ELECTED OFFICIALS

FULL TIME EMPLOYEES (30+ HOURS PER WEEK) BENEFITS INFORMATION SUMMARY 2026

MEDICAL PLANS & MONTHLY COST		Single w/			
	Single	Married	Child/ren	Family	
Kaiser	\$44.56	\$89.12	\$80.20	\$133.66	
Providence Open Option/VSP Vision	\$51.20	\$102.16	\$92.16	\$153.26	
Providence Personal Option/VSP Vision	\$43.60	\$87.00	\$78.46	\$130.60	
Medical Opt Out - Cash Back	\$83.00	\$164.00	\$148.00	\$247.00	
DENTAL PLANS & MONTHLY COST		Single w/			
	Single	Married	Child/ren	Family	
Kaiser	\$0.00	\$0.00	\$0.00	\$0.00	
MODA Preventive	\$0.00	\$0.00	\$0.00	\$0.00	
MODA Incentive	\$0.00	\$0.00	\$0.00	\$0.00	
MODA 50% Cash Back	\$48.00	\$94.00	\$65.00	\$113.00	
Dental Opt Out Cash Back	\$49.00	\$95.00	\$66.00	\$114.00	

WELLNESS AND EMPLOYEE ASSISTANCE PROGRAM

Numerous programs and classes for you to invest in your well-being EAP includes 6 visits per issue for counseling, 24/7 unlimited phone, research retrieval, financial coaching, and more

LIFE INSURANCE Coverage Premium

Employee \$150,000.00 \$0.00 opt down to \$50,000.00 cash back \$11.00

Dependents \$5,000.00 \$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 benefit of \$1,999.80

Also available for purchase: Supplemental Disability coverage up to a maximum covered monthly salary of \$8,333.00

RETIREMENT

Social Security 7.65%

Deferred Comp 6.27%

PERS "Pickup" 6.00%

Plus the County contributes to the PERS/OPSRP defined benefit retirement fund (percent varies)

OPTIONAL EMPLOYEE-PAID PLANS

Section 457 Deferred Compensation, Flexible Spending Account, Long Term Care, Legal Insurance, HRA VEBA, AFLAC

NOTE: This summary is general in nature. Specific terms of benefits are contained in insurance policies, the Personnel Ordinance and County Employment Policies & Practices.