

## OEBB SPONSORED HEALTH PLANS

Insurance premiums effective: September 2021  
 Coverage effective: October 1, 2021

2021-2022 Insurance Cap: \$1,265.00

Insurance cap is prorated by FTE

2021-2022 Insurance Pool Benefit: 78%

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>	\$24.93 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	\$708.97	\$634.87
Employee + Spouse or Domestic Partner	\$1,559.72	\$1,396.71
Employee + Family	\$2,197.84	\$1,968.10
Emp + Child(ren), No Spouse or DP Covered	\$1,347.06	\$1,206.25
	<u>Moda Medical Plan 2 w/ Pharmacy</u>	
Employee Only	\$659.56	
Employee + Spouse or Domestic Partner	\$1,451.04	
Employee + Family	\$2,044.69	
Emp + Child(ren), No Spouse or DP Covered	\$1,253.20	
	<u>Moda Medical Plan 3 w/ Pharmacy</u>	
Employee Only	\$620.04	
Employee + Spouse or Domestic Partner	\$1,364.09	
Employee + Family	\$1,922.17	
Emp + Child(ren), No Spouse or DP Covered	\$1,178.11	
	<u>Moda Medical Plan 4 w/ Pharmacy</u>	
Employee Only	\$588.41	
Employee + Spouse or Domestic Partner	\$1,294.50	
Employee + Family	\$1,824.11	
Emp + Child(ren), No Spouse or DP Covered	\$1,118.00	

**DENTAL PLANS**

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

Employee Only	\$65.76
Employee + Spouse or Domestic Partner	\$130.29
Employee + Family	\$214.56
Emp + Child(ren), No Spouse or DP Covered	\$144.89

**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

**Willamette Dental w/Ortho**

Employee Only	\$46.60
Employee + Spouse or Domestic Partner	\$93.20
Employee + Family	\$148.91
Emp + Child(ren), No Spouse or DP Covered	\$99.27

**VISION PLANS**

**Moda Vision (Opal Plan)**

Employee Only	\$23.99
Employee + Spouse or Domestic Partner	\$52.73
Employee + Family	\$74.28
Emp + Child(ren), No Spouse or DP Covered	\$45.50

**\*Kaiser Vision**

Employee Only	\$8.02
Employee + Spouse or Domestic Partner	\$17.66
Employee + Family	\$24.88
Emp + Child(ren), No Spouse or DP Covered	\$15.25

**VSP Vision (Choice Plus Plan)**

Employee Only	\$16.54
Employee + Spouse or Domestic Partner	\$36.41
Employee + Family	\$51.30
Emp + Child(ren), No Spouse or DP Covered	\$31.44

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