

**Medical Plan Options - Premera**

<b>\$750 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 523.71	\$ 945.00	\$ (421.29)	\$ 421.29
Employee & Spouse	\$ 1,178.34	\$ 945.00	\$ 233.34	n/a
Employee & Children	\$ 916.50	\$ 945.00	\$ (28.50)	\$ 28.50
Family	\$ 1,571.13	\$ 945.00	\$ 626.13	n/a

<b>\$1500 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 488.58	\$ 945.00	\$ (456.42)	\$ 456.42
Employee & Spouse	\$ 1,099.30	\$ 945.00	\$ 154.30	n/a
Employee & Children	\$ 855.02	\$ 945.00	\$ (89.98)	\$ 89.98
Family	\$ 1,465.74	\$ 945.00	\$ 520.74	n/a

<b>\$3000 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 456.45	\$ 945.00	\$ (488.55)	\$ 488.55
Employee & Spouse	\$ 1,027.01	\$ 945.00	\$ 82.01	n/a
Employee & Children	\$ 798.79	\$ 945.00	\$ (146.21)	\$ 146.21
Family	\$ 1,369.35	\$ 945.00	\$ 424.35	n/a

<b>\$2500 HDHP Qualified Plan</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 428.85	\$ 945.00	\$ (516.15)	\$ 516.15
Employee & Spouse	\$ 964.91	\$ 945.00	\$ 19.91	n/a
Employee & Children	\$ 750.49	\$ 945.00	\$ (194.51)	\$ 194.51
Family	\$ 1,286.55	\$ 945.00	\$ 341.55	n/a

**Dental Plan Options**

<b>Premera \$2000 Max. Ben.</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 51.57	\$ 61.61	\$ (10.04)	\$ 10.04
Employee & Spouse	\$ 102.64	\$ 61.61	\$ 41.03	n/a
Employee & Children	\$ 122.07	\$ 61.61	\$ 60.46	n/a
Family	\$ 173.14	\$ 61.61	\$ 111.53	n/a

<b>Premera \$1000 Max. Ben.</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 34.84	\$ 61.61	\$ (26.77)	\$ 26.77
Employee & Spouse	\$ 67.68	\$ 61.61	\$ 6.07	n/a
Employee & Children	\$ 79.15	\$ 61.61	\$ 17.54	n/a
Family	\$ 112.00	\$ 61.61	\$ 50.39	n/a

<b>Willamette Dental</b>	Premium	Employer	Employee	VEBA
Composite Rate	\$117.00	\$ 61.61	\$ 55.39	n/a

**Franklin County Benefits 2018**



**Rate Sheet**

*Non-Bargaining Employees  
Public Works, 874 (Court House), 874 (Public Works)  
Sheriff's Clerical and Dispatch  
Dispatch Supervisors, Appraisers  
Corrections, Correction Officers, Elected Officials*

**Vision Plan**

<b>Vision Service Plan</b>	Premium	Employer	Employee	VEBA
Composite Rate (for all "tiers")	\$ 18.03	\$ 13.84	\$ 4.19	n/a

**Life & AD&D Insurance - Regence (Life Map)**

\$30,000 policy	Employer Paid Benefit	\$ 4.56
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**Employee Assistance Program**

Life Map/Reliant Behavioral Health	Employer Paid Benefit
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**Voluntary (employee pd) Life & AD&D- Regence (Life Map)**

See summary for rate information Various amounts for employee, spouse and dependent children
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**Long Term Disability / EAP - Life Map**

<b>CORE PLAN</b>	Employer Paid Benefit	\$ 4.99
40% of basic monthly earnings up to \$4,000 - see benefit summary		
<b>BUY UP PLAN</b>	Employee Paid Benefit: based on annual income	
60% of basic monthly earnings up to %6,000		

**Short Term Disability - Voluntary**

60% of weekly earnings - see policy summary Rates vary by age - see policy summary
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