

2023-2024 BENEFIT RATES

Rates & plans will be effective October 1, 2023 to September 30, 2024

MEDICAL	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser HMO Plan 1	\$0 deductible/ \$20, \$30, \$35 co-pay	693.73	1,526.21	1,318.09	2,150.57
Kaiser HMO Plan 2A	\$800 ind ded/\$2400 fam ded; \$25, \$35, \$40 co-pay	574.50	1,264.70	1,091.49	1,781.81
Kaiser High Deductible Plan 3*	\$1600 ind ded/\$3200 fam ded; 20 % co-pay	423.09	931.34	803.53	1,311.82
Moda Medical Plan 1	\$400 individual/\$1500 family deductible	767.25	1,687.93	1,457.80	2,378.52
Moda Medical Plan 2	\$800 individual/\$2700 family deductible	711.74	1,565.82	1,352.33	2,206.43
Moda Medical Plan 3	\$1200 individual/\$3900 family deductible	667.73	1,469.01	1,268.73	2,070.02
Moda Medical Plan 6 *	\$1600 individual/\$3400 family deductible	594.09	1,307.01	1,128.81	1,841.73
Moda Medical Plan 7 *	\$2000 individual/\$4200 family deductible	554.47	1,219.82	1,053.52	1,718.89

* HSA Optional Plans - Plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required.

VISION	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser Vision Plan*	Max \$250/yr	8.49	18.67	16.12	26.31
Moda Opal Vision Plan	Max \$600/yr	21.99	48.35	41.72	68.10
Moda Pearl Vision Plan	Max \$400/yr	17.94	39.54	34.13	55.67
Moda Quartz Vision Plan	Max \$250/yr	12.67	27.92	24.09	39.28
VSP Choice Plus Plan	Copays; see benefit summary	14.56	32.04	27.68	45.14
VSP Choice Plan	Copays; see benefit summary	7.09	15.58	13.45	21.95

* Kaiser Medical plan is required to select Kaiser Vision

DENTAL	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser Dental Plan 8*	\$20 copay; \$4000 annual max	70.88	155.96	134.69	219.74
Delta Premier Network Plan 1	Max ben \$2,200; \$50 ded	65.61	129.99	144.54	214.06
Delta Premier Network Plan 5	Max ben \$1,700; \$50 ded	57.95	114.80	127.67	189.06
Delta Premier Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	44.25	87.59	88.91	135.83
Delta Exclusive PPO Incentive Plan*	Max ben \$2,300; \$50 ded	56.88	112.68	125.30	185.55
Delta Exclusive PPO Plan*	Max ben \$1,500; \$50 ded	38.33	75.92	84.43	125.05
Willamette Dental Plan 8*	\$20 copay	46.99	93.99	100.11	150.18

*This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered.

OPTIONAL EMPLOYEE LIFE			
Guarantee issue \$200,000***			
\$10,000 - \$500,000 Max Benefit			
Rate per \$10,000 of benefit			
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos	
Under 25	\$0.150	\$0.230	
25 - 29	\$0.170	\$0.270	
30 - 34	\$0.190	\$0.360	
35 - 39	\$0.270	\$0.410	
40 - 44	\$0.380	\$0.550	
45 - 49	\$0.580	\$0.810	
50 - 54	\$0.880	\$1.240	
55 - 59	\$1.650	\$2.270	
60 - 64	\$2.520	\$3.460	
65 - 69	\$4.860	\$6.510	
70 - 74	\$5.660	\$9.270	
75+	\$7.880	\$10.100	

***Guarantee issue only available to new employees.

OPTIONAL SPOUSE LIFE			
Guarantee issue \$30,000***			
\$10,000 - \$500,000 Max Benefit			
Rate per \$10,000 of benefit			
Age as of Oct 1	Non-tobacco user in past 12 mos		Tobacco user in past 12 mos
Under 25	\$0.380		\$0.540
25 - 29	\$0.450		\$0.640
30 - 34	\$0.600		\$0.860
35 - 39	\$0.680		\$0.980
40 - 44	\$0.800		\$1.190
45 - 49	\$1.200		\$1.820
50 - 54	\$1.840		\$2.670
55 - 59	\$3.400		\$4.700
60 - 64	\$5.140		\$7.040
65 - 69	\$9.820		\$13.170
70 - 74	\$11.770		\$16.480
75+	\$16.480		\$34.830

VOLUNTARY SHORT TERM DISABILITY ¹	
Benefit Waiting Period	7 days
Benefit Amount	60%
Benefit Duration	90 days
Max Weekly Benefit	\$1,500
Premium	
0.00069 times average monthly wage	

VOLUNTARY LONG TERM DISABILITY ²	
Benefit Waiting Period	90 Days
Benefit Amount	60%
Max Monthly Benefit	\$8,000
Premium	
0.00335 times average monthly wage	

LONG TERM CARE
Go to website for plans & rates
unuminfo.com/OEBB002/index.aspx

OPTIONAL CHILD LIFE	
\$2,000 - \$10,000 Max Benefit	
Rate per \$2,000 of benefit	
0.100	

District Benefit Contribution for 2023-24 School Year		
Licensed*	Prorated per FTE	\$1,375.00***
Classified**	12 Months	\$1,495.00***
Classified**	195 or more days	\$1,261.00***
Classified**	194 or less days	\$1,151.00***
Administrative staff are provided medical, dental and vision insurance coverage at no cost to the employee per the RAA agreement.		
* REA members will have the choice of allocating fringe benefit dollars to medical, dental, and vision premium. One-quarter of the unused portion is available for use on any other district-provided supplemental insurance currently available through district agents of record (REA contract, Article 23, Section B, Paragraph 3). REA members opting out of medical insurance will be limited to one-half of the Districts monthly benefit contribution to allocate toward supplemental insurance (REA Contract, Article 23, Section G)		
** OSEA members will have the choice of allocating fringe benefit dollars to any medical, dental, vision, disability, and/or life insurance. One-half of any balance is then available for use on any other district-provided supplemental insurance currently available through district agents of record. (OSEA Contract, Article 4, Section B)		
*** You may be eligible for an additional contribution from the pool. See REA contract, Article 23, Section G, or OSEA contract, Article 4, Section E		

¹ Voluntary Short Term Disability is available for Administrators and Classified Staff at an additional cost ² Voluntary Long Term Disability is available to Classified Staff at an additional cost