Selection Sheet for PEBB Insurance Deductions - Klickitat County

Full Time - Effective January 1, 2024 premiums reflected on your Dec. 25th payroll check

www.hca.wa.gov/pebb

Print Last Name:	**Emp No:**
Signature:	**Date:**

I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

Check (X) One Plan

CLASSIC MEDICAL & VISION PLANS $250 ind/$750 fam ded, $2000 ind/$4000 fam out of pocket max, **15%** office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Classic** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	994.82	994.82	0.00		300-1
EMPLOYEE & SPOUSE	1,832.54	1,581.22	251.32		300-2
EMPLOYEE & CHILDREN	1,623.11	1,434.62	188.49		300-3
EMPLOYEE & FAMILY	2,460.83	2,021.03	439.80		300-4
SELECT MEDICAL & VISION PLANS $750 ind/$2250 fam ded, $3500 ind/$7000 fam out of pocket max, **20%** office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Select** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	929.75	929.75	0.00		303-1
EMPLOYEE & SPOUSE	1,702.41	1,581.22	121.19		303-2
EMPLOYEE & CHILDREN	1,509.24	1,434.62	74.62		303-3
EMPLOYEE & FAMILY	2,281.90	2,021.03	260.87		303-4

HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. $1600 ind/$3200 fam ded, plus $4200/$8400 out of pocket max, 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months Contribution Limits: Under 55-$4150 ind/$8300 fam.	**UMP Consumer-Directed Health Plan (CDHP) (HSA) -** Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence				MARK IF CONTRIB. TO HSA	
	Emp HSA Contribution:			**$**		306-1
	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
EMPLOYEE	910.93	994.82	83.89	0.00		301-1
EMPLOYEE & SPOUSE	1,663.40	1,581.22	0.00	82.18		301-2
EMPLOYEE & CHILDREN	1,489.87	1,434.62	0.00	55.25		301-3
EMPLOYEE & FAMILY	2,184.01	2,021.03	0.00	162.98		301-4

Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD	157.10			302-1
Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00	302-90
Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00	302-91

Check one Plan

1) ☐ **Uniform Dental Plan (Group 3000), OR,** **Administered by Delta Dental**	2) ☐ **WILLAMETTE, (Group 0), OR,** 3) ☐ **DELTA CARE GROUP (Group 3100)**	MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)
$50 deductible in-network,100% Preventive, $1750 annual max,80% basic, 50% major, adult & child orthodontia	IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit	
EMPLOYEE	0.00	
EMPLOYEE & SPOUSE	0.00	
EMPLOYEE & CHILDREN	0.00	
EMPLOYEE & FAMILY	0.00	

LIFE INSURANCE & AD & D - Administered by Metlife	EMPLOYEE PAYS	MARK ONE (X)
Life Insurance Amounts: Employee $35,000 & Additional $5,000 for accidental death	0.00	X
LONG TERM DISABILITY (LTD) - Adminstered by Standard Insurance Co.	0.00	X
After 90 days being disabled, 60% of 1st $400 of current earnings. Min $50 & Max $240 per month		

VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION			Monthly Amount		Mark "X"	DC
Flexible Spending Account (FSA), Max $3,050 - Plus Point	FSA/DCR Fee	**$5.00**	92-95	$		92-5
Dependent Care Reimbursement (DCR) Max $2,500/$5,000 - Plus Point	All Self- Paid		$			92-15
Voluntary Long Term Disability Plan (Income protection if disable)	All Self- Paid					316-1

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.8 FTE/32 hrs per week - Effective January 1, 2024, premiums reflected on your Dec. 25th payroll check

www.hca.wa.gov/pebb

Print Last Name:	**Emp No:**
Signature:	**Date:**

I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

Check (X) One Plan

CLASSIC MEDICAL & VISION PLANS $250 ind/$750 fam ded, $2000 ind/$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Classic** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	994.82	795.86	198.96		300-1
EMPLOYEE & SPOUSE	1,832.54	1,264.98	567.56		300-2
EMPLOYEE & CHILDREN	1,623.11	1,147.70	475.41		300-3
EMPLOYEE & FAMILY	2,460.83	1,616.82	844.01		300-4

SELECT MEDICAL & VISION PLANS $750 ind/$2250 fam ded, $3500 ind/$7000 fam out of pocket max, 20% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Select** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	929.75	795.86	133.89		303-1
EMPLOYEE & SPOUSE	1,702.41	1,264.98	437.43		303-2
EMPLOYEE & CHILDREN	1,509.24	1,147.70	361.54		303-3
EMPLOYEE & FAMILY	2,281.90	1,616.82	665.08		303-4

HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. $1600 ind/$3200 fam ded, plus $4200/$8400 out of pocket max, 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months Contribution Limits: Under 55-$4150 ind/$8300 fam.	**UMP Consumer-Directed Health Plan (CDHP) (HSA) -** Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence				MARK IF CONTRIB. TO HSA	Ded Code
	Emp HSA Contribution:		**$**			306-1
	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
EMPLOYEE	910.93	795.86	0.00	115.07		301-1
EMPLOYEE & SPOUSE	1,663.40	1,264.98	0.00	398.42		301-2
EMPLOYEE & CHILDREN	1,489.87	1,147.70	0.00	342.17		301-3
EMPLOYEE & FAMILY	2,184.01	1,616.82	0.00	567.19		301-4

Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD	157.10				302-1
Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00		302-90
Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00		302-91

Check one Plan

1) ☐ **Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental** $50 deductible in-network,100% Preventive, $1750 annual max,80% basic, 50% major, adult & child orthodontia	2) ☐ **WILLAMETTE, (Group 0), OR,** 3) ☐ **DELTA CARE GROUP (Group 3100)** IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit	MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)
EMPLOYEE	0.00	
EMPLOYEE & SPOUSE	0.00	
EMPLOYEE & CHILDREN	0.00	
EMPLOYEE & FAMILY	0.00	

LIFE INSURANCE & AD & D - Administered by Metlife	EMPLOYEE PAYS	MARK ONE (X)
Life Insurance Amounts: Employee $35,000 & Additional $5,000 for accidental death	0.00	X
LONG TERM DISABILITY (LTD) - Adminstered by Standard Insurance Co.	0.00	X
After 90 days being disabled, 60% of 1st $400 of current earnings. Min $50 & Max $240 per month		

VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION			Monthly Amount		Mark "X"	DC
Flexible Spending Account (FSA), Max $3,050 - Plus Point	FSA/DCR Fee	**$5.00**	92-95	$		92-5
Dependent Care Reimbursement (DCR) Max $2,500/$5,000 - Plus Point	All Self- Paid		$			92-15
Voluntary Long Term Disability Plan (Income protection if disable)	All Self- Paid					316-1

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.75 FTE/30 hrs per week - Effective January 1, 2024, premiums reflected on your Dec. 25th payroll check

www.hca.wa.gov/pebb

Print Last Name:	**Emp No:**
Signature:	**Date:**

I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

Check (X) One Plan

CLASSIC MEDICAL & VISION PLANS $250 ind/$750 fam ded, $2000 ind/$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Classic** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	994.82	746.12	248.70		300-1
EMPLOYEE & SPOUSE	1,832.54	1,185.92	646.62		300-2
EMPLOYEE & CHILDREN	1,623.11	1,075.97	547.14		300-3
EMPLOYEE & FAMILY	2,460.83	1,515.77	945.06		300-4

SELECT MEDICAL & VISION PLANS $750 ind/$2250 fam ded, $3500 ind/$7000 fam out of pocket max, 20% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Select** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	929.75	746.12	183.63		303-1
EMPLOYEE & SPOUSE	1,702.41	1,185.92	516.49		303-2
EMPLOYEE & CHILDREN	1,509.24	1,075.97	433.27		303-3
EMPLOYEE & FAMILY	2,281.90	1,515.77	766.13		303-4

HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. $1600 ind/$3200 fam ded, plus $4200/$8400 out of pocket max, 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months Contribution Limits: Under 55-$4150 ind/$8300 fam.	**UMP Consumer-Directed Health Plan (CDHP) (HSA) -** Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence				MARK IF CONTRIB. TO HSA	
	Emp HSA Contribution:		**$**			306-1
	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
EMPLOYEE	910.93	746.12	0.00	164.81		301-1
EMPLOYEE & SPOUSE	1,663.40	1,185.92	0.00	477.48		301-2
EMPLOYEE & CHILDREN	1,489.87	1,075.97	0.00	413.90		301-3
EMPLOYEE & FAMILY	2,184.01	1,515.77	0.00	668.24		301-4

Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD	157.10			302-1
Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00	302-90
Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00	302-91

Check one Plan

1) ☐ **Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental** $50 deductible in-network,100% Preventive, $1750 annual max,80% basic, 50% major, adult & child orthodontia	2) ☐ **WILLAMETTE, (Group 0), OR,** 3) ☐ **DELTA CARE GROUP (Group 3100)** IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit	MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)
EMPLOYEE	0.00	
EMPLOYEE & SPOUSE	0.00	
EMPLOYEE & CHILDREN	0.00	
EMPLOYEE & FAMILY	0.00	

LIFE INSURANCE & AD & D - Administered by Metlife	EMPLOYEE PAYS	MARK ONE (X)
Life Insurance Amounts: Employee $35,000 & Additional $5,000 for accidental death	0.00	X
LONG TERM DISABILITY (LTD) - Adminstered by Standard Insurance Co.	0.00	X
After 90 days being disabled, 60% of 1st $400 of current earnings. Min $50 & Max $240 per month		

VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION			Monthly Amount		Mark "X"	DC
Flexible Spending Account (FSA), Max $3,050 - Plus Point	FSA/DCR Fee	**$5.00**	92-95	$		92-5
Dependent Care Reimbursement (DCR) Max $2,500/$5,000 - Plus Point		All Self- Paid	$			92-15
Voluntary Long Term Disability Plan (Income protection if disable)		All Self- Paid				316-1

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.7 FTE/28 hrs per week - Effective January 1, 2024, premiums reflected on your Dec. 25th payroll check

www.hca.wa.gov/pebb

Print Last Name:	**Emp No:**
Signature:	**Date:**

I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

Check (X) One Plan

CLASSIC MEDICAL & VISION PLANS $250 ind/$750 fam ded, $2000 ind/$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Classic** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	994.82	696.37	298.45		300-1
EMPLOYEE & SPOUSE	1,832.54	1,106.85	725.69		300-2
EMPLOYEE & CHILDREN	1,623.11	1,004.23	618.88		300-3
EMPLOYEE & FAMILY	2,460.83	1,414.72	1,046.11		300-4
SELECT MEDICAL & VISION PLANS $750 ind/$2250 fam ded, $3500 ind/$7000 fam out of pocket max, **20%** office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Select** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	929.75	696.37	233.38		303-1
EMPLOYEE & SPOUSE	1,702.41	1,106.85	595.56		303-2
EMPLOYEE & CHILDREN	1,509.24	1,004.23	505.01		303-3
EMPLOYEE & FAMILY	2,281.90	1,414.72	867.18		303-4

HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. $1600 ind/$3200 fam ded, plus $4200/$8400 out of pocket max, 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months Contribution Limits: Under 55-$4150 ind/$8300 fam.	**UMP Consumer-Directed Health Plan (CDHP) (HSA) -** Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence				MARK IF CONTRIB. TO HSA	
	Emp HSA Contribution:		**$**			306-1
	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
EMPLOYEE	910.93	696.37	0.00	214.56		301-1
EMPLOYEE & SPOUSE	1,663.40	1,106.85	0.00	556.55		301-2
EMPLOYEE & CHILDREN	1,489.87	1,004.23	0.00	485.64		301-3
EMPLOYEE & FAMILY	2,184.01	1,414.72	0.00	769.29		301-4
Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD		157.10				302-1
Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products				25.00		302-90
Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)				50.00		302-91

Check one Plan

1) ☐ **Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental** $50 deductible in-network,100% Preventive, $1750 annual max,80% basic, 50% major, adult & child orthodontia	2) ☐ **WILLAMETTE, (Group 0), OR,** 3) ☐ **DELTA CARE GROUP (Group 3100)** IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit	MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)
EMPLOYEE	0.00	
EMPLOYEE & SPOUSE	0.00	
EMPLOYEE & CHILDREN	0.00	
EMPLOYEE & FAMILY	0.00	

LIFE INSURANCE & AD & D - Administered by Metlife	EMPLOYEE PAYS	MARK ONE (X)
Life Insurance Amounts: Employee $35,000 & Additional $5,000 for accidental death	0.00	X
LONG TERM DISABILITY (LTD) - Adminstered by Standard Insurance Co.	0.00	X
After 90 days being disabled, 60% of 1st $400 of current earnings. Min $50 & Max $240 per month		

VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION			Monthly Amount		Mark "X"	DC
Flexible Spending Account (FSA), Max $3,050 - Plus Point	FSA/DCR Fee	**$5.00**	92-95	$		92-5
Dependent Care Reimbursement (DCR) Max $2,500/$5,000 - Plus Point		All Self- Paid	$			92-15
Voluntary Long Term Disability Plan (Income protection if disable)		All Self- Paid				316-1

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.6 FTE/24 hr per week - Effective January 1, 2024, premiums reflected on your Dec. 25th payroll check

www.hca.wa.gov/pebb

Print Last Name:	**Emp No:**
Signature:	**Date:**

I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

Check (X) One Plan

CLASSIC MEDICAL & VISION PLANS $250 ind/$750 fam ded, $2000 ind/$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Classic** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	994.82	596.89	397.93		300-1
EMPLOYEE & SPOUSE	1,832.54	948.73	883.81		300-2
EMPLOYEE & CHILDREN	1,623.11	860.77	762.34		300-3
EMPLOYEE & FAMILY	2,460.83	1,212.62	1,248.21		300-4

SELECT MEDICAL & VISION PLANS $750 ind/$2250 fam ded, $3500 ind/$7000 fam out of pocket max, 20% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months	**Uniform Medical Plan (UMP) - Select** Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
EMPLOYEE	929.75	596.89	332.86		303-1
EMPLOYEE & SPOUSE	1,702.41	948.73	753.68		303-2
EMPLOYEE & CHILDREN	1,509.24	860.77	648.47		303-3
EMPLOYEE & FAMILY	2,281.90	1,212.62	1,069.28		303-4

HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. $1600 ind/$3200 fam ded, plus $4200/$8400 out of pocket max, 5%/10%/$100 ded/30%/50%, $2000 OOP, Prescription **Vision:** No co-pay on annual exam, $150 hardware every 24 months Contribution Limits: Under 55-$4150 ind/$8300 fam.	**UMP Consumer-Directed Health Plan (CDHP) (HSA) -** Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence				MARK IF CONTRIB. TO HSA	Ded Code
	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
Emp HSA Contribution:			$			306-1
EMPLOYEE	910.93	596.89	0.00	314.04		301-1
EMPLOYEE & SPOUSE	1,663.40	948.73	0.00	714.67		301-2
EMPLOYEE & CHILDREN	1,489.87	860.77	0.00	629.10		301-3
EMPLOYEE & FAMILY	2,184.01	1,212.62	0.00	971.39		301-4

Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD	157.10				302-1
Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00		302-90
Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00		302-91

Check one Plan

1) ☐ **Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental** $50 deductible in-network,100% Preventive, $1750 annual max,80% basic, 50% major, adult & child orthodontia	2) ☐ **WILLAMETTE, (Group 0), OR,** 3) ☐ **DELTA CARE GROUP (Group 3100)** IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit	MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)
EMPLOYEE	0.00	
EMPLOYEE & SPOUSE	0.00	
EMPLOYEE & CHILDREN	0.00	
EMPLOYEE & FAMILY	0.00	

LIFE INSURANCE & AD & D - Administered by Metlife	EMPLOYEE PAYS	MARK ONE (X)
Life Insurance Amounts: Employee $35,000 & Additional $5,000 for accidental death	0.00	X
LONG TERM DISABILITY (LTD) - Adminstered by Standard Insurance Co.	0.00	X
After 90 days being disabled, 60% of 1st $400 of current earnings. Min $50 & Max $240 per month		

VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION			Monthly Amount		Mark "X"	DC
Flexible Spending Account (FSA), Max $3,050 - Plus Point	FSA/DCR Fee	**$5.00**	92-95	$		92-5
Dependent Care Reimbursement (DCR) Max $2,500/$5,000 - Plus Point	All Self- Paid		$			92-15
Voluntary Long Term Disability Plan (Income protection if disable)	All Self- Paid					316-1