

OEBB SPONSORED HEALTH PLANS

Insurance premiums effective: September 2018
 Coverage effective: October 1, 2018

2018-19 Insurance Cap: \$1,225.00

2018-19 Insurance Pool Benefit: 28%

** Insurance pool benefit is not available to those employees who elect medical plans Moda Plan Dogwood or Kaiser Plan 3 **

DISTRICT PROVIDED SUPPLEMENTAL INSURANCE

<u>The Standard Term Life Insurance</u>	\$5.20 per month	\$50,000
<u>The Standard AD&D Insurance</u>	\$.75 per month	\$50,000
<u>The Standard Long Term Disability</u>	\$24.92 per month	60 day wait; Max \$8,000/mo

	MEDICAL PLANS	MEDICAL PLANS
	<u>Moda Medical (Plan Alder - Synergy) w/ Pharmacy</u>	<u>Kaiser Medical (Plan 1) w/Pharmacy</u>
Employee Only	\$651.36	\$631.47
Employee + Spouse or Domestic Partner	\$1,432.98	\$1,389.24
Employee + Family	\$2,019.24	\$1,957.55
Emp + Child(ren), No Spouse or DP Covered	\$1,237.60	\$1,199.80
	<u>Moda Medical (Plan Birch - PPO) w/ Pharmacy</u>	<u>Kaiser Medical (Plan 2) w/Pharmacy</u>
Employee Only	\$640.46	\$521.91
Employee + Spouse or Domestic Partner	\$1,408.99	\$1,148.92
Employee + Family	\$1,985.44	\$1,618.69
Emp + Child(ren), No Spouse or DP Covered	\$1,216.88	\$991.58
	<u>Moda Medical (Plan Cedar - PPO) w/ Pharmacy</u>	<u>Kaiser Medical (Plan 3) w/Pharmacy</u>
Employee Only	\$593.50	\$381.58
Employee + Spouse or Domestic Partner	\$1,305.68	\$839.96
Employee + Family	\$1,839.87	\$1,183.10
Emp + Child(ren), No Spouse or DP Covered	\$1,127.65	\$724.68
	<u>Moda Medical (Plan Dogwood - PPO) w/ Pharmacy</u>	If choosing an HRA, your medical plans are Moda Plan Dogwood and Kaiser Plan 3
Employee Only	\$550.77	
Employee + Spouse or Domestic Partner	\$1,211.70	
Emp + Child(ren), No Spouse or DP Covered	\$1,046.50	

* You must be enrolled in Kaiser Medical to enroll in Kaiser Vision.

DENTAL PLANS

Delta Dental - ODS (Premier Plan 1) w/ Ortho

Employee Only	\$66.09
Employee + Spouse or Domestic Partner	\$130.91
Employee + Family	\$215.59
Emp + Child(ren), No Spouse or DP Covered	\$145.58

Delta Dental - ODS (Premier Plan 5) w/ Ortho

Employee Only	\$58.32
Employee + Spouse or Domestic Partner	\$115.53
Employee + Family	\$190.26
Emp + Child(ren), No Spouse or DP Covered	\$128.48

Kaiser Dental w/Ortho

Employee Only	\$70.45
Employee + Spouse or Domestic Partner	\$155.02
Employee + Family	\$218.42
Emp + Child(ren), No Spouse or DP Covered	\$133.88

VISION PLANS

Moda Vision (Opal Plan)

Employee Only	\$23.07
Employee + Spouse or Domestic Partner	\$50.71
Employee + Family	\$71.45
Emp + Child(ren), No Spouse or DP Covered	\$43.77

Kaiser Vision

Employee Only	\$8.15
Employee + Spouse or Domestic Partner	\$17.95
Employee + Family	\$25.29
Emp + Child(ren), No Spouse or DP Covered	\$15.50

YSP Vision (Choice Plus Plan)

Employee Only	\$18.80
Employee + Spouse or Domestic Partner	\$41.37
Employee + Family	\$58.29
Emp + Child(ren), No Spouse or DP Covered	\$35.73