



OJAI VALLEY SANITARY DISTRICT

A Public Agency

1072 Tico Road, Ojai, California 93023

(805) 646-5548 • FAX (805) 640-0842

www.ojaisan.org

MEETING OF THE BOARD OF DIRECTORS' PERSONNEL COMMITTEE

Date & Time:

June 3, 2015

Wednesday, 5:00 p.m.

Location:

OVSD Board Room

1072 Tico Road, Ojai

Members

Peter M. Kaiser

Stan Greene

William M. Stone, Chairman

A G E N D A

1. **Public Comment - (Items not on the agenda - 3 minute limit)**

FOR DISCUSSION & RECOMMENDATION

2. **Resolution No. 2015-07 – Salary Schedule**
3. **Employee Safety – AEDs**
4. **Review of Employee Dental Benefits**

FOR DISCUSSION & REVIEW

5. **General Discussion**
 - a. Audience
 - b. Committee Members
 - c. General Manager

A staff report providing more detailed information is available for most agenda items, and may be reviewed in the District office during regular business hours. Copies of individual reports may be requested from Brenda Krout (646-5548).

ATTEST TO POSTING:

Brenda Krout, Clerk of The Board


MAY 27, 2015 @ 3:30 p.m.

Date & Time Posted At District Office

Memorandum

Ojai Valley Sanitary District

May 8, 2015

To: Personnel Committee – Bill Stone, Pete Kaiser & Stan Greene
From: Jeff Palmer – General Manager 
Subject: Resolution No. 2015-07 – Salary Schedule

At your April 4, 2015 meeting we presented the Final Compensation Study prepared by Koff & Associates. Based on the data in the report staff recommended salary adjustments to eight positions; you supported presenting these adjustments to the Board in conjunction with the annual budget.

The budget for Fiscal Years 2015-16 & 2016-17 was adopted by the Board at their May 4, 2015 meeting; the adopted budget included the recommended salary adjustments.

The next step to implement these salary adjustments is to establish a new salary schedule reflecting these adjustments. Resolution No. 2015-07, Resolution for the Adoption of the Ojai Valley Sanitary District Salary Schedule and Position & Benefits Authorization, is presented for your consideration.

If you support presenting this resolution to the Board for approval and the Board approves it at their June 22, 2105 meeting, the salary schedule will become effective on July 5, 2015.

If you have any questions or need additional information please call me at 646-5548.

OJAI VALLEY SANITARY DISTRICT

RESOLUTION NO. 2015-07

**RESOLUTION FOR THE ADOPTION OF THE
OJAI VALLEY SANITARY DISTRICT
SALARY SCHEDULE
AND
POSITION & BENEFITS AUTHORIZATION**

EFFECTIVE 12:01 a.m. JULY 5, 2015

BE IT RESOLVED that the Ojai Valley Sanitary District Board of Directors does hereby approve and adopt the attached Salary Schedule and Position & Benefits Authorization, to become effective 12:01 a.m. July 5, 2015;

PASSED AND ADOPTED this 22nd day of June, 2015, upon the following vote:

AYES:

NAYS:

ABSENT:

ABSTAIN:

William C. Murphy, Chairman

CERTIFICATION:

I, John R. Burg, Secretary of the Board of Directors of the Ojai Valley Sanitary District, do certify that the above is a true and accurate copy of Resolution No. 2015-07 adopted by the Board of Directors on June 22, 2015.

John R. Burg, Secretary

Range		Step				
		A	B	C	D	E
8		2,602.39	2,739.37	2,869.20	3,035.30	3,195.06
9		2,801.61	2,949.06	3,104.26	3,267.65	3,439.63
10		2,856.44	3,006.78	3,165.03	3,331.62	3,506.98
11		2,993.08	3,150.59	3,316.44	3,490.98	3,674.72
12		3,136.56	3,301.64	3,475.41	3,658.33	3,850.87
13		3,287.21	3,460.24	3,642.34	3,834.04	4,035.85
14		3,475.41	3,658.33	3,850.87	4,043.43	4,230.00
15	Admin. Clerk I	3,611.47	3,801.53	4,001.62	4,212.23	4,433.92
16	CS Oper I	3,817.58	4,018.50	4,230.00	4,441.52	4,663.58
17	Admin. Clerk II	3,968.96	4,177.86	4,379.65	4,629.19	4,872.82
18	CsOper II	4,225.45	4,447.84	4,681.93	4,928.35	5,187.73
19		4,397.74	4,629.19	4,872.82	5,116.47	5,356.74
20	TP Oper I, Cus Ser Rep	4,575.06	4,815.85	5,069.32	5,336.14	5,616.99
21	Cs Oper III	4,797.62	5,049.13	5,315.93	5,595.72	5,890.22
22	TP Oper II	5,031.33	5,296.13	5,574.87	5,868.28	6,177.13
23	TP Oper III, Sr. CS Oper, Inspector, Acct Analyst	5,276.71	5,554.43	5,846.77	6,154.51	6,478.41
24	Lab Tech II	5,534.34	5,825.62	6,132.25	6,454.99	6,794.72
25	TP Sr. Oper, Sr. Const Insp	5,804.89	6,110.41	6,432.01	6,770.53	7,126.87
26	Project Manager	6,088.92	6,409.41	6,746.75	7,101.82	7,475.61
27		6,387.21	6,723.06	7,077.23	7,449.72	7,841.81
28	TP Supervising Oper, CS Supervising Oper	6,706.56	7,059.54	7,431.09	7,802.66	8,192.77

29		7,041.89	7,412.52	7,802.66	8,192.77	8,602.42
30		7,393.99	7,783.13	8,192.77	8,602.42	9,032.54
31	Information Tech. Officer	7,763.68	8,172.31	8,602.42	9,032.54	9,484.16
32		8,151.88	8,580.92	9,032.54	9,484.16	9,958.37
33	Ops Super & Admin Officer	8,559.47	9,009.96	9,484.16	9,958.37	10,456.29
34		8,987.43	9,460.47	9,958.37	10,456.29	10,979.11
	Part time/Temp. (Per Hour)			10.24		
	Standby (Per Hour)			1.35		

BENEFITS PACKAGE

Fiscal Year 2015/16

Effective July 5, 2015

CALPERS RETIREMENT:

District provides retirement benefits through the CalPERS Retirement System. The District will pay the Employee's Contribution to the retirement as set forth below for employees hired prior to January 1, 2013 and employees hired after January 1, 2013 who are deemed by CalPERS as "Classic Members":

<u>Years of Service</u>	<u>Amt. Of Employee's Contribution Paid by District</u>
Less than 5	0%
5 but less than 10	50%
10 years & over	100%

(District pays 100% for General Manager from date of employment.)

Retirement benefits and rate of contributions for employees hired on or after January 1, 2013, and are not deemed "Classic Members" by CalPERS will be in accordance with the Public Employees' Pension Reform Act of 2013.

VACATION

Vacation accrual schedule in as follows:

Length of Service In Years	Annual Maximum Accrual (hours)	Maximum Accrual (hours)
Less than 5	88	220
5 but less than 10	128	320
10 but less than 15	168	420
15 but less than 20	192	480
20 & over	216	540

HOLIDAYS

Regular and probationary employees shall be entitled to the following paid holidays:

- January 1st (New Year’s Day)
- Third Monday in January (Martin Luther King’s Day)
- Third Monday in February (President’s Day)
- Last Monday in May (Memorial Day)
- July 4th
- First Monday in September (Labor Day)
- November 11 (Veteran’s Day)
- Fourth Thursday in November (Thanksgiving Day)
- Friday after Thanksgiving Day
- December 25 (Christmas Day)
- 2 Floating Holidays Annually (calendar year)

LIFE INSURANCE:

District provides fully paid coverage for Regular Full-Time employees under the following schedule:

<u>Job Classification</u>	<u>Amt. Of Coverage</u>
General Manager	\$180,000
Ops Super/Adm Officer	\$ 80,000
All other classifications	\$ 45,000

UNIFORMS:

District provides uniforms and laundry service for plant and collection system personnel.

Annual reimbursement of up to \$175 per plant and collection system employee for purchase of steel-toe safety shoes.

HEALTH INSURANCE:

Cafeteria Health Benefits Health Insurance Plan \$1,558 per month

District provides a Cafeteria Benefits Plan in a monthly dollar amount (as stated above) for all employees and retirees to be used towards the purchase of health insurance coverage for themselves and qualified dependents; employees/retirees have a choice of carriers available through CalPERS Health Benefits. Employees receive any unused portion of these funds in cash, up to a maximum of \$650 per month.

This Plan is administered under the guidelines of the Ojai Valley Sanitary District Employees’ Cafeteria Health Benefit Plan as adopted by the Board of Directors.

- A. An employee will become a Participant on (1) the Effective Date of the Plan or (2) the first day of the month following the date he becomes eligible to participate under the medical care plans maintained by the District (currently CalPERS Health Plan).
- B. Cessation of participation. A Participant will cease to be a Participant as of the earlier of the date on which the Plan terminates or on the date on which he ceases to be eligible to participate.
- C. Benefit options. An Employee Participant (does not apply to retiree) may choose under this Plan to receive full compensation for any month in cash (maximum of \$650) or to have a portion of it applied by the District toward the cost of providing health care coverage for themselves and qualified dependents and receive the balance in cash (maximum of \$650). Prior to receiving full compensation (\$650 maximum) an employee must provide the District with proof of alternate health insurance for themselves.
- D. Election procedures. Completion of California Public Employees' Retirement System's (CalPERS) Health Benefit Plan Enrollment Form HBD-12 acts as the employee's election form for selection of benefit option under this plan. Selection of any health insurance coverage on this form constitutes election to use all or a portion of the cafeteria amount to purchase this coverage. This election must be completed within 60 days of initial employment with the District, and can be changed at the Participant's election during CalPERS annual open enrollment or following an event designated as qualified by CalPERS.
- E. Plan Administrator. The administration of the Plan shall be under the supervision of the District General Manager acting as the plan Administrator. It shall be a principal duty of the Administrator to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them.
- F. Payment of Cash Benefit (Maximum of \$650 monthly). If the Participant is eligible to receive any portion of the District allocated monthly cafeteria benefit as a cash payment, the net monthly amount shall be multiplied by 12 and divided by 26 pay periods. The cash benefit amount will be added to the Participant's gross pay for purposes of applicable taxation, but will not be subject to retirement system contributions or any other benefits (such as overtime pay) calculation.

Proportion for Partial Pay. When a Participant receives less than a full regular paycheck (80 paid hours), any cash benefit due to be paid in that pay period shall be proportioned. The proportion shall be determined by multiplying the number of paid hours in the pay period by an hourly rate calculated as the monthly cash allowance times 12 divided by 2,080, the number of paid hours in 26 pay periods annually. Any fraction of a penny resulting from this calculation shall

be truncated and thereafter ignored. From that proportioned amount any selected insurance premium shall be deducted.

G. Small Cash Payment Amount Elimination. The monthly cafeteria plan benefit amount is specified in whole dollars for administrative simplicity. When any cash payment amount determined after deduction of any selected insurance premium results in a balance of less than fifty cents per pay check, said small cash payment balance shall be ignored.

H. General Manager's Discretion. Application of this Plan under situations outside of the established Plan guidelines shall be at the General Manager's discretion to handle in a manner that will not create an interruption in the administration and operation of the Plan nor an inequity among the Participants. In the event a modification to the Plan is granted by the General Manager, a report of this modification along with a recommendation for correction to the Plan to alleviate the need for such a modification, will be presented to the Board at their next regularly scheduled meeting.

VISION INSURANCE:

District provides fully paid vision coverage through Vision Service Plan for employee & dependents. Coverage includes annual eye exam, lenses replacement every 12 months, and frame replacement every 24 months.

DISABILITY INSURANCE:

District provides fully paid Short & Long Term Disability insurance for active employee only.

VOLUNTARY PROGRAMS:

Employees may pay for:

1. Individual & Family Dental
2. Deferred Compensation
3. IRS Section 125 Flexible Spending Account – Annual contribution limit per employee is \$2,550.

STAFFING

The District staff consists of 21 full time positions.

The staffing complement of authorized positions are as follows:


POSITION AUTHORIZATIONS

Position Description	Pay Range	Authorized FY 2015-16
General Manager	FR	1
Administrative Officer	33	1
Information Tech. Officer	31	1
Project Manager	26	1
Accounting Analyst	23	1
Customer Srvc Representative	20	1
Administrative Clerk I/II	15/17	1
Operations Superintendent	33	1
TP Supervising Operator	28	1
Laboratory Technician II	24	1
TP Senior Operator	25	1
TP Operator I/II/III	20/22/23	3
CS Supervising Operator	28	1
CS Senior Operator	23	1
CS Operator I/II/III	16/18/21	3
Senior Construction Inspector	25	1
Inspector	23	1
Totals	--	21

Memorandum

Ojai Valley Sanitary District

May 21, 2015

To: Personnel Committee – Bill Stone, Pete Kaiser & Stan Greene
From: Jeff Palmer – General Manager 
Subject: Employee Safety - AEDs

Installing Automated External Defibrillators (AEDs) at District facilities has been a topic of discussion among employees over the past few years. It has become very common to see these devices in places a variety of workplaces and places frequented by the public.

All District employees receive CPR and first aid certification training every two years as part of our ongoing safety training; this training has been occurring since the formation of the Ojai Valley Sanitary District in 1985. The premise of this training is that an employee could potentially provide lifesaving medical emergency services to a fellow employee, the public or family member. However, even though the District provides this training, the District cannot, and does not, require an employee to provide medical emergency services to anyone.

The California Good Samaritan Law provides immunities for someone who voluntarily comes to the aid of another as long as they act with reasonable care. Providing this training to employees helps them to 'act with reasonable care'.

In the past few years the use of AEDs has become a part of the certified CPR training; this has created much interest among employees about the District installing AEDs in the workplace. The employees are very much in favor of AEDs being installed in District facilities.

The District's Safety Office, Jan Powell, and CSRMA Loss Control consultant David Patzer encourage the installation of AEDs. CSRMA does not have a formal position on AEDs.

CSRMA has informed us that the Good Samaritan laws apply to AEDs as long as your staff is properly trained and you properly maintain the AEDs. Many of the other CSRMA agencies have AEDs installed at their facilities.

For the past couple of years staff has been investigated the pros & cons of installing AEDs. Statistics show that the availability of an AED for use on a person in cardiac arrest more than doubles their chance of survival. The AEDs for non-professional use seem to have become fool-proof to use; the units have vocal commands to follow and will not shock a person whose heart does not need a shock. It has been our observation that AEDs have come to be widely used in a variety of public settings to the point where

the majority of the public expect to see them in all public facilities; so since we are a public agency it would be prudent to seriously consider purchasing AEDs.

California law requires employers with AEDs to have Medical Oversight; Medical Oversight involves an initial physician's prescription and on-going medical direction. Employers are also required to have a policies & procedures manual for the use of the AED, perform monthly readiness checks, monitor expiration dates of battery & pads on the AED and report any AED usage to the oversight physician.

Through Jan Powell's (Safety Officer) recommendation we contacted SuperiorAED out of Westlake Village to obtain a quote for the purchase of 2 AEDs (one for the Tico Road facility and one for the Plant). The quote includes the purchase & installation of 2 HeartSine Samaritan units, the State required AED Medical Oversight & Direction, Physician's Prescription, policies & procedures manual, monthly readiness check alerts, and usage reporting. The reporting and much of the oversight is provided through an online program provided by SuperiorAED.

The cost for the 2 units and one year of online service from SuperiorAED (which provides all of the State requirements) is \$2,795.60; the online services cost is \$125 per year per unit. SuperiorAED will evaluate each facility and recommend the best location to place the AED and will also evaluate if each location would be better served by additional AEDs. SuperiorAED will perform the initial set up on the units and will provide in-service training for the employees. Copy of the quote and an information sheet about AED usage is attached for your information.

Management staff is supportive of purchasing the AEDs.

If you have any questions or need additional information please call me at 646-5548.



2629 Townsgate Rd., Ste 235W
Westlake Village, CA 91361

Estimate

Date	Estimate #
5/4/2015	7795

Name / Address
Ojai Sanitary District Brenda Krout 1072 Tico Rd. Ojai, CA 93023

Item	Description	Qty	Regular Price	Cost	Total
HeartSine Sam...	HeartSine Samaritan PAD (350P) with 10 year warranty * 1 Adult PAD-PAK * Semi rigid carry case * First responder rescue kit * AED inspection tag * Window decal * 2010 CPR Guidelines postcard * Medical prescription * Free ground shipping	2	1175.00	1,025.00	2,050.00T
HeartSine Pad...	Compact AED Cabinet with Alarm custom for HeartSine Samaritan (12"H x 11"W x 5"D)	2	159.00	159.00	318.00T
3D Wall Sign	V Shaped 3D Wall Sign (Free with Cabinet Purchase)	2	18.00	0.00	0.00T
In office In Ser...	Set up and In Service on the HeartSine Samaritan	1	250.00	0.00	0.00T
Medical Oversi...	1 Year AED Medical Oversight & Direction * Initial Physician's Prescription * Local EMS/PSAP Notification * Policies & Procedures Manual * Monthly Readiness Check Email with Late Alert Notifications * Recall Alerts * Track Employees' CPR Recertification Dates * Support Ticket for Inspection Issues/AED Event Notification * Monitor Expiration Dates of Battery & Pads with email reminders * Ongoing Medical Direction Under a Licensed Physician * In Event of Usage: * Customer Support Phone Number/Online Support Ticket * Shipping of Loaner AED * Return Labels to Ship Used AED for Data Download * Data Download * Review of Data by Licensed Physician * AED Usage Report	2	150.00	125.00	250.00

Thank you for considering Superior AED		Subtotal	\$2,618.00
		Sales Tax (7.5%)	\$177.60
		Total	\$2,795.60

Phone #	Fax #	E-mail	Web Site
866-559-9233	805-375-3064	amy@superioraed.com	www.superioraed.com



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MEDICAL OVERSIGHT

AED COMPARISON GUIDE

CPR/AED TRAINING

Home Products HeartSine Samaritan 350P

HeartSine Samaritan 350P

~~\$1,395.00~~ \$1,175.00

(You save \$220.00)

SKU: 350-BAC-US-10

Backup Adult Pad-Pak Battery/Electrode Cartridge:

+ \$175.00

Pediatric Pad-Pak:

+ \$200.00

1 Year Medical Oversight:

+ \$150.00

Qty: 1

Add To Cart

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MEDICAL OVERSIGHT

AED COMPARISON GUIDE

CPR/AED TRAINING

Home

Accessories

Cabinets

HeartSine Wall Cabinet with Alarm



HeartSine Wall Cabinet with Alarm

\$159.00

SKU: PAD-CAB-04

Qty: 1

Add To Cart

[Add to Wish List](#)



Description

Similar Items

This wall cabinet with alarm is custom made for the HeartSine samaritan PAD AED. The alarm sounds when the cabinet is opened. Measurements are 12"H x 11"W x 5"D, 5 lbs. This cabinet provides AED protection with the smallest footprint of any metal AED cabinet. Comes fully assembled.

Part Number: PAD-CAB-04

FACTS

Every Second Counts

Rural and Community Access to Emergency Devices

OVERVIEW

AED
Automated External Defibrillator



Each year in the U.S., there are approximately 359,400 Emergency Medical Services (EMS)-assessed cardiac arrests outside of a hospital setting and on average, less than 10% of victims survive.¹ Cardiac arrest affects people of all ages, but occurs more commonly in adults

with prior heart disease. It will only become more common as Americans age.²

Immediate cardiopulmonary resuscitation (CPR) and early defibrillation, with an automated external defibrillator (AED), can more than double a victim's chance of survival.³ In fact, early defibrillation, along with CPR, is the only way to restore the victim's heart rhythm to normal in a lot of cases of cardiac arrest.³ For every minute that passes without CPR and defibrillation, however, the chances of survival decrease by 7–10%.⁴ The 2013 Update of *AHA's Heart Disease and Stroke Statistics* shows that 23% of out-of-hospital cardiac arrests are "shockable" arrhythmias, or those that respond to a shock from an AED, making AEDs in public places highly valuable. Yet, there are not enough AEDs and persons trained in using them and performing CPR to provide this life-saving treatment, resulting in lost opportunities to save more lives. Tragically, 64% of Americans have never even seen an AED.⁵

AED PROGRAMS IMPROVE SURVIVAL

Communities with comprehensive AED programs that include CPR and AED training for rescuers have achieved survival rates of nearly 40% for cardiac arrest victims.³ Making

AEDs more available to lay responders who are trained in their use could save even more lives.

Location	Percentage
EMS, Police, and Fire	59%
Schools and Government	17%
Faith-Based and Recreation	12 %
Nursing Homes & Senior Centers	4 %
Hospitals, Clinics, and Other	8 %

MORE SUPPORT IS NEEDED

Congress created the *Rural and Community Access to Emergency Devices Program*,⁷ which is administered by the Health Resources & Services Administration (HRSA). This competitively awarded state grant program allows communities to buy AEDs, place them in public areas where cardiac arrest is likely to occur, and train lay rescuers and first responders in their use. The program has been successful, but underfunded.

- In 2002, 6,400 AEDs were purchased, and 38,800 individuals were trained in their use.⁸
- In 2008, only 225 AEDs were purchased and 849 individuals were trained in their use.⁹
- In FY 2009, less than 8% of applicants were funded.⁹
- In FY 2012, only 6%, or just eight of the approved applications, were funded.

TESTIMONIALS FROM THOSE SAVED BY THIS PROGRAM

- **Butch Gibbs**, of rural Humeston, Iowa suffered cardiac arrest after performing in a play at the local elementary school. His wife, a trained community volunteer, brought him back to life by providing CPR and shocking his heart 22 times

with an AED. The closest ambulance was nearly 30 miles away, so Butch knows the AED in the school saved his life. He was familiar with the device before his cardiac arrest, because it was an AED that he and fellow EMS volunteers received through a grant from the *Rural and Community Emergency Access to Devices Program*. Butch, a strong AED advocate, visits his lawmakers in Washington, D.C., to show how easy it is to use an AED and urge them to keep this life-saving program alive.

- Police lieutenant **R.J. Thibodeaux** of Abbeville, Louisiana suffered cardiac arrest while attending a movie with his sons. The CPR administered on the scene was not enough to revive him. Luckily, his police department had just received an AED through the *Rural and Community Access to Emergency Devices Program*, and Lt. Thibodeaux was the first person to be treated with the device. Thanks to the AED, he survived and returned to the police force. He and his children urge Members of Congress to provide adequate funding for this life-saving program.
- Former state legislator **Ron Nichols** of Palermo, North Dakota went to the local emergency room complaining that he felt tired and achy. Doctors decided to send Ron to a larger hospital 55 miles away, but during the ambulance ride, he suffered cardiac arrest. The ambulance nurse used an AED several times to shock his heart back to a normal rhythm. Ron credits the AED – purchased through the *Rural and Community Access to Emergency Devices Program* for the Stanley, North Dakota ambulance service – with saving his life. He hopes that federal lawmakers will fund this critical program adequately, so others can have a second chance at life.
- **Mari Ann Wearda** of Hampton, Iowa, suffered cardiac arrest as a result of ventricular fibrillation while stopped at an intersection light. Drivers noticed her slump over as her car drifted across the highway and called 911. Within two minutes, an officer arrived and immediately began to administer a combination of CPR and defibrillation. Mari Ann firmly believes that, in rural areas such as hers, it is so important for law enforcement to carry these life-saving devices since they are often the first to respond to an emergency call. She credits the *Rural and Community Access to Emergency Devices Program* for awarding funds that allowed the police to purchase 10 AEDs, one of which saved her life.
- **Richard O'Connor** of Groton, New Hampshire, suffered cardiac arrest from a potassium imbalance while undergoing a routine

examination in his doctor's office. An office nurse administered CPR and used an AED to shock him back to life. That very nurse had purchased the AED for the Plymouth Family Practice Center through a grant from the *Rural and Community Access to Emergency Devices Program*. Richard is extremely grateful that the AED was readily available in the doctor's office and urges all Members of Congress to restore funds to the program that saved his life.

THE ASSOCIATION ADVOCATES

Funding for the *Rural and Community Access to Emergency Devices Program* decreased by \$7.4 million, or 83%, between 2005 and 2007. Cuts made in FY 2006, specifically, reduced rural grants from 47 to four states. More recently, Congress increased the funding for the program from \$236,000 to \$2.5 million for FY 2012, but HRSA transferred \$1.4 million to the AIDS Drug Assistance Program. Additional resources are needed to save the lives of more victims of out-of-hospital cardiac arrest. Americans deserve better. The American Heart Association urges Congress to restore funding for the *Rural and Community Access to Emergency Devices Program* to the FY 2005 level of \$8.927 million when nearly all states were funded for this life-saving initiative.


References:

1. Go A, et al. Heart Disease and Stroke Statistics – 2013 Update: A Report From the American Heart Association. *Circulation*. December 12, 2012.
2. Zipes DP, Camm AJ, Borggrefe M et al. ACC/AHA/ESC 2006 guidelines for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death. *Circulation*. 2006;114: 1088-1132
3. Weisfeldt ML, et al. Ventricular Tachyarrhythmias after Cardiac Arrest in Public versus at Home. *New England Journal of Medicine*, 2011; 364:313-321.
4. Larsen MP, Eisenberg MS, Cummins RO, Hallstrom AP. Predicting survival from out-of-hospital cardiac arrest: a graphic model. *Ann EmergMed*. 1993;22:1652-1658.
5. The PARADE/Research!America Health Poll. Charlton Research Company, 2005.
6. U.S. Department of Health and Human Services, Report to Congress: Rural Access to Emergency Devices Grant Program (FY2002-2004).
7. PL 106-505 (Public Health Improvement Act) and PL 107-186 (Public Health Security and Bioterrorism Response Act).
8. U.S. Department of Health and Human Services, Report to Congress: Rural Access to Emergency Devices Grant Program FY 2002-2004, February 15, 2006.
9. Health Resources and Services Administration. Personal Communication.

Memorandum

Ojai Valley Sanitary District

May 20, 2015

To: Personnel Committee – Bill Stone, Pete Kaiser & Stan Greene
From: Jeff Palmer – General Manager 
Subject: Review of Employee Dental Benefits

In November 2014 staff talked to this Committee about the District's current employee dental benefits and potential alternatives. It was noted that the District offers a voluntary dental plan to the employees through Golden West Dental.

The coverage under this policy is very minimal and employees are limited to only a few dental facilities to choose from, none of which are in the Ojai area. This coverage is paid for exclusively by the employee. The monthly premiums for this coverage are:

- Employee Only \$13.36
- Employee + 1 Dep. \$23.90
- Family \$29.91

For many years, employees have expressed an interest in obtaining better dental insurance coverage.

In November 2014 the Committee unanimously expressed an interest in providing improved dental insurance coverage for District employees. The Committee unanimously supported staff obtaining quotes for improved dental plans and presenting those quotes at a future meeting.

Quotes were received in February 2015 but with the beginning of the 2-year budget preparation cycle, CIP projects, etc. staff was not able to turn their attention to this issue. Now that the budget is behind us the dental coverage quotes are presented for your review. Copy of the quotes is attached.

The quotes received are from Anthem Blue Cross, Aetna, Delta Dental, Guardian and Metlife. All of the quoted coverages require a minimum participation from 75 to 80 percent; this means that in order to offer this coverage to our employees the District must guarantee that a minimum of 14 to 15 of the 19 employees will be enrolled in this coverage at all times. This type of guarantee is impossible if the coverage is offered to the employees on a voluntary basis. Consequently, agencies generally offer this type of coverage as an agency paid benefit.

The quotes received include the estimated annual cost (based on the current employee census including dependents). The estimated annual cost ranges from \$29,438 to \$56,244; of course the higher the annual premium cost the better the coverage.

Delta Dental is a mid-range dental coverage and a very commonly used dental plan. The estimated annual cost for Delta Dental is \$29,820, which includes coverage for employees and dependents.

Staff recommends the Committee consider supporting District provided Delta Dental coverage for all District employees and dependents.

If you have any questions or need additional information please call me at 646-5548.

Dental Alternative Rates

PPO

DENTAL		ALTERNATIVE 1 ANTHEM BLUE PLATINUM PLUS PPO	ALTERNATIVE 2 AETNA OPTION 12A PPO	ALTERNATIVE 3 DELTA 1000C L10 PPO	ALTERNATIVE 4 GUARDIAN \$25 Ded VD 1500 PPO	ALTERNATIVE 5 METLIFE 100/90/60 100/80/50 PEB 2000 PPO
Coverage	EE's					
Employee Only	3	\$96.00	\$62.80	\$50.98	\$44.46	\$48.90
Employee and Spouse	6	\$191.00	\$124.80	\$102.31	\$90.26	\$99.71
Employee and Child	0	\$184.00	\$156.60	\$102.31	\$129.52	\$114.33
Employee and Children	1	\$274.00	\$156.60	\$171.82	\$129.52	\$114.33
Employee and Family	9	\$331.00	\$218.50	\$171.82	\$186.01	\$177.10
Monthly Cost		\$4,687.00	\$3,060.30	\$2,485.00	\$2,478.55	\$2,453.19
TOTALS						
TOTAL MONTHLY COST		\$4,687.00	\$3,060.30	\$2,485.00	\$2,478.55	\$2,453.19
TOTAL ANNUAL COST		\$56,244.00	\$36,723.60	\$29,820.00	\$29,742.60	\$29,438.28
Rate Guarantee		1 year	1 year	1 year	1 year	1 year

Note: Enrollment based on current census

Enrollment Requirements:
 Anthem minimum participation of 75%
 Aetna minimum participation of 60%
 Delta minimum participation of 80%
 Guardian minimum participation of 75%
 Metlife minimum participation of 75%

Dental Alternative Benefits

PPO

PPO DENTAL BENEFITS	ALTERNATIVE 1 ANTHEM BLUE PLATINUM PLUS 100-80 PPO		ALTERNATIVE 2 AETNA NPC OPTION 12A PPO		ALTERNATIVE 3 DELTA 1000C L10 PPO		ALTERNATIVE 4 GUARDIAN \$25 Ded VD 1500 PPO		ALTERNATIVE 5 METLIFE 100/90/60 100/80/50 PEB 2000 PPO	
PLAN FEATURES	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible										
Individual / Family	\$50	\$150	\$50	\$150	\$50 per member		\$25	\$150	\$50	\$150
Waived for Preventive	Yes	No	Yes		Yes		Yes		Yes	Yes
Reimbursement Level	Negotiated rate	UCR	Negotiated rate	UCR	Negotiated rate	UCR	Negotiated rate	UCR	Negotiated rate	UCR
Calendar Year Maximum	\$2,000		\$2,000		\$2,000		\$1,500		\$2,000	
PREVENTIVE SERVICES										
Exams / X-Rays / Cleanings	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
BASIC SERVICES										
Fillings / Extractions	10%*	20%*	20%*	20%*	20%	20%	10%*	20%*	10%	20%
MAJOR SERVICES										
Crowns / Dentures / Bridges	40%*	50%*	50%*	50%*	50%	50%	40%*	50%*	50%	50%
ORTHODONTIA										
	Adult /Child 50%*		Adult /Child 50%		Child Only 50%		Child Only 50%*		Child Only 50%	
Lifetime Maximum	\$1,500		\$1,500		\$1,000		\$1,500		\$1,500	

*After deductible

*After deductible

*After deductible