

Yolo County Health Insurance Open Enrollment

2018

SEPTEMBER 11 – OCTOBER 6, 2017

Open Enrollment & Planning Guide

It's that wonderful, special, magical time of year again – health insurance open enrollment for all Yolo County employees!

The following pages offer important information on the benefit plans for 2018. From September 11th-October 6th you can ...

- **Change** health insurance plans
- **Enroll** in a County sponsored health insurance plan
- **Add** eligible dependents to your health insurance coverage
- **Complete** the health insurance opt out form and provide proof of coverage
- Read on and contact your Department HR Generalist or the Human Resources Office for more details.

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STAY INFORMED WITH [MyCalPERS](http://www.calpers.ca.gov)

Visit www.calpers.ca.gov for the most up-to-date information regarding

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WESTERN HEALTH ADVANTAGE IS NOW AVAILABLE!

Western Health Advantage is a new HMO plan available beginning January 2018. This plan will have access to Mercy Medical Group, Woodland Clinic, Hill Physicians, NorthBay Healthcare and Meritage Medical Network. It will NOT have access to Sutter Medical Group or UC Davis Medical Group.

HEALTH PLAN BENEFIT CHANGES (COVERAGE, CO-PAYS, DEDUCTIBLES)

There have been no changes to the health plan benefits for 2018. The benefits provided by the plans will remain the same and the co-pays/deductibles for services have not changed. Please refer to the **CalPERS 2018 Health Benefit Summary** for a side-by-side comparison of the plans (starting at page 16). Each plan also has a detailed Evidence of Coverage (EOC) booklet available on their respective websites. A listing of the websites for all health plans is available on page 16 and all plan websites can be accessed via the CalPERS open enrollment website (go to www.calpers.ca.gov then then click on “View Health Plan Rates” on the left column of the web page to access health plan and rate information).

WE’RE NOT GOING TO TELL YOU WHAT TO DO....BUT...

- ◆ The HMOs all have the same benefits, although the Rx formulary list may vary.
- ◆ A few plans have seen dramatic premium increases.
- ◆ There are more affordable options to access all of our local medical providers.
- ◆ **IF** you want to use the **Woodland Clinic**, you may want to consider enrolling in Western Health Advantage.
- ◆ **IF** you want to use the **UC Davis Medical Group**, you may want to consider enrolling in Blue Shield Access+
- ◆ **IF** you wish to use the **Sutter Medical Group**, may want to consider enrolling in United Healthcare

Important Information For Those Opting-Out of County-Provided Health Insurance

ALL employees who wish to opt-out of County-provided health insurance for the 2018 plan year must complete the health insurance opt-out form and provide proof of coverage to Human Resources by the end of the open enrollment period. Acceptable proof of coverage is a group health insurance plan that is a non-Covered California health insurance plan. The proof of coverage must include the employee and all of their eligible dependents.

For General Unit and Supervisor Unit employees, Human Resources will enroll the employee in the lowest cost available employee-only health plan for the 2018 plan year, if acceptable proof of coverage is not received by the end of the open enrollment period. The employee shall be responsible for any employee-required contributions toward the health plan.

Premiums for 2018

Each year, CalPERS negotiates premiums with each plan to set the rates for the new year. It can be difficult to understand why some plans continue to have higher monthly premiums even though the benefits (co-pays and services) are the same for all HMOs. A higher premium does not necessarily mean the plan is better or provides more coverage than the others.

Employees who live in the Sacramento region and are enrolled in Health

Net will want to review the premiums and consider the other health plans that are available.

Employees who live in and use medical providers in the Bay Area region and the Other Northern California Counties region will have a different premium structure than the Sacramento region. The costs for each health plan and the availability varies by region. In some areas, a plan may or may not be available depending on zip code. Please use the [CalPERS Zip Code Search](#) on their website to confirm the available health plans where you live. **Employees who live in other regions have the option to use their work address to qualify for the Sacramento region premiums but that also requires using local medical providers.** In addition to completing the open enrollment change, a “[CalPERS Zip Code Election](#)” form will need to be completed and submitted to Human Resources.

SETTING THE COUNTY CONTRIBUTION FOR 2018

Each employee group has language in their labor agreement that specifies the County’s share of the health insurance premiums. For 2018, those shares are:

- General Unit: 90% of the lowest cost HMO plan (Kaiser)
- Deputies, Correctional Officers & Probation: 90% of the lowest cost health plan (PERS Select)
- Management & Sheriff’s Mgmt.: 90% of lowest cost plans at the family rate (PERS Select)
- Supervisors, Attorneys, Supervising Attorneys, & Unrepresented: same amount as the 2017 contribution.

The biweekly premiums for employees and the County’s share of the premium are contained in the charts that appear later in this publication. The employee payroll deduction is the difference between the premium for the chosen health plan and the fixed County contribution for employees. Employees who receive a benefit package will continue to see a payroll deduction for the entire health premium but the value of the benefit package will vary based on bargaining unit.

FAMILY MEMBERS ENROLLMENT

Below is a listing of family members who are eligible for coverage. Due to requirements under the Affordable Care Act, employees must provide social security numbers for all family members when enrolling. If you do not provide the social security number, your dependent will not be enrolled.

- **Spouse.** You are required to provide a copy of your marriage certificate. If the marriage certificate is not readily available, an Affidavit of Marriage may be completed in its place.

UNENROLL INELIGIBLE FAMILY MEMBERS IMMEDIATELY!

It is against the law to continue enrollment of an ineligible family member. If you do so, you may have to pay all costs incurred by the ineligible person during the ineligibility period.

- **Registered domestic partner.** Same sex domestic partnerships or an opposite sex partnership where one partner is at least age 62 are eligible to register with the Secretary of State and must provide applicable documentation.
- **Children up to age 26.** This includes natural, adopted, step-children and a domestic partners' child.
- **Children up to age 26, if you have assumed a parent-child relationship and are considered the primary care parent.** An Affidavit of Parent-Child Relationship must be completed.
- **Certified disabled dependent children over age 26.** Additional documentation is required by CalPERS.

Ineligible family members: Our health plans do not provide coverage for former spouses or partners (or their children), children over age 26, parents, grandparents or siblings.

CAN'T DECIDE ON A HEALTH INSURANCE PLAN?



CalPERS has additional on-line tools at www.calpers.ca.gov. The open enrollment website provides a variety of publications, links to the health plan websites and access to the full Evidence of Coverage for each plan. For information customized to you, login to myCalPERS (create an account and password) to review your current enrollment, review the 2018 Health Benefit Summary and access the Find a Medical Plan Tool.

Creating a myCalPERS account also gives you access to your annual member statement, retirement planning calculators, downloadable publications and training opportunities. Check it out!



Our EAP offers a wide variety of confidential support services.

Each fiscal year, Yolo County employees are entitled to six (6) face to face, telephone, or web-video counseling/consultations per area of concern or incident. This benefit extends to all members of the household. Read on for more information about available services. To access your EAP services...

Call 1-800-242-6220

~OR~

Visit <http://members.mhn.com>, click "Log In" and enter the Company Code: "yolocounty"

HMO SERVICE AREAS ARE BASED ON THE ZIP CODE OF YOUR RESIDENCE.

UPDATE YOUR BENEFICIARY DESIGNATIONS

All newly-hired County employees make a beneficiary designation for their final paycheck. Do you remember who you named to receive your final payoffs should something happen to you? Many employees also have a County-sponsored life insurance policy, a CalPERS account, and possibly a deferred compensation plan. Please contact Stacie Danielson at 666-8067 if you need assistance making any changes.

All HMO's are available to County employees based on the service area of the health insurance company. The zip code of your residence is used to determine if a plan is available to you. Before you make any changes, confirm health plan availability by using the "[Health Plan Search by Zip Code](#)" feature at the CalPERS website, www.calpers.ca.gov. Select the link to the "Health Open Enrollment" and you will see the link to the Zip Code search.

If a health plan is not available using your home zip code, you may wish to designate your work address to qualify. If you use your work zip code, the premium you pay will be for Yolo County residents. Please call HR for more information.

FLEXIBLE SPENDING ACCOUNTS AND VOLUNTARY BENEFITS

November 2017 will be your next opportunity to enroll in a Medical Reimbursement and/or Dependent Care Account. Stay tuned for the open enrollment announcement and learn more about how these programs can help you reduce your payroll taxes when you have qualifying expenses. November will also be an opportunity to consider purchasing disability insurance or additional life insurance for yourself and your family members.



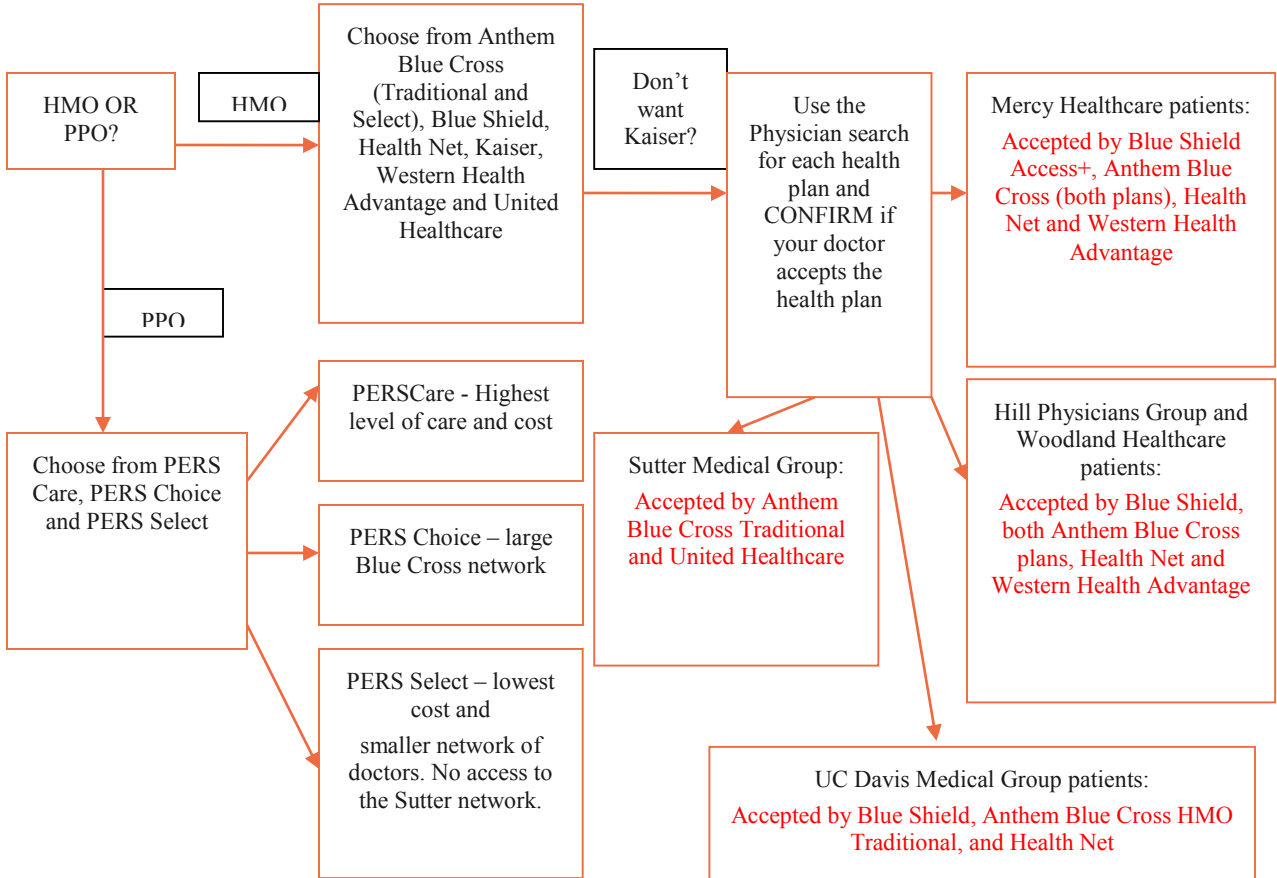
CHOOSING A NEW HEALTH PLAN

Because of significant premium changes, employees may consider changing their health plan for 2018. If you wish to continue with the same plan, you don't need to do anything, you will automatically continue with the same plan for 2018. If you decide to change plans, you will want to consider the following:

- **Do you want an HMO or would you consider a PPO plan?** Please review the CalPERS 2018 [Health Benefit Summary](#) to better understand the differences between an HMO and a PPO.
- **Where do you go to the doctor?** Each health plan has a different list of participating physicians. If you wish to keep your current physician, verify which health plans are accepted. Each health plan has a physician search option on their website. Please use the website specific to the CalPERS

sponsored health plan. A listing of health plans and websites is provided on page 15 of this publication.

- **Would you consider Kaiser?** Kaiser clinics and hospitals are located throughout the Sacramento and Bay areas.
- **If you are member of PORAC** (Deputy Sheriff Association and Sheriff’s Management employees), you may want to consider the PPO offered by PORAC.



COMPLETING A HEALTH INSURANCE CHANGE

If you decide to make a change, please complete the Open Enrollment process online, beginning September 11, 2017, by going to insideyolo2.yolocounty.org and clicking on the blue “Infor Employee Self-Service” button. In Employee Self-Service, click on “To Do” then “Pay and Benefits” and then “Benefit Enrollment.” All changes must be made by Friday, October 6, 2017. **There will be no exceptions!**

A Few Reminders...

- Employees are required to provide social security numbers for all dependents enrolled in a health insurance plan.
- If you are adding your spouse, you must provide a copy of your marriage certificate or a notarized Affidavit of Marriage and you must provide your spouse's social security number and birthdate. Please submit this document to Human Resources.
- Birth certificates are now required for all children added to your plan.
- Eligible Domestic Partnerships must be registered with the Secretary of State to be eligible for coverage. Please contact Human Resources for specific eligibility requirements.
- If you are adding an economically dependent child (other than natural, adopted or step-children), you must provide an Affidavit of Parent-Child Relationship.
- Double coverage is not allowed if a husband/wife or registered domestic partners both have CalPERS sponsored health insurance. The employees may enroll separately but then will not be allowed to cover each other. All children must be enrolled with one parent.
- If you have changed addresses recently, make sure Human Resources has your updated address and phone number. Please use [Employee Self-Service](#) on Inside Yolo to make the change. This information is forwarded to CalPERS and the health insurance companies.
- A change of address provides an opportunity to change health plans. It is possible that you may have moved into or out of a health plan service area based on your new zip code. Even if your health plan is still available to you, you may become eligible for a plan that is more convenient based on your new location.

DENTAL AND VISION OPEN ENROLLMENT

May 2018, will be your next opportunity to consider changes to your dental and vision plan enrollments. The Buy Up plans which offer a higher level of coverage, will be available again. Changes made in May 2018 will go into effect on July 1, 2018. Stay tuned for more information next Spring!

The logo for Delta Dental, featuring a white triangle icon to the left of the text "DELTA DENTAL" in white capital letters on a green rectangular background.The logo for M&E Vision, with "M&E" in large, bold, maroon letters and "Vision" in a smaller, maroon script font to the right.

Yolo County 2018 Health Insurance Rates

(bi-weekly payroll deduction, 24x per year)

For Residents of Yolo, Sacramento, Placer and El Dorado Counties

Health Plan	Coverage Level	(1) Employee Share	(2) Employee Share	(3) Employee Share
		General Unit *	Deputy Sheriff, CO, Probation	With Benefit Package
Anthem HMO Select	Employee	154.37	162.94	471.15
	Emp. & one	308.73	325.88	942.29
	Emp. & 2 or more	401.34	423.65	1,224.98
Anthem HMO Traditional	Employee	210.53	219.10	527.31
	Emp. & one	421.06	438.21	1,054.62
	Emp. & 2 or more	547.34	569.68	1,371.01
Blue Shield Access+ HMO	Employee	86.58	95.15	403.36
	Emp. & one	173.15	190.30	806.71
	Emp. & 2 or more	225.09	247.40	1,048.73
Health Net	Employee	173.63	182.20	490.41
	Emp. & one	347.26	364.41	980.82
	Emp. & 2 or more	451.43	473.74	1,275.07
Kaiser	Employee	35.20	43.77	351.98
	Emp. & one	70.40	87.55	703.96
	Emp. & 2 or more	91.51	113.82	915.15
United Healthcare HMO	Employee	98.93	107.50	415.71
	Emp. & one	197.86	215.01	831.42
	Emp. & 2 or more	257.21	279.52	1,080.85
Western Health Advantage HMO	Employee	55.62	64.19	372.40
	Emp. & one	111.23	128.38	744.79
	Emp. & 2 or more	144.59	166.90	968.23
PERS Select PPO	Employee	25.67	34.24	342.45
	Emp. & one	51.34	68.49	684.90
	Emp. & 2 or more	66.73	89.04	890.37
PERS-Choice PPO	Employee	50.91	59.48	367.69
	Emp. & one	101.82	118.97	735.38
	Emp. & 2 or more	132.36	154.67	956.00
PERS-Care PPO	Employee	82.03	90.60	398.81
	Emp. & one	164.05	181.20	797.61
	Emp. & 2 or more	213.26	235.57	1,036.90
PORAC PPO <i>(Must be an Association member)</i>	Employee	98.93	58.79	367.00
	Emp. & one	197.86	153.59	770.00
	Emp. & 2 or more	257.21	183.67	985.00

Rate changes will be effected on the December 2017 paychecks for January 2018 coverage

- General unit employees.** Yolo County contribution is \$316.78 for employee only, \$633.56 for employee and one, and \$823.64 for employee and family.
- Deputy Sheriff, Correctional Officer and Probation Association employees.** Yolo County contribution is \$308.21 for employee only, \$616.41 for employee and one, and \$801.33 for employee and family.
- Management and Sheriff's Management employees** will receive a Management Benefit Package of \$845.08 per payroll to purchase health, dental and vision coverage. **Supervisors, Attorneys, Supervising Attorneys, Assistant Department Heads and other unrepresented employees** will receive \$852.25 per payroll period. The **Department Head** Benefit Package is \$1,060.58 per payroll period.

*The payroll deduction for part-time employees in the General Unit may be higher if the employee was hired after or became part-time after January 1, 2008. Please contact Human Resources for premium information-

Yolo County 2018 Health Insurance Rates

(bi-weekly payroll deduction, 24x per year)

For Residents of Solano, Sutter, Yuba, San Joaquin and all Bay Area Counties

Health Plan	Coverage Level	(1) Employee Share General Unit *	(2) Employee Share Deputy Sheriff, CO, Probation	(3) Employee Share With Benefit Package
Anthem HMO Select	Employee	111.43	120.00	428.21
	Emp. & one	222.85	240.00	856.41
	Emp. & 2 or more	289.70	312.01	1113.34
Anthem HMO Traditional	Employee	145.96	154.53	462.74
	Emp. & one	291.91	309.06	925.47
	Emp. & 2 or more	379.47	401.78	1203.11
Blue Shield Access+ HMO	Employee	127.73	136.30	444.51
	Emp. & one	255.46	272.61	889.02
	Emp. & 2 or more	332.09	354.40	1155.73
Health Net	Employee	114.96	123.53	431.74
	Emp. & one	229.92	247.07	863.48
	Emp. & 2 or more	298.89	321.20	1122.53
Kaiser HMO	Employee	73.15	81.72	389.93
	Emp. & one	146.30	163.45	779.86
	Emp. & 2 or more	190.18	212.49	1013.82
United Healthcare HMO	Employee	369.14	377.71	685.92
	Emp. & one	738.28	755.43	1371.84
	Emp. & 2 or more	959.75	982.06	1783.39
Western Health Advantage HMO	Employee	79.50	88.07	396.28
	Emp. & one	159.00	176.15	792.56
	Emp. & 2 or more	206.69	229.00	1030.33
PERS Select PPO	Employee	41.97	50.54	358.75
	Emp. & one	83.94	101.09	717.50
	Emp. & 2 or more	109.11	131.42	932.75
PERS-Choice PPO	Employee	83.36	91.93	400.14
	Emp. & one	166.71	183.86	800.27
	Emp. & 2 or more	216.71	239.02	1040.35
PERS-Care PPO	Employee	124.45	133.02	441.23
	Emp. & one	248.89	266.04	882.45
	Emp. & 2 or more	323.55	345.86	1147.19
PORAC PPO (Must be an Association member)	Employee	50.22	58.79	367.00
	Emp. & one	136.44	153.59	770.00
	Emp. & 2 or more	161.36	183.67	985.00

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*The payroll deduction for part-time employees in the General Unit may be higher if the employee was hired after or became part-time after January 1, 2008. Please contact Human Resources for premium information-

Yolo County 2018 Health Insurance Rates

(bi-weekly payroll deduction, 24x per year)

For Residents of Other Northern California Counties (Butte, Colusa, Lake, Glenn, etc.)

Health Plan	Coverage Level	(1) Employee Share General Unit *	(2) Employee Share Deputy Sheriff, CO, Probation	(3) Employee Share With Benefit Package
Anthem HMO Select	Employee	138.67	147.24	455.45
	Emp. & one	277.34	294.49	910.90
	Emp. & 2 or more	360.53	382.84	1184.17
Anthem HMO Traditional	Employee	160.60	169.17	477.38
	Emp. & one	321.19	338.34	954.75
	Emp. & 2 or more	417.54	439.85	1241.18
Blue Shield Access+ HMO	Employee	130.44	139.01	447.22
	Emp. & one	260.87	278.02	894.43
	Emp. & 2 or more	339.12	361.43	1162.76
Health Net	<i>(Not Available)</i>			
Kaiser HMO	Employee	80.94	89.51	397.72
	Emp. & one	161.87	179.02	795.43
	Emp. & 2 or more	210.42	232.73	1034.06
United Healthcare HMO	Employee	286.00	294.57	602.78
	Emp. & one	571.99	589.14	1205.55
	Emp. & 2 or more	743.58	765.89	1567.22
Western Health Advantage HMO	Employee	55.62	64.19	372.40
	Emp. & one	111.23	128.38	744.79
	Emp. & 2 or more	144.59	166.90	968.23
PERS Select PPO	Employee	29.11	37.68	345.89
	Emp. & one	58.22	75.37	691.78
	Emp. & 2 or more	75.68	97.99	899.32
PERS-Choice PPO	Employee	90.20	98.77	406.98
	Emp. & one	180.40	197.55	813.96
	Emp. & 2 or more	234.51	256.82	1058.15
PERS-Care PPO	Employee	116.69	125.26	433.47
	Emp. & one	233.37	250.52	866.93
	Emp. & 2 or more	303.37	325.68	1127.01
PORAC PPO <i>(Must be an Association member)</i>	Employee	50.22	58.79	367.00
	Emp. & one	136.44	153.59	770.00
	Emp. & 2 or more	161.36	183.67	985.00

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*The payroll deduction for part-time employees in the General Unit may be higher if the employee was hired after or became part-time after January 1, 2008. Please contact Human Resources for premium information-

Benefits Contact List

Benefit	Provider	Group or ID#	Telephone	Website/Email
Deferred Compensation	ICMA Corinne Cox	Yolo - 300412 Your SS#	(866) 838-8776	www.icmarc.org ccox@icmarc.org
Deferred Compensation	Massachusetts Mutual David McCray	Yolo – 20010 Your SS#	(866) 504-1182	www.retirement.massmutual.com
Dental Insurance – Basic	Delta Dental	Yolo – 3559-0001 Your SS#	(888) 335-8227	www.deltadentalca.org
Dental Insurance – Buy Up	Delta Dental	Yolo – 3559-1001 Your SS#	(888) 335-8227	www.deltadentalca.org
Dependent Care	Employee Benefit Specialists (EBS)	Your SS#	(800) 229-7683	www.ebsbenefits.com
Employee Assistance Program				
Health Insurance	Anthem Blue Cross HMO (Traditional and Select)		(855) 839-4524	www.anthem.com/ca/calpershmo
Health Insurance	Blue Shield Net Value HMO	PH0010	(800) 334-5847	www.blueshieldca.com/calpers
Health Insurance	Blue Shield Access+ HMO	PH0001	(800) 334-5847	www.blueshieldca.com/calpers
Health Insurance	Health Net		(888) 926-4921	www.healthnet.com/calpers
Health Insurance	Kaiser Permanente	00003-20, Medical Record Number	(800) 464-4000	www.kp.org/calpers
Health Insurance	PERS Select		(877) 737-7776	www.anthem.com/ca/calpers
Health Insurance	PERS Choice	CB050A	(877) 737-7776	www.anthem.com/ca/calpers
Health Insurance	PERS Care	KB050A	(877) 737-7776	www.anthem.com/ca/calpers
Health Insurance	PORAC		(800) 288-6928	http://ibt.porac.org/sbcs
Health Insurance	United Healthcare		(877) 359-3714	www.uhc.com/calpers
Health Insurance	Western Health Advantage		(888) 942-7377	www.westernhealth.com/calpers/
Insurance – Auto, Home, Life	Liberty Mutual Colby Bell		(916) 476-0792	

Yolo County Health Insurance Open Enrollment

Insurance – Life, Disability, Cancer, Heart	Employee Benefit Specialists (EBS)	Your SS#	(800) 229-7683	www.ebsbenefits.com
Medical Reimbursement Account	Employee Benefit Specialists (EBS)	Your SS#	(800) 229-7683	www.ebsbenefits.com
Retirement	CalPERS	Yolo – 6380137448; Your SS#	(888) 225-7377	www.calpers.ca.gov
Vision – Basic	Medical Eye Services	Yolo - 15174 Your SS#	(800) 877-6372	www.mesvision.com
Vision – Buy Up	Medical Eye Services	Yolo - 24889 Your SS#	(800) 877-6372	www.mesvision.com

County of Yolo 2018 Pay Period Schedule

Payroll Period	HR Document Cutoff	Pay Dates	Important Details
12/24 – 1/6/2018	December 29	January 12	
01/07 - 01/20	January 16	January 26	
01/21 – 02/03	January 30	February 9	
02/04 – 02/17	February 13	February 23	
02/18 – 03/03	February 27	March 9	
03/04 – 03/17	March 13	March 23	
03/18 – 03/31	March 27	April 6	Free Payroll- No benefit Deductions
04/01 – 04/14	April 10	April 20	
04/15 – 04/28	April 24	May 4	
04/29 – 05/12	May 8	May 18	
05/13 – 05/26	May 22	June 1	
05/27 – 06/09	June 5	June 15	
06/10 – 06/23	June 19	June 29	
06/24 – 07/07	July 2	July 13	
07/08 – 07/21	July 17	July 29	
07/22 – 08/04	July 31	August 10	
08/05 – 08/18	August 14	August 24	
08/19 – 09/01	August 28	September 7	
09/02– 09/15	September 11	September 21	
09/16– 09/29	September 25	October 5	Free Payroll- No benefit Deductions
09/30 – 10/13	October 9	October 19	
10/14 – 10/27	October 23	November 2	
10/28 – 11/10	November 6	November 16	
11/11 – 11/24	November 20	November 30	
11/25 – 12/08	December 04	December 14	
12/09 – 12/22	December 18	December 28	
12/23 – 01/5/19	December 31	January 11	

2018 Holiday Schedule

Date	Holiday	Day of Week
January 1	New Year's Day	Monday
January 15	Martin Luther King, Jr. Day (DSA & SMA excluded)	Monday
February 19	President's Day	Monday
May 28	Memorial Day	Monday
July 4	Independence Day	Wednesday
September 3	Labor Day	Monday
November 12	Veteran's Day	Friday
November 22 & 23	Thanksgiving Day and Day After	Thursday, Friday
December 25	Christmas Day	Tuesday
January 1, 2019	New Year's Day	Tuesday