

**SILVER LAKE WATER AND SEWER DISTRICT
SNOHOMISH COUNTY, WASHINGTON
RESOLUTION NO. 801**

**A RESOLUTION OF THE BOARD OF COMMISSIONERS OF THE
SILVER LAKE WATER AND SEWER DISTRICT, SNOHOMISH
COUNTY, WASHINGTON, AMENDING CHAPTER 3.25.010, ENTITLED
“HEALTH INSURANCE” OF THE DISTRICT CODE.**

WHEREAS, RCW 57.08.100 authorizes the Silver Lake Water and Sewer District to provide health care plans to provide health care services and/or group insurance to its employees; and

WHEREAS, on August 23, 2018, the Board of Commissioners passed Resolution No. 763 that authorized the District’s medical, dental, vision, and HRA VEBA program including the provision that an employee’s sick leave cash-out upon separation would be contributed to an employee’s HRA VEBA Trust Account; and

WHEREAS, health care insurance costs have increased, due to increased premiums and the Board of Commissioners desire to address those costs in a financially prudent manner; and

WHEREAS, the Board of Commissioners adopted Resolution No. 707 on November 25, 2014, which changed the District’s HRA VEBA Program as required under the Affordable Healthcare Act, and authorized the monthly amount of \$2,215.00 to be provided to each employee and Commissioner for medical, dental, vision, and HRA VEBA deposits; and

BE IT RESOLVED by the Board of Commissioners of the Silver Lake Water and Sewer District, Snohomish County, Washington as follows:

Section 1: Chapter 3.25.010 of the District’s Code, entitled “Health Insurance”, Sections 1 and 2, are hereby amended as set forth in Exhibit 1 attached hereto and incorporated by reference.

Section 2: The General Manager is authorized to apply the monthly stipend amount, insurance rates, and coverage plans authorized by Resolution No. 801 with the District’s regular December 2020 payroll process, employee and vendor payment checks issued on December 30, 2020, to provide payment to insurance providers effective January 1, 2021.

ADOPTED by the Board of Commissioners at a public meeting of the Silver Lake Water and Sewer District, Snohomish County, Washington this 12th day of November 2020.



President and Commissioner




Vice President and Commissioner



Secretary and Commissioner

I CERTIFY the above to be a true and correct copy of Resolution No. 801 adopted by the Board of Commissioners of the Silver Lake Water and Sewer District this this 12th day of November, 2020 as said Resolution appears in the records of the Silver Lake Water and Sewer District.



Secretary of the Silver Lake Water and Sewer District

EXHIBIT 1 TO RESOLUTION NO. 801

Chapter 3.25.010 Health Insurance

Amended Chapter 3.25.010 - Subsections 1 and 2:

1. The District shall provide to each eligible employee an amount up to \$2,240.00 per month to pay directly for medical, dental, and vision insurance coverage. Employees that select medical, dental, and vision coverage that costs less than the monthly amount provided by the District, shall then deposit seventy-five percent of the remaining amount to their HRA VEBA Trust Account. Should the cost of such health care plan or policy exceed the amount paid by the District, the employee or Commissioner must cover the excess cost through personal funds to obtain the insurance coverage selected by said employee or Commissioner.

Calculation Example		
District's Monthly Stipend		\$ 2,240.00
Cost of Employee's Medical Coverage	1,465.23	
Cost of Employee's Dental Coverage	124.20	
Cost of Employee's Vision Coverage	0	
Less Total Cost of Employee's Health Coverage		1,589.43
Employee's Remaining Amount		\$ 650.57
District Factor		75%
Employee's Deposit Amount to HRA VEBA		\$ 487.93

2. Regular part-time employees who are expected to work 30 hours or more per week or more than an average of 130 hours per month, will be eligible to a prorated medical, dental, vision, and HRA VEBA contribution based on their monthly hours worked divided by 168 hours per month.

Calculation Example		
District's Monthly Stipend		\$ 2,240.00
Hours Worked	135	
Hours per Month	168	
Part-Time Hours Worked Factor	80.36%	
Part-Time Employee's Monthly Stipend		\$ 1,800.00
Cost of Employee's Medical Coverage	1,465.23	
Cost of Employee's Dental Coverage	124.20	
Cost of Employee's Vision Coverage	-	
Less Total Cost of Employee's Health Coverage		1,589.43
Employee's Remaining Amount		\$ 210.57
District Factor		75%
Employee's Deposit Amount to HRA VEBA		\$ 157.93