

OEBB SPONSORED HEALTH PLANS

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

2020-2021 Insurance Cap (30+ hours/week): \$1,325.00
 2020-2021 Insurance Cap (15-29 hours/week): \$662.50

2020-2021 Insurance Pool Benefit: 100%

** 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&D Insurance</u>	\$.75 per month	\$50,000
<u>The Standard Long Term Disability</u>	\$6.96 per month	60 day wait; Max \$8,000/mo

MEDICAL PLANS

MEDICAL PLANS

Moda Medical Plan 1 w/ Pharmacy

Kaiser Medical Plan 1 w/Pharmacy

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$694.59
 \$1,528.08
 \$2,153.26
 \$1,319.74

\$639.76
 \$1,407.48
 \$1,983.26
 \$1,215.55

Moda Medical Plan 2 w/ Pharmacy

Kaiser Medical Plan 2 w/Pharmacy

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$646.19
 \$1,421.61
 \$2,003.23
 \$1,227.79

\$528.74
 \$1,163.95
 \$1,639.85
 \$1,004.53

Moda Medical Plan 3 w/ Pharmacy

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$607.47
 \$1,336.42
 \$1,883.19
 \$1,154.21

Moda Medical Plan 4 w/ Pharmacy

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$576.48
 \$1,268.25
 \$1,787.11
 \$1,095.33

Moda Medical Plan 5 w/ Pharmacy

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

533.04
 \$1,172.69
 \$1,652.46
 \$1,012.80

DENTAL PLANS

Delta Dental (Premier Plan 1) w/ Ortho

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$66.37
 \$131.49
 \$216.54
 \$146.22

Kaiser Dental w/Ortho

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$73.07
 \$160.77
 \$226.53
 \$138.84

Willamette Dental w/Ortho

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$49.00
 \$97.08
 \$155.19
 \$103.30

VISION PLANS

Moda Vision (Opal Plan)

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$23.91
 \$52.55
 \$74.05
 \$45.36

***Kaiser Vision**

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$8.27
 \$18.18
 \$25.62
 \$15.70

VSP Vision (Choice Plus Plan)

Employee Only
 Employee + Spouse or Domestic Partner
 Employee + Family
 Emp + Child(ren), No Spouse or DP Covered

\$18.80
 \$41.37
 \$58.29
 \$35.73

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