

Klamath County Health Insurance Rates

October 1, 2016

Non-Union

*Insurance CAP Amount (County Paid Portion): **\$1,013.04***

Statewide Options

Statewide Option Plan Evergreen (H)	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account	Employer Deposit to HSA Account
Employee only	\$425.65	\$0	\$304.39	\$283.00
Employee & Spouse & Domestic Partner	\$936.43	\$0	\$0	\$76.61
Employee & Children	\$808.75	\$0	\$0	\$204.29
Employee & Spouse & Domestic Partner & Children	\$1,319.53	\$306.49	\$0	\$0

Statewide Option Plan Cedar (E&F)	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account
Employee only	\$552.51	\$0	\$460.53
Employee & Spouse & Domestic Partner	\$1,215.51	\$202.47	\$0
Employee & Children	\$1,049.77	\$36.73	\$0
Employee & Spouse & Domestic Partner & Children	\$1,712.81	\$699.77	\$0

Statewide Option Plan Dogwood (G)	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account
Employee only	\$481.34	\$0	\$531.70
Employee & Spouse & Domestic Partner	\$1,058.98	\$45.94	\$0
Employee & Children	\$914.60	\$0	\$98.44
Employee & Spouse & Domestic Partner & Children	\$1,492.24	\$479.20	\$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 Quartz (1)	\$12.64	\$27.83	\$24.01	39.19
Vision Option Opal (4)	\$21.92	\$48.20	\$41.62	67.92
Dental Option 4 w/ortho	\$52.14	\$103.27	\$117.03	\$172.24
Dental Option 6 w/out ortho	\$41.90	\$82.95	\$84.19	\$128.61

Please see reverse side for the maximum that can be contributed to an HSA account annually.

Synergy Options

Note: You must have a Synergy Primary Provider. In order to see a Specialist, you are required to have a referral from your Synergy Primary Provider. It is highly recommended that you review the plan documents before selecting this option.

Synergy Option Plan Evergreen (H)	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account	Employer Deposit to HSA Account
Employee only	\$383.09	\$0	\$346.95	\$283.00
Employee & Spouse & Domestic Partner	\$842.80	\$0	\$0	\$170.24
Employee & Children	\$727.88	\$0	\$0	\$285.16
Employee & Spouse & Domestic Partner & Children	\$1,187.59	\$174.55	\$0	\$0

Synergy Option Plan Cedar (E & F)	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account
Employee only	\$497.25	\$0	\$515.79
Employee & Spouse & Domestic Partner	\$1,093.97	\$80.93	\$0
Employee & Children	\$944.80	\$0	\$68.24
Employee & Spouse & Domestic Partner & Children	\$1,541.54	\$528.50	\$0

Synergy Option Plan Dogwood G	Total Plan Cost	Employee Deduction	Employer Deposit to HRA/VEBA Account
Employee only	\$433.22	\$0	\$579.82
Employee & Spouse & Domestic Partner	\$953.10	\$0	\$59.94
Employee & Children	\$823.14	\$0	\$189.90
Employee & Spouse & Domestic Partner & Children	\$1,343.03	\$329.99	\$0

Please see dental and vision costs on reverse side.

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

2016
\$3,350.00 for single
\$6,750.00 for family

2017
\$3,400 for single
\$6,750 for family

Klamath County Health Insurance Rates

October 1, 2016

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*Insurance CAP Amount (County Paid Portion): **\$1013.04***

Statewide Options

Total Plan Cost:

Plan Evergreen (H) (HSA) \$1,013.04 (medical only)
 Plan Dogwood (G) \$1,145.63 (medical only)
 Plan Cedar (E&F) \$1,314.96 (medical only)

	Employee Deduction	Employer Deposit to HSA Account
Plan Evergreen (H)	\$0	\$0
Plan Dogwood (G)	\$132.59	\$0
Plan Cedar (E&F)	\$301.92	\$0
Dental Plan 4 w/Ortho	\$128.32	\$0
Dental Plan 6 w/out Ortho	\$96.31	\$0
Vision Plan Quartz (1)	\$28.87	\$0
Vision Plan Opal (4)	\$50.04	\$0

Synergy Options

Note: You must have a Synergy Primary Provider. In order to see a Specialist, you are required to have a referral from your Synergy Primary Provider. It is highly recommended that you review the plan documents before selecting this option.

Total Plan Cost:

Plan Evergreen (H) (HSA) \$911.73 (medical only)
 Plan Dogwood (G) \$1,031.07 (medical only)
 Plan Cedar (E&F) \$1,183.47 (medical only)

	Employee Deduction	Employer Deposit to HSA Account
Plan Evergreen (H)	\$0	\$101.31
Plan Dogwood (G)	\$18.03	\$0
Plan Cedar (E)	\$170.43	\$0
Dental Plan 4 w/Ortho	\$128.32	\$0
Dental Plan 6 w/out Ortho	\$96.31	\$0
Vision Plan Quartz (1)	\$28.87	\$0
Vision Plan Opal (4)	\$50.04	\$0

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

2016
\$3,350.00 for single
\$6,750.00 for family

2017
\$3,400 for single
\$6,750 for family

Klamath County Health Insurance Rates

October 1, 2016

District Attorney

*Insurance CAP Amount (County Paid Portion): **\$1,000.00***

<u>Statewide Medical Only* Plan Evergreen (H)</u>	<u>Total Plan Cost</u>	Employee Deduction	Employer Deposit to HRA/VEBA Account	Employer Deposit to HSA Account
Employee only	\$425.65	\$0	\$291.35	\$283.00
Employee & Spouse & Domestic Partner	\$936.43	\$0	\$0	\$63.57
Employee & Children	\$808.75	\$0	\$0	\$191.25
Employee & Spouse & Domestic Partner & Children	\$1,319.53	\$319.53	\$0	\$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 (4)	\$21.92	\$48.20	\$41.62	\$67.92
Dental Option 4 w/ortho	\$52.14	\$103.27	\$117.03	\$172.24

<u>Statewide Package Plan Birch (C) Medical, Dental 4, Vision Opal (4)</u>	<u>Total Plan Cost</u>	Employee Deduction	Employer Deposit to HRA/VEBA Account
Employee only	\$687.09	\$0	\$312.91
Employee & Spouse & Domestic Partner	\$1,500.11	\$500.11	\$0
Employee & Children	\$1,323.40	\$323.40	\$0
Employee & Spouse & Domestic Partner & Children	\$2,140.55	\$1,140.55	\$0
<u>Statewide Package Plan Cedar (E) Medical, Dental 4, Vision Opal (4)</u>	<u>Total Plan Cost</u>	Employee Deduction	Employer Deposit to HRA/VEBA Account
Employee only	\$626.57	\$0	\$373.43
Employee & Spouse & Domestic Partner	\$1,366.98	\$366.98	\$0
Employee & Children	\$1,208.42	\$208.42	\$0
Employee & Spouse & Domestic Partner & Children	\$1,952.97	\$952.97	\$0

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

2016
\$3,350.00 for single
\$6,750.00 for family

2017
\$3,400 for single
\$6,750 for family

Klamath County Health Insurance Rates

October 1, 2016

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Insurance CAP Amount (County Paid Portion): \$1,005.00

Statewide Options

Total Plan Cost:

Plan Evergreen (H) (HSA) \$1,013.04 (medical only)
 Plan Dogwood (G) \$1,145.63 (medical only)
 Plan Cedar (E&F) \$1,314.96 (medical only)

	Employee Deduction	Employer Deposit to HSA Account
Plan Evergreen (H)	\$8.04	\$0
Plan Dogwood (G)	\$140.63	\$0
Plan Cedar (E&F)	\$309.96	\$0
Dental Plan 4 w/Ortho	\$128.32	\$0
Dental Plan 6 w/out Ortho	\$96.31	\$0
Vision Plan Quartz (1)	\$28.87	\$0
Vision Plan Opal (4)	\$50.04	\$0

Synergy Options

Note: You must have a Synergy Primary Provider. In order to see a Specialist, you are required to have a referral from your Synergy Primary Provider. It is highly recommended that you review the plan documents before selecting this option.

Total Plan Cost:

Plan Evergreen (H) (HSA) \$911.73 (medical only)
 Plan Dogwood (G) \$1,031.07 (medical only)
 Plan Cedar (E&F) \$1,183.47 (medical only)

	Employee Deduction	Employer Deposit to HSA Account
Plan Evergreen (H)	\$0	\$93.27
Plan Dogwood (G)	\$26.07	\$0
Plan Cedar (E)	\$178.47	\$0
Dental Plan 4 w/Ortho	\$128.32	\$0
Dental Plan 6 w/out Ortho	\$96.31	\$0
Vision Plan Quartz (1)	\$28.87	\$0
Vision Plan Opal (4)	\$50.04	\$0

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

2016
\$3,350.00 for single
\$6,750.00 for family

2017
\$3,400 for single
\$6,750 for family

Klamath County Health Insurance Rates
October 1, 2016
Federation of Parole and Probation Officers (FOPPO)

Insurance CAP Amount (County Paid Portion): \$1,410.00

Statewide Packages

Total Plan Cost:

Plan Cedar (E&F) Medical, Dental 4 (ortho), Vision Opal (4) \$1,493.32
 Plan Dogwood (G) Medical, Dental 4 (ortho), Vision Opal (4) \$1,323.99

	Employee Deduction	Employer Deposit to HRA/VEBA Account
Plan Cedar (E&F)	\$83.32	\$0
Dental Plan 4 w/Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0
Plan Dogwood (G)	\$0	\$86.01
Dental Plan 4 w/Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0

Synergy Packages

Note: You must have a Synergy Primary Provider. In order to see a Specialist, you are required to have a referral from your Synergy Primary Provider. It is highly recommended that you review the plan documents before selecting this option.

Total Plan Cost:

Plan Cedar (E&F) Medical, Dental 4 (ortho), Vision Opal (4) \$1,361.83
 Plan Dogwood (G) Medical, Dental 4 (ortho), Vision Opal (4) \$1,209.43

	Employee Deduction	Employer Deposit to HRA/VEBA Account
Plan Cedar (E&F)	\$0	\$48.17
Dental Plan 4 w/Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0
Plan Dogwood (G)	\$0	\$200.57
Dental Plan 4 w/Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0

**Klamath County Health Insurance Rates
October 1, 2016
Klamath County Peace Officers Association (KCPOA)**

Insurance CAP Amount (County Paid Portion): \$1,395.00

Oregon Educators Benefit Board (OEBB) Total Plan Cost:

* Plan Dogwood (G): \$1,145.63 (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 Dogwood (G)	\$0	\$249.37
Dental Plan 4 w/Ortho	\$128.32	\$0
Dental Plan 6 w/out Ortho	\$96.31	\$0
Vision Plan Quartz (1)	\$28.87	\$0
Vision Plan Opal (4)	\$50.04	\$0

Option 3 (Packages)

**Plan Cedar (E&F) Medical, Dental 4 (ortho), Vision Opal (4): \$1,493.32
 **Plan Dogwood (G) Medical, Dental 4 (ortho), Vision Opal (4): \$1,323.99
 ***Plan Cedar (E&F) Medical, Dental 6 (no ortho), Vision Opal (4): \$1,461.31

	Employee Deduction	Employer Deposit to HRA/VEBA Account
**Plan Cedar (E&F)	\$98.32	\$0
Dental Plan 4 w/Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0
** Plan Dogwood (G)	\$0	\$71.01
Dental Plan 4 w/Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0
***Plan Cedar (E&F)	\$66.31	\$0
Dental Plan 6 w/o Ortho	\$0	\$0
Vision Plan Opal (4)	\$0	\$0

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

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

