

## OEBB SPONSORED HEALTH PLANS

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

2018-19 Insurance Cap: \$1,225.00\* @1.0FTE (Insurance cap is prorated by FTE)

2018-19 Insurance Pool Benefit: 74%

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>	\$23.69 per month	60 day wait; Max \$8,000/mo
	MEDICAL PLANS	MEDICAL PLANS
	<u>Moda Medical (Plan Alder - Synergy) w/ Pharmacy</u>	<u>Moda Medical (Plan Dogwood - PPO) w/ Pharmacy</u>
Employee Only	\$651.36	\$550.77
Employee + Spouse or Domestic Partner	\$1,432.98	\$1,211.70
Employee + Family	\$2,019.24	\$1,707.45
Emp + Child(ren), No Spouse or DP Covered	\$1,237.60	\$1,046.50
	<u>Moda Medical (Plan Birch - PPO) w/ Pharmacy</u>	<u>Moda Medical (Plan Dogwood - Synergy) w/ Pharmacy</u>
Employee Only	\$640.46	\$495.69
Employee + Spouse or Domestic Partner	\$1,408.99	\$1,090.51
Employee + Family	\$1,985.44	\$1,536.66
Emp + Child(ren), No Spouse or DP Covered	\$1,216.88	\$941.83
	<u>Moda Medical (Plan Birch - Synergy) w/ Pharmacy</u>	<u>Kaiser Medical (Plan 1) w/Pharmacy</u>
Employee Only	\$576.41	\$631.47
Employee + Spouse or Domestic Partner	\$1,268.09	\$1,389.24
Employee + Family	\$1,786.88	\$1,957.55
Emp + Child(ren), No Spouse or DP Covered	\$1,095.16	\$1,199.80
	<u>Moda Medical (Plan Cedar - PPO) w/ Pharmacy</u>	
Employee Only	\$593.50	
Employee + Spouse or Domestic Partner	\$1,305.68	
Employee + Family	\$1,839.87	
Emp + Child(ren), No Spouse or DP Covered	\$1,127.65	
	<u>Moda Medical (Plan Cedar - Synergy) w/ Pharmacy</u>	
Employee Only	\$534.14	
Employee + Spouse or Domestic Partner	\$1,175.13	
Employee + Family	\$1,655.92	
Emp + Child(ren), No Spouse or DP Covered	\$1,014.90	

\* 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

### 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

### Willamette Dental w/Ortho

Employee Only	\$45.53
Employee + Spouse or Domestic Partner	\$90.21
Employee + Family	\$144.20
Emp + Child(ren), No Spouse or DP Covered	\$95.98

## 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