

## OEBB SPONSORED HEALTH PLANS

Insurance premiums effective: September 2019  
 Coverage effective: October 1, 2019

2019-20 Insurance Cap: \$1,250.00

2019-20 Insurance Pool Benefit: Will be determined once open enrollment has closed.

**\*\* 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&amp;D Insurance</u>	\$.75 per month	\$50,000
<u>The Standard Long Term Disability</u>	\$24.92 per month (2018-19 premium. OEBB rate notification will occur prior to the close of open enrollment)	60 day wait; Max \$8,000/mo

	MEDICAL PLANS	MEDICAL PLANS
	<b><u>Moda Medical Plan 1 w/ Pharmacy</u></b>	<b><u>Kaiser Medical Plan 1 w/Pharmacy</u></b>
	Select Rate/Non-Select Rate	
Employee Only	\$678.31/\$678.31	\$659.42
Employee + Spouse or Domestic Partner	\$1,492.27/\$1,492.27	\$1,450.73
Employee + Family	\$2,102.80/\$2,102.80	\$2,044.20
Emp + Child(ren), No Spouse or DP Covered	\$1,288.81/\$1,288.81	\$1,252.90
	<b><u>Moda Medical Plan 2 w/ Pharmacy</u></b>	<b><u>Kaiser Medical Plan 2 w/Pharmacy</u></b>
	Select Rate/Non-Select Rate	
Employee Only	\$631.05/\$631.05	\$544.97
Employee + Spouse or Domestic Partner	\$1,388.30/\$1,388.30	\$1,199.71
Employee + Family	\$1,956.28/\$1,956.28	\$1,690.23
Emp + Child(ren), No Spouse or DP Covered	\$1,199.01/\$1,199.01	\$1,035.40
	<b><u>Moda Medical Plan 3 w/ Pharmacy</u></b>	<b><u>Kaiser Medical Plan 3 w/Pharmacy</u></b>
	Select Rate/Non-Select Rate	
Employee Only	\$587.82/\$593.23	\$397.93
Employee + Spouse or Domestic Partner	\$1,293.22/\$1,305.10	\$875.96
Employee + Family	\$1,822.31/\$1,839.05	\$1,233.82
Emp + Child(ren), No Spouse or DP Covered	\$1,116.88/\$1,127.17	\$755.75
	<b><u>Moda Medical Plan 4 w/ Pharmacy</u></b>	
	Select Rate/Non-Select Rate	
Employee Only	\$548.61/\$562.96	
Employee + Spouse or Domestic Partner	\$1,206.94/\$1,238.52	
Employee + Family	\$1,700.73/\$1,745.23	
Emp + Child(ren), No Spouse or DP Covered	\$1,042.38/\$1,069.66	
		<b>If choosing an HRA, your medical plans are Moda Plan 4 and Kaiser Plan 3</b>

**Moda Select Rate:** The select rate only applies to members who were enrolled in a Moda CCM Synergy Medical Plan between June 30, 2019 and September 30, 2019.

<b>DENTAL PLANS</b>	
<b><u>Delta Dental (Premier Plan 1) w/ Ortho</u></b>	
Employee Only	\$66.48
Employee + Spouse or Domestic Partner	\$131.70
Employee + Family	\$216.88
Emp + Child(ren), No Spouse or DP Covered	\$146.45
<b><u>Delta Dental (Premier Plan 5) w/ Ortho</u></b>	
Employee Only	\$58.67
Employee + Spouse or Domestic Partner	\$116.22
Employee + Family	\$191.41
Emp + Child(ren), No Spouse or DP Covered	\$129.25
<b><u>Kaiser Dental w/Ortho</u></b>	
Employee Only	\$73.07
Employee + Spouse or Domestic Partner	\$160.77
Employee + Family	\$226.53
Emp + Child(ren), No Spouse or DP Covered	\$138.84
<b>VISION PLANS</b>	
<b><u>Moda Vision (Opal Plan)</u></b>	
Employee Only	\$24.26
Employee + Spouse or Domestic Partner	\$53.33
Employee + Family	\$75.14
Emp + Child(ren), No Spouse or DP Covered	\$46.03
<b><u>*Kaiser Vision</u></b>	
Employee Only	\$8.34
Employee + Spouse or Domestic Partner	\$18.34
Employee + Family	\$25.83
Emp + Child(ren), No Spouse or DP Covered	\$15.83
<b><u>VSP Vision (Choice Plus Plan)</u></b>	
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

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