



**MISSION**

*It is our mission to deliver quality healthcare to the residents of and visitors to Big Bear Valley through the most effective use of available resources.*

**VISION**

*To be the premier provider of emergency medical and healthcare services in our Big Bear Valley.*

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**NOTICE AND CALL OF A  
SPECIAL MEETING OF THE  
HUMAN RESOURCE COMMITTEE  
TUESDAY, AUGUST 14, 2018  
OPEN SESSION @ 12:00 PM – ADMINISTRATION CONFERENCE ROOM  
41870 GARSTIN DR., BIG BEAR LAKE, CALIFORNIA 92315**

NOTICE IS HEREBY GIVEN that a Special Meeting of the Human Resource Committee for the Bear Valley Community Healthcare District will be held on Tuesday, August 14, 2018 in the Administration Conference Room.

Open session will begin at 12:00 PM

A copy of the agenda is attached hereto.

Dated: August 10, 2018

A handwritten signature in black ink, appearing to read "Shelly Egerer", is written over a horizontal line.

Shelly Egerer  
Executive Assistant



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*The Human Resources Committee shall be responsible for reviewing and recommending personnel policies and salary and benefit packages prior to development of the annual operating budget*

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**SPECIAL HUMAN RESOURCES COMMITTEE AGENDA**

**ADMINISTRATION CONFERENCE ROOM**

**TUESDAY, AUGUST 14, 2018**

**12:00 PM OPEN SESSION**

**41870 Garstin Dr., Big Bear Lake, California, 92315**

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Copies of staff reports or other written documentation relating to each item of business referred to on this agenda are on file in the Chief Executive Officer's Office and are available for public inspection or purchase at 10 cents per page with advance written notice. In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a District meeting or other services offered by the District, please contact Administration (909) 878-8214. Notification at least 48 hours prior to the meeting or time when services are needed will assist the District staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service. **DOCUMENTS RELATED TO OPEN SESSION AGENDAS (SB 343)** Any public record, relating to an open session agenda item, that is distributed within 72 hours prior to the meeting is available for public inspection at the public counter located in the Administration Office, located at 41870 Garstin Drive, Big Bear Lake, CA 92315. For questions regarding any agenda item, contact Administration at (909) 878-8214.

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**OPEN SESSION**

**1. CALL TO ORDER**

**Gail McCarthy, 1<sup>st</sup> Vice President**

**2. ROLL CALL**

**Shelly Egerer, Executive Assistant**

**3. ADOPTION OF AGENDA\***

**4. PUBLIC FORUM FOR OPEN SESSION**

Opportunity for members of the public to address the Committee on open session items (Government Code Section 54954.3). There will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed, and turned in to Administration. Please state your name and city of residence.

**5. DIRECTORS' COMMENTS**

**6. APPROVAL OF MINUTES\***

**A. June 20, 2018**

**7. OLD BUSINESS\***

**A. Discussion and Potential Recommendation to the Board of Directors of the Following Policies & Procedures**

- (1) Meal and Rest Breaks
- (2) FMLA/CFRA Leave of Absence
- (3) Paid Time Off

**8. NEW BUSINESS\***

**A. Discussion and Information/Update on Bear Valley Community Healthcare District Employee Benefits**

- B. Discussion and Potential Recommendation to the Board of Directors the Extended Sick Leave Policy & Procedure
- C. Discussion Regarding Allied Health Professionals/Dynamex Court Ruling

**9. HUMAN RESOURCES REPORT\***

**Erin Wilson, Director of Human Resources**

**A. Human Resource Assessment:**

- Staffing
- Employee Performance Evaluations
- Workers Comp Claims
- Employee File Audits
- Job Description & Employee Evaluation
- Policies for Review
- Employee Events

**10. ADJOURNMENT\***

**\*Denotes Action Item**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT  
SPECIAL HUMAN RESOURCES MEETING MINUTES  
41870 Garstin Road Big Bear Lake, Ca. 92315  
June 20, 2018**

**MEMBERS PRESENT:** Gail McCarthy, 1<sup>st</sup> Vice President      Erin Wilson, HR Director  
Rob Robbins, President      Shelly Egerer, Exec. Asst.  
John Friel, CEO

**MEMBERS ABSENT:** None

**STAFF:** Garth Hamblin

**OTHER:**

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**OPEN SESSION**

**1. CALL TO ORDER:**

Board Member McCarthy called the meeting to order at 12:00 p.m.

**CLOSED SESSION**

**2. PUBLIC FORUM FOR CLOSED SESSION:**

President Robbins opened the Hearing Section for Public Comment at 12:00 p.m. Hearing no request to address the Committee, President Robbins closed the Hearing Section at 12:00 p.m.

**3. ADJOURN TO CLOSED SESSION:**

**President Robbins motioned to adjourn to Closed Session. Second by Board Member McCarthy to adjourn to Closed Session. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- President Robbins - yes
- Board Member McCarthy - yes

**OPEN SESSION**

**1. CALL TO ORDER:**

Board Member McCarthy called the meeting order at 12:40 p.m.

**2. ROLL CALL:**

Gail McCarthy and Rob Robbins were present. Also, present were John Friel, CEO, Erin Wilson, Human Resource Director, and Shelly Egerer, Executive Asst.

**3. ADOPTION OF AGENDA:**

**President Robbins motioned to adopt the June 20, 2018 Human Resource Committee Agenda as presented. Second by Board Member McCarthy adopt the June 20, 2018 Human Resource Committee Agenda as presented. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- President Robbins - yes
- Board Member McCarthy- yes



**4. RESULTS OF CLOSED SESSION:**

**Board Member McCarthy stated the committee accepted the findings of the Compensation Structure and recommendation to the full Board at the Special Board Meeting. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- President Robbins- yes
- Board Member McCarthy- yes

**5. PUBLIC FORUM FOR OPEN SESSION:**

President Robbins opened the Hearing Section for Public Comment at 12:40 p.m. Hearing no request to address the Committee, President Robbins closed the Hearing Section at 12:40 p.m.

**6. DIRECTORS COMMENTS:**

- None

**7. APPROVAL OF MINUTES:**

**A. May 29, 2018**

**Board Member Robbins motioned to approve the May 29, 2018 Human Resource Committee Meeting Minutes as presented. Second by Board Member McCarthy to approve the May 29, 2018 Human Resource Committee Meeting Minutes as presented. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- President Robbins- yes
- Board Member McCarthy- yes

**8. OLD BUSINESS:**

- None

**9. NEW BUSINESS\***

- None

**10. ADJOURNMENT\*:**

**President Robbins motioned to adjourn the meeting at 12:42 p.m. Second by Board Member McCarthy to adjourn the meeting. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- President Robbins - yes
- Board Member McCarthy- yes



<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: Meal and Rest Breaks</b>	

## **POLICY:**

It is the policy of Bear Valley Community Healthcare District (BVCHD) to provide meal and rest breaks in accordance with applicable laws to allow employees to rest while maintaining department productivity and patient care standards.

## **PROCEDURE:**

1. Meal Periods:
  - 1.1. Except for certain salaried exempt employees, BVCHD will offer all employees that work more than five (5) hours in one day a meal period that is 30 minutes in length.
  - 1.2. The employee must clock out at the beginning of each meal period and back in when resuming work.
  - 1.3. The meal period will be uninterrupted and is to be taken no later than the first 5 hours of the shift unless the shift is for 6 hours or less (waiver must be signed).
  - 1.4. When an employee works for a period of 10 to 12 hours, a second meal period will also be provided no later than the end of the employee's tenth hour of work (in other words, no later than the start of the employee's eleventh hour of work) unless the employee has executed a meal period waiver and such waiver is on file.
  - 1.5. Any shift that is over 12 hours requires both meal periods to be taken.
2. Employees may waive their meal period only under the following circumstances:
  - 2.1. If they will complete their work day in six (6) hours or less, employees may waive meal period if such waiver has been approved by their supervisor and the employee has signed a waiver and such waiver is on file (see attached).
  - 2.2. If they work a ten (10) or twelve (12) hour shift in a work day and have a signed a Meal Period Waiver (see attached), employees may waive their second meal period.
  - 2.3. It is not permissible to waive a meal period to shorten a workday.
3. On-Duty Meal Periods:
  - 3.1. In very limited situations, certain designated employees may be authorized to work an "on-duty meal period" when the nature of the employee's duties prevents him/her from being relieved of all duty.
  - 3.2. In this situation, the employee's on-duty meal period shall be paid and treated as hours worked.
  - 3.3. An on-duty meal waiver needs to be signed, approved and placed in their personnel file.
  - 3.4. The agreement is revocable at any time by the employee or BVCHD.
4. Rest Breaks
  - 4.1. Employees are permitted a 15-minute rest break every four hours worked.
  - 4.2. Two rest breaks should be taken per shift; one before the meal break and one after.
  - 4.3. If a schedule of 10 hours or longer is in effect, an additional break may be permitted.
  - 4.4. The schedule for all rest breaks is determined by the department supervisor based on business conditions and scheduling needs.

<b>Prepared By: Wilson, Erin</b>	<b>Reference: California Labor Code Section 512</b>
<b>Reviewed By: Admin Team, Policy &amp; Procedure Committee</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>



<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: Meal and Rest Breaks</b>	

- 4.5. Your supervisor will inform you of the schedule, and any required changes.
5. It is the responsibility of Supervisors and Department Managers to determine schedules for meal and rest periods.
  - 5.1. When establishing the schedule, business needs should be taken into consideration so that operations are not disrupted.
  - 5.2. Provide documentation when employees report they have missed a meal period.
6. It is the responsibility of employees to make the effort to take all meals and breaks in accordance with the law. Employees are to inform their manager when:
  - 6.1. Meal and rest breaks are missed
  - 6.2. Their meal period is less than 30 minutes
  - 6.3. They are not relieved of all duties during the meal period
7. Rest breaks are paid; meal breaks are unpaid.
8. Employees who work through the rest period are not permitted to leave work early or arrive to work late to "make up" the time.
  - 8.1. Rest breaks are not meant to be added on to a meal period.
  - 8.2. Employees are responsible for taking their rest periods.
9. Employees are not permitted to leave campus while on the clock unless it is work related. If an employee is off campus they will need to notify the manager and clock out.
10. Employees who fail to follow meal and rest break policies may be subject to corrective action.
11. For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

<b>Prepared By: Wilson, Erin</b>	<b>Reference: California Labor Code Section 512</b>
<b>Reviewed By: Admin Team, Policy &amp; Procedure Committee</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>





<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: FMLA/CFRA Leaves of Absence</b>	

## **POLICY:**

Bear Valley Community Healthcare District (BVCHD) complies with the federal Family and Medical Leave Act and the California Family Rights Act ("FMLA/CFRA") and provides eligible employees the opportunity to take unpaid, job-protected leave for certain specified reasons. The maximum amount of leave employees may use under this policy is 12 weeks within a 12-month period. Please note that leave taken under this policy and the Company's CFRA-FMLA Military-Related Leave Policy is counted against an employee's total CFRA/FMLA leave entitlement. For more information regarding leave under this policy, employees should contact Human Resources.

## **PROCEDURE:**

### **1. Eligibility**

- 1.1. To be eligible for FMLA /CFRA leave under this policy, employees must:
  - 1.1.1. Have worked at least twelve (12) months for BVCHD.
  - 1.1.2. Have worked at least 1,250 hours for BVCHD over the twelve (12) months preceding the date the leave would commence.
  - 1.1.3. All periods of absence from work due to or necessitated by service in the uniformed services are counted in determining FMLA eligibility.

### **2. Conditions Triggering Leave**

- 2.1. FMLA and/or CFRA leave may be taken for any the following reasons:
  - 2.1.1. Birth of a child, or to care or bond with a newly born child, including incapacity due to pregnancy or prenatal medical care.
  - 2.1.2. Placement of a child with the employee and/or the employee's registered domestic partner for adoption or foster care or to care or bond with the child.
  - 2.1.3. To care for an immediate family member (employee's spouse, registered domestic partner, child, registered domestic partner's child or parent) with a serious health condition.
  - 2.1.4. Because of the employee's serious health condition that makes the employee unable to perform his or her job.
  - 2.1.5. The maximum amount of leave that may be taken under this policy in a twelve (12) month period for all reasons combined is twelve (12) weeks.
- 2.2 In addition to leave available under the FMLA and the CFRA, female employees may be eligible for leaves of absence during periods of disability associated with pregnancy or child birth.

### **3. Definitions**

- 3.1. A "serious health condition" is an illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of his or her job or prevents the qualified family member from participating in school or other daily activities.

<b>Prepared By: Wilson, Erin</b>	<b>Reference: Family &amp; Medical Leave Act of 1993</b>
<b>Reviewed By: Admin Team, Policy &amp; Procedure Committee</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>



<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: FMLA/CFRA Leaves of Absence</b>	

#### **4. Identifying the 12-month Period**

- 4.1. BVCHD measures the twelve (12) month period in which leave is taken from the date leave begins rolling back (measured backward from the date of any FMLA/CFRA leave).
  - 4.1.1. FMLA/CFRA leave for the birth or placement of a child for adoption or foster care must be concluded within twelve (12) months of the birth or placement.

#### **5. Intermittent Leave**

- 5.1. Eligible employees may take FMLA/CFRA leave in a single block of time, intermittently (in separate blocks of time) or by reducing the normal work schedule when medically necessary for the serious health condition of the employee or immediate family member.
  - 5.1.1. Intermittent leave for birth of a child, to care for a newly born child or for placement of a child for adoption or foster care generally must be taken in at least two-week increments under the CFRA, with shorter increments allowed on two occasions.
  - 5.1.2. Employees who require intermittent or reduced-schedule leave must try to schedule their leave so that it will not unduly disrupt BVCHD's operations.
  - 5.1.3. Intermittent leave is permitted in intervals of at least one hour.

#### **6. Maintenance of Health Benefits**

- 6.1. If employees and/or their families participate in BVCHD's group health plan, BVCHD will maintain coverage during the first twelve (12) weeks of an approved FMLA/CFRA leave on the same terms as if employees had continued to work. After the first twelve (12) weeks of an approved leave, employees will be required to pay the full costs of such benefits.
  - 6.1.1. If applicable, employees must make arrangements to pay their share of health plan premiums while on leave.
  - 6.1.2. In some instances, BVCHD may recover premiums it paid to maintain health coverage or other benefits for employees and/or their families.
  - 6.1.3. Use of FMLA/CFRA leave will not result in the loss of any employment benefit that accrued prior to the start of leave under this policy.
  - 6.1.4. Employees should consult the applicable plan document for information regarding eligibility, coverage and benefits.

#### **7. When seeking leave under this policy, employees must provide to Human Resources the following:**

- 7.1. Thirty (30) days' advance notice of the need to take FMLA/CFRA leave, if the need for leave is foreseeable, or notice as soon as practicable in the case of unforeseeable leave and in compliance with BVCHD's normal call-in procedures, absent unusual circumstances.
- 7.2. Medical certification supporting the need for leave due to a serious health condition affecting the requesting employee or an immediate family member within fifteen (15) calendar days of BVCHD's request to provide the certification (additional time may be permitted in some circumstances).
  - 7.2.1. Failure to do so may result in delay of the commencement of leave, withdrawal of a preliminary designation of FMLA/CFRA leave or denial of a leave request.
  - 7.2.2. Second or third medical opinions and periodic recertification may also be required.

<b>Prepared By: Wilson, Erin</b>	<b>Reference: Family &amp; Medical Leave Act of 1993</b>
<b>Reviewed By: Admin Team, Policy &amp; Procedure Committee</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>





<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: FMLA/CFRA Leaves of Absence</b>	

- 7.3. Periodic reports as deemed appropriate during the leave regarding the employee's status and intent to return to work.
- 7.4. Medical certification of fitness for duty before returning to work if the leave was due to the employee's serious health condition.
  - 7.4.1. BVCHD will require this certification to address whether employees can perform the essential functions of their position.
- 7.5. Failure to comply with the foregoing requirements may result in holding the employee responsible for their actions.

## **8. Employer Responsibilities**

- 8.1. To the extent required by law, BVCHD will inform employees whether they are eligible for leave under the FMLA/CFRA. Should employees be eligible for FMLA/CFRA leave, BVCHD will provide eligible employees with a notice that specifies any additional information required as well their rights and responsibilities.
  - 8.1.1. BVCHD will also inform employees if leave will be designated as FMLA/CFRA-protected and, to the extent possible, note the amount of leave counted against employees' leave entitlement.
  - 8.1.2. If employees are not eligible for FMLA/CFRA leave, BVCHD will provide a reason for the ineligibility.

## **9. Job Restoration**

- 9.1. Upon returning from FMLA/CFRA leave, employees will typically be restored to their original position or to an equivalent position with equivalent pay, benefits and other employment terms and conditions.

## **10. Failure to Return After FMLA/CFRA Leave**

- 10.1. Failure to report to work at the scheduled end of a leave shall be deemed a voluntary termination effective on the date the leave commenced, unless authorization for an extension had been previously granted.

For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

<b>Prepared By: Wilson, Erin</b>	<b>Reference: Family &amp; Medical Leave Act of 1993</b>
<b>Reviewed By: Admin Team, Policy &amp; Procedure Committee</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>

Notice of Eligibility and Rights & Responsibilities  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 5/31/2018

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

**[Part A – NOTICE OF ELIGIBILITY]**

TO: \_\_\_\_\_  
Employee

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ for:

- \_\_\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care;
- \_\_\_\_\_ Your own serious health condition;
- \_\_\_\_\_ Because you are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to his/her serious health condition.
- \_\_\_\_\_ Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on covered active duty or call to covered active duty status with the Armed Forces.
- \_\_\_\_\_ Because you are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- \_\_\_\_\_ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- \_\_\_\_\_ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- \_\_\_\_\_ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.
- \_\_\_\_\_ You have not met the FMLA's hours of service requirement.
- \_\_\_\_\_ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact \_\_\_\_\_ or view the  
FMLA poster located in \_\_\_\_\_.

**[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by \_\_\_\_\_.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- \_\_\_\_\_ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request \_\_\_\_\_ is/ \_\_\_\_\_ is not enclosed.
- \_\_\_\_\_ Sufficient documentation to establish the required relationship between you and your family member.
- \_\_\_\_\_ Other information needed (such as documentation for military family leave): \_\_\_\_\_

\_\_\_\_\_ No additional information requested

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- \_\_\_\_\_ Contact \_\_\_\_\_ at \_\_\_\_\_ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- \_\_\_\_\_ You will be required to use your available paid \_\_\_\_\_ sick, \_\_\_\_\_ vacation, and/or \_\_\_\_\_ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- \_\_\_\_\_ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We \_\_\_\_\_ have/\_\_\_\_\_ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- \_\_\_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_.  
(Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
  - \_\_\_\_\_ the calendar year (January – December).
  - \_\_\_\_\_ a fixed leave year based on \_\_\_\_\_.
  - \_\_\_\_\_ the 12-month period measured forward from the date of your first FMLA leave usage.
  - \_\_\_\_\_ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have \_\_\_\_\_ sick, \_\_\_\_\_ vacation, and/or \_\_\_\_\_ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

\_\_\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to \_\_\_\_\_ available at: \_\_\_\_\_.

\_\_\_\_\_ Applicable conditions for use of paid leave: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

\_\_\_\_\_ at \_\_\_\_\_.

#### PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**



<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: Paid Time Off</b>	

## **POLICY:**

All full and benefited part-time employees of Bear Valley Community Healthcare District (BVCHD) are provided PTO (Paid Time Off) as outlined in this policy. The main feature of PTO is the combining of short-term sick days, vacation days and holidays into one account. A PTO system allows the employee greater flexibility in the use of time off according to the employee's varying needs.

## **PROCEDURE:**

### **1. Benefit:**

1.1. PTO benefits start accruing on the employee's date of hire.

1.1.1. The schedule below is based on full time service.

1.1.2. Accrual for part-time employees is pro-rated based on the number of authorized hours.

1.1.3. Temporary and Per Diem employees do not receive PTO benefits.

### **2. Accrual Rates:**

Length of Service	Accrual Rate Per Paid Hours	*Average Accrual Hrs. Per Pay Period	*Average Accrual Days Per Pay Period	Total PTO Days / Year
10 to 4 years of service	.09615	7.69	.96	25
5 years to 9 years of service	.1154	9.23	1.15	30
10 or more years of service	.1346	10.77	1.35	35

\* Based on a pay period of 80 paid hours.

PTO accrual is based on length of service and all hours paid up to a maximum of 80 hours per pay period.

### **3. Maximum Accruals:**

3.1. Employees are encouraged to use their earned PTO each year.

3.1.1. The maximum benefits an employee may have at any time shall equal 320 hours.

3.1.2. If the employee's earned but unused PTO reaches the maximum the employee will not accrue any additional benefits during each pay period during which his/her earned but unused PTO equals 320 hours.

### **4. Usage:**

4.1. PTO hours shall be used for excused elective absences such as vacation, holidays, short term illness, family emergencies, religious observances, health care visits, personal business, dependent's school visitation, and other excused elective absences.

4.2. PTO can be used for incidents when the employee is placed on call due to low census to supplement

<b>Prepared By: Wilson, Erin</b>	<b>Reference: UNAC Contract 2017-2020</b>
<b>Reviewed By: Admin Team, Policy &amp; Procedure Committee</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>



<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: Paid Time Off</b>	

and keep the employee whole.

4.3. PTO must be used in a minimum of one-hour increments.

4.4. PTO account is not charged for an approved educational leave, bereavement leave and jury duty.

4.5. PTO may only be used to the extent accrued.

5. Eligibility for Usage:

5.1. PTO can be used for Holidays as soon as it is accrued.

5.2. PTO may not be used for other reasons until the successful completion of the employee's 90-day introductory period.

6. Requesting PTO:

6.1. With the exception of emergencies or illness, PTO must be requested and agreed to in advance, by the supervisor.

6.2. In most instances, employees should request PTO at least 10 days in advance and the supervisor should respond within five days.

6.3. In cases of absences for emergencies, the employee shall notify their supervisor as promptly as possible.

7. PTO Cash Out:

7.1. PTO cash out is limited to no more than one time per quarter and a maximum of 40 hours per quarter or 160 hours per calendar year.

7.1.1. Employees must maintain a total of 80 hours in their PTO bank before cash out is approved.

7.1.2. If an employee can justify an unforeseen emergency need, they can request PTO cash out that is outside the limits established by this policy.

7.1.3. Exceptions to this policy are approved at the discretion of the H.R. Director or CFO.

8. A "Request for PTO Cash Out" form must be submitted and approved by the department manager prior to submission to the Human Resource Department.

8.1. PTO cash outs will be included in the employees' pay check.

9. Employees should plan their requests with payroll periods to avoid delay in payment.

9.1. The cash out form must be submitted to the Human Resources Department prior to the deadline for submittals of timecards or the cash out will not be processed until the following pay period.

10. Seniority:

10.1. Employees represented by the union who request PTO during the most desired times of the year will be scheduled for PTO according to MOU Seniority guidelines.

11. Unpaid days:

11.1. Employees who have been employed by the District as a full-time employee for at least 6 months, but have not accrued enough PTO to be paid for the time off they need for personal reasons,

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should follow the Personal Leave policy guidelines.

12. Employees who are part-time and/or have been employed by the District for less than 6 months and have not accrued enough PTO to take the time off they need requires Supervisor, Human Resources and Administration approval and are limited to 7 unpaid days off.
13. Termination:
  - 13.1. Upon termination of employment with the District, or upon changing to per diem status, all unused PTO hours will be paid off at the current hourly rate of pay.
  - 13.2. PTO hours may not be used to extend employment with the District beyond the last day actually worked.
14. For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

<b>Prepared By: Wilson, Erin</b>	<b>Reference: UNAC Contract 2017-2020</b>
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<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>

## Plan Profile: Enrollment & Demographics

Benefit Eligibility	
Hours Required	Full-time working <u>30 hours per week</u> Part-time working 24 to 29 hours per week
All Eligible EE's	1st of the month following 30 days
Dependents	Spouse, Registered Domestic Partner & Dependent Children
Age Limitations	Children: natural, legally adopted, legal guardianship and stepchildren, up to age 26
Medical Participation	92%

2018 Demographics of Medical-Eligible	Current Count	% of Total Eligible	Average Age	% Female	% EE Only
CalPERS Medical Plans (includes 3 part-time)	136	92%	Male: 50 Female: 47	76%	82%
Medical Waivers	12	8%	47	75%	n/a
<b>Total Full Time Eligible</b>	<b>148</b>	<b>100%</b>	<b>47</b>		

\*Average waiver % for the 2017 Mercer Survey Healthcare <500 is 28%. For Employers with 200-499 employees the amount of employees who waive is 23%.



## Bear Valley Community Healthcare District Benchmarking Results Summary – HMO Medical

Client Plan	Plan Value	Benchmark	Conclusion
Individual In-Network Deductible			
Kaiser Permanente HMO \$15	\$0	\$1,175	Richer
Blue Shield of California HMO \$5	\$0		Richer
United HealthCare HMO \$15	\$0		Richer
Individual In-Network Out-of-Pocket Maximum			
Kaiser Permanente HMO \$15	\$1,500	\$2,000	Richer
Blue Shield of California HMO \$5	\$1,500		Richer
United HealthCare HMO \$15	\$1,500		Richer
PCP Visit / Specialist Visit Copay			
Kaiser Permanente HMO \$15	\$15 / \$15	\$20 / \$30	Richer / Richer
Blue Shield of California HMO \$5	\$15 / \$15		Richer / Richer
United HealthCare HMO \$15	\$15 / \$15		Richer / Richer
Emergency Room / Inpatient Copay			
Kaiser Permanente HMO \$15	\$50 / \$0	\$100 / \$250	Richer / Richer
Blue Shield of California HMO \$5	\$50 / \$0		Richer / Richer
United HealthCare HMO \$15	\$50 / \$0		Richer / Richer
Pharmacy Copay (Tier 1 / Tier 2 / Tier 3)			
Kaiser Permanente HMO \$15	\$5 / \$20 / \$0	\$10 / \$30 / \$45	Richer / Richer / Richer
Blue Shield of California HMO \$5	\$5 / \$20 / \$50		Richer / Richer / Leaner
United HealthCare HMO \$15	\$5 / \$20 / \$50		Richer / Richer / Leaner
Monthly Premium (EE Only / EE + Family)			
Kaiser Permanente HMO \$15	\$643 / \$1,671	\$590 / \$1,772	Higher / Lower
Blue Shield of California HMO \$5	\$613 / \$1,595		In-Line / Lower
United HealthCare HMO \$15	\$603 / \$1,567		In-Line / Lower
Employee Contribution Percentage of Premium (EE Only / EE + Family)			
Kaiser Permanente HMO \$15	14% / 67%	18% / 47%	Richer / Leaner
Blue Shield of California HMO \$5	10% / 66%		Richer / Leaner
United HealthCare HMO \$15	9% / 65%		Richer / Leaner

Benchmark reflects MMA West Sample BV

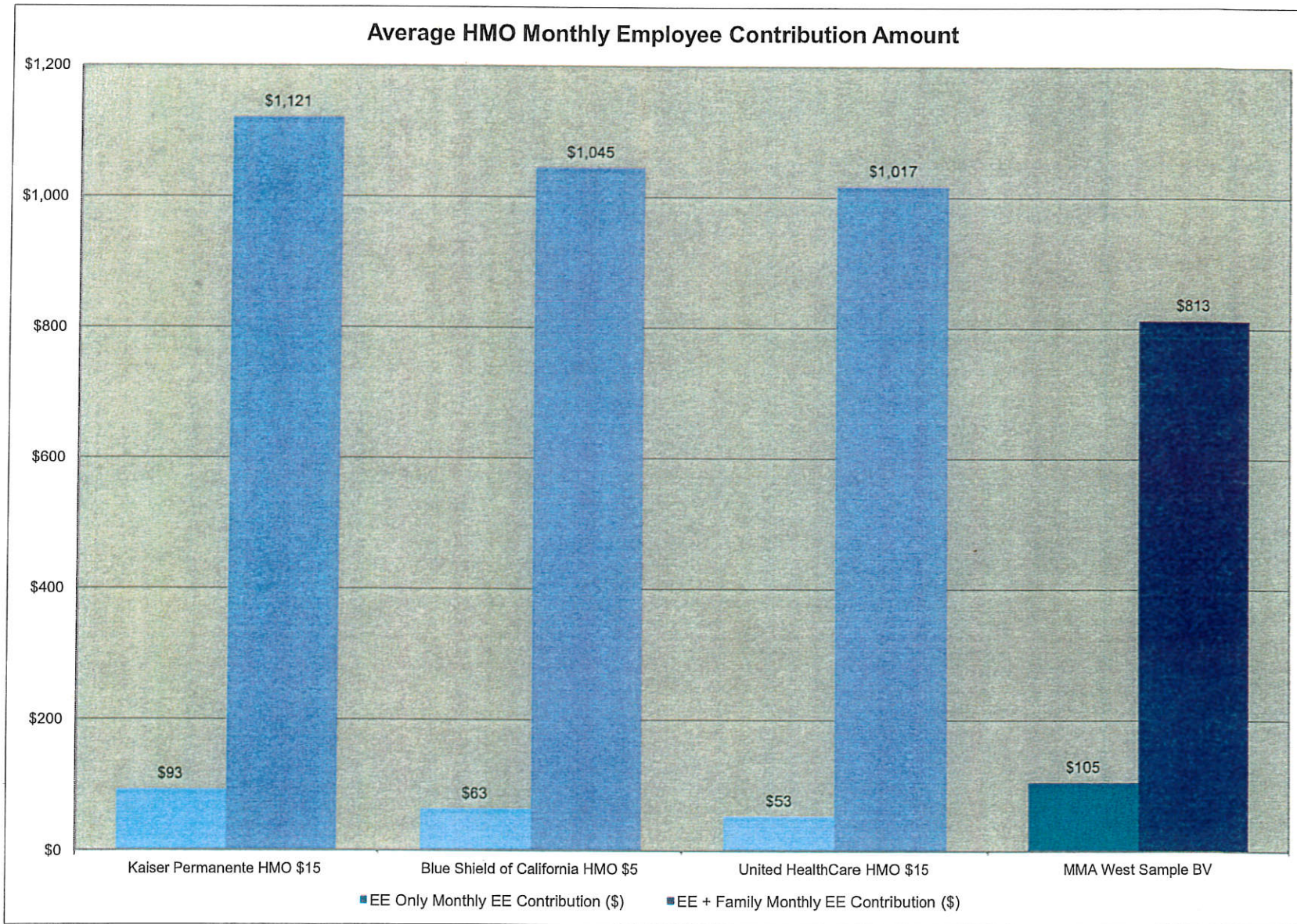
In-Line conclusions reflect values that are +/- 5% of the benchmark

Deductible, Emergency Room copay, and Inpatient copay, benchmark medians are of the plans that have a Deductible, Emergency Room copay, and Inpatient copay, respectively

Cost-Sharing MMA West Out-of-Pocket amounts are with respect to chosen HMO Carrier Selection



# Benchmarking: HMO Medical





## Bear Valley Community Healthcare District Benchmarking Results Summary – PPO Medical

Client Plan	Plan Value	Benchmark	Conclusion
Individual In-Network Deductible			
PERS Choice PPO \$500 0%	\$500	\$500	In-Line
PERS Select PPO \$500 0%	\$500		In-Line
PERSCare PPO \$500 0%	\$500		In-Line
Individual In-Network Out-of-Pocket Maximum			
PERS Choice PPO \$500 0%	\$3,000	\$3,500	Richer
PERS Select PPO \$500 0%	\$3,000		Richer
PERSCare PPO \$500 0%	\$2,000		Richer
PCP Visit / Specialist Visit Copay			
PERS Choice PPO \$500 0%	\$20 / \$20	\$20 / \$28	In-Line / Richer
PERS Select PPO \$500 0%	\$20 / \$20		In-Line / Richer
PERSCare PPO \$500 0%	\$20 / \$20		In-Line / Richer
Emergency Room / Inpatient Copay			
PERS Choice PPO \$500 0%	\$50 / \$0	\$100 / \$100	Richer / Richer
PERS Select PPO \$500 0%	\$50 / \$0		Richer / Richer
PERSCare PPO \$500 0%	\$50 / \$0		Richer / Richer
In-Network Coinsurance			
PERS Choice PPO \$500 0%	20%	20%	In-Line
PERS Select PPO \$500 0%	20%		In-Line
PERSCare PPO \$500 0%	10%		Leaner
Pharmacy Copay (Tier 1 / Tier 2 / Tier 3)			
PERS Choice PPO \$500 0%	\$5 / \$20 / \$50	\$10 / \$30 / \$50	Richer / Richer / In-Line
PERS Select PPO \$500 0%	\$5 / \$20 / \$50		Richer / Richer / In-Line
PERSCare PPO \$500 0%	\$5 / \$20 / \$50		Richer / Richer / In-Line
Monthly Premium (EE Only / EE + Family)			
PERS Choice PPO \$500 0%	\$620 / \$1,613	\$823 / \$2,485	Lower / Lower
PERS Select PPO \$500 0%	\$573 / \$1,490		Lower / Lower
PERSCare PPO \$500 0%	\$674 / \$1,752		Lower / Lower
Employee Contribution Percentage of Premium (EE Only / EE + Family)			
PERS Choice PPO \$500 0%	11% / 66%	21% / 43%	Richer / Leaner
PERS Select PPO \$500 0%	4% / 63%		Richer / Leaner
PERSCare PPO \$500 0%	18% / 69%		Richer / Leaner

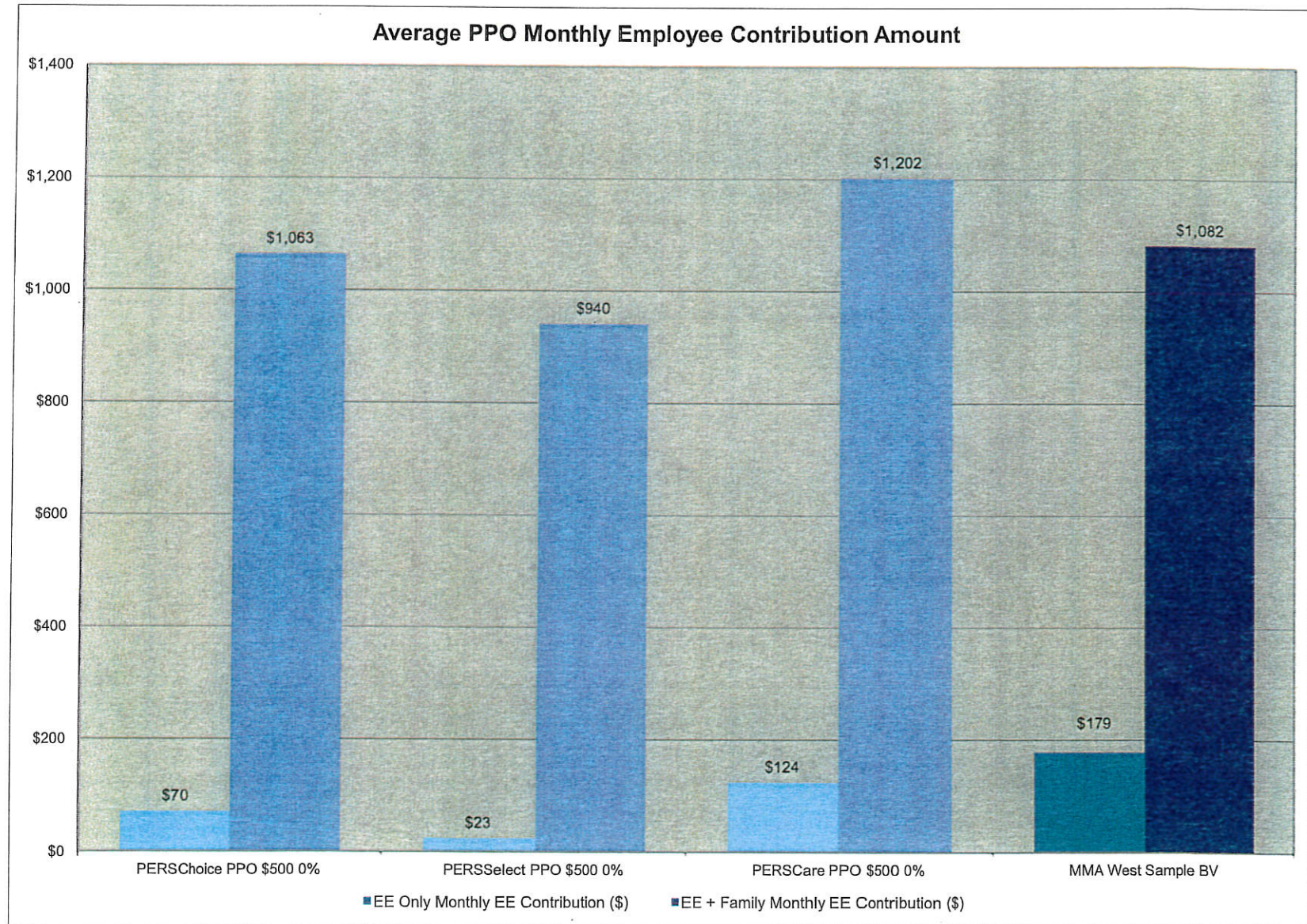
Benchmark reflects MMA West Sample BV

In-Line conclusions reflect values that are +/- 5% of the benchmark

Emergency Room copay and Inpatient copay benchmark medians are of the plans that have an Emergency Room copay and Inpatient copay, respectively



# Benchmarking: PPO Medical





## Bear Valley Community Healthcare District Carriers with Bear Valley Hospital In-Network

Carriers with a Network available for Bear Valley Community Healthcare District	In CalPERS	Bear Valley Community Hospital as In-Network Stand Alone Carrier	
		HMO	PPO
Anthem Select Traditional HMO	Yes	Yes	Yes
Blue Shield Access HMO	Yes	Yes	Yes
Health Net SmartCare HMO	Yes	Yes	N/A
Health Net Salud HMO	Yes	No	N/A
Kaiser Permanente HMO	Yes	No	No
United Healthcare Alliance HMO	Yes	No	No
Aetna	No	No	No
Cigna	No	No	Yes

## Medical Carriers Approached

Carrier	AM Best Rating	Status	Notes / Reason for Declination
Anthem	A	CalPERS Incumbent	Quoted
Aetna	A	Quoted	Not Competitive
Cigna	A	Quoted	Level Funded Plan
HealthNet	B++	CalPERS Incumbent	Declined to Quote due to Industry
Blue Shield	A	CalPERS Incumbent	Cannot quote until group terminates with CalPERS
Kaiser	N/R	CalPERS Incumbent	Cannot quote until group terminates with CalPERS
United Healthcare	A	CalPERS Incumbent	Cannot quote until group terminates with CalPERS
Ameritas	A	Incumbent	
EyeMed	A-	Incumbent	
Mutual of Omaha	A+	Incumbent	



# Bear Valley Community Healthcare District

## Annual Total Cost

### 2019 Renewal Summary

Medical Renewal (CalPERS 01/01/2019)

- Overall renewal increase = 6.5% or \$851,388

Dental (Ameritas 01/01/2019)

- Renewal = Rate Pass

Vision Renewal (EyeMed 01/01/19)

- Final renewal = Rate Pass

Life / DI (Mutual of Omaha 01/01/19)

- Final renewal = Rate Pass

Coverage	2018 Costs	2019 Projected Fully Insured Costs
<b>Medical</b>		
Total Annual Cost	\$1,238,556	\$1,257,538
Employer	\$1,020,252	\$1,009,477
Employee	\$218,304	\$248,061
Projected Change (\$)		\$18,982
Projected Change (%)		1.6%

Medical Costs based on CalPERS Renewal rates and same employer contribution and CalPERS eligibility of full-time employees.  
MarshMMA Broker fees included.

## Marketing Results Observations

MEDICAL PLANS	HMO PLANS	PPO PLANS	TOTAL ALL	\$ Difference to Current	% Difference to Current
<b>CalPERS</b>					
CURRENT	\$914,454	\$267,402	\$1,238,556		
RENEWAL	\$949,897	\$250,941	\$1,257,538	\$18,982	1.6%
<b>MEDICAL MARKETING SUMMARY</b>					
ANTHEM OPTION 1	\$978,484	\$446,795	\$1,425,279	\$186,723	15.1%
ANTHEM OPTION 2	\$834,631	\$325,118	\$1,159,749	-\$78,807	-6.4%
CIGNA	\$1,042,353	\$420,302	\$1,462,655	\$224,099	18.1%

Note: Costs above include Administration Fees paid to MarshMMA

### Impact:

- Less choice for employees moving to one carrier
- Marketing results reflect higher HMO out-of-pocket costs to employees including:
  - Copays
  - inpatient hospitalization
  - outpatient surgeries, procedures
  - Prescription Drug and formulary changes
  - Out-of-Pocket Plan maximums

# Bear Valley Community Healthcare District Plan Renewal & Marketing Overview

	# EES *	1/1/2018 Current	1/1/2019 Renewal	ANTHEM Alternative	CIGNA Alternative
<b>Medical - CalPERS</b>				<u>Sole Carrier</u>	<u>Sole Carrier (1)</u>
HMO Total	111	\$914,454	\$949,897	\$873,870	\$1,042,353
PPO Total	25	\$267,402	\$250,941	\$403,225	\$420,302
<b>Total Medical</b>	<b>136</b>	<b>\$1,181,856</b>	<b>\$1,200,838</b>	<b>\$1,277,095</b>	<b>\$1,462,655</b>
Broker Fee to MarshMMA		\$56,700	\$56,700	\$56,700	Includes 5% Commission
		<b>\$1,238,556</b>	<b>\$1,257,538</b>	<b>\$1,333,795</b>	
\$ Change			\$18,982	\$95,239	\$280,799
% Change			1.6%	8.1%	23.8%
<b>Dental - Ameritas</b>					
PPO	147	\$119,207	\$119,207	\$119,207	\$119,207
<b>Total Dental</b>	<b>147</b>	<b>\$119,207</b>	<b>\$119,207</b>	<b>\$119,207</b>	<b>\$119,207</b>
\$ Change			\$0	\$0	\$0
<b>Vision - EyeMed</b>					
PPO	144	\$17,362	\$17,362	\$17,362	\$17,362
<b>Total Vision</b>	<b>144</b>	<b>\$17,362</b>	<b>\$17,362</b>	<b>\$17,362</b>	<b>\$17,362</b>
\$ Change			\$0	\$0	\$0
<b>Basic Life - Mutual of Omaha</b>					
(Flat \$20,000)	142	\$3,110	\$3,110	\$3,110	\$3,110
<b>Total Life</b>		<b>\$3,110</b>	<b>\$3,110</b>	<b>\$3,110</b>	<b>\$3,110</b>
\$ Change			\$0	\$0	\$0
<b>Total Annual Premium</b>		<b>\$1,321,535</b>	<b>\$1,340,517</b>	<b>\$1,416,774</b>	<b>\$1,602,334</b>
<b>Annual \$ Difference from Current</b>			<b>\$18,982</b>	<b>\$95,239</b>	<b>\$280,799</b>
<b>Annual % Difference from Current</b>			<b>1.4%</b>	<b>7.2%</b>	<b>21.2%</b>

\* Enrollment provided by the carriers and census.

(1) Cigna is a level funded plan

Note:

CalPERS medical rates are final.

Life/AD&D renewal rates have a rate pass with adjustments to the Voluntary Life rates

All rates subject to final underwriting



# Bear Valley Community Healthcare District Medical HMO Plan Renewal & Marketing Plan Comparison

MEDICAL	All HMO Plans			Anthem - Alternative 1	Anthem - Alternative 2	CIGNA - Level Funding
HMO Plan	HMO			T-Value HMO 20/40/250/3 Day	Value Ded HMO 750 25/40	OAP Dual Option
Plan Type:	HMO			HMO	HMO	HMO
Network (Full or Limited):	Limited and Full			Full	Full	Limited
Network Name:	Various			California Care HMO	California Care HMO	In-Network
Deductible:	None			None	\$750	Out-of-Network
Out of Pocket Maximum:	\$1,500 / \$3,000			\$2,500 / \$5,000	\$3,000 / \$6,000	\$500 / \$1,000
Office Visit Copay:	\$15			\$20	\$25	\$3,000 / \$6,000
Specialist Visit Copay:	\$15			\$40	\$40	\$20
Inpatient Hospitalization:	No Charge			\$250 per day (3 days max)	25% per admit	20% per admit
Outpatient Surgery:	No Charge			\$125 per visit	25% per visit	20% per visit
Emergency Room	\$50 (waived if admitted)			\$150 (waived if admitted)	\$150 (waived if admitted) + 25%	\$50 (waived if admitted)
Urgent Care	\$15			\$20 (waived if admitted)	\$25 (waived if admitted)	\$25
Rx Deductible:	None			\$100	\$100	\$20
Rx Formulary:	None			None	None	None
RX Copays:	\$5 / \$20 / \$50 / \$30 (Specialty)			Essential Formulary List	Essential Formulary List	\$5 / \$20 / \$50
Specialty Drugs	\$15 (20 visits)			1a \$5 / 1b \$20 / \$30 / \$50 / 30% to \$250 max	1a \$5 / 1b \$20 / \$30 / \$50 / 30% to \$250 max	20%
Chiro:	No			\$10 (30 visits)	\$10 (30 visits)	Not Covered
Chiro Rider?:	No			Yes	Yes	No
Infertility Dx and Treatment:	Limited			Not Covered	Not Covered	Diagnosis Only
	ENROLLMENT	CURRENT	RENEWAL	PROPOSED	PROPOSED	PROPOSED
Employee Only	97			\$564.03	\$481.20	\$685.04
Employee + 1	11	All HMO Plans	CalPERS	\$1,184.48	\$1,010.53	\$1,370.06
Employee & Family	3		Renewal Rates	\$1,694.11	\$1,443.61	\$1,781.07
Monthly Premium	111	\$76,205	\$79,158	\$72,823	\$62,123	\$86,863
Annual Premium		\$914,454	\$949,897	\$873,870	\$745,477	\$1,042,353
Annual \$ Difference to Current			\$35,443	-\$40,584	-\$168,977	\$127,899
Annual % Difference to Current			3.9%	-4.4%	-18.5%	14.0%

Note: Kaiser is unable to quote until Bear Valley terminates with CalPERS

# Bear Valley Community Healthcare District Medical PPO Plan Renewal & Marketing Plan Comparison

MEDICAL	All PPO Plans			Anthem - Alternative 1	Anthem - Alternative 2	CIGNA - Level Funding
PPO Plan	PPO			Classic PPO 500/20/20	Solution PPO 3500/30/30	OAP Dual Option
Plan Type:	In-Network	Out-of-Network		In-Network	Out-of-Network	In-Network
Deductible:	\$500 / \$1,000			\$500 / \$1,500	\$1,500 / \$4,500	\$5,000 / \$10,000
Out of Pocket Maximum:	\$3,000 / \$6,000	None		\$3,500 / \$7,000	\$10,500 / \$21,000	\$7,350 / \$14,700
Office Visit Copay:	\$20	40%		\$20	40%	\$20
Specialist Visit Copay:	\$20 (increases to \$35)	40%		\$20	40%	\$40
Inpatient Hospitalization:	20% per admit	40% per admit		20% per admit	40% per admit (\$1K max)	30% per admit
Outpatient Surgery:	20% per visit	40% per visit (\$350 max)		20% per visit	40% per visit (\$350 max)	30% per visit
Emergency Room	20% (waived if admitted)			\$150 (waived if admitted) + 20%	\$150 (waived if admitted) + 30%	\$500 (waived if admitted)
Urgent Care	\$20 (increases to \$35)	40%		\$20	40%	\$100
Coinurance:	20%	40%		20%	30%	30%
Rx Deductible:	None			20%	40%	\$150 Individual / \$300 Family
RX Copays:	\$5 / \$20 / \$50	Not Covered		1a. \$5 / 1b. \$15 / \$30 / \$50 / 30% to \$250 max	Retail + 50%	\$10 / \$35 / \$60
Chiro: (20 Visits/calendar year)	\$15 (20 visits)	40% (20 visits)		\$20 (30 visits)	40% (30 visits)	\$20
Chiro Rider?:	No			No		No
Infertility Dx and Treatment:	Not Covered			Not Covered		Diagnosis Only
	ENROLLMENT	CURRENT	RENEWAL	PROPOSED	PROPOSED	PROPOSED
Employee Only	15			\$868.27	\$631.56	\$951.77
Employee + 1	7	All PPO Plans	CalPERS	\$1,823.37	\$1,326.27	\$1,903.54
Employee & Family	3		Renewal Rates	\$2,604.81	\$1,894.67	\$2,474.61
Monthly Premium	25	\$22,284	\$20,912	\$33,602	\$24,441	\$35,025
Annual Premium		\$267,402	\$250,941	\$403,225	\$293,296	\$420,302
Annual \$ Difference to Current			-\$16,461	\$135,823	\$25,893	\$152,900
Annual % Difference to Current			-6.2%	50.8%	9.7%	57.2%
Broker Fee: (est monthly)	150	\$4,725	\$4,725	\$4,725	\$4,725	Includes 5% Commission
COMBINED TOTALS:		CURRENT	RENEWAL	PROPOSED - 12 Month Rates Eff. 1/1/19	PROPOSED - 12 Month Rates Eff. 1/1/19	CIGNA PROPOSED
Monthly Premium	136	\$103,213	\$104,795	\$111,150	\$91,289	\$121,888
Annual Premium		\$1,238,556	\$1,257,538	\$1,333,795	\$1,095,472	\$1,462,655
Annual \$ Difference to Current			\$18,982	\$95,239	-\$143,084	\$224,099
Annual % Difference to Current			1.5%	7.7%	-11.6%	18.1%



# Medical Plan Renewal & Marketing Plan Rate Detail

Medical HMO Plan 1			
Anthem HMO Select - LA/SB			
	Enrollment	Current	Initial Renewal
Employee Only	2	\$660.17	\$627.07
Employee + 1	0	\$1,320.34	\$1,254.14
Employee & Family	0	\$1,716.44	\$1,630.38
Monthly Premium	2	\$1,320	\$1,254
Annual Premium		\$15,844	\$15,050
\$ Difference to Current			-\$794
% Difference to Current			-5.0%
Medical HMO Plan 2			
Blue Shield Access+ HMO - LA/SB			
	Enrollment	Current	Initial Renewal
Employee Only	11	\$613.29	\$669.75
Employee + 1	0	\$1,226.58	\$1,339.50
Employee & Family	1	\$1,594.55	\$1,741.35
Monthly Premium	12	\$8,341	\$9,109
Annual Premium		\$100,089	\$109,303
\$ Difference to Current			\$9,214
% Difference to Current			9.2%
Medical HMO Plan 3			
Health Net Salud y Mas - LA/SB			
	Enrollment	Current	Initial Renewal
Employee Only	4	\$404.32	\$356.50
Employee + 1	0	\$808.64	\$713.00
Employee & Family	0	\$1,051.23	\$926.50
Monthly Premium	4	\$1,617	\$1,426
Annual Premium		\$19,407	\$17,112
\$ Difference to Current			-\$2,295
% Difference to Current			-11.8%
Medical HMO Plan 4			
Health Net SmartCare - LA/SB			
	Enrollment	Current	Initial Renewal
Employee Only	26	\$577.15	\$584.27
Employee + 1	4	\$1,154.30	\$1,168.54
Employee & Family	0	\$1,500.59	\$1,519.10
Monthly Premium	30	\$19,623	\$19,865
Annual Premium		\$235,477	\$238,382
\$ Difference to Current			\$2,905
% Difference to Current			1.2%
Medical HMO Plan 5			
Kaiser CA HMO - LA/SB			
	Enrollment	Current	Initial Renewal
Employee Only	22	\$642.70	\$618.64
Employee + 1	1	\$1,285.40	\$1,237.28
Employee & Family	2	\$1,671.02	\$1,608.46
Monthly Premium	25	\$18,767	\$18,064
Annual Premium		\$225,202	\$216,771
\$ Difference to Current			-\$8,431
% Difference to Current			-3.7%
Medical HMO Plan 6			
UHC HMO - LA/SB			
	Enrollment	Current	Initial Renewal
Employee Only	31	\$602.78	\$669.61
Employee + 1	6	\$1,205.66	\$1,339.22
Employee & Family	0	\$1,567.23	\$1,740.99
Monthly Premium	37	\$25,920	\$28,793
Annual Premium		\$311,034	\$345,519
\$ Difference to Current			\$34,484
% Difference to Current			11.1%
Medical HMO Plan 6			
UHC HMO - RIV/OC			
	Enrollment	Current	Initial Renewal
Employee Only	1	\$616.66	\$646.65
Employee + 1	0	\$1,233.32	\$1,293.30
Employee & Family	0	\$1,603.32	\$1,681.29
Monthly Premium	1	\$617	\$647
Annual Premium		\$7,400	\$7,760
\$ Difference to Current			\$360
% Difference to Current			4.9%
TOTAL HMO			
Employee Only	57		
Employee + 1	11		
Employee & Family	3		
Monthly Premium for HMO	111	\$78,205	\$79,158
Annual Premium for HMO		\$914,454	\$949,897

Negotiated Renewal Savings	Government	Health Care	All Industries
All HMO Plans			
Employee Only	\$636.91	\$596.55	\$539.17
Employee + One	\$1,284.94	\$1,272.50	\$1,166.87
Employee + Child(ren)	N/A	\$1,104.23	\$964.32
Employee + Family	\$1,691.73	\$1,800.80	\$1,623.79
Limited HMO Plans			
Employee Only	\$606.63	\$565.82	\$506.88
Employee + One	\$1,227.93	\$1,212.09	\$1,091.54
Employee + Child(ren)	N/A	\$1,072.38	\$899.88
Employee + Family	\$1,641.67	\$1,740.77	\$1,519.54
Full HMO Plans			
Employee Only	\$758.00	\$640.72	\$590.15
Employee + One	\$1,513.00	\$1,359.34	\$1,286.61
Employee + Child(ren)	N/A	\$1,148.59	\$1,057.72
Employee + Family	\$1,892.00	\$1,887.09	\$1,788.37
PPO Plans			
Employee Only	\$986.61	\$817.09	\$709.60
Employee + One	\$2,016.79	\$1,797.04	\$1,601.22
Employee + Child(ren)	N/A	\$1,518.67	\$1,266.67
Employee + Family	\$2,676.20	\$2,505.33	\$2,161.14
CDHP Plans			
Employee Only	N/A	\$576.81	\$541.17
Employee + One	N/A	\$1,247.73	\$1,182.44
Employee + Child(ren)	N/A	\$1,064.79	\$961.25
Employee + Family	N/A	\$1,736.54	\$1,650.50

From Negotiated Savings slide #15

Medical PPO Plan 1			
PERS Choice PPO			
	Enrollment	Current	Initial Renewal
Employee Only	6	\$620.39	\$654.50
Employee + 1	3	\$1,240.78	\$1,309.00
Employee & Family	0	\$1,613.01	\$1,701.70
Monthly Premium	9	\$7,445	\$7,854
Annual Premium		\$89,336	\$94,248
\$ Difference to Current			\$4,912
% Difference to Current			5.5%
Medical PPO Plan 2			
PERS Select PPO			
	Enrollment	Current	Initial Renewal
Employee Only	8	\$573.21	\$420.77
Employee + 1	4	\$1,146.42	\$841.64
Employee & Family	1	\$1,480.35	\$1,094.00
Monthly Premium	13	\$10,662	\$7,826
Annual Premium		\$127,941	\$93,916
\$ Difference to Current			-\$34,025
% Difference to Current			-26.6%
Medical PPO Plan 3			
PERSCore PPO			
	Enrollment	Current	Initial Renewal
Employee Only	1	\$673.73	\$843.78
Employee + 1	0	\$1,347.46	\$1,687.56
Employee & Family	2	\$1,751.70	\$2,193.83
Monthly Premium	3	\$4,177	\$5,231
Annual Premium		\$50,126	\$62,777
\$ Difference to Current			\$12,652
% Difference to Current			25.2%
Employee Only	15		
Employee + 1	7		
Employee & Family	3		
Monthly Premium for PPO	25	\$22,284	\$20,912
Annual Premium for PPO		\$267,402	\$250,941





# CalPERS Adopts Health Rates With a 1.16 Percent Increase

June 20, 2018

## Communications & Stakeholder Relations

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**SACRAMENTO, Calif.** – The CalPERS Board of Administration today approved health care rate and plan changes for 2019 that include an average 1.16 percent overall premium increase, marking the lowest health premium increase CalPERS has negotiated in over two decades. Amid increasingly volatile health care markets across the industry, CalPERS continues to achieve historically competitive prices.

"Once again, we've negotiated premium increases that are among the lowest in the nation," said Rob Feckner, chair of the Pensions Health and Benefits Committee. "On top of the success we saw last year in keeping increases low, this is another sign how aggressive and successful we've been in maintaining quality of care and being diligent about costs on behalf of our members."

Members enrolled in CalPERS' Basic (non-Medicare) Health Maintenance Organization (HMO) health plans will see a 0.37 percent average premium increase. Members enrolled in Preferred Provider Organization (PPO) plans will see an overall average increase of 2.83 percent. CalPERS Medicare plan enrollees will see their premiums increase by an average 1.37 percent.

The new rates will take effect on January 1, 2019.

According to the PwC's Health Research Institute, health care costs for employers and insurers nationwide are projected to increase 6 percent in 2019.

CalPERS is projected to spend \$9.3 billion in 2018 to purchase health benefits for 1.4 million active and retired state, local government, and school employees and their families. It is the second largest purchaser of health care in the country, behind the federal government.

Among notable health plan and benefit changes for 2019:

- Overall rates for seven of the nine HMO plans will be less than the 2018 rates.

- Health Net will leave the Sacramento market in 2019.
- Blue Shield Access+ will exit eight Bay Area counties in 2019.
- A pilot program for reference-pricing pharmaceuticals will begin with three therapeutic classes: Nasal corticosteroids, thyroid medications, and estrogens. Reference-pricing has been shown to improve transparency in drug pricing by offering members lower-cost therapeutic alternative drugs.
- The PERS Select Basic PPO plan will adopt a value-based insurance design. The approach aims to improve quality and lower costs associated with health care by emphasizing primary care and introducing cost incentives to lower deductibles.
- SpineZone, an online back and neck pain program, and Wisdom, a study to optimize breast cancer screening, will be available to PPO members.


"CalPERS continues to champion health care innovation to improve health outcomes and reduce costs," said Priya Mathur, president of the CalPERS Board. "Despite the volatility in health care, we're always looking for new and creative ways to add value for our members."

To offset the financial impact of changes in patient utilization and other medical cost increases, the Board adopted two "buy down" efforts. Using funds from its health reserve, CalPERS allocated funds to buy down the premium for its PERSCare PPO plan and premiums for Medicare PPO plans.

"The buy down of PERSCare is intended to smooth premium increases over the next two years," said Liana Bailey-Crimmins, CalPERS health director. "We want to make sure that the 35,000 members who belong to PERSCare can reasonably plan for the increased costs."

The 2019 premiums reflect the Board's decision last year to stop risk-adjusting rates.

Detailed information on 2019 rates for active and retired members are available on the CalPERS website.

CalPERS members can make changes to their health plan choices during the annual Open Enrollment period, September 10 to October 5, 2018. Open Enrollment materials and information on health plan options will be available through members' my|CalPERS  accounts beginning August 27, 2018.

For the first time, members will be able to access Open Enrollment information on an application designed specifically for mobile devices, to be announced later this summer.

## About CalPERS



For more than eight decades, CalPERS has built retirement and health security for state, school, and public agency members who invest their lifework in public service. Our pension fund serves more than 1.8 million members in the CalPERS retirement system and administers benefits for more than 1.4 million members and their families in our health program, making us the largest defined-benefit public pension in the U.S. CalPERS' total fund market value currently stands at approximately \$353 billion. For more information, visit [www.calpers.ca.gov](http://www.calpers.ca.gov).



<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: Extended Sick Leave</b>	

## **POLICY:**

Bear Valley Community Healthcare District (District) management believes employees may need to supplement their income when they meet the eligibility requirements of State Disability Insurance or Worker's Compensation.

## **PROCEDURE:**

### **1. BENEFIT**

1.1. All full-time employees will accrue Extended Sick Leave (ESL).

### **2. ACCRUAL RATE**

2.1. All eligible employees will accrue ESL at 0.01731 per hour worked.

2.1.1. Extended Sick Leave (ESL) is accrued each pay period based upon all hours paid up to a maximum of 80 hours.

2.1.2. Accrual begins at the employee's hire date, or date from which an employee is reclassified from Per Diem or Temporary status.

2.1.3. ESL hours may be used as soon as indicated on the pay stub, but may not be used in advance.

2.1.4. In the event and employee has unused Paid Sick Leave (see Paid Sick Leave policy) hours at the end of a calendar year, the unused hours will be converted to ESL hours, subject to the maximum accrual.

### **3. MAXIMUM ACCRUALS**

3.1. The maximum ESL balance shall be 500 hours. Any employee who has an ESL balance exceeding 500 hours shall not accrue new ESL hours until their balance falls below 500 hours.

### **4. COORDINATION OF BENEFITS**

4.1. Extended Sick Leave shall be used to integrate with weekly State Disability Insurance (SDI) or Worker's Compensation pay, as necessary, during a long-term illness.

4.2. Full-time employees eligible for SDI may not use more than 40 hours of ESL per pay period.

4.3. Employees eligible for Worker's Compensation may not use more than their normally scheduled hours of ESL per pay period.

### **5. PAYMENT OF BENEFITS**

5.1. All ESL benefits are paid at the employee's regular rate of pay.

### **6. ELIGIBILITY**

6.1. Extended Sick Leave (ESL) will be used for the following:

#### **6.1.1. Long-Term Illness**

6.1.1.1. A long-term illness is an illness which qualifies an employee for State Disability

<b>Prepared By: Wilson, Erin</b>	<b>Reference:</b>
<b>Reviewed By: Admin Team</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>





<b>DEPARTMENT: Human Resources</b>	<b>CATEGORY: Policies, Procedures</b>
<b>SUBJECT: Extended Sick Leave</b>	

Insurance (SDI) or Worker's Compensation Program.

6.1.1.2. ESL days shall be used to integrate SDI or Worker's Compensation pay-off as necessary during a long-term illness.

6.1.1.3. The State Disability Insurance (SDI) Fund is a benefit in which all employees are required to participate and contribute a percentage of their wages.

6.1.1.3.1. Therefore, the intent of this policy is to assure that employees utilize the SDI Fund to the maximum dollar benefit allowable within the SDI procedure and as allowed by law.

6.1.1.3.2. Paid Time Off (PTO) may be applied when ESL days have been used up.

#### **6.1.2. Verified Short-Term Illness**

6.1.2.1. Commencing on the fourth consecutive day of short-term illness, ESL may be used in increments of one day (8 hours). Verification must be a signed physician's statement.

6.1.2.2. Non-work related illness or injury of short-term duration which does not qualify for ESL may be paid from the employee's PTO accrual.

### **7. NOTIFICATION**

7.1. In cases of absences for injuries or illness, the employee shall notify their supervisor as promptly as possible.

7.2. The District may request a return-to-work release from a physician if you have been absent three (3) or more days.

7.3. The District may also request that you participate in rehabilitation programs to assist you in avoiding future injury or illness.

### **8. TERMINATION OF EMPLOYMENT**

8.1. There is no payment for unused ESL upon termination of employment.

For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

<b>Prepared By: Wilson, Erin</b>	<b>Reference:</b>
<b>Reviewed By: Admin Team</b>	<b>Revised Date: Not Approved Yet</b>
<b>Approved By: Board Directors</b>	<b>Date Approved: Not Approved Yet</b>



## **HR Committee/Board Report**

### **July 2018**

<b>Staffing</b>	<b>Active:</b> 206 – FT: 141 PT: 13 PD: 52 <b>As of July Board Report</b> <b>New Hires:</b> 4 <b>Terms:</b> 1 (1 Voluntary 0 Involuntary) <b>Open Positions:</b> 13
<b>Employee Performance Evaluations</b>	<b>DELINQUENT: See attachment</b> 30 days: 7 60 days: 5 90 days: 2 90+ days: 0  <b>See Attachment</b>
<b>Work Comp</b>	<b>NEW CLAIMS as of April Board Report: 0</b> <b>OPEN: 10</b> Indemnity (Wage Replacement, attempts to make the employee financially whole) - 5 Future Medical Care – 5 Medical Only – 0  Beta Loss Prevention Specialist site visit planned for 8/14 to discuss safety initiatives for the new plan year
<b>Employee File Audit</b>	<b>FIVE FILE AUDIT:</b> One file missing signed job description All licenses are up to date
<b>Job Descriptions/ Evaluation</b>	<b>Job Descriptions:</b> In process – (January target date) <b>Evaluations:</b> In process – (January target date)
<b>Policies for Review</b>	Meal and Rest Period – Legal has reviewed/changes made PTO – Legal has reviewed/changes made Leaves of Absence – Legal has reviewed/changes made
<b>Employee Events</b>	Events committee planning end of summer cookout
<b>2019 Benefit Review</b>	CalPERS quoted lowest rate/richest plan Additional options



## Past Due Evaluations

