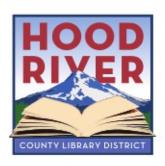
Employee Health Care Benefits Policy

In an effort to ensure a healthy, productive, and talented workforce, the Hood River County Library District provides health care benefits to eligible employees. This policy establishes those benefits, how they are selected, and what types of health care benefits are provided by the District.



Eligibility

Any regular employee who is scheduled in any capacity at any site to work for the District at least twenty hours per week is deemed to be eligible for health care benefits as defined in this policy. Health care benefits shall be available two months after an employee's start date.

Health Care Benefits

The District shall contribute to the cost of health care benefits for qualifying employees. Currently, the District's contribution for qualifying employees shall be up to a cap of \$1,000 per month. In future years, the amount of the District's monthly contribution may be set by resolution of the Board of Directors. The amount of the monthly cap paid for each employee is based on a forty-hour work week, and it will be reduced proportionally for employees who work fewer than forty hours per week. The District shall make available the option of purchasing benefits for spouses, children, same-sex domestic partners, or opposite-sex domestic partners (with a signed affidavit supplied by the District or benefits provider) of qualifying employees and the District will contribute to the cost of such spousal or family insurance coverage up to the amount of the current monthly cap. Employees shall not be compensated for any amount under the monthly cap not being spent, except as provided below in "In-Lieu Health Care Benefits".

The health care benefits provider shall be selected by the employees, with guidance and limitations established by the Board of Directors, and may include medical, vision, dental, and mental health coverage. If given the option by the benefits provider(s), employees may elect whether or not to participate in the different types of insurance, thereby electing how they would like to spend their District-provided monthly health care benefits cap.

In-Lieu Health Care Benefits

Employees may waive medical insurance coverage by providing proof of coverage that meets minimum value standards under another employer-sponsored medical insurance plan. The employees who waive District coverage shall become eligible for the District's HRA VEBA medical expense plan. For employees participating in the HRA VEBA plan, the District shall contribute a monthly amount equal to one-half of what the District would normally pay for a single individual to enroll in the medical portion of the District's insurance plan, not to exceed the equivalent of half of the monthly health care benefits cap. This contribution shall be prorated based on a forty-hour work week. Each eligible employee must submit a completed and signed enrollment form to participate in the HRA VEBA plan.

Other Considerations

Some provisions of the health care benefits provided by the District are affected by the Personnel Policies, particularly those pertaining to benefits and leave. Employees are encouraged to read carefully those policies as well. In addition, the District's health care benefits providers may place their own limits and conditions on employee eligibility and benefits, so these

502 State Street restrictions, if any, must be considered as well.

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