

Woodburn School District
OEBB Insurance Oct 1, 2020 to Sept 30, 2021
Licensed Full-Time

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
Monthly Premium Rates							
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
Monthly Premium Rates			
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	161.43	142.47	100.74	95.24
EE & Sp/Partn	161.43	142.47	100.74	95.24
EE & Child(ren)	161.43	142.47	100.74	95.24
EE & Family	161.43	142.47	100.74	95.24

Kaiser

Dental w/Ortho
\$20 copay \$4,000 no ded
174.03
174.03
174.03
174.03

Willamette

Dental w/Ortho
\$20 copay no max no ded
124.72
124.72
124.72
124.72

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
Total Premiums			= <input style="width: 80px;" type="text"/>
District paid amount			- <input style="width: 80px;" type="text" value="\$1,418.00"/>
Payroll Deduction			= <input style="width: 80px;" type="text"/>
Add any optional coverage (Empl/Spouse/Partner/Child Life Ins)			+ <input style="width: 80px;" type="text"/> enter rate (if any)
	(Long Term Care)		
Long Term Disability	Plan #14 60 day wait 60% benefit (mandatory)		+ <input style="width: 80px;" type="text" value="\$24.39"/> <i>estimated</i>
Payroll Deduction - monthly			= <input style="width: 80px;" type="text"/> ***

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