



Contract Number

SAP Number

Human Resources

Department Contract Representative	Gina King, HR Deputy Director Human Resources
Telephone Number	909-387-5571
Contractor	N/A
Contractor Representative	N/A
Telephone Number	N/A
Contract Term	
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	
Project Name	CalAim – Enhanced Care Management Program

IT IS HEREBY AGREED AS FOLLOWS:

Effective November 15, 2022, the Employment Agreement entered into by and between San Bernardino County, hereinafter called the County, and _____, hereinafter called Contractor, is hereby amended as follows:

DELETE, Section V - G. MEDICAL AND DENTAL COVERAGE and SUBSTITUTE therefore the following:

G. MEDICAL AND DENTAL COVERAGE

Contractor must enroll in a medical and dental plan offered by the County unless already enrolled in comparable employer-sponsored group coverage. If eligible, Contractor shall receive the Medical Premium Subsidy (MPS) to offset the cost of medical plan premiums charged to Contractor. The MPS shall not be considered compensation earnable for purposes of calculating benefits or contributions for the San Bernardino County Employee’s Retirement Association. The applicable MPS shall be paid directly to the provider of the County-sponsored medical plan in which the eligible Contractor has enrolled. In no case shall the MPS exceed the total cost of the medical insurance premium for the coverage selected (e.g., when the MPS amounts exceed the lowest HMO cost).

Contractor shall receive the following MPS amounts per pay period as applicable:

Coverage type	Scheduled for 40 to 60 hours	Scheduled for 61 to 80 Hours
Employee Only	\$131.69	\$263.38
Employee + 1	\$255.00	\$510.00
Employee + 2	\$360.29	\$720.59

If enrolled in a County-sponsored medical plan and all other Plan eligibility requirements are met, Contractor shall receive a Dental Premium Subsidy (DPS) amount per pay period as applicable:

Coverage Type	Scheduled for 40 to 60 hours	Scheduled for 61 to 80 hours
Employee Only		
Employee + 1	\$4.73	\$9.46
Employee + 2		

The applicable DPS amount shall be paid directly to the provider of the County-sponsored dental plan in which the eligible employee has enrolled. In no case shall the DPS exceed the total cost of the dental insurance premium for the coverage selected (e.g., when the DPS amounts exceed the dental plan cost).

To be eligible for the MPS and DPS, Contractor must be scheduled for a minimum of forty (40) hours per pay period and have received pay for at least one-half plus one hour of scheduled hours in a pay period.

Contractor shall not receive flex dollars if Contractor chooses to “opt-out” or “waive” from the County-sponsored health plans.

DELETE, Section V - I. LIFE INSURANCE and SUBSTITUTE therefore the following:

I. LIFE INSURANCE

The County shall pay the premium for a term life insurance policy for each employee based on scheduled work hours according to the table below. Life insurance will become effective on the first day of the pay period following the employee’s first pay period in which the employee is in paid status and shall continue for each pay period in which the employee is in a paid status. For pay periods in which the employee is not in paid status, the employee shall have the option of continuing life insurance coverage at the employee’s expense.

ECM Classifications	Scheduled for 40 to 60 Hours	Scheduled for 61 to 80 Hours
ECM Office Assistant, ECM Secretary	\$10,000	\$20,000
ECM Social Worker, Automated Systems Analyst I, ECM Program Specialist, Business Systems Analyst I, Automated Systems Analyst II, Business Systems Analyst II, ECM Healthcare Program Administrator, ECM MH Program Manager, ECM RN Care Manager, ECM Nursing Program Coordinator, ECM Informatics Analyst, Public Health Epidemiologist, ECM Clinical Therapist, ECM Alcohol and Drug Counselor	\$25,000	\$50,000
ECM Care Assistant, ECM Community Health Worker, Automated Systems Technician	\$17,000	\$35,000

All other terms and conditions of the Employment Agreement and all prior amendments, if any, remain unchanged and are incorporated herein by this reference.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

(Print or type name of Contractor)



Name:

Dated:

By



(Contractor's Signature - sign in blue ink)

Name

(Print or type name of person signing contract)

FOR COUNTY USE ONLY

Approved as to Legal Form



Cynthia O'Neill, Principal Assistant County Counsel

Date _____

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department



Date _____