SECOND READING - CONTINUED FROM 7/8/25

AGENDA NO._____ July 8, 2025

alameda county
Human Resource Services
Our community. Your purpose.

Lakeside Plaza Building
1401 Lakeside Drive, Suite 500
Oakland, CA 94612-4305
TDD: (510) 272-3703

July 8, 2025

Honorable Board of Supervisors
County of Alameda
1221 Oak Street, Suite 536
Oakland, California 94612-4305

SUBJECT: ADOPT: 1) A SALARY ORDINANCE AMENDMENT TO UPDATE ARTICLE 7, SECTION 7-10; AND 2) ADMINISTRATIVE CODE AMENDMENTS TO CHAPTER 3.64, SECTIONS 3.64.050 AND 3.64.110 TO APPLY BENEFIT PROVISIONS TO CERTAIN UNREPRESENTED M-DESIGNATED CLASSIFICATIONS EFFECTIVE PLAN YEAR 2026 AND CLEAN-UP LANGUAGE

Dear Board Members:

RECOMMENDATIONS:

Adopt the following:

A. Salary Ordinance amendment to update Article 7 (Provisions Applicable to Persons in Classifications Designated EM, SM, PA, CA, MA, OR M), Section 7-10 (Cafeteria Benefit Plan: Amount of Allocable Money) to increase the County Allowance by one-hundred dollars ($100) in Plan Year ("PY") 2026 for unrepresented M-designated employees and clean-up language throughout; and

B. Administrative Code amendments to update Chapter 3.64 (Employee Health and Welfare Benefit Program), Sections 3.64.050 (County medical and dental contribution) and 3.64.110 (Share the savings plan) to increase the dental maximum to one-thousand nine hundred dollars ($1900) and the Share the Savings amounts by fifty dollars ($50) at each tier level, respectively, effective PY 2026.

DISCUSSION/SUMMARY:

Historically, employees in unrepresented M-designated classifications related to the Alameda County Management Employees Association General Government and Confidential Units ("ACMEA GG and C Units") received the same general wage increases and benefit provisions as negotiated in the ACMEA GG and C Units Memoranda of Understanding ("MOUs"). The ACMEA GG and C Units MOUs were adopted by your Board on January 14, 2025. Your Board previously approved general wage increases of six percent (6%) and five percent (5%) for unrepresented M-designated classifications effective May 12, 2024 and December 22, 2024, respectively, as well as certain benefit provisions that were in effect during Calendar Year 2025. In preparation for the upcoming Open Enrollment for PY 2026 benefits, staff recommend extending certain benefit provisions negotiated with ACMEA GG and C Units to the unrepresented M-designated classifications that are in effect for PY 2026. The benefit provisions include an increase to the County Allowance, dental maximum and Share the Savings stipend amounts as outlined in the attached Salary Ordinance and Administrative Code amendments, including non-substantive language clean up.

SELECTION CRITERIA:

N/A

FINANCING:

Funds are available in the 2025 – 2026 Approved Budget and will be included in future years' requested budgets to cover the costs resulting from the recommendations.

VISION 2036 GOAL:

The recommendations meet the 10x goal pathways of **Employment for All** in support of our shared vision of a **Prosperous and Vibrant Economy**.

Very truly yours,

DocuSigned by:
Margarita Zamora
24C63D8E074A48D...

Margarita Zamora, Director
Human Resource Services

c: CAO
Auditor-Controller
County Counsel
Agency/Department Heads

Approved as to Form

DONNA R. ZIEGLER, County Counsel

By Kristy van Herick
Kristy van Herick, Assistant County Counsel

Ordinance No.

O–2025–41

AN ORDINANCE AMENDING
CERTAIN PROVISIONS OF THE 2024 – 2025
COUNTY OF ALAMEDA SALARY ORDINANCE

The Board of Supervisors of the County of Alameda ordains as follows:

SECTION I

Article 7, Section 7-10 (Cafeteria Benefit Plan: Amount of Allocable Money), of the County of Alameda Salary Ordinance are hereby amended by the addition thereto of the following underlined language and the deletion of the following stricken language as follows:

7-10. CAFETERIA BENEFIT PLAN: AMOUNT OF ALLOCABLE MONEY

To help offset employee costs toward the Cafeteria Benefit Plan (as outlined in Section 7-9 (Cafeteria Benefit Plan: Purpose)), the County provides eligible employees with a County Allowance each Plan Year ("PY"). County contributions are made on a semi-monthly basis and subject to proration in advance of the ~~Plan Year~~PY for employees regularly scheduled to work less than full-time based upon the hours which the employee has been regularly scheduled to work.

Unrepresented Full-Time Management (M-Designated)
The County Allowance is three thousand five hundred dollars ($3,500) per ~~Plan Year (~~"PY"~~)~~. Effective PY 2026, the County Allowance shall be increased to three thousand six hundred dollars ($3,600); and

Unrepresented Full-Time Non-Management
Effective January 1, 2022, ~~unrepresented non-management full-time employees,~~ except for unrepresented Services-as-Needed (SAN); Temporary Assignment Pool (TAP); and Intermittent~~; are eligible for a~~ the County Allowance ~~in the amount of~~is one thousand two hundred dollars ($1,200) ~~for the calendar year~~per PY.

Proration
~~This~~ The County Allowance amounts outlined above 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. Employees who are hired or become eligible after January 1st shall be entitled to a prorated County Allowance amount based upon the number of pay periods to be worked during the remainder of the calendar year, except that 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 maximum County Allowance amount available to employees who reinstate in the same calendar year shall not exceed the respective ~~Plan Year~~PY amount minus the cafeteria benefit plan County Allowance amount already received by employees during that same calendar year. Effective January 1, 2014, the Plan was amended to include Dependent Care Assistance and Adoption Assistance

SECTION II

This ordinance shall take effect immediately, and before the expiration of fifteen days after its passage, shall be published once with the names of the members voting for and against it in the Inter-City Express, a newspaper published in the County of Alameda.

THE FOREGOING was **PASSED** and **ADOPTED** by a majority vote of the Alameda County Board of Supervisors this **22nd** day of **July, 2025**, to wit:

AYES: Supervisors Fortunato Bas, Márquez, Miley & President Haubert - **4**

NOES: None

EXCUSED: Supervisor Tam - **1**

David J. Haubert

PRESIDENT, BOARD OF SUPERVISORS

File No: **31524**
Agenda No: **70**
Document No: **O-2025-41**

I certify that the foregoing is a correct copy of an Ordinance adopted by the Board of Supervisors, Alameda County, State of California

ATTEST:
Clerk, Board of Supervisors

By: _____
Deputy

Approved as to Form

DONNA R. ZIEGLER, County Counsel

By Kristy van Herick
Kristy van Herick, Assistant County Counsel

Ordinance No.

O–2025–42

AN ORDINANCE AMENDING
CERTAIN PROVISIONS OF THE
ALAMEDA COUNTY ADMINISTRATIVE CODE

The Board of Supervisors of the County of Alameda ordains as follows:

SECTION I

Chapter 3.64 Employee Health and Welfare Benefit Program, Sections 3.64.050 (County medical and dental contribution.) and 3.64.110 (Share the savings plan.) of the Alameda County Administrative Code are hereby amended by the addition and deletion of the following underlined and stricken language, respectively, to read as follows:

3.64.50 - County medical and dental contribution.

...

B. Dental. 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 + one dependent, family) provided that the employee is on paid status at least fifty percent (50%) of the normal full-time biweekly pay period. 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.

1. Unrepresented M-Designated Employees. For unrepresented M-designated employees, the annual PPO dental maximum allowable shall be one thousand seven hundred fifty dollars ($1,750~~.00~~) per Plan Year ("PY"). Effective PY 2026, the dental maximum allowable shall be one thousand nine hundred dollars ($1,900).

2. Unrepresented Non-Management Employees. For unrepresented non-management employees, the annual PPO dental maximum allowable one thousand nine hundred dollars ($1,900~~.00~~).

***

3.64.110 – Share the S~~s~~avings plan.

Employees who are eligible for medical benefits as defined in Section 3.64.020 (Eligibility.) who are regularly scheduled to work at least fifty percent (50%) of the normal full-time biweekly pay period for their classification, on paid status at least fifty percent (50%) of the normal fulltime biweekly pay period, 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 + one dependent, family). The stipend provided by this plan is taxable, payable on a semi-monthly basis, and subject to proration.

For eligible employees regularly scheduled to work less than the normal full-time biweekly pay period, the stipend is prorated each pay period based upon a proportion of the hours the employee is on paid status within that biweekly pay period to the normal full-time biweekly pay period for the job classification, provided that the employee must be on paid status at least fifty ~~(50)~~ percent (50%) of the normal full-time biweekly pay period for the job classification. An employee who is not on paid status at least fifty ~~(50)~~ percent (50%) of the normal full-time biweekly pay period for that classification will not receive the semi-monthly stipend.

Proration of county-provided share the savings stipend occurs when the employee is on leave without pay or using vacation purchase hours, as provided for in Section 7-14 (Additional Vacation Purchase) of the County ~~salary~~ Salary ~~ordinance~~Ordinance. An employee who is not on paid status at least fifty ~~(50)~~ percent (50%) of the normal full-time biweekly pay period due to leave without pay will not receive the semi-monthly stipend.

The ~~county's~~ County's share the savings plan stipend is as follows:

A. **Unrepresented M-designated Employees**~~:~~ - For unrepresented M-designated full-time employees, the share the savings plan tiers and stipend amounts are as follows:
   1. Effective Plan Year 2019:
      - Two hundred fifty dollars ($250~~.00~~) for those employees who decline all medical coverage;
      - Two hundred dollars ($200~~.00~~) for those employees who decline family coverage and elect single coverage;
      - One hundred fifty dollars ($150~~.00~~) for those employees who decline family coverage and elect two-party coverage; and
      - One hundred fifty dollars ($150~~.00~~) for those employees who decline two-party coverage and elect single coverage.
   2. Effective Plan Year 2026:
      - Three hundred dollars ($300) for those employees who decline all medical coverage;
      - Two hundred fifty dollars ($250) for those employees who decline family coverage and elect single coverage;
      - Two hundred dollars ($200) for those employees who decline family coverage and elect two-party coverage; and
      - Two hundred dollars ($200) for those employees who decline two-party coverage and elect single coverage.

B. **Unrepresented Non-Management Employees**~~:~~ - For unrepresented non-management full-time employees, the share the savings plan tiers and stipend amounts are as follows:
   ~~1. Effective Plan Year 2017:~~
      - ~~Two hundred dollars ($200.00) for those employees who decline all medical coverage;~~
      - ~~One hundred fifty dollars ($150.00) for those employees who decline family coverage and elect single coverage;~~
      - ~~One hundred dollars ($100.00) for those employees who decline family coverage and elect two-party coverage; and~~
      - ~~One hundred dollars ($100.00) for those employees who decline two-party coverage and elect single coverage.~~
   ~~2. Effective Plan Year 2020:~~
      - Three hundred dollars ($300~~.00~~) for those employees who decline all medical coverage;
      - Two hundred fifty dollars ($250~~.00~~) for those employees who decline family coverage and elect single coverage;
      - Two hundred dollars ($200~~.00~~) for those employees who decline family coverage and elect two-party coverage; and
      - Two hundred dollars ($200~~.00~~) for those employees who decline two-party coverage and elect single coverage.

SECTION II

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David G. Haubert

PRESIDENT, BOARD OF SUPERVISORS

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Clerk, Board of Supervisors

By: _____
Deputy