AFSCME	
Allocation of Bi-Monthly County Contribution	
EE Only	$ 449.31
EE + SP	$ 713.76
EE + CH	$ 690.66
EE + FAM	$ 1,001.32
Bi-Monthly Premiums (taken from the first 2 paychecks each month)	

OEBB 2025-2026
MEDICAL - Moda Health - Connexus Network

Plan Options	EE Only	EMP+SP	EMP+ CH	EMP+ FAM
Plan 1	$ (38.53)	$ 189.97	$ 89.85	$ 272.15
Plan 2	$ (68.25)	$ 124.59	$ 33.39	$ 180.01
Plan 3	$ (91.81)	$ 72.76	$ (11.38)	$ 106.98
Plan 4	$ (111.75)	$ 28.90	$ (49.27)	$ 45.18
Plan 5	$ (137.49)	$ (27.73)	$ (98.16)	$ (34.62)
Plan 6	$ (131.24)	$ (13.99)	$ (86.29)	$ (15.26)
Plan 7	$ (152.45)	$ (60.67)	$ (126.60)	$ (81.03)

DENTAL - Delta Dental

Plan Options	EE Only	EMP+SP	EMP+ CH	EMP+ FAM
Plan 1	$ 34.73	$ 68.80	$ 76.50	$ 113.30
Plan 5	$ 30.68	$ 60.76	$ 67.57	$ 100.07
Plan 6	$ 23.42	$ 46.36	$ 47.06	$ 71.90
Exclusive PPO Incentive (New)	$ 30.11	$ 59.64	$ 66.32	$ 98.21
Plan Exclusive PPO	$ 20.29	$ 40.19	$ 44.69	$ 66.19

DENTAL - Willamette

Plan Options	EE Only	EMP+SP	EMP+ CH	EMP+ FAM
Plan 8	$ 24.09	$ 48.17	$ 51.31	$ 76.97

VISION - Moda Health

Plan Options	EE Only	EMP+SP	EMP+ CH	EMP+ FAM
Plan Opal (max $600)	$ 10.92	$ 24.00	$ 20.70	$ 33.80
Plan Pearl (max $400)	$ 8.91	$ 19.62	$ 16.94	$ 27.63
Plan Quartz (max $250)	$ 6.29	$ 13.86	$ 11.96	$ 19.50

VISION - VSP

Plan Options	EE Only	EMP+SP	EMP+ CH	EMP+ FAM
Plan Choice Plus	$ 7.08	$ 15.57	$ 13.45	$ 21.94
Plan Choice	$ 3.45	$ 7.57	$ 6.54	$ 10.67

Note: Unspent employer contribution (noted in green above) shall be utliized to purchase dental and vision, with any excess to be deposited into employee HSA or HRA.

$500 Monthly Opt Out with proof of other group coverage

JOSEPHINE COUNTY BENEFIT OVERVIEW – AFSCME EMPLOYEES	
Available to Full-Time employees only	
Medical* – MODA Health Network • Connexus	**Plan 1** • Coordinated Care: Deductible $700/$1,600, Max Out of Pocket $3,750/$8,300 • Non-Coordinated Care: Deductible $800/$1,600, Max Out of Pocket $4,150/$8,300 **Plan 2** • Coordinated Care: Deductible $1,100/$2,400, Max Out of Pocket $4,750/$10,300 • Non-Coordinated Care: Deductible $1,200/$2,400, Max Out of Pocket $5,150/$10,300 **Plan 3** • Coordinated Care: Deductible $1,500/$3,200, Max Out of Pocket $5,750/$12,300 • Non-Coordinated Care: Deductible $1,600/$3,200, Max Out of Pocket $6,150/$12,300 **Plan 4** • Coordinated Care: Deductible $1,900/$4,000, Max Out of Pocket $7,600/$16,000 • Non-Coordinated Care: Deductible $2,000/$4,000, Max Out of Pocket $8,000/$16,000 **Plan 5** • Coordinated Care: Deductible $2,300/$4,800, Max Out of Pocket $7,700/$16,200 • Non-Coordinated Care: Deductible $2,400/$4,800, Max Out of Pocket $8,100/$16,200 **Plan 6** • Coordinated Care: Deductible $1,900/$4,000, Max Out of Pocket $7,300/$15,300 • Non-Coordinated Care: Deductible $2,000/$4,000, Max Out of Pocket $7,650/$15,300 **Plan 7** • Coordinated Care: Deductible: $2,300/$4,800, Max Out of Pocket $7,400/$15,300 • Non-Coordinated Care: Deductible $2,400/$4,800, Max Out of Pocket $7,650/$15,300
Dental –Delta Dental	Plan 1: Deductible $50, Benefit Max $2,200 (Incentive Plan) Plan 5: Deductible $50, Benefit Max $1,700 (Incentive Plan) Plan 6: Deductible $50, Benefit Max $1,200 Exclusive PPO Incentive: Deductible $50, Benefit Max $2,300 Plan Exclusive PPO: Deductible $50, Benefit Max $1,500
Dental – Willamette	Plan 8: $20 co-pay
Vision – Moda Health	Plan Opal: Benefit Max $600 Plan Pearl: Benefit Max $400 Plan Quartz: Benefit Max $250
Vision - VSP	Plan Choice Plus: Benefit Max N/A Plan Choice: Benefit Max N/A
Life/AD&D	Employee Life: $50,000, Dependent Life: $5,000, AD&D: $30,000
Long Term Disability	66 2/3% of lost wages after 90-day waiting period
Insurance – Available to ACA eligible Part-time Employees	
Medical* – Moda Health	Plan 7 HSA qualified: Deductible $2,300/$4,800, Max Out of Pocket $7,400/$15,300
Retirement	
PERS	Employer Contribution 6% upon eligibility
Leave Benefits (Pro-rated for less than Full-Time)	
PTO	1 - 6 months 16.0 hours 96 hours/year 7 - 24 months 17.5 hours 210 hours/year 25 - 60 months 19.5 hours 234 hours/year 61 - 120 months 21.5 hours 258 hours/year 121 - 180 months 23.5 hours 282 hours/year > 180 months 25.5 hours 306 hours/year
Holidays	New Years, Martin Luther King BD. Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas
Other Benefits (Available upon eligibility)	
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.
Deferred Comp	IRC Section 457 Plan – VOYA or Corebridge
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.
Health Reimbursement Arrangement (HRA)	Account-based health plan; funds can be used to cover qualified healthcare expenses for you and your family. Employer contributions, earnings, and withdrawals (claims) are exempt from taxes.
Voluntary Insurance	Additional Life and AD&D Insurance may be purchased for employee, spouse, and children.
Supplemental Insurance	May be purchased through Aflac