

RESOLUTION NO. 2023-65

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF
HUNTINGTON BEACH AMENDING THE MEMORANDUM OF UNDERSTANDING
BETWEEN THE CITY OF HUNTINGTON AND THE HUNTINGTON BEACH POLICE
MANAGEMENT ASSOCIATION (PMA) BY ADOPTING THE SIDE LETTER
AGREEMENT

WHEREAS, on June 26, 2023, the City Council of Huntington Beach adopted Resolution 2023-32 approving the Memorandum of Understanding (MOU) between the City of Huntington Beach (City) and the Huntington Beach Police Management Association (PMA) through the term ending on June 20, 2026; and

WHEREAS, it was subsequently discovered that the City's monthly medical premium rates were incorrectly listed in Article V of the MOU. The City of Huntington Beach and PMA have met and conferred and agreed to corrections to the MOU that are reflected in a Side Letter of Agreement attached hereto as Exhibit A and incorporated herein by this reference.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Huntington Beach as follows:

SECTION 1. The Side Letter of Agreement attached hereto as Exhibit as is approved and adopted.

SECTION 2. The Side Letter of Agreement amends the MOU between the City of Huntington Beach and PMA.

PASSED AND ADOPTED by the City Council of the City of Huntington Beach at a regular meeting thereof held on the 19th day of December, 2023.

Mayor

ATTEST:

APPROVED AS TO FORM:

City Clerk



City Attorney

REVIEWED AND APPROVED:

INITIATED AND APPROVED:

Interim City Manager



Interim Director of Human Resources

EXHIBIT A

SIDE LETTER OF AGREEMENT BETWEEN THE CITY OF HUNTINGTON BEACH AND THE HUNTINGTON BEACH POLICE MANAGEMENT ASSOCIATION

This Side Letter of Agreement (Agreement) between the City of Huntington Beach (City) and the Huntington Beach Police Management Associations (PMA) (collectively "Parties") is entered into with respect to the following:

ARTICLE IV -- HEALTH AND OTHER INSURANCE BENEFITS

A. Health

The City shall continue to make available group medical, dental and vision benefits to all employees and qualified dependents. The effective date for medical, dental and vision coverage is the first of the month following date of hire. Effective the first of the month following the employee's date of hire, any required employee payroll deduction shall begin with the first full pay period following the effective date of coverage and shall continue through the end of the month in which the employee separates, unless otherwise precluded by the CalPERS Public Employees' Medical and Hospital Care Act (PEMHCA). All employee contributions shall be deducted on a pre-tax basis.

1. CalPERS PEMHCA

The City presently contracts with CalPERS to provide medical coverage. The City is required under CalPERS PEMHCA to make a contribution to retiree medical premiums. A retiree's right to receive a City contribution, and the City's obligation to make payment on behalf of retirees, shall only exist as long as the City contracts with CalPERS for medical insurance. In addition, while the City is in CalPERS, its obligations to make payments on behalf of retirees shall be limited to the required statutory minimum payment.

a. PEMHCA Employer Contributions

The City shall contribute on behalf of each employee the mandated minimum sum (i.e., the annual PEMHCA statutory minimum) as required per month toward the payment of premiums for medical insurance under the PEMHCA program. As the mandated minimum is increased, the City shall make the appropriate adjustments by decreasing its flex benefits contribution accordingly as defined in the following sub-section.

b. Maximum Employer Contributions Towards Flex Benefits

For the term of this Agreement, the City's maximum monthly employer contributions for each employee's medical and vision insurance premiums are set forth as follows:

Effective January 1, 2023

Type of Coverage	Medical Premium
Employee Only ("EE")	\$820.00

Employee + one dependent ("EE" + 1)	\$1650.00
Employee + two or more dependents ("EE" + 2)	\$2,2100.00-\$2,100.00

Effective January 1, 2024

Type of Coverage	Medical Premium
Employee Only ("EE")	\$859.00
Employee + one dependent ("EE" + 1)	\$1728.00
Employee + two or more dependents ("EE" + 2)	\$2201.00

Effective January 1, 2025

Type of Coverage	Medical Premium
Employee Only ("EE")	\$892.00
Employee + one dependent ("EE" + 1)	\$1794.00
Employee + two or more dependents ("EE" + 2)	\$2285.00

2. Vision Insurance

The City shall also pay up to \$23.50 per month for each employee for the VSP Vision Plan.

The parties agree the required PEMHCA statutory minimum contribution (i.e., the annual PEMHCA statutory minimum) is included in this sum stated in the sub-section above. If the employee enrolls in a plan wherein the costs exceed the City contribution, the employee is responsible for all additional premiums through pre-tax payroll deductions.

3. Dental Insurance

The annual maximum benefit for the Delta Dental PPO plan is two thousand dollars (\$2,000).

- a. The maximum monthly City Contribution for dental insurance shall be as follows: 1) employee only ("EE") - \$57.86; 2) employee plus one dependent ("EE+1") - \$108.02 or 3) employee plus two or more dependents ("EE+2") - \$142.36.
- b. The City's contribution to dental insurance shall not increase. Any increase in dental premiums above the City's current contribution cap as listed herein, will be the responsibility of the employee.

Table 1. PMA Health Contributions Effective January 1, 2023

Tier	Maximum City Contribution The City agrees to contribute up to the premium, but not higher than the maximums listed below:			
	Medical	Dental PPO	Dental HMO	Vision
Single	849.19 820.00	57.86	30.11	23.50
Two Party	1,727.48 1,650.00	108.02	51.19	23.50
Family	2,203.13 2,100.00	142.36	78.29	23.50
For employees who elect to discontinue vision coverage, the employee premium paid for vision coverage will be applied toward the medical premium.				

Table 2. PMA Health Contributions Effective January 1, 2024

Tier	Maximum City Contribution The City agrees to contribute up to the premium, but not higher than the maximums listed below:			
	Medical	Dental PPO	Dental HMO	Vision
Single	888.19 859.00	57.86	30.11	23.50
Two Party	1,805.48 1,728.00	108.02	51.19	23.50
Family	2,304.13 2,201.00	142.36	78.29	23.50

Table 3. PMA Health Contributions Effective January 1, 2025

Tier	Maximum City Contribution The City agrees to contribute up to the premium, but not higher than the maximums listed below:			
	Medical	Dental PPO	Dental HMO	Vision
Single	921.19 892.00	57.86	30.11	23.50
Two Party	1,871.48 1,794.00	108.02	51.19	23.50
Family	2,388.13 2,285.00	142.36	78.29	23.50

All remaining sections of Article V remain unchanged

FOR THE CITY OF HUNTINGTON BEACH

Theresa St. Peter, Interim Human Resources Director


Date

FOR THE CITY OF HUNTINGTON BEACH

Theresa St. Peter, Interim Human Resources Director

Date

FOR THE HUNTINGTON BEACH POLICE MANAGEMENT ASSOCIATION



Kevin Johnson, PMA President

12/1/23

Date