

| <b>FOPPO</b>   |          |
|--|----------|
| County Contribution: 80% of Premiums (95% HSA)                     |          |
| Bi-Monthly Premiums (taken from first two paychecks of each month) |          |
| <b>OEBB 2020-2021 - Composite Rates</b>                            |          |
| <b>Medical - Moda Health</b>                                       |          |
| Plan 2   | \$153.79 |
| Plan 3   | \$144.58 |
| Plan 4   | \$137.20 |
| Plan 5   | \$126.86 |
| <b>HSA PLANS</b>   |          |
| Plan 6   | \$32.48  |
| Plan 7   | \$30.31  |

| <b>Dental - Moda</b>       |         |         |         |          |
|----------------------------|---------|---------|---------|----------|
| Plans                      | EE Only | EMP+SP  | EMP+ CH | EMP+ FAM |
| Plan 1                     | \$6.64  | \$13.15 | \$14.62 | \$21.65  |
| Plan 5                     | \$5.86  | \$11.60 | \$12.91 | \$19.11  |
| Plan 6                     | \$4.38  | \$8.68  | \$8.81  | \$13.45  |
| Plan Exclusive PPO         | \$3.92  | \$7.76  | \$8.63  | \$12.78  |
| <b>Dental - Willamette</b> |         |         |         |          |
| Plan 8 Willamette          | \$4.90  | \$9.71  | \$10.33 | \$15.52  |

| <b>Vision - Moda</b> |         |        |         |          |
|----------------------|---------|--------|---------|----------|
| Plans                | EE Only | EMP+SP | EMP+ CH | EMP+ FAM |
| Opal (600 max)       | \$2.39  | \$5.26 | \$4.54  | \$7.41   |
| Pearl (400 max)      | \$1.95  | \$4.30 | \$3.71  | \$6.05   |
| Quartz (250 max)     | \$1.38  | \$3.03 | \$2.62  | \$4.27   |

| <b>Vision - VSP</b> |         |        |         |          |
|---------------------|---------|--------|---------|----------|
| Plans               | EE Only | EMP+SP | EMP+ CH | EMP+ FAM |
| Plan Choice Plus    | \$1.88  | \$4.14 | \$3.57  | \$5.83   |
| Plan Choice         | \$0.92  | \$2.01 | \$1.74  | \$2.83   |

***\$500 Opt Out with proof of other group coverage***

# JOSEPHINE COUNTY BENEFIT OVERVIEW – FOPPO EMPLOYEES

## Insurance Available to Full-Time employees only

|   |   |
|---|---|
| Medical* – Moda Health Network <ul style="list-style-type: none"> <li>• Connexus</li> </ul> | <p><b>Plan 2</b></p> <ul style="list-style-type: none"> <li>• Coordinated Care: Deductible \$800/\$2,700, Max Out of Pocket \$3,850/\$12,750</li> <li>• Non-Coordinated Care: Deductible \$900/\$2,700, Max Out of Pocket \$4,250/\$12,750</li> </ul> <p><b>Plan 3</b></p> <ul style="list-style-type: none"> <li>• Coordinated Care: Deductible \$1,200/\$3,900, Max Out of Pocket \$4,850/\$15,750</li> <li>• Non-Coordinated Care: Deductible \$1,300/\$3,900, Max Out of Pocket \$5,250/\$15,750</li> </ul> <p><b>Plan 4</b></p> <ul style="list-style-type: none"> <li>• Coordinated Care: Deductible \$1,600/\$5,100, Max Out of Pocket \$6,700/\$15,800</li> <li>• Non-Coordinated Care: Deductible \$1,700/\$5,100, Max Out of Pocket \$7,100/\$15,800</li> </ul> <p><b>Plan 5</b></p> <ul style="list-style-type: none"> <li>• Coordinated Care: Deductible \$2,000/\$6,300, Max Out of Pocket \$6,800/\$15,800</li> <li>• Non-Coordinated Care: Deductible \$2,100/\$6,300, Max Out of Pocket \$7,200/\$15,800</li> </ul> <p><b>Plan 6</b></p> <ul style="list-style-type: none"> <li>• Coordinated Care: Deductible \$1,600/\$3,400, Max Out of Pocket \$6,400/\$13,500</li> <li>• Non-Coordinated Care: Deductible \$1,700/\$3,400, Max Out of Pocket \$6,750/\$13,500</li> </ul> <p><b>Plan 7</b></p> <ul style="list-style-type: none"> <li>• Coordinated Care: Deductible: \$2,000/\$4,200, Max Out of Pocket \$6,500/\$13,500</li> </ul> Non-Coordinated Care: Deductible \$2,100/\$4,200, Max Out of Pocket \$6,750/\$13,500 |
| Dental –Delta Dental  | Plan 1: Deductible \$50, Benefit Max \$2,200 (Incentive Plan)<br>Plan 5: Deductible \$50, Benefit Max \$1,700 (Incentive Plan)<br>Plan 6: Deductible \$50, Benefit Max \$1,200<br>Plan Exclusive PPO: Deductible \$50, Benefit Max \$1,500  |
| Dental – Willamette   | Plan 8: \$20 co-pay   |
| Vision – Moda Health  | Plan Opal: Benefit Max \$600<br>Plan Pearl: Benefit Max \$400<br>Plan Quartz: Benefit Max \$250   |
| Vision-VSP  | Plan Choice Plus: Benefit Max N/A<br>Plan Choice: Benefit Max N/A   |
| Life/AD&D   | Employee Life: \$25,000, Dependent Life: \$2,000, AD&D: \$30,000  |
| Long Term Disability  | 66 2/3% of lost wages after 90-day waiting period   |
| <b>Insurance – Available to ACA eligible Part-time Employees</b>                            |   |
| Medical* – Moda Health  | Plan 7 HSA qualified: Deductible \$2,100/\$4,200, Max Out of Pocket \$6,750/\$13,500  |
| <b>Retirement</b>   |   |
| PERS  | Enrolled Upon Eligibility   |
| <b>Leave Benefits (Pro-rated for less than Full-Time)</b>                                   |   |
| PTO   | 1 - 24 months            16 hours    192 hours/year   |
|   | 25 - 60 months           18 hours    216 hours/year   |
|   | 61 - 120 months           20 hours    240 hours/year  |
|   | 121 - 180 months        22 hours    264 hours/year  |
|   | > 180 months            24 hours    288 hours/year  |
| Holidays  | New Year's Day, Martin Luther King BD. Presidents' Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day and one floating holiday  |
| <b>Other Benefits (Available upon eligibility)</b>  |   |
| Employee Assistance Program (EAP)   | Access to highly qualified, licensed, and experienced EAP clinicians with expertise in marriage and family counseling, substance abuse and crisis support   |
| Health Savings Acct (HSA)   | With qualifying Medical Plan selection, pre-tax contribution up to IRS annual limit.  |
| Flexible Spending Acct (FSA)  | IRC Section 125 - Pre-tax contributions for unreimbursed medical or dependent care expenses.  |
| Deferred Comp   | IRC Section 457 Plan – VOYA or VALIC  |
| Voluntary Insurance   | Additional Life and AD&D Insurance may be purchased for employee, spouse, and children.   |
| Supplemental Insurance  | May be purchased through Aflac.   |