

## **BI-WEEKLY CONTRIBUTIONS FOR MEDICAL COVERAGE**

A bi-weekly deduction is required for all medical coverages with Oakland County. The chart below summarizes the cost associated with the coverage that you choose and the number of dependents you include on your enrollment form.

<i>If you choose:</i>	<i>Your bi-weekly deduction will be:</i>		
	<u>Single</u>	<u>2-person</u>	<u>Family (3 or more)</u>
ASR Health Benefits (PPO1)	\$32	\$65	\$75
Blue Cross/Blue Shield (PPO2)	\$42	\$70	\$85
ASR Health Benefits (PPO3)	\$16	\$35	\$45
Health Alliance Plan (HAP) HMO	\$32	\$65	\$75

Employees also have the option to “Opt-Out” of medical coverage and receive a credit in their bi-weekly paychecks according to the following chart:

No Coverage Option	\$7.69	\$15.38	\$23.08	Earnings
No Coverage Option Spouse/Parent is County Employee/Retiree	\$3.85	\$3.85	\$3.85	Earnings

**\*IMPORTANT NOTE:** If you do not return your forms to the Employee Benefits Unit of Human Resources within **14 days** from your hire date, you will receive the default option for yourself only (ASR PPO3 Medical, Standard Dental, Standard Vision, Life at 1 ½ times salary, AD&D at 1 times salary).

Visit [www.oakgov.com/benefits](http://www.oakgov.com/benefits) for all your Oakland County Employee Benefits forms, important telephone numbers, and website links.

**THIS WORKBOOK IS INTENDED TO BE AN OVERVIEW OF OUR FLEXIBLE BENEFITS CAFETERIA PLAN PROGRAM - NATURAL SELECT. IT IS NOT INTENDED TO BE A COMPLETE AND THOROUGH RESTATEMENT OF THE INDIVIDUAL PLAN OPTIONS AND THE PROVISIONS, CONDITIONS, LIMITATIONS AND EXCEPTIONS THAT MAY APPLY SPECIFICALLY TO A PARTICULAR BENEFIT. IF THERE IS ANY CONFLICT BETWEEN THIS WORKBOOK AND THE ACTUAL TERMS OF OUR PLAN(S), THE PROVISIONS OF THE PLAN(S) WILL CONTROL.**