Employer	Employee Group	Cafeteria Option	Tiered or	Health Insurance Company	Employee Cost/Month	Employer Contribution or Caps per Month	HRA or He	alth Savings Account	Section 125 (Flexible Benefits		Long Term Disability					
			Composite		(based on highest costing plan)				Account)	Life/AD&D	(LTD)	Long Term Care (LTC)	Leave Time per	year General	Miscellaneous	Comments
						EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Ac	count ER Contribution	Contribution ER Contribution				Sick Vacation Perso			
	Management/Exempt Classified	None None	Tiered Tiered	PacificSource PacificSource	\$ 80.89 \$ 286.98 \$ 286.98 \$ 358.02 \$ 80.89 \$ 286.98 \$ 286.98 \$ 358.02	\$ 824.48 \$1,770.99 \$ 1,770.99 \$ 2,209.60 \$ 824.48 \$1,770.99 \$ 1,770.99 \$ 2,209.60	1		\$ 240.00 \$150/\$250/\$300 \$ 240.00 \$450/\$850/\$1100	\$ - \$ 9.98 \$ - \$ 8.46		yes None ves None	144 192 2- 144 180 2-	1 no yes 1 no yes		
Lane Community Collge	Faculty	None	Tiered	OEBB	\$200.34 \$ 454.95 \$ 391.30 \$ 609.90	\$ 771.48 \$1,656.56 \$ 1,464.82 \$ 2,390.89			\$ 240.00 \$150/\$250/\$300	\$ - \$ 12.95		yes None	96 None 2			
	PT Faculty	None	Tiered	OEBB	\$189.79 \$1,083.37 \$ 966.70 \$1,804.48	\$ 771.48 \$1,017.59 \$ 878.87 \$ 1,185.76		-	\$ 240.00 \$150/\$250/\$300	None None	None none	yes None	96 None 8	no yes		
Employer	Employee Group	Cafeteria Option	Tiered or	Health Insurance Company	Employee Cost/Month	Employer Contribution or Caps per Month	HRA or He	alth Savings Account	Section 125 (Flexible Benefits		Long Term Disability					
			Composite						Account) Minimum EE	Life	(LTD)	Long Term Care (LTC)	Leave Time	General	Miscellaneous	Comments
					EE Only EE + Child EE + Spouse Full Family	EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Ac	count ER Contribution	Contribution ER Contribution	EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Perso			
	OA (Exempt)	Voc	Tiered	PERR Administered	C ED AE C 5035 C 7054 C 0143	\$1.129.58 \$1.298.83 \$ 1.513.20 \$ 1.547.07			\$ 240.00 \$ -	S 100 balance	100% \$ -	100% S -	96 180	n/a ves		Employees can reduce insurance premiums by participating in a Health engagement model
U of O	SEIU	Yes	Tiered	Moda Synergy	\$ 59.45 \$ 68.36 \$ 79.64 \$ 81.42	\$1,129.58 \$1,298.83 \$ 1,513.20 \$ 1,547.07			\$ 240.00 \$ -	\$ 1.00 balance	100% \$ -	100% \$ -	96 96-216 2			Employees can reduce insurance premiants by participating in a neutri-engagement model
	Faculty (UA) Teamsters	Yes	Tiered Tiered	Providence Choice PEBB Statewide		\$1,129.58 \$1,298.83 \$ 1,513.20 \$ 1,547.07 \$1,129.58 \$1,298.83 \$ 1,513.20 \$ 1,547.07		-	\$ 240.00 \$ - \$ 240.00 \$ -	\$ 1.00 balance \$ 1.00 balance	100% \$ - 100% \$ -	100% \$ - 100% \$ -	96 yes 96 144-288 22	n/a yes .5 n/a yes		
	reamsters	res	Hered					-	\$ 240.00 \$ -	\$ 1.00 balance	100% \$ -	100% \$ -	96 144-288 22	.s n/a yes		
Employer	Employee Group	Cafeteria Option	Tiered or Composite		Employee Cost/Month	Employer Contribution or Caps per Month	HRA or He	alth Savings Account	Section 125 (Flexible Benefits	Life	Long Term Disability (LTD)	Long Term Care (LTC)	Leave Time		Miscellaneous	Comments
			Composite						Minimum EE	Life	(LID)	Long Term Care (LTC)	Leave Time	General	Miscellaneous	Comments
	AFSCME	Opt-out option:		PacificSource (co-payment)		EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Ac	count ER Contribution	Contribution ER Contribution	EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Perso	nal PTO Prorated?	non-exempt leave info	
	AFSCME AFSCME	\$350/mo benefit		PacificSource (co-payment) PacificSource (HDHP)	\$0.00 \$0.00	\$1,642.00 \$1,304.00		x \$1500 EE/\$3000 Family		\$ - 100%	\$ - 100%			328 yes 352 yes	exempt leave info	
	AFSCME Nurses	Opt-out option:	Composite	PacificSource (co-payment)	\$0.00	\$1,642.00				\$ - 100%	\$ - 100%					
	AFSCME Nurses FOPPO	\$350/mo benefit Opt-out option: Benefit	Composite	PacificSource (HDHP) PacificSource (co-payment)	\$0.00 \$0.00	\$1,304.00 \$1,642.00		x \$1500 EE/\$3000 Family						,		
	FOPPO	not specified	Composite		\$0.00	\$1,304.00		x \$1500 EE/\$3000 Family		\$ - 100%	\$ - 100%			348 yes		
	LCPOA	Opt-out option: Benefit	Composite	PacificSource (co-payment)	\$0.00	\$1,642.00				\$ - 100%	\$ - 100%			328 yes		
	LCPOA Pros. Attorneys	not specified	Composite	PacificSource (HDHP) PacificSource (co-payment)	\$0.00 \$0.00	\$1,304.00 \$1.642.00		x \$1500 EE/\$3000 Family								
	Pros. Attorneys			PacificSource (HDHP)	\$0.00	\$1,304.00		x \$1500 EE/\$3000 Family		\$ - 100%	\$ - 100%			,		
	Admin/Professional (hired before 01/01/2016) Admin/Professional (hired before 01/01/2016)		Composite	PacificSource (co-payment)	\$0.00 \$0.00	\$1,642.00 \$1,304.00									non-exempt leave info	
Lane County	Admin/Professional (hired before 01/01/2016) Admin/Professional (hired before 01/01/2016)	Opt-out option: \$350/mo benefit	Composite Tiered	PacificSource (HDHP) PacificSource (Prime Plus)		\$1,304.00 \$ 686.00 \$1,229.00 \$ 1,486.00 \$ 1,972.00		x \$1500 EE/\$3000 Family		\$ - 100%	\$ - 100%			352 yes	exempt leave info	
	Admin/Professional (hired 01/01/2016 +)	\$350/mo benefit	Composite	PacificSource (HDHP)	\$20.00	\$1,304.00		x \$1500 EE/\$3000 Family								
	Admin/Professional (hired 01/01/2016 +) Local 626 (hired before 01/01/2016)		Tiered Composite	PacificSource (Prime Plus) PacificSource (co-payment)	\$ 30.00 \$ 60.00 \$ 90.00 \$ 120.00 \$0.00	\$ 686.00 \$1,229.00 \$ 1,486.00 \$ 1,972.00 \$1.642.00										
	Local 626 (hired before 01/01/2016)	Opt-out option:	Composite	PacificSource (HDHP)	\$0.00	\$1,304.00		x \$1500 EE/\$3000 Family								
	Local 626 (hired before 01/01/2016) Local 626 (hired 01/01/2016 +)	\$350/mo benefit	Tiered	PacificSource (Prime Plus) PacificSource (HDHP)	\$ 30.00 \$ 60.00 \$ 90.00 \$ 120.00 \$20.00	\$ 686.00 \$1,229.00 \$ 1,486.00 \$ 1,972.00 \$1,304.00		x \$1500 EE/\$3000 Family		\$ - 100%	\$ - 100%			328 yes		
	Local 626 (hired 01/01/2016 +) Local 626 (hired 01/01/2016 +)		Composite Tiered	PacificSource (HDHP) PacificSource (Prime Plus)		\$1,304.00 \$ 686.00 \$1,229.00 \$ 1,486.00 \$ 1,972.00		x \$1500 EE/\$3000 Family								
	Non-Represented (hired before 01/01/2016)		Composite	PacificSource (co-payment)	\$0.00	\$1,642.00									non-exempt leave info	
	Non-Represented (hired before 01/01/2016) Non-Represented (hired before 01/01/2016)	Opt-out option:	Composite Tiered	PacificSource (HDHP) PacificSource (Prime Plus)	\$0.00	\$1,304.00 \$ 686.00 \$1,229.00 \$ 1,486.00 \$ 1,972.00		x \$1500 EE/\$3000 Family		S - 100%	\$ - 100%			352 yes	exempt leave info	
	Non-Represented (hired 01/01/2016 +)	\$350/mo benefit	Composite	PacificSource (HDHP)	\$20.00	\$1,304.00		x \$1500 EE/\$3000 Family		*						
	Non-Represented (hired 01/01/2016 +)		Tiered	PacificSource (Prime Plus)	\$ 30.00 \$ 60.00 \$ 90.00 \$ 120.00	\$ 686.00 \$1,229.00 \$ 1,486.00 \$ 1,972.00										
Employer	Employee Group	Cafeteria Option	Tiered or	Health Insurance Company	Employee Cost/Month	Employer Contribution or Caps per Month	HRA or He	alth Savings Account	Section 125 (Flexible Benefits		Long Term Disability					
			Composite						Account) Minimum EE	Life	(LTD)	Long Term Care (LTC)	Leave Time	General	Miscellaneous	Comments
						EE Only EE + Child EE + Spouse Full Family		count ER Contribution	Contribution ER Contribution	EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Perso			
	AFSCME		Tiered	Pacificsource HIP Pacificsource HIP		\$ 594.34 \$1,271.75 \$ 1,271.75 \$ 1,760.20 \$ 627.36 \$1,342.39 \$ 1,342.39 \$ 1,857.99				\$100,000.00						Tiered: Employee/Employee+1/Full Family Tiered: Employee/Fmployee+1/Full Family
City of Springfield	IAAF (Fire Fighters) SEIU		Tiered	Pacificsource HIP		\$ 594.34 \$1,271.75 \$ 1,271.75 \$ 1,760.20				\$ 10,000.00						Tiered: Employee/Employee+1/Full Family Tiered: Employee/Employee+1/Full Family
	SPA (Police)		Tiered	Pacificsource HIP	\$ 19.81 \$ 42.39 \$ 42.39 \$ 58.67	\$ 640.57 \$1,370.65 \$ 1,370.65 \$ 1,897.11				\$ 20,000.00						Tiered: Employee/Employee+1/Full Family
	Non-Represented / Mgmt		Tiered	Pacificsource HIP	\$ 66.04 \$ 141.29 \$ 141.29 \$ 195.58	\$ 594.34 \$1,271.75 \$ 1,271.75 \$ 1,760.20				\$ 10,000.00						Tiered: Employee/Employee+1/Full Family
Employer	Employee Group	Cafeteria Option	Tiered or		Employee Cost/Month	Employer Contribution or Caps per Month	HRA or He	alth Savings Account	Section 125 (Flexible Benefits		Long Term Disability					
			Composite						Account) Minimum FF	Life	(LTD)	Long Term Care (LTC)	Leave Time	General	Miscellaneous	Comments
						EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Ac	count ER Contribution	Contribution ER Contribution	EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Perso			
	AFSCME IATSE (Theatrical)		Tiered Tiered	PacificSource PSN PacificSource PSN	2.89% of salary	\$ 773.72 \$1,467.37 \$ 1,467.37 \$ 2,046.90 \$ 698.51 \$1.325.48 \$ 1.325.48 \$ 1.849.04										"Employer Contribution" is actual total monthly premium where EE contribution is % of salary. If under 32 hours per week, ER contribution is pro-rated for any dependent coverage.
City of Eugene	EPEA (Police)		Tiered	PacificSource PSN PacificSource PSN		\$ 698.51 \$1,325.48 \$ 1,325.48 \$ 1,849.04 \$ 718.73 \$1.365.18 \$ 1.365.18 \$ 1.903.86										If under 32 hours per week, ER contribution is pro-rated for any dependent coverage. Tiered: Employee/Employee+1/Full Family.
City of Eugene	IAFF (Fire Fighters)		Tiered	PacificSource PSN		\$ 713.06 \$1,356.12 \$ 1,356.12 \$ 1,890.51										4. Rate information is based upon the "City Health Plan (PPO)". Other plan options available.
	IAFF Battalion Chiefs Non-Represented		Tiered Tiered	PacificSource PSN PacificSource PSN		\$ 703.65 \$1,332.97 \$ 1,332.97 \$ 1,859.55 \$ 681.43 \$1,290.87 \$ 1,290.87 \$ 1,800.83										
Employer	Employee Group	Cafeteria Option	Tiered or Composite		Employee Cost/Month	Employer Contribution or Caps per Month	HRA or He	alth Savings Account	Section 125 (Flexible Benefits Account)	Life	Long Term Disability (LTD)	Long Term Care (LTC)	Leave Time		Miscellaneous	Comments
			Composite						Minimum EE					General		Comments
	Not able to gather				EE Only EE + Child EE + Spouse Full Family	EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Ac	count ER Contribution	Contribution ER Contribution	EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Perso	nal PTO Prorated?		
	THOU BUSIC TO BUTTER															
Eugene Water and Electric	•															
Board (EWEB)																

Employer	Employee Group	Cafeteria Option	Tiered or	Health Insurance Company	Employee Cost/Month	Employer Contribution or Caps per Month	HRA or Health Savings Account	Section 125 (Flexible Benefits	Life	Long Term Disability		Leave Time		
			Composite					Minimum EE		(LTD)	Long Term Care (LTC)	General	Miscellaneous	Comments
	IBEW - Employees 20 or more hrs/wk	No	Tiered	PacificSource PSN		EE Only EE + Child EE + Spouse Full Family \$ 674.05 \$ 1,013.26 \$ 1,218.28 \$ 1,606.08	HRA Account HSA Account ER Contribution	Contribution ER Contribution		EE Portion ER Portion		Sick Vacation Personal PTO Prorated?		
		No	Tiered	PacificSource PSN		\$ 674.05 \$1,013.26 \$ 1,218.28 \$ 1,606.08				\$ - 100%		0 0 0 See Below Yes Years of Service Days/Yr 5 yrs or less 20 days 6-10 years 25 days 11-15 years 30 days		
												16-20 years 33 days 21-25 years 36 days 26-30 years 38 days > 30 years 40 days		
Employer	Employee Group	Cafeteria Option	Tiered or Composite		Employee Cost/Month	Employer Contribution or Caps per Month	HRA or Health Savings Account	Section 125 (Flexible Benefits Account)	Life	Long Term Disability (LTD)	Long Term Care (LTC)	Leave Time	Miscellaneous	Comments
			Composite		FF Only FF + Child FF + Spouse Full Family	EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Account FR Contribution	Minimum EE Contribution ER Contribution		EE Portion ER Portion		General Sick Vacation Personal PTO Prorated?	Miscendicods	Commence
	Basic: Plan 1 (FT)	Yes	Tiered	PacificSource	\$ 21.00 \$ 41.00 \$ 41.00 \$ 62.00					\$ - 100%				
	Basic: Plan 1 (PT)	Yes	Tiered Tiered	PacificSource PacificSource	\$ 68.00 \$ 221.00 \$ 221.00 \$ 326.00 \$150.00 \$ 170.00 \$ 170.00 \$ 191.00					\$ - 100% \$ - 100%				
	Buy-Up: Plan 2 (FT) Buy-Up: Plan 2 (PT)	Yes Yes	Tiered	PacificSource PacificSource	\$150.00 \$ 170.00 \$ 170.00 \$ 191.00 \$160.00 \$ 333.00 \$ 356.00 \$ 506.00					\$ - 100% \$ - 100%				
Springfield Public School	Plan 2A: Supplemental (FT)	Yes	Tiered	PacificSource	\$ 5.00 \$ 10.00 \$ 10.00 \$ 15.00					\$ - 100%				
District	Plan 2A: Supplemental (PT)	Yes	Tiered	PacificSource	\$ 32.00 \$ 59.00 \$ 71.00 \$ 93.00					\$ - 100%				
	Additional Buy Up: Plan 3 (FT) Additional Buy Up: Plan 3 (PT)	Yes	Tiered Tiered	PacificSource PacificSource	\$474.00 \$ 494.00 \$ 494.00 \$ 515.00 \$490.00 \$ 623.00 \$ 705.00 \$ 963.00					\$ - 100% \$ - 100%				
	Additional Buy Op. Fiam 5 (F1)	16	Hereu	Pacificadure	3490.00 3 023.00 3 703.00 3 903.00					3 - 100%				
Employer	Employee Group	Cafeteria Option	Tiered or Composite	Health Insurance Company	Employee Cost/Month	Employer Contribution or Caps per Month	HRA or Health Savings Account	Section 125 (Flexible Benefits	Life	Long Term Disability (LTD)	Long Term Care (LTC)	Leave Time	Miscellaneous	Comments
			Composite					Minimum EE	Life	(LID)	Long Term Care (LTC)	General General	Miscellaneous	Comments
					EE Only EE + Child EE + Spouse Full Family	EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Account ER Contribution	Contribution ER Contribution	EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Personal PTO Prorated?		
	Administrative (.500749 FTE)		Composite	MODA (OEBB)	\$852.42	up to \$1175 per employee, based upon FTE		100% \$ -	\$ - 100%	\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Administrative (.750874 FTE)		Composite	MODA (OEBB)	\$617.42	up to \$1175 per employee, based upon FTE		100% \$ -	\$ - 100%	\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Administrative (.875 - 1.0 FTE)		Composite	MODA (OEBB)	\$441.17	up to \$1175 per employee, based upon FTE		100% \$ -	\$ - 100%	\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Classified (.500749 FTE)		Tiered	MODA (OEBB)	\$ - \$ 481.78 \$ 615.91 \$ 1,106.09			100% \$ -	\$ - 100%	\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Classified (.750874 FTE)		Tiered	MODA (OEBB)	\$ - \$ 316.18 \$ 450.31 \$ 940.49			100% \$ -		\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
Eugene Public School District (4J)	Classified (.875 - 1.0 FTE)		Tiered	MODA (OEBB)	\$ - \$ 191.98 \$ 326.11 \$ 816.29					\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Licensed (.500750 FTE)		Composite		\$726.64					\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Licensed (.760800 FTE)			MODA (OEBB)	\$667.89				\$ - 100%					Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Licensed (.810850 FTE) Licensed (.860900 FTE)			MODA (OEBB)	\$609.14 \$550.39				\$ - 100% \$ - 100%					Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental. Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Licensed (.910950 FTE)		1	MODA (OEBB)	\$491.64				\$ - 100%					Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
	Licensed (.960 - 1.0 FTE)		Composite		\$432.89			100% \$ -		\$ - 100%				Rates based upon Statewide Medical Plan C (\$500 deductible) coupled with a MODA Dental.
Employer	Employee Group	Cafeteria Option		Health Insurance Company	Employee Cost/Month	Employer Contribution or Caps per Month	HRA or Health Savings Account	Section 125 (Flexible Benefits		Long Term Disability				
			Composite					Account)	Life	(LTD)	Long Term Care (LTC)	Leave Time General	Miscellaneous	Comments
					EE Only EE + Child EE + Spouse Full Family	EE Only EE + Child EE + Spouse Full Family	HRA Account HSA Account ER Contribution		EE Portion ER Portion	EE Portion ER Portion	EE Portion ER Portion	Sick Vacation Personal PTO Prorated?		
Bethel Public School District	Classified (Full-time)			MODA (OEBB)	\$145.90	\$1,278.15	х \$ -	s - s -				8 160 1 day - yes		Medical Plan E (\$1000/\$3000 deductible), Dental Plan 1, Vision Plan 4
	Classified (3/4 time) Classified (1/2 time hired before 07/01/2008)			MODA (OEBB) MODA (OEBB)	\$374.05 \$475.48	\$1,050.00 \$794.98	x \$ -	\$ - \$ -				6 120 1 day - yes 4 80 yes		Medical Plan E (\$1000/\$3000 deductible), Dental Plan 1, Vision Plan 4 Medical Plan E (\$1000/\$3000 deductible). No Dental, Vision Plan 4
	All Other (.900 - 1.0 FTE)		Composite		\$4/5.48 \$165.00	\$794.98 \$1,379.99	x > -	\$ - \$ - \$ - \$ -	Included in monthly EE and	Included in monthly EE		4 80 yes Licensed:		\$33.79 PEPM funded from "Teachers Insurance Reserve Fund". Not funded by EE or ER.
	All Other (.700899 FTE, hired before 07/01/2008)		Composite		\$234.00	\$1,310.99		\$ - \$ -	ER health insurance costs.		Not offered.	Sick - 1 day per month		\$33.79 PEPM funded from "Teachers Insurance Reserve Fund". Not funded by EE or ER.
	All Other (.700899 FTE, hired 07/01/2008 +)		Composite	PacificSource	\$303.00	\$1,241.99		s - s -		costs.		Vacation - none		\$33.79 PEPM funded from "Teachers Insurance Reserve Fund". Not funded by EE or ER.
	All Other (.500699 FTE, hired before 07/01/2008) All Other (.500699 FTE, hired 07/01/2008 +)			PacificSource PacificSource	\$303.00 \$441.00	\$1,241.99 \$1,103.99		\$ - \$ - \$ - \$ -				Personal - none Administrators/Mgmt/Exempt: Info not available.		\$33.79 PEPM funded from "Teachers Insurance Reserve Fund". Not funded by EE or ER. \$33.79 PEPM funded from "Teachers Insurance Reserve Fund". Not funded by EE or ER.