

Woodburn School District
 OEBS Insurance Oct 1 2013 to Sept 30 2014
 Classified Full-Time*

Calculate your monthly payroll deduction

Medical Plans See plan summaries for benefit descriptions

MODA (ODS)

Kaiser

	Plan A w/Pharmacy	Plan B w/Pharmacy	Plan C w/Pharmacy	Plan D w/Pharmacy	Plan E w/Pharmacy	Plan F w/Pharmacy	Plan G w/Pharmacy	Plan H** must enroll in HSA	Plan 1 w/Pharmacy	Plan 2 w/Pharmacy
	\$200 ded	\$350 ded	\$500 ded	\$750 ded	\$1000 ded	\$1250 ded	\$1500 ded	\$1500 Single /\$3000 Family	\$0 ded	\$200 ded
Moda Medical Home Copay	\$20	\$20	\$20	\$30	\$30	\$30	\$30	20%	N/A	N/A
Primary Care Copay	20%	20%	20%	20%	20%	20%	20%	20%	\$20 copay	\$25 copay
Specialist Copay	20%	20%	20%	20%	20%	20%	20%	20%	\$30	\$35
Employee only	745.25	597.16	498.38	462.57	432.83	396.95	358.88	324.79	538.01	488.44
EE & Sp/Partn	1639.57	1313.75	1096.43	1017.67	952.23	873.30	789.54	714.53	1183.61	1074.56
EE & Child(ren)	1416.02	1134.62	946.93	878.91	822.40	754.23	681.89	617.10	1022.21	928.08
EE & Family	2310.35	1851.22	1544.99	1434.01	1341.81	1230.59	1112.56	1006.85	1667.82	1514.21

**Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible and then once the deductible is met they are paid at the same level as other covered medical expenses

Vision

MODA (ODS)

Kaiser (only if you have Kaiser Medical)

	Plan 1	Plan 2	Plan 3	Plan 4
	\$250 max	\$350 max	\$450 max	\$600 max
Employee only	11.00	14.44	16.29	19.07
EE & Sp/Partn	24.22	31.80	35.85	41.93
EE & Child(ren)	20.90	27.46	30.97	36.21
EE & Family	34.09	44.81	50.50	59.10

Plan 5
7.59
16.70
14.42
23.52

Dental

MODA (ODS)

Kaiser

Willamette

	Plan 1 w/Ortho	Plan 2 w/Ortho	Plan 3 w/Ortho	Plan 4 w/Ortho	Plan 6 No/Ortho
	\$50 ded	\$50 ded	\$50 ded	\$50 ded	\$50 ded
	\$2200 max	\$1500 max	\$1500 max	\$1500 max	\$1200 max
	70%-100%	70%-100%	70%-100%	various %	various %
Employee only	146.90	131.88	129.21	122.12	91.67
EE & Sp/Partn	146.90	131.88	129.21	122.12	91.67
EE & Child(ren)	146.90	131.88	129.21	122.12	91.67
EE & Family	146.90	131.88	129.21	122.12	91.67

Plan 8 w/Ortho
\$20 copay
no max
no ded
144.83
144.83
144.83
144.83

Plan 8 w/Ortho
\$20 copay
no max
no ded
99.72
99.72
99.72
99.72

Dental plans are factored on a unit rate so the rate is the same if it's employee, employee & spouse/partner, or employee & family.

*) For part time staff, see contract for district paid contribution amount

Enter the above rates for your plans on the next page to calculate your payroll deduction

Woodburn School District

OEGB Insurance Oct 1, 2013 to Sept 30, 2014

Classified Full-Time

	Carrier	Plan #	Rate
Medical	list your plan		+ <input style="width: 80px;" type="text"/> enter rate
Vision	list your plan		+ <input style="width: 80px;" type="text"/> enter rate
Dental	list your plan		+ <input style="width: 80px;" type="text"/> enter rate
Basic Life/Basic AD & D	\$40,000 Life/\$40,000 AD & D (employee) (mandatory)		+ <input style="width: 80px; text-align: center; value: 5.48;" type="text"/>
Short Term Disability	Plan #28 7 day wait 60% benefit (mandatory)		+ <input style="width: 80px; text-align: center; value: 10.00;" type="text"/> **
Total Premiums			= <input style="width: 80px;" type="text"/>
District paid amount	37.5 - 40 hrs per wk		- <input style="width: 80px; text-align: center; value: 982.00;" type="text"/>
Payroll Deduction			= <input style="width: 80px;" type="text"/>
Add any optional coverage (Empl/Spouse/Partner/Child Life Ins) (Long Term Care)			+ <input style="width: 80px;" type="text"/> enter rate (if any)
Payroll Deduction - monthly			= <input style="width: 80px;" type="text"/> ***

** Short Term Disability premium is based on average wage, yours may be more or less

*** Total payroll deduction amount may decrease due to the pool