

## OEBB SPONSORED HEALTH PLANS

Insurance premiums effective: September 2020  
 Coverage effective: October 1, 2020

2020-2021 Insurance Cap: \$1,265.00

2020-2021 Insurance Pool Benefit: 63%

\*\* Insurance pool benefit is not available to those employees who elect high deductible plans.\*\*

### 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	60 day wait; Max \$8,000/mo

	MEDICAL PLANS	MEDICAL PLANS
	<u>Moda Medical Plan 1 w/ Pharmacy</u>	<u>Kaiser Medical Plan 1 w/Pharmacy</u>
Employee Only	\$694.59	\$639.76
Employee + Spouse or Domestic Partner	\$1,528.08	\$1,407.48
Employee + Family	\$2,153.26	\$1,983.26
Emp + Child(ren), No Spouse or DP Covered	\$1,319.74	\$1,215.55
	<u>Moda Medical Plan 2 w/ Pharmacy</u>	<u>Kaiser Medical Plan 2 w/Pharmacy</u>
Employee Only	\$646.19	\$528.74
Employee + Spouse or Domestic Partner	\$1,421.61	\$1,163.95
Employee + Family	\$2,003.23	\$1,639.85
Emp + Child(ren), No Spouse or DP Covered	\$1,227.79	\$1,004.53
	<u>Moda Medical Plan 3 w/ Pharmacy</u>	<u>Kaiser Medical Plan 3 w/Pharmacy</u>
Employee Only	\$607.47	\$390.11
Employee + Spouse or Domestic Partner	\$1,336.42	\$858.75
Employee + Family	\$1,883.19	\$1,209.57
Emp + Child(ren), No Spouse or DP Covered	\$1,154.21	\$740.90
	<u>Moda Medical Plan 4 w/ Pharmacy</u>	
Employee Only	\$576.48	
Employee + Spouse or Domestic Partner	\$1,268.25	
Employee + Family	\$1,787.11	
Emp + Child(ren), No Spouse or DP Covered	\$1,095.33	
		<b>If choosing an HRA, your medical plans are Moda Plan 4 and Kaiser Plan 3</b>

**DENTAL PLANS**

**Delta Dental (Premier Plan 1) w/ Ortho**

Employee Only	\$66.37
Employee + Spouse or Domestic Partner	\$131.49
Employee + Family	\$216.54
Emp + Child(ren), No Spouse or DP Covered	\$146.22

**Delta Dental (Premier Plan 5) w/ Ortho**

Employee Only	\$58.58
Employee + Spouse or Domestic Partner	\$116.04
Employee + Family	\$191.10
Emp + Child(ren), No Spouse or DP Covered	\$129.05

**Kaiser Dental w/Ortho**

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

**VISION PLANS**

**Moda Vision (Opal Plan)**

Employee Only	\$23.91
Employee + Spouse or Domestic Partner	\$52.55
Employee + Family	\$74.05
Emp + Child(ren), No Spouse or DP Covered	\$45.36

**\*Kaiser Vision**

Employee Only	\$8.27
Employee + Spouse or Domestic Partner	\$18.18
Employee + Family	\$25.62
Emp + Child(ren), No Spouse or DP Covered	\$15.70

**VSP 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

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