

**KLAMATH COUNTY
BENEFITS PACKAGE: FEDERATION OF PAROLE & PROBATION OFFICERS EMPLOYEES**

Insurance

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|--|---|-------------------|------------------|---------|------------------|----------|------------------|----------|------------------|----------|------------------|
| <p>Medical: Moda Medical</p> <p>Insurance Cap: \$1,480/month</p> <p>Opt-Out HRA Contribution: \$1,110/month</p> <p>HRA VEBA Contribution: \$167.65/month</p> | <p>Plan 3</p> <ul style="list-style-type: none"> Coordinated Care: Deductible: \$1,200/\$3,900, Out of Pocket Max: \$4,850/\$15,750 <ul style="list-style-type: none"> Annual Exam: \$0 copay, Primary Care Visit with PCP360: \$25 copay, Primary Care Visit with provider other than PCP360: \$50 copay, Urgent Care: \$50 copay, Virtual Visit: \$10 copay Non-Coordinated Care: Deductible: \$1,300/\$3,900, Out of Pocket Max: \$5,250/\$15,750 <ul style="list-style-type: none"> Annual Exam: \$0 copay, Primary Care Visit and Urgent Care Visit: 25% after deductible, Virtual Visit: \$10 copay <p>Plan 4</p> <ul style="list-style-type: none"> Coordinated Care: Deductible: \$1,600/\$5,100, Out of Pocket Max: \$6,700/\$15,800 <ul style="list-style-type: none"> Annual Exam: \$0 copay, Primary Care Visit with PCP360: \$25 copay, Primary Care Visit with provider other than PCP360: \$50 copay, Urgent Care: \$50 copay, Virtual Visit: \$10 copay Non-Coordinated Care: Deductible: \$1,700/\$5,100, Out of Pocket Max: \$7,100/\$15,800 <ul style="list-style-type: none"> Annual Exam: \$0 copay, Primary Care Visit and Urgent Care Visit: 25% after deductible, Virtual Visit: \$10 copay <p>Plan 6 (Health Savings Account Eligible)</p> <ul style="list-style-type: none"> Coordinated Care: Deductible: \$1,600/\$3,400, Out of Pocket Max: \$6,400/\$13,500 <ul style="list-style-type: none"> Annual Exam: \$0 copay, all services out of pocket until deductible has been met, 15% - 20% after deductible Non-Coordinated Care: Deductible: \$1,700/\$3,400, Out of Pocket Max: \$6,750/\$13,500 <ul style="list-style-type: none"> Annual Exam: \$0 copay, all services out of pocket until deductible has been met, 20% - 25% after deductible | | | | | | | | | | |
| Dental: Delta Dental | <p>Plan 6</p> <ul style="list-style-type: none"> Deductible: \$50, Benefit Max: \$1,200 | | | | | | | | | | |
| Vision: Moda Health | <p>Opal</p> <ul style="list-style-type: none"> \$600 Benefit Maximum <ul style="list-style-type: none"> Annual Exam, Lenses or Contacts every year, Frames every other year (up to benefit maximum) | | | | | | | | | | |
| Life Insurance | \$20,00 Basic Life, \$20,000 Basic Safety Officer Life, \$20,000 Basic Accidental Death and Dismemberment, \$2,000 Basic Dependent Life | | | | | | | | | | |
| Short-Term Disability | 60% of salary after 7 th missed day of work, or after all sick leave has been used. Benefits paid through day 60 | | | | | | | | | | |
| Retirement | | | | | | | | | | | |
| Klamath County Pension | Employee Contribution: 6%, Employer Contribution: 1% | | | | | | | | | | |
| Leave Benefits (Prorated based on FTE) | | | | | | | | | | | |
| Vacation | <table border="1"> <tr> <td>Less than 6 years</td> <td>10 days per year</td> </tr> <tr> <td>6 years</td> <td>15 days per year</td> </tr> <tr> <td>11 years</td> <td>18 days per year</td> </tr> <tr> <td>16 years</td> <td>22 days per year</td> </tr> <tr> <td>20 years</td> <td>25 days per year</td> </tr> </table> | Less than 6 years | 10 days per year | 6 years | 15 days per year | 11 years | 18 days per year | 16 years | 22 days per year | 20 years | 25 days per year |
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| 11 years | 18 days per year | | | | | | | | | | |
| 16 years | 22 days per year | | | | | | | | | | |
| 20 years | 25 days per year | | | | | | | | | | |
| Sick Leave | 8 hours per month, not to exceed 1290 hours | | | | | | | | | | |
| Holidays | New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, Two Floating Holidays per Fiscal Year | | | | | | | | | | |
| Additional Benefits | | | | | | | | | | | |
| Employee Assistance Program | Confidential assistance for employees and their families that experience problems with the abuse of alcohol or other drugs, as well as other problems which affect the employee's health and job performance | | | | | | | | | | |
| Deferred Comp | Nationwide 457 Plan | | | | | | | | | | |
| Health Savings Account | With qualifying medical plan selection, pre-tax contributions up to IRS annual limit | | | | | | | | | | |
| Flexible Spending Account | Pre-tax contributions for unreimbursed medical expenses. Funds must be used within the plan year. | | | | | | | | | | |
| HRA VEBA/Opt-Out | Health Reimbursement Account that can be used to cover qualified healthcare expenses for you and your dependents. County makes monthly contributions for employees who opt-out of County sponsored health insurance with proof of other qualifying group health insurance coverage. | | | | | | | | | | |
| Voluntary Life | Additional Life and Accidental Death and Dismemberment insurance is available for you and your dependents. | | | | | | | | | | |
| Supplemental Insurance | May be purchased through AFLAC | | | | | | | | | | |