

# Selection Sheet for PEBB Insurance Deductions - Klickitat County

**Full Time** - Effective January 1, 2019, premiums reflected on your Dec. 25th payroll check

Go to the Web - Health Care Authority, Public Employees Benefits Board, for Benefit Descriptions at:

[www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

<b>Print Last Name:</b>	<b>Emp No:</b>
<b>Signature:</b>	<b>Date:</b>
<i>I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.</i>	

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)

<b>C h e c k  X  O n e  P l a n</b>	<b>MEDICAL &amp; VISION PLANS</b> \$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 <b>Vision:</b> No co-pay on annual exam, \$150 hardware every 24 months	<b>Uniform Medical Plan (UMP) - Classic Premium</b> <u>Includes:</u> Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code		
		PREMIUM	COUNTY PAYS	EMPLOYEE PAYS				
	EMPLOYEE	833.50	833.50	0.00				
	EMPLOYEE & SPOUSE	1,514.37	1,310.11	204.26				
	EMPLOYEE & CHILDREN	1,344.15	1,190.96	153.19				
	EMPLOYEE & FAMILY	2,025.03	1,667.57	357.46		300-4		
	<b>HEALTH SAVINGS ACCOUNT (HSA) &amp; VISION PLANS</b> Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. \$1400 ind/\$2800 fam ded, plus \$4200/\$8400 out of pocket max, 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription <b>Vision:</b> No co-pay on annual exam, \$150 hardware every 24 months Contribution Limits: Under 55-\$3450 ind/\$6900 fam. Over 55: \$4450 ind/\$7,900 fam	<b>UMP Consumer-Directed Health Plan (CDHP) (HSA) - Premium Includes:</b> Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence			MARK IF CONTRIB. TO HSA			
	<b>Emp HSA Contribution: \$</b>				306-1			
		PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X) Ded Code		
	EMPLOYEE	759.19	833.50	74.31	0.00	301-1		
	EMPLOYEE & SPOUSE	1,360.30	1,310.11	0.00	50.19	301-2		
	EMPLOYEE & CHILDREN	1,224.61	1,190.96	0.00	33.65	301-3		
	EMPLOYEE & FAMILY	1,767.36	1,667.57	0.00	99.79	301-4		
	<b>Waiver Fee:</b> If you waive Medical, you must be on Dental, Life & LTD		152.62			302-1		
	<b>Tobacco Surcharge:</b> If you, or a dependent covered by the plan, use tobacco products				25.00	302-90		
	<b>Spouse or Dom. Partner Coverage Surcharge</b> (go to Spousal Plan Calculator on the web)				50.00	302-91		
<b>c h e c k  O n e  P l a n</b>	<b>Dental Plans You May Select One of the Following (place "X" in small box)</b> Employees can place dep on dental plans, without placing on medical.							
	1) <input type="checkbox"/> <b>Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental</b>		2) <input type="checkbox"/> <b>WILLAMETTE, (Group 0), OR,</b>		MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)			
			3) <input type="checkbox"/> <b>DELTA CARE GROUP (Group 3100)</b>					
	\$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 PAYS			
	EMPLOYEE					0.00		
	EMPLOYEE & SPOUSE					0.00		
	EMPLOYEE & CHILDREN					0.00		
	EMPLOYEE & FAMILY					0.00		
	<b>LIFE INSURANCE &amp; AD &amp; D - Administered by Metlife</b>				MARK ONE (X)			
	Life Insurance Amounts			EMPLOYEE PAYS				
	Employee \$35,000 & Additional \$5,000 for accidental death			0.00		X		
	<b>LONG TERM DISABILITY (LTD) - Administered by Standard Insurance Co.</b>				0.00		X	
	After 90 days being disabled, 60% of 1st \$400 of current earnings. Min \$50 & Max \$240 per month							
	<b>VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION</b>				Monthly Amount		Mark "X"	DC
	Flexible Spending Account (FSA), Max \$2,650 - Plus Point		FSA/DCR Fee	<b>\$5.00</b>	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