

2017-18 Benefit Plan Rates for PART TIME (.50 FTE) Employee - Contributions are Tiered Rates

COCC GROUP HEALTH PLAN OPTIONS

Medical Plan Options

Alder	\$400 annual deductible; \$0-30 copay/20% coinsurance (in-network)
Birch	\$800 annual deductible; \$0-30 copay/20% coinsurance (in-network)
Cedar	\$1200 annual deductible; \$0-30 copay/20% coinsurance (in-network)
EvergreenPlan	\$1600/Individual or \$3200/Family annual deductible; No copays all visits are 20% co-ins. in-network

Dental Plan Options

Delta Plan 1	\$50 deductible; 0-30% coinsurance; \$2,200 plan year maximum; Ortho \$1800max + 20% visits
Delta Plan 6	
Willamette Dental	No annual deductible; \$20 copay; Ortho \$1500 copay + \$20 per visit

Vision Plan Options

Opal Plan	No annual deductible; \$600 plan benefit; no copays
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Incentives for reduction to annual deductible during Open Enrollment Only

1. *Healthy Futures Program* - Employee ONLY completes a Health Assessment by Oct 15 to receive reduction toward deductible

.50 FTE of CAP = \$777.48

FT CAP = \$1,554.96

Alder Medical Plan (\$400 annual deductible) \$0-20 copay/20% coinsurance (in-network)

Synergy Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	Synergy Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Alder	638.97	1,405.74	1,214.07	1,980.86	Alder	638.97	1,405.74	1,214.07	1,980.86
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Total:	725.45	1,581.92	1,397.75	2,259.30	Total:	703.67	1,538.74	1,341.60	2,180.12
EE Monthly Cost:	\$72.55	\$804.44	\$620.27	\$1,481.82	EE Monthly Cost:	\$70.37	\$761.26	\$564.12	\$1,402.64
Alder	638.97	1,405.74	1,214.07	1,980.86					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Total:	704.11	1,539.62	1,346.64	2,185.59					
EE Monthly Cost:	\$70.41	\$762.14	\$569.16	\$1,408.11					
Alder	638.97	1,405.74	1,214.07	1,980.86	Alder	638.97	1,405.74	1,214.07	1,980.86
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
no vision					no vision				
Total:	703.06	1,532.69	1,355.25	2,189.93	Total:	681.28	1,489.51	1,299.10	2,110.75
EE Monthly Cost:	\$70.31	\$755.21	\$577.77	\$1,412.45	EE Monthly Cost:	\$68.13	\$712.03	\$521.62	\$1,333.27
Alder	638.97	1,405.74	1,214.07	1,980.86					
Willamette Dental	42.75	84.65	90.07	135.36					
no vision									
Total:	681.72	1,490.39	1,304.14	2,116.22					
EE Monthly Cost:	\$68.17	\$712.91	\$526.66	\$1,338.74					
Alder	638.97	1,405.74	1,214.07	1,980.86					
no dental									
Opal Plan	22.39	49.23	42.50	69.37					
Total:	661.36	1,454.97	1,256.57	2,050.23					
EE Monthly Cost:	\$66.14	\$677.49	\$479.09	\$1,272.75					

Birch Medical Plan (\$800 annual deductible) \$0-30 copay/20% coinsurance (in-network)

PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Birch	628.29	1,382.22	1,193.75	1,947.71	Birch	628.29	1,382.22	1,193.75	1,947.71
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Total:	714.77	1,558.40	1,377.43	2,226.15	Total:	692.99	1,515.22	1,321.28	2,146.97
EE Monthly Cost:	\$71.48	\$780.92	\$599.95	\$1,448.67	EE Monthly Cost:	\$69.30	\$737.74	\$543.80	\$1,369.49
Birch	628.29	1,382.22	1,193.75	1,947.71					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Total:	693.43	1,516.10	1,326.32	2,152.44					
EE Monthly Cost:	\$69.34	\$738.62	\$548.84	\$1,374.96					
Birch	628.29	1,382.22	1,193.75	1,947.71	Birch	628.29	1,382.22	1,193.75	1,947.71
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
no vision					no vision				
Total:	692.38	1,509.17	1,334.93	2,156.78	Total:	670.60	1,465.99	1,278.78	2,077.60
EE Monthly Cost:	\$69.24	\$731.69	\$557.45	\$1,379.30	EE Monthly Cost:	\$67.06	\$688.51	\$501.30	\$1,300.12
Birch	628.29	1,382.22	1,193.75	1,947.71					
Willamette Dental	42.75	84.65	90.07	135.36					
no vision									
Total:	671.04	1,466.87	1,283.82	2,083.07					
EE Monthly Cost:	\$67.10	\$689.39	\$506.34	\$1,305.59					
Birch	628.29	1,382.22	1,193.75	1,947.71					
no dental									
Opal Plan	22.39	49.23	42.50	69.37					
Total:	650.68	1,431.45	1,236.25	2,017.08					
EE Monthly Cost:	\$65.07	\$653.97	\$458.77	\$1,239.60					

Cedar Medical Plan (\$1200 annual deductible) \$0-30 copay/20% coinsurance (in-network)

PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Cedar	580.73	1,277.60	1,103.40	1,800.31	Cedar	580.73	1,277.60	1,103.40	1,800.31
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Total:	667.21	1,453.78	1,287.08	2,078.75	Total:	645.43	1,410.60	1,230.93	1,999.57
EE Monthly Cost:	\$66.72	\$676.30	\$509.60	\$1,301.27	EE Monthly Cost:	\$64.54	\$633.12	\$453.45	\$1,222.09
Cedar	580.73	1,277.60	1,103.40	1,800.31					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Total:	645.87	1,411.48	1,235.97	2,005.04					
EE Monthly Cost:	\$64.59	\$634.00	\$458.49	\$1,227.56					
Cedar	580.73	1,277.60	1,103.40	1,800.31	Cedar	580.73	1,277.60	1,103.40	1,800.31
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
no vision					no vision				
Total:	644.82	1,404.55	1,244.58	2,009.38	Total:	623.04	1,361.37	1,188.43	1,930.20
EE Monthly Cost:	\$64.48	\$627.07	\$467.10	\$1,231.90	EE Monthly Cost:	\$62.30	\$583.89	\$410.95	\$1,152.72
Cedar	580.73	1,277.60	1,103.40	1,800.31					
Willamette Dental	42.75	84.65	90.07	135.36					
no vision									
Total:	623.48	1,362.25	1,193.47	1,935.67					
EE Monthly Cost:	\$62.35	\$584.77	\$415.99	\$1,158.19					
Cedar	580.73	1,277.60	1,103.40	1,800.31					
no Dental									
Opal Plan	22.39	49.23	42.50	69.37					
Total:	580.73	1,277.60	1,103.40	1,800.31					
EE Monthly Cost:	\$58.07	\$500.12	\$325.92	\$1,022.83					

EvergreenPlan (\$1600/\$3200 annual deductible) No CoPays; 20% coinsurance (in-network)

Synergy Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	Synergy Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Evergreen	419.43	922.74	796.92	1,300.24	Evergreen	419.43	922.74	796.92	1,300.24
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Total:	505.91	1,098.92	980.60	1,578.68	Total:	484.13	1,055.74	924.45	1,499.50
EE Monthly Cost:	\$50.59	\$321.44	\$203.12	\$801.20	EE Monthly Cost:	\$48.41	\$278.26	\$146.97	\$722.02
Evergreen	419.43	922.74	796.92	1,300.24					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Total:	484.57	1,056.62	929.49	1,504.97					
EE Monthly Cost:	\$48.46	\$279.14	\$152.01	\$727.49					
Evergreen	419.43	922.74	796.92	1,300.24	Evergreen	419.43	922.74	796.92	1,300.24
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
no vision					no vision				
Total:	483.52	1,049.69	938.10	1,509.31	Total:	461.74	1,006.51	881.95	1,430.13
EE Monthly Cost:	\$48.35	\$272.21	\$160.62	\$731.83	EE Monthly Cost:	\$46.17	\$229.03	\$104.47	\$652.65
Evergreen	419.43	922.74	796.92	1,300.24					
Willamette Dental	42.75	84.65	90.07	135.36					
no vision									
Total:	462.18	1,007.39	886.99	1,435.60					
EE Monthly Cost:	\$46.22	\$229.91	\$109.51	\$658.12					
Evergreen	419.43	922.74	796.92	1,300.24					
no dental									
Opal Plan	22.39	49.23	42.50	69.37					
Total:	441.82	971.97	839.42	1,369.61					
EE Monthly Cost:	\$44.18	\$194.49	\$83.94	\$592.13					

EvergreenPlan (\$1600/\$3200 annual deductible) No CoPays; 20% coinsurance (in-network)

PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Evergreen	466.03	1,025.26	885.47	1,444.70	Evergreen	466.03	1,025.26	885.47	1,444.70
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Total:	552.51	1,201.44	1,069.15	1,723.14	Total:	530.73	1,158.26	1,013.00	1,643.96
EE Monthly Cost:	\$55.25	\$423.96	\$291.67	\$945.66	EE Monthly Cost:	\$53.07	\$380.78	\$235.52	\$866.48
Evergreen	466.03	1,025.26	885.47	1,444.70					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Total:	531.17	1,159.14	1,018.04	1,649.43					
EE Monthly Cost:	\$53.12	\$381.66	\$240.56	\$871.95					
Evergreen	466.03	1,025.26	885.47	1,444.70	Evergreen	466.03	1,025.26	885.47	1,444.70
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
no vision					no vision				
Total:	530.12	1,152.21	1,026.65	1,653.77	Total:	508.34	1,109.03	970.50	1,574.59
EE Monthly Cost:	\$53.01	\$374.73	\$249.17	\$876.29	EE Monthly Cost:	\$50.83	\$331.55	\$193.02	\$797.11
Evergreen	466.03	1,025.26	885.47	1,444.70					
Willamette Dental	42.75	84.65	90.07	135.36					
no vision									
Total:	508.78	1,109.91	975.54	1,580.06					
EE Monthly Cost:	\$50.88	\$332.43	\$198.06	\$802.58					
Evergreen	466.03	1,025.26	885.47	1,444.70					
no dental									
Opal Plan	22.39	49.23	42.50	69.37					
Total:	488.42	1,074.49	927.97	1,514.07					
EE Monthly Cost:	\$48.84	\$297.01	\$150.49	\$736.59					

STAND ALONE PLAN RATES - Monthly Premium Costs				
PLAN OPTIONS	EE ONLY	EE + SPOUSE	EE + CHILD(REN)	FAMILY
Alder Medical-Synergy	\$638.97	\$1,405.74	\$1,214.07	\$1,980.86
EE Monthly Cost:	\$63.90	\$628.26	\$436.59	\$1,203.38
Birch Medical-PPO	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71
EE Monthly Cost:	\$62.83	\$604.74	\$416.27	\$1,170.23
Cedera Medical-PPO	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31
EE Monthly Cost:	\$58.07	\$500.12	\$325.92	\$1,022.83
Evergreen Medical - Synergy	419.43	922.74	796.92	1,300.24
EE Monthly Cost:	\$41.94	\$145.26	\$79.69	\$522.76
Evergreen Medical - PPO	466.03	1,025.26	885.47	1,444.70
EE Monthly Cost:	\$46.60	\$247.78	\$107.99	\$667.22
Delta Plan 1	\$64.09	\$126.95	\$141.18	\$209.07
EE Monthly Cost:	\$6.41	\$12.70	\$14.12	\$20.91
Delta Plan 6	\$42.31	\$83.77	\$85.03	\$129.89
EE Monthly Cost:	\$4.23	\$8.38	\$8.50	\$12.99
Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.36
EE Monthly Cost:	\$4.28	\$8.47	\$9.01	\$13.54
Opal Plan	\$22.39	\$49.23	\$42.50	\$69.37
EE Monthly Cost:	\$2.24	\$4.92	\$4.25	\$6.94