

24-25 Employee Benefits

FULL-TIME BENEFITS:

- Review your options below to choose your medical plan. Employee contribution toward health and PPO dental is tiered based on the plan you choose. COSSA only pays for the employee benefit all spouse/dependent health and dental is paid by employee, if you choose. Employee Assistance Program and life insurance coverage on the COSSA group plan on your behalf.
- Your life insurance benefit is \$20,000.
- 3 personal days per year (see personnel handbook)
- 9 sick days per year (see personnel handbook)

PART-TIME BENEFITS:

- People working 20 hours per week or more, but less than full-time, will receive half benefits.
- Choose the option below for your coverage if you choose to have medical coverage. Employee Assistance Program and life insurance coverage on the COSSA group plan on your behalf. Any premium expenses in excess of the allotted amount will be deducted from the employee's paycheck.
- Your life insurance benefit is \$20,000.
- Part time employees who work at least twenty (20) hours per week but less than full time earn ½ sick day each month and ½ personal day for each three months of employment. (see personnel handbook)

OPTION 1: Employee pays \$75/month for employee coverage						Option 1
PPO PLAN: <i>Deductible: 1000/2000</i>	Health	Dental	*EAP	*Life	Total	Employee Pays
Employee Only	\$966.20	\$32.30	\$1.80	\$4.40	\$1,004.70	\$75.00
Employee & Spouse	\$2,124.55	\$70.10	\$1.80	\$4.40	\$2,200.85	\$1,271.15
Employee & One Child	\$1,487.40	\$62.10	\$1.80	\$4.40	\$1,555.70	\$626.00
Employee & 2+ Children	\$1,728.70	\$92.45	\$1.80	\$4.40	\$1,827.35	\$897.65
Employee, Spouse & Children	\$2,462.40	\$123.95	\$1.80	\$4.40	\$2,592.55	\$1,662.85
OPTION 2: Employee pays \$50/month for employee coverage						Option 2
PPO PLAN: <i>Deductible: 3000/6000</i>	Health	Dental	*EAP	*Life	Total	Employee Pays
Employee Only	\$866.50	\$32.30	\$1.80	\$4.40	\$905.00	\$50.00
Employee & Spouse	\$1,905.35	\$70.10	\$1.80	\$4.40	\$1,981.65	\$1,126.65
Employee & One Child	\$1,333.95	\$62.10	\$1.80	\$4.40	\$1402.25	\$547.25
Employee & 2+ Children	\$1,550.40	\$92.45	\$1.80	\$4.40	\$1,649.05	\$794.05
Employee, Spouse & Children	\$2,208.40	\$123.95	\$1.80	\$4.40	\$2,338.55	\$1,483.55
OPTION 3: Employee pays \$25/month for employee coverage						Option 3
HSA PLAN: <i>Deductible: 3000/6000</i>	Health	Dental	*EAP	*Life	Total	Employee Pays
Employee Only	\$798.05	\$32.30	\$1.80	\$4.40	\$836.55	\$25.00
Employee & Spouse	\$1,755.15	\$70.10	\$1.80	\$4.40	\$1,705.82	\$1,019.90
Employee & One Child	\$1,228.70	\$62.10	\$1.80	\$4.40	\$1,209.02	\$485.45
Employee & 2+ Children	\$1,428.15	\$92.45	\$1.80	\$4.40	\$1,424.57	\$715.25
Employee, Spouse & Children	\$2,033.95	\$123.95	\$1.80	\$4.40	\$2,018.57	\$1,352.55

(*Life Insurance Premium is for employee only)

DENTAL BLUE CONNECT

**Willamette Dental—Offices in Meridian & Boise

Employee	\$42.81
Employee & Spouse	\$92.92
Employee & Child	\$82.39
Employee & Children	\$122.61
Family	\$164.34

VISION PLAN

Single	\$6.95
2-Party	\$9.90
Family	\$17.65