

**JOSEPHINE COUNTY
BENEFIT OVERVIEW – AFSCME EMPLOYEES**

Available to Full-Time employees only

<p>Medical* – MODA Health Network</p> <ul style="list-style-type: none"> • Connexus 	<p>Plan 1</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible \$400/\$1,500, Max Out of Pocket \$2,850/\$9,750 • Non-Coordinated Care: Deductible \$500/\$1,500, Max Out of Pocket \$3,250/\$9,750 <p>Plan 2</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible \$800/\$2,700, Max Out of Pocket \$3,850/\$12,750 • Non-Coordinated Care: Deductible \$900/\$2,700, Max Out of Pocket \$4,250/\$12,750 <p>Plan 3</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible \$1,200/\$3,900, Max Out of Pocket \$4,850/\$15,750 • Non-Coordinated Care: Deductible \$1,300/\$3,900, Max Out of Pocket \$5,250/\$15,750 <p>Plan 4</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible \$1,600/\$5,100, Max Out of Pocket \$6,700/\$15,800 • Non-Coordinated Care: Deductible \$1,700/\$5,100, Max Out of Pocket \$7,100/\$15,800 <p>Plan 5</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible \$2,000/\$6,300, Max Out of Pocket \$6,800/\$15,800 • Non-Coordinated Care: Deductible \$2,100/\$6,300, Max Out of Pocket \$7,200/\$15,800 <p>Plan 6</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible \$1,600/\$3,400, Max Out of Pocket \$6,400/\$13,500 • Non-Coordinated Care: Deductible \$1,700/\$3,400, Max Out of Pocket \$6,750/\$13,500 <p>Plan 7</p> <ul style="list-style-type: none"> • Coordinated Care: Deductible: \$2,000/\$4,200, Max Out of Pocket \$6,500/\$13,500 • Non-Coordinated Care: Deductible \$2,100/\$4,200, Max Out of Pocket \$6,750/\$13,500 																		
<p>Dental –Delta Dental</p>	<p>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</p>																		
<p>Dental – Willamette</p>	<p>Plan 8: \$20 co-pay</p>																		
<p>Vision – Moda Health</p>	<p>Plan Opal: Benefit Max \$600 Plan Pearl: Benefit Max \$400 Plan Quartz: Benefit Max \$250</p>																		
<p>Vision - VSP</p>	<p>Plan Choice Plus: Benefit Max N/A Plan Choice: Benefit Max N/A</p>																		
<p>Life/AD&D</p>	<p>Employee Life: \$50,000, Dependent Life: \$5,000, AD&D: \$30,000</p>																		
<p>Long Term Disability</p>	<p>66 2/3% of lost wages after 90-day waiting period</p>																		
<p align="center">Insurance – Available to ACA eligible Part-time Employees</p>																			
<p>Medical* – Moda Health</p>	<p>Plan 7 HSA qualified: Deductible \$2,100/\$4,200, Max Out of Pocket \$6,750/\$13,500</p>																		
<p align="center">Retirement</p>																			
<p>PERS</p>	<p>Employee Contribution 6% upon eligibility</p>																		
<p align="center">Leave Benefits (Pro-rated for less than Full-Time)</p>																			
<p>PTO</p>	<table border="0"> <tr> <td>1 - 6 months</td> <td>16.0 hours</td> <td>96 hours/year</td> </tr> <tr> <td>7 - 24 months</td> <td>17.5 hours</td> <td>210 hours/year</td> </tr> <tr> <td>25 - 60 months</td> <td>19.5 hours</td> <td>234 hours/year</td> </tr> <tr> <td>61 - 120 months</td> <td>21.5 hours</td> <td>258 hours/year</td> </tr> <tr> <td>121 - 180 months</td> <td>23.5 hours</td> <td>282 hours/year</td> </tr> <tr> <td>> 180 months</td> <td>25.5 hours</td> <td>306 hours/year</td> </tr> </table>	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
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<p>Holidays</p>	<p>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</p>																		
<p align="center">Other Benefits (Available upon eligibility)</p>																			
<p>Employee Assistance Program (EAP)</p>	<p>Access to highly qualified, licensed, and experienced EAP clinicians with expertise in marriage and family counseling, substance abuse and crisis support.</p>																		
<p>Deferred Comp</p>	<p>IRC Section 457 Plan – VOYA or AIG</p>																		
<p>Health Savings Acct (HSA)</p>	<p>With qualifying Medical Plan selection, pre-tax contribution up to IRS annual limit.</p>																		
<p>Flexible Spending Acct (FSA)</p>	<p>IRC Section 125 - Pre-tax contributions for unreimbursed medical or dependent care expenses.</p>																		
<p>Health Reimbursement Arrangement (HRA)</p>	<p>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.</p>																		
<p>Voluntary Insurance</p>	<p>Additional Life and AD&D Insurance may be purchased for employee, spouse, and children.</p>																		
<p>Supplemental Insurance</p>	<p>May be purchased through Aflac</p>																		