

Medical Plan Options - Premera				
<b>\$750 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 501.18	\$ 949.99	\$ (448.81)	\$ 448.81
Employee & Family	\$ 1,202.84	\$ 949.99	\$ 252.85	n/a

<b>\$1500 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 467.57	\$ 949.99	\$ (482.42)	\$ 482.42
Employee & Family	\$ 1,122.17	\$ 949.99	\$ 172.18	n/a

<b>\$3000 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 436.82	\$ 949.99	\$ (513.17)	\$ 513.17
Employee & Family	\$ 1,048.36	\$ 949.99	\$ 98.37	n/a

<b>\$2500 HDHP Qualified Plan</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 410.40	\$ 949.99	\$ (539.59)	\$ 539.59
Employee & Family	\$ 984.97	\$ 949.99	\$ 34.98	n/a

Dental Plan Options				
<b>Premera \$2000 Max. Ben.</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 44.77	\$ 61.61	\$ (16.84)	\$ 16.84
Employee & Family	\$ 125.36	\$ 61.61	\$ 63.75	n/a

<b>Premera \$1000 Max. Ben.</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 31.23	\$ 61.61	\$ (30.38)	\$ 30.38
Employee & Family	\$ 87.44	\$ 61.61	\$ 25.83	n/a

<b>Willamette Dental</b>	Premium	Employer	Employee	VEBA
Composite Rate	\$ 122.25	\$ 61.61	\$ 60.64	n/a

Franklin County Benefits      2019  
 Rate Sheet  
*Sheriff's Deputies*



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 - Lincoln Financial Group				
\$30,000 policy	Employer Paid Benefit		\$	4.56

Employee Assistance Program - Lincoln Financial Group				
ComPsych	Employer Paid Benefit			

Voluntary (employee paid) Life & AD&D - Lincoln Financial Group				
See summary for rate information				
Various amounts for employee, spouse and dependent children				

Long Term Disability / EAP - Life Map				
<b>CORE PLAN</b>	Own Association			
<b>BUY UP PLAN</b>	Own Association			

Voluntary (employee paid) Short Term Disability - Lincoln Financial Group				
60% of weekly earnings - see policy summary				
Rates vary by age - see policy summary				