

**JOSEPHINE COUNTY
BENEFIT OVERVIEW: Non-Union EMPLOYEES**

Available to Full-Time employees only

Medical – MODA Health Network • 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 																		
Dental – Delta Dental	<p>Plan 1: Deductible \$50, Benefit Max \$2,200 (Incentive Plan)</p> <p>Plan 5: Deductible \$50, Benefit Max \$1,700 (Incentive Plan)</p> <p>Plan 6: Deductible \$50, Benefit Max \$1,200</p> <p>Exclusive PPO Incentive: Deductible \$50, Benefit Max \$2,300</p> <p>Plan Exclusive PPO: Deductible \$50, Benefit Max \$1,500</p>																		
Dental – Willamette	Plan 8: \$20 co-pay																		
Vision – Moda Health	<p>Plan Opal: Benefit Max \$600</p> <p>Plan Pearl: Benefit Max \$400</p> <p>Plan Quartz: Benefit Max \$250</p>																		
Vision-VSP	<p>Plan Choice Plus: Benefit Max N/A</p> <p>Plan Choice: Benefit Max N/A</p>																		
Life/AD&D	Employee Life: \$50,000, Dependent Life: \$5,000, AD&D: \$50,000																		
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 \$2,100/\$4,200, Max Out of Pocket \$6,750/\$13,500																		
Retirement																			
PERS	Enrolled upon eligibility																		
Leave Benefits (Pro-rated for Employees less than Full-Time)																			
PTO	<table border="0"> <tr> <td>1 - 6 months</td> <td>16.0 hours/month</td> <td></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/month		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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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 AIG																		
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																		