

Free Geek - Medical Insurance Options

Eligibility for Medical and Dental Benefits:

- Apprentice and Regular Track employees working an average of 24 hours/week. Eligibility Date: 1st of the month after date of hire. Plan Year December 1, 2013 – November 30, 2014
- Does not include variable hour employees such as: part-time employees below 24 hours per week, temporary, seasonal, intern or on-call.
- Carrier: Kaiser Permanente (503) 813-2000
- Company Contribution: 98% of EE coverage for Deductible Plan for 32-40 hour employees; 92% of EE Coverage for Deductible Plan for 24-31.99 hour employees.
- Prices listed are per month. Per pay period cost calculated as Cost multiplied by 12 months divided by 26 pay periods per year.

Medical, Vision & Prescription

	PREMIUM PAYMENTS (Monthly Prices – will be split by 26 paychecks)			
Kaiser - Oregon Deductible Plan <ul style="list-style-type: none"> • Deductibles: \$500 per Individual - \$1500 per Family • Out-of-pocket Max: \$2,000 per individual - \$6,000 per family • In Patient: 20% after Deductible • Co-pays: \$0 preventive; \$20 office visit • Prescription Coverage: \$20 generic; \$40 brand name; \$60 non-preferred brand • Vision: Routine eye exam - \$20 co-pay, one per 12 months. Lenses and Frames: \$150 allowance every 24 months 	Free Geek pays contributes based on formula listed above. Cost for enrolled dependents is paid 100% by the employee. Eligible family members include spouse, domestic partner and dependent children up to age 26, regardless of marital or student status.			
	FG Share (32-40)	Employee Share (32-40)	FG Share (24-31.9)	Employee Share (24-31.9)
Employee only	\$401.69	\$8.20	\$377.10	\$32.79
Empl & Spouse	\$401.69	\$418.09	\$377.10	\$442.68
Empl & Family	\$401.69	\$827.98	\$377.10	\$852.57
Empl & Child(ren)	\$401.69	\$336.11	\$377.10	\$360.70
	PREMIUM PAYMENTS (Monthly Prices – will be split by 26 paychecks)			
Kaiser - Traditional Plan <ul style="list-style-type: none"> • Deductibles: None for Individual - None for Family • Out-of-pocket Max: \$3,000 per individual - \$9,000 per family • In Patient: \$500 per Day, \$2500 Max • Co-pays: \$0 preventive; \$30 office visit • Prescription Coverage: \$20 generic; \$40 brand name; \$60 non-preferred brand • Vision: Routine eye exam - \$30 co-pay, one per 12 months. Lenses and Frames: \$150 allowance every 24 months 	Free Geek pays contributes based on formula listed above. Cost for enrolled dependents is paid 100% by the employee. Eligible family members include spouse, domestic partner and dependent children up to age 26, regardless of marital or student status.			
	FG Share (32-40)	Employee Share (32-40)	FG Share (24-31.9)	Employee Share (24-31.9)
Employee only	\$401.69	\$59.69	\$377.10	\$84.28
Empl & Spouse	\$401.69	\$521.07	\$377.10	\$545.66
Empl & Family	\$401.69	\$982.45	\$377.10	\$1,007.04
Empl & Child(ren)	\$401.69	\$428.79	\$377.10	\$453.38

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Medical, Vision & Prescription

Medical, Vision & Prescription		PREMIUM PAYMENTS (Monthly Prices – will be split by 26 paychecks)			
Kaiser - Added Choice Deductibles: In Plan Only – None PPO Panel - \$2,000 per person ; \$6,000 per family Out of Plan - \$2,000 per person; \$6,000 per family Out-of-pocket Max: In Plan Only - \$3,000 per individual; \$9,000 per family PPO Panel - \$4,000 per individual; \$12,00 per family Out of Plan - \$5,000 per individual; \$15,000 per family Co-pays: In Plan Only \$-0- preventive; \$30 office visit PPO Panel - \$40 preventive; \$40 office visit Out of Plan - 50%preventive; 50%office visit Prescription Coverage: In Plan Only - \$15 generic; \$30 brand name; \$50 non-preferred brand PPO Panel - \$20 generic; \$40 brand name; \$60 non-preferred brand Out of Plan - \$20 generic; \$40 brand name; \$60 non-preferred brand Vision: Routine eye exam - \$40 co-pay, one per 12 months. Lenses and Frames: \$150 allowance every 24 months		Free Geek pays contributes based on formula listed above. Cost for enrolled dependents is paid 100%by the employee. Eligible family members include spouse, domestic partner and dependent children up to age 26, regardless of marital or student status.			
		FG Share (32-40)	Employee Share (32-40)	FG Share (24-31.9)	Employee Share (24-31.9)
Employee only		\$401.69	\$99.05	\$377.10	\$123.64
Empl & Spouse		\$401.69	\$599.79	\$377.10	\$624.38
Empl & Family		\$401.69	\$1,100.53	\$377.10	\$1,125.12
Empl & Child(ren)		\$401.69	\$499.64	\$377.10	\$524.23

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Plan Year December 1, 2013 – November 30, 2014

Dental

	PREMIUM PAYMENTS				
Kaiser – Oregon Dental Plan ED Deductibles: None Out-of-pocket Max: \$2,000 per individual Exam Co-pays: \$10 office visit <ul style="list-style-type: none"> Preventive (exams, cleanings, x-rays) – 100% covered Basic/Restorative (fillings, simple oral surgery) – 20% co-insurance (80% covered) Major Restorative (crowns, inlays, onlays): 50% co-insurance (50% covered) Orthodontia: Not covered Implants: Not covered 	Free Geek pays contributes based on formula listed above. Cost for enrolled dependents is paid 100% by the employee. Eligible family members include spouse, domestic partner and dependent children up to age 26, regardless of marital or student status.				
		FG Share (32-40)	Employee Share (32-40)	FG Share (24-31.9)	Employee Share (24-31.9)
	Employee only	\$46.53	\$0.95	\$43.68	\$3.80
	Empl & Spouse	\$46.53	\$48.43	\$43.68	\$51.28
	Empl & Family	\$46.53	\$110.15	\$43.68	\$113.00
	Empl & Child(ren)	\$46.53	\$48.43	\$43.68	\$51.28

Annual Open Enrollment Occurs in November Each Year; Details Announced in November.