health Reform changes allowing dependent children up to age 26 to remain eligible. The addition of these dependents resulted in an increased cost in premiums of approximately \$700,000 or 3.2% of the total premium.

The overall increase for 2012 is 12.8% as a result of each plans rate increase/decrease and the 3.2% for the additional dependent children. The County will be paying 93% of the cost and employees will pay 7%. The 7% contribution is distributed by tier; Employee Only, Employee + 1 dependent, and Employee + 2 or more. The monthly contributions are:

	Medical	Dental	Total
Employee Only	\$ 40.74	\$ 3.68	\$ 44.42
Employee + 1 person	\$ 79.84	\$ 6.94	\$ 86.78
Employee + 2 or more	\$117.50	\$10.74	\$128.24

One-half of the monthly contribution will be deducted each pay period on a **pre-tax basis**. *Pre-tax not only means federal and state withholding, but also includes FICA.* Employees who cover a Domestic Partner and their children will continue to pay the imputed tax on the dependent portion of the premium.

Enrollment options for the 2012 Plan Year:

- ◆ Employees may choose to cover their dependents on their medical plan, but not on their dental plan; or vice versa.
- ◆ They can waive coverage for themselves and their dependents. Dependents cannot remain covered if the employee does not have coverage. If the employee chooses to waive coverage he/she will be required to attest that they have other “group health” coverage. We are requiring a signed waiver to document that the employee has other group coverage because **“we value them and want to make sure they have adequate protection in the event of an illness or injury.”**

Open Enrollment will begin around the first of November and will run for about two weeks. Employees will have an opportunity to meet with Health Plan Representatives or Benefits staff to answer questions.

**Note: The above information does not apply to Deputy Sheriff's Guild and Custody Officer Guild members.**