REGENCE BLUE CROSS/BLUE SHIELD OF OREGON  
CIS CO-PAY PLAN B RX4 WITH ALTERNATIVE CARE AND HEARING AIDS  
$500 Deductible Employee only / $1,500 family per calendar year.

Monthly Insurance Premium Contribution:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employer Contribution</th>
<th>Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Employee + child</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Employee + children</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Full Family</td>
<td>85%</td>
<td>15%</td>
</tr>
</tbody>
</table>

• Part Time (min. 20 hrs. per week) employees have their insurance pro-rated per hours worked in a quarter.

RELIANT BEHAVIOR HEALTH

- Employee Assistance Program
- Wellness program
- Weight management

Vision Service Plan/VSP

WellVision Exam® focuses on your eye health and overall wellness
Exam...............every other calendar year – Adults
Exam..................... every calendar year – Children
Prescription Glasses
Lenses .............every other calendar year – Adults
Lenses ................ every calendar year – Children
Single vision, lined bifocal, and lined trifocal lenses.
Progressive lenses covered after $50 copay.
Polycarbonate lenses for dependent children.
Frame ..................... every other calendar year
• $120.00 allowance for a wide selection of frames
• 20% off the amount over your allowance. ~OR~
Contact Lens Care........ every other calendar year - Adult
Contact Lens Care........ every calendar year – Children
$166.00 allowance for contacts and the contact lens exam (fitting and evaluation).
MODA HEALTH- DENTAL

• Maximum benefit of $1500 per calendar year
• Office visit charge waived if visiting a preferred provider
• Vested schedule of 70/80/90/100%
• This is a preventative care system
• Keep your appointments!

OPTIONAL CHOICE- WILLAMETE DENTAL

HARTFORD LIFE INSURANCE

• The County provides a $10,000.00 life and AD&D (accidental death & dismemberment) insurance policy for every full time and part time employee
• Voluntary Supplemental Employee/Spouse/Dependent life

LIFELIGHT

• Ground and Air combination for 1 year - $95
• Wallowa County pays this for all part-time and full time employees a membership covers the employee and anyone living in the household.