

Woodburn School District  
OEBB Insurance Oct 1, 2020 to Sept 30, 2021  
Administrators/Supervisors/Confidential

## Medical Plans

See plan summaries for benefit descriptions

### MODA

Plan Name	Coordinated Care Plan 1 w/Pharmacy	Coordinated Care Plan 2 w/Pharmacy	Coordinated Care Plan 3 w/Pharmacy	Coordinated Care Plan 4 w/Pharmacy	Coordinated Care Plan 5 w/Pharmacy	Coordinated Care Plan 6* w/Pharmacy	Coordinated Care Plan 7* w/Pharmacy
In Network Deductible	\$400 ded In Network	\$800 ded In Network	\$1200 ded In Network	\$1600 ded In Network	\$2000 ded In Network	\$1600 Single \$3400 Family In Network	\$2000 Single \$4200 Family In Network
<b>Monthly Premium Rates</b>							
Employee only	694.59	646.19	607.47	576.48	533.04	545.89	509.48
EE & Sp/Partn	1528.08	1421.61	1336.42	1268.25	1172.69	1200.94	1120.83
EE & Child(ren)	1319.74	1227.79	1154.21	1095.33	1012.80	1037.20	968.02
EE & Family	2153.26	2003.23	1883.19	1787.11	1652.46	1692.27	1579.40

### Kaiser

Plan Name	Plan 1 HMO w/Pharmacy	Plan 2 HMO w/Pharmacy	Plan 3* HMO - HSA w/ Pharmacy
In Network Deductible	\$0 ded	\$800 ded	\$1600 Single \$3200 Family
<b>Monthly Premium Rates</b>			
Employee only	639.76	528.74	390.11
EE & Sp/Partn	1407.48	1163.95	858.75
EE & Child(ren)	1215.55	1004.53	740.90
EE & Family	1983.26	1639.85	1209.57

*\*May be paired with a Health Savings Account. 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 Plans

### MODA

Plan Name	Opal	Pearl	Quartz
Plan Year Maximum Per Person	\$600** max	\$400** max	\$250** max
Employee only	23.91	19.50	13.78
EE & Sp/Partn	52.55	42.97	30.34
EE & Child(ren)	45.36	37.11	26.19
EE & Family	74.05	60.53	42.72

### VSP

VSP Choice Plus	VSP Choice
N/A	N/A
18.80	9.15
41.37	20.12
35.73	17.37
58.29	28.34

### Kaiser\*\*\*

Plan 5
\$250 Max
8.27
18.18
15.70
25.62

\*\*Exam, lenses and hardware charges all apply to the Plan Year maximum on Moda Vision Plans

\*\*\*only if you have Kaiser Medical

## Dental Plans

### MODA Delta Dental

Plan Name	Plan 1 w/Ortho	Plan 5 w/Ortho	Plan 6 NO Ortho	Exclusive PPO Plan w/Ortho
Plan Year Maximum Per Person	\$50 ded \$2200 max 70%-100%	\$50 ded \$1700 max 70%-100%	\$50 ded \$1200 max various %	\$50 ded \$1500 max various %
Employee only	66.37	58.58	43.82	39.16
EE & Sp/Partn	131.49	116.04	86.75	77.58
EE & Child(ren)	146.22	129.05	88.06	86.26
EE & Family	216.54	191.10	134.53	127.76

### Kaiser

Dental w/Ortho
\$20 copay \$4,000 no ded
73.07
160.77
138.84
226.53

### Willamette

Dental w/Ortho
\$20 copay no max no ded
49.00
97.08
103.30
155.19

This rate chart is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage.

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

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	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
<b>Total Premiums</b>			= <input style="width: 80px;" type="text"/>
<b>District paid amount</b>	37.5 - 40 hrs per wk *rate pending board approval		- <input style="width: 80px; text-align: center;" type="text" value="\$1,418.00"/> *
<b>Payroll Deduction</b>			= <input style="width: 80px;" type="text"/>
<b>Add any optional coverage (Empl/Spouse/Partner/Child Life Ins)</b>			+ <input style="width: 80px;" type="text"/> enter rate (if any)
	(Long Term Care)		
<b>Payroll Deduction - monthly</b>			= <input style="width: 80px;" type="text"/>