

Woodburn School District
OEBB Insurance Oct 1, 2022 to Sept 30, 2023
Licensed Full-Time

Medical Plans

See plan summaries for benefit descriptions

MODA

Plan Name	In Network Coordinated Care Plan 1	In Network Coordinated Care Plan 2	In Network Coordinated Care Plan 3	In Network Coordinated Care Plan 4	In Network Coordinated Care Plan 5	In Network Coordinated Care Plan 6*	In Network Coordinated Care Plan 7*
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	740.30	686.74	644.28	608.36	561.97	573.23	535.00
EE & Sp/Partn	1628.65	1510.83	1417.42	1338.39	1236.34	1261.10	1176.98
EE & Child(ren)	1406.60	1304.84	1224.17	1155.89	1067.77	1089.16	1016.52
EE & Family	2294.98	2128.93	1997.32	1885.94	1742.16	1777.05	1658.51

Kaiser

Plan Name	Plan 1 w/Pharmacy	Plan 2A w/Pharmacy	Plan 2B w/Pharmacy	Plan 3* - HSA w/ Pharmacy
In Network Deductible	\$0 ded	\$800	\$1,200	\$1600 Single \$3200 Family
Monthly Premium Rates				
Employee only	663.25	549.26	532.16	404.50
EE & Sp/Partn	1459.17	1209.15	1171.49	890.43
EE & Child(ren)	1260.18	1043.54	1011.04	768.23
EE & Family	2056.10	1703.53	1650.48	1254.20

**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	22.64	18.47	13.05
EE & Sp/Partn	49.78	40.70	28.74
EE & Child(ren)	42.95	35.14	24.80
EE & Family	70.12	57.32	40.45

VSP

VSP Choice Plus	VSP Choice
N/A	N/A
16.54	8.05
36.41	17.71
31.44	15.29
51.30	24.94

Kaiser***

Plan 5
\$250 Max
8.28
18.20
15.72
25.66

***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 Incentive Plan w/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 \$2300 max 70%-100%	\$50 ded \$1500 max various %
Employee only	157.59	139.20	100.46	136.61	92.06
EE & Sp/Partn	157.59	139.20	100.46	136.61	92.06
EE & Child(ren)	157.59	139.20	100.46	136.61	92.06
EE & Family	157.59	139.20	100.46	136.61	92.06

Kaiser

Willamette

Dental w/Ortho	Dental w/Ortho
\$20 copay \$4,000 no ded	\$20 copay no max no ded
174.03	119.53
174.03	119.53
174.03	119.53
174.03	119.53

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