

# FAIRBOARD SELECTION FORM

## BENEFITS SELECTION FORM 2019

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NEW ENROLLMENT

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FAMILY STATUS CHANGE

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OPEN ENROLLMENT

### MEDICAL PLANS & MONTHLY COST

	<i>Single</i>	<i>Married</i>	<i>Single w/ Child/ren</i>	<i>Family</i>
Kaiser	<input type="checkbox"/> \$660.18	<input type="checkbox"/> \$1,320.36	<input type="checkbox"/> \$1,188.32	<input type="checkbox"/> \$1,980.56
Providence Open Option/VSP Vision	<input type="checkbox"/> \$835.00	<input type="checkbox"/> \$1,669.00	<input type="checkbox"/> \$1,505.00	<input type="checkbox"/> \$2,506.00
Providence Personal Option/VSP Vision	<input type="checkbox"/> \$751.00	<input type="checkbox"/> \$1,501.00	<input type="checkbox"/> \$1,353.00	<input type="checkbox"/> \$2,255.00

### DENTAL PLANS & MONTHLY COST

	<i>Single</i>	<i>Married</i>	<i>Single w/ Child/ren</i>	<i>Family</i>
Kaiser	<input type="checkbox"/> \$103.08	<input type="checkbox"/> \$204.08	<input type="checkbox"/> \$142.24	<input type="checkbox"/> \$244.26
MODA Preventive	<input type="checkbox"/> \$82.00	<input type="checkbox"/> \$164.00	<input type="checkbox"/> \$118.00	<input type="checkbox"/> \$200.00
MODA Incentive	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$184.00	<input type="checkbox"/> \$129.00	<input type="checkbox"/> \$221.00
MODA 50%	<input type="checkbox"/> \$28.00	<input type="checkbox"/> \$56.00	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$66.00

### EMPLOYEE ASSISTANCE PROGRAM

*Up to 6 visits per incident for crisis intervention and short-term counseling*

<i>Single</i>	<i>Married</i>	<i>Single w/ Child/ren</i>	<i>Family</i>
<input type="checkbox"/> 2.50	<input type="checkbox"/> 2.50	<input type="checkbox"/> 2.50	<input type="checkbox"/> 2.50

### LIFE INSURANCE

	<i>Coverage</i>	<i>Premium</i>
Management Employee	\$150,000.00 <input type="checkbox"/>	\$31.80
Non-Management Employee	\$50,000.00 <input type="checkbox"/>	\$9.80
Family Life	\$5,000.00 <input type="checkbox"/>	\$2.38

*Also available for purchase: Group Universal Life, Accidental Death & Dismemberment.*

### DISABILITY INSURANCE

*After 30 days, plan pays 60% of your base salary up to a maximum monthly salary of \$3333.00*

Short-Term Rate per \$100 Salary	<input type="checkbox"/>	\$0.24
Long-Term Rate per \$100 Salary	<input type="checkbox"/>	\$0.34

### AUTHORIZATION

I authorize Clackamas County Fair Board to deduct from my paycheck the amounts necessary each month for the plan choices I have selected. I understand that these premium rates may increase or decrease in future plan years and that the County will notify me of any premium changes prior to the annual open enrollment period. I also understand that my selections can be changed during a plan year only in the event of a qualifying family status change or during the open enrollment period.

Signature \_\_\_\_\_ Date \_\_\_\_\_