

OEBB SPONSORED HEALTH PLANS

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

2019-20 Insurance Cap: \$1,250.00 @1.0 FTE (Insurance cap is prorated by FTE)

2019-20 Insurance Pool Benefit: 66%

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>	\$23.69 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	MEDICAL PLANS
	<u>Moda Medical Plan 1 w/ Pharmacy</u>	<u>Kaiser Medical Plan 1 w/Pharmacy</u>
	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
	<u>Moda Medical Plan 2 w/ Pharmacy</u>	
	Select Rate/Non-Select Rate	
Employee Only	\$631.05/\$631.05	
Employee + Spouse or Domestic Partner	\$1,388.30/\$1,388.30	
Employee + Family	\$1,956.28/\$1,956.28	
Emp + Child(ren), No Spouse or DP Covered	\$1,199.01/\$1,199.01	
	<u>Moda Medical Plan 3 w/ Pharmacy</u>	
	Select Rate/Non-Select Rate	
Employee Only	\$587.82/\$593.23	
Employee + Spouse or Domestic Partner	\$1,293.22/\$1,305.10	
Employee + Family	\$1,822.31/\$1,839.05	
Emp + Child(ren), No Spouse or DP Covered	\$1,116.88/\$1,127.17	
	<u>Moda Medical Plan 4 w/ Pharmacy</u>	
	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	

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.

DENTAL PLANS	
<u>Delta Dental (Premier Plan 1) w/ Ortho</u>	
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
<u>Kaiser Dental w/Ortho</u>	
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
<u>Willamette Dental w/Ortho</u>	
Employee Only	\$47.39
Employee + Spouse or Domestic Partner	\$93.88
Employee + Family	\$150.09
Emp + Child(ren), No Spouse or DP Covered	\$99.90
VISION PLANS	
<u>Moda Vision (Opal Plan)</u>	
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
<u>*Kaiser Vision</u>	
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
<u>VSP Vision (Choice Plus Plan)</u>	
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.