

**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.**

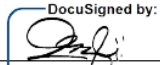
To help offset employee costs toward the Cafeteria Benefit Plan (as outlined in subsection 14.F. (Cafeteria Benefit Plan) above), the County provides eligible employees with a County Allowance each calendar year. County contributions are made on a semi-monthly basis and subject to proration (as outlined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

Date: 9/9/2021

For ACWFIA:   
David Tuttle  
Public Sector Business Agent

Date: 9/9/2021