

**Klamath County Health Insurance Rates**

**October 1, 2019**

**L737**

**Insurance CAP Amount (County Paid Portion): \$1,315.00**

**Statewide Options**

**Total Plan Cost:**

Plan 6 (Evergreen) (HSA) \$1,268.74 (medical only)  
Plan 4 (Dogwood) \$1,339.85 (medical only)  
Plan 3 (Cedar) \$1,411.88 (medical only)

	Employee Deduction
Plan 6 (Evergreen)	\$0
Plan 4 (Dogwood)	\$24.85
Plan 3 (Cedar)	\$96.88
Dental Plan 5 w/Ortho	\$142.70
Dental Plan 6 w/out Ortho	\$100.90
Vision Plan Quartz	\$31.94
Vision Plan Opal	\$55.36

**The maximum that can be contributed to an HSA account annually is:**

**2019**

**\$3,500.00 for single  
\$7,000.00 for family**

**2020**

**\$3,550.00 for single  
\$7,100.00 for family**

**Klamath County Health Insurance Rates  
October 1, 2019  
Klamath County Peace Officers Association (KCPOA)**

Insurance CAP Amount (County Paid Portion): \$1,445.00

Oregon Educators Benefit Board (OEBB) Total Plan Cost:

\* Plan 4 (Dogwood): \$1,339.85 (medical only)

\*You have the option of adding dental and/or vision to this plan at the additional as indicated below.

	Employee Deduction	Employer Deposit to HRA/VEBA Account
* Plan 4 (Dogwood)	\$0	\$109.15
Dental Plan 5 w/Ortho	\$142.70	\$0
Dental Plan 6 w/out Ortho	\$100.90	\$0
Vision Plan Quartz	\$31.94	\$0
Vision Plan Opal	\$55.36	\$0

Option 3 (Packages)

\*\*Plan 3 (Cedar) Medical, Dental 5 (ortho), Vision Opal: \$1,609.94  
 \*\*\*Plan 3 (Cedar) Medical, Dental 6 (no ortho), Vision Opal: \$1,568.14  
 \*\*Plan 4 (Dogwood) Medical, Dental 5 (ortho), Vision Opal: \$1,537.91  
 \*\*\*Plan 4 (Dogwood) Medical, Dental 6 (no ortho), Vision Opal:\$1,496.11

	Employee Deduction	Employer Deposit to HRA/VEBA Account
**Plan 3 (Cedar)	\$164.94	\$0
Dental Plan 5 w/Ortho	\$0	\$0
Vision Plan Opal	\$0	\$0
***Plan 3 (Cedar)	\$123.14	\$0
Dental Plan 6 w/o Ortho	\$0	\$0
Vision Plan Opal	\$0	\$0
** Plan 4 (Dogwood)	\$92.91	\$0
Dental Plan 5 w/Ortho	\$0	\$0
Vision Plan Opal	\$0	\$0
*** Plan 4 (Dogwood)	\$51.11	\$0
Dental Plan 6 w/o Ortho	\$0	\$0
Vision Plan Opal	\$0	\$0

\*\*Dental with orthodontia and Vision are included in this plan.

\*\*\*Dental without orthodontia and Vision are included in this plan.

**Klamath County Health Insurance Rates**  
**October 1, 2019**  
**Non-Union**  
Insurance CAP Amount (County Paid Portion): \$1,400.00

<b>Plan 6 (Evergreen)</b>	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account	Employer Deposit to HSA Account
Employee Only	\$533.09	\$0	\$579.91	\$287.00
Employee & Spouse or Domestic Partner	\$1,172.79	\$0	\$0	\$227.21
Employee & Children	\$1,012.89	\$0	\$0	\$387.11
Employee & Spouse or Domestic Partner & Children	\$1,652.61	\$252.61	\$0	\$0
<b>Plan 3 (Cedar)</b>	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account	
Employee Only	\$593.23	\$0	\$806.77	
Employee & Spouse or Domestic Partner	\$1,305.10	\$0	\$94.90	
Employee & Children	\$1,127.17	\$0	\$272.83	
Employee & Spouse or Domestic Partner & Children	\$1,839.05	\$439.05	\$0	
<b>Plan 4 (Dogwood)</b>	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account	
Employee Only	\$562.96	\$0	\$837.04	
Employee & Spouse or Domestic Partner	\$1,238.52	\$0	\$161.48	
Employee & Children	\$1,069.66	\$0	\$330.34	
Employee & Spouse or Domestic Partner & Children	\$1,745.23	\$345.23	\$0	

**You have the option of adding dental and/or vision at the additional cost listed below.**

	Employee Only	Employee & Spouse & Domestic Partner	Employee & Children	Employee & Spouse & Domestic Partner & Children
Vision Option Opal	\$24.26	\$53.33	\$46.03	\$75.14
Vision Option Quartz	\$13.98	\$30.79	\$26.57	\$43.35
Dental Option 6 w/out ortho	\$43.89	\$86.90	\$88.20	\$134.74
Dental Option 5 w/ ortho	\$58.67	\$116.22	\$129.25	\$191.41

**\*The maximum that can be contributed to an HSA account annually is:**

2019  
**\$3,500.00 for single**  
**\$7,000.00 for family**

2020  
**\$3,550.00 for single**  
**\$7,100.00 for family**

**Klamath County Health Insurance Rates**  
**October 1, 2019**  
**Federation of Parole and Probation Officers (FOPPO)**

Insurance CAP Amount (County Paid Portion): \$1,460.00

Statewide Packages

Total Plan Cost:

Plan 6 (Evergreen) Medical, Dental 6, Vision Opal	\$1,425.00
Plan 3 (Cedar) Medical, Dental 6, Vision Opal	\$1,568.14
Plan 4 (Dogwood) Medical, Dental 6, Vision Opal	\$1,496.11

	Employee Deduction	Employer Deposit to HRA/VEBA Account	Employer Deposit to HSA Account
Plan 6 (Evergreen)	\$0	\$0	\$35.00
Dental Plan 6	\$0	\$0	\$0
Vision Plan Opal	\$0	\$0	\$0
Plan 3 (Cedar)	\$108.14	\$0	\$0
Dental Plan 6	\$0	\$0	\$0
Vision Plan Opal	\$0	\$0	\$0
Plan 4 (Dogwood)	\$36.11	\$0	\$0
Dental Plan 6	\$0	\$0	\$0
Vision Plan Opal	\$0	\$0	\$0

The maximum that can be contributed to an HSA account annually is:

2019  
**\$3,500.00 for single**  
**\$7,000.00 for family**

2020  
**\$3,550.00 for single**  
**\$7,100.00 for family**

**Klamath County Health Insurance Rates**

**September 1, 2019**

**District Attorney**

*Insurance CAP Amount (County Paid Portion): **\$1,350.00***

<u>Medical Only*</u> <b>Plan 6 (Evergreen)</b>	<u>Total Plan Cost</u>	Employee Deduction
Employee only	\$533.09	\$0
Employee & Spouse or Domestic Partner	\$1,172.79	\$0
Employee & Children	\$1,012.89	\$0
Employee & Spouse or Domestic Partner & Children	\$1,652.61	\$302.61
<u>Medical Only*</u> <b>Plan 3 (Cedar)</b>	<u>Total Plan Cost</u>	Employee Deduction
Employee only	\$593.23	\$0
Employee & Spouse or Domestic Partner	\$1,305.10	\$0
Employee & Children	\$1,127.17	\$0
Employee & Spouse or Domestic Partner & Children	\$1,839.05	\$489.05
<u>Medical Only*</u> <b>Plan 4 (Dogwood)</b>	<u>Total Plan Cost</u>	Employee Deduction
Employee only	\$562.96	\$0
Employee & Spouse or Domestic Partner	\$1,238.52	\$0
Employee & Children	\$1,069.66	\$0
Employee & Spouse or Domestic Partner & Children	\$1,745.23	\$395.23

**\*You have the option of adding dental and/or vision at the additional cost listed below.**

	Employee Only	Employee & Spouse & Domestic Partner	Employee & Children	Employee & Spouse & Domestic Partner & Children
Vision Option Opal	\$24.26	\$53.33	\$46.03	\$75.14
Vision Option Quartz	\$13.98	\$30.79	\$26.57	\$43.35
Dental Option 6 w/out ortho	\$43.89	\$86.90	\$88.20	\$134.74
Dental Option 5 w/ ortho	\$58.67	\$116.22	\$129.25	\$191.41

<u>Package</u> <b>Plan 3 (Cedar) Medical, Dental 6, Vision Opal</b>	<u>Total Plan Cost</u>	Employee Deduction
Employee only	\$661.38	\$0
Employee & Spouse or Domestic Partner	\$1,445.33	\$95.33
Employee & Children	\$1,261.40	\$0
Employee & Spouse or Domestic Partner & Children	\$2,048.93	\$698.93

**\*The maximum that can be contributed to an HSA account annually is:**

**2019**  
**\$3,500.00 for single**  
**\$7,000.00 for family**

**2020**  
**\$3,550.00 for single**  
**\$7,050.00 for family**

## Klamath County Health Insurance Rates

October 1, 2019

ONA

Insurance CAP Amount (County Paid Portion): \$1,300.00

Oregon Educators Benefit Board (OEBB) Total Plan Cost:

\* Plan 6 (Evergreen): \$1,268.74 (medical only)

\*You have the option of adding dental and/or vision to this plan at the additional as indicated below.

	Employee Deduction	Employer Deposit to HSA Account
* Plan 6 (Evergreen)	\$0	\$31.26
Dental Plan 5 w/Ortho	\$142.70	\$0
Dental Plan 6 w/out Ortho	\$100.90	\$0
Vision Plan Quartz	\$31.94	\$0
Vision Plan Opal	\$55.36	\$0

\*\*Plan 3 (Cedar) Medical, Dental 5 (ortho), Vision Opal: \$1,609.94

\*\*\*Plan 3 (Cedar) Medical, Dental 6 (no ortho), Vision Opal: \$1,568.14

\*\*Plan 4 (Dogwood) Medical, Dental 5 (ortho), Vision Opal: \$1,537.91

\*\*\*Plan 4 (Dogwood) Medical, Dental 6 (no ortho), Vision Opal: \$1,496.11

	Employee Deduction
**Plan 3 (Cedar)	\$309.94
Dental Plan 5 w/Ortho	\$0
Vision Plan Opal	\$0
***Plan 3 (Cedar)	\$268.14
Dental Plan 6 w/o Ortho	\$0
Vision Plan Opal	\$0
** Plan 4 (Dogwood)	\$237.91
Dental Plan 5 w/Ortho	\$0
Vision Plan Opal	\$0
*** Plan 4 (Dogwood)	\$196.11
Dental Plan 6 w/o Ortho	\$0
Vision Plan Opal	\$0

\*\*Dental with orthodontia and Vision are included in this plan.

\*\*\*Dental without orthodontia and Vision are included in this plan.