

Health Insurance Cost Sheet
Plan Year October 1, 2022 through September 30, 2023

Classified Full-Time Employees

The District will pay a portion of your medical, dental, and vision premiums (see box below). You may choose any combination of medical, dental, and/or vision plans. You can decline any plans you don't need. The district cap will be applied towards whichever plan combination you choose.

Health Insurance Cost Calculator

Premiums

My selected Medical plan premium is: _____

My selected Dental plan premium is: _____

My selected Vision plan premium is: _____

MINUS District contribution (see box)

District Contribution towards Medical, Dental & Vision

Coverage Type	District will pay:
Employee Only	\$535.00
Employee & Spouse	\$1,181.00
Employee & Child(ren)	\$1,027.00
Employee, Spouse, & Children	\$1,702.00

My monthly out-of-pocket cost will be*:**

***10-month employees: monthly deduction will be the monthly premium x 12 months, divided by 10 checks

***11-month employees: monthly deduction will be the monthly premium x 12 months, divided by 11 checks

Mandatory for all employees:

Basic Life (\$50,000) & Dependent Life (5,000) \$5.65

Long Term Disability Plan 13 -
 50%/60-Day waiting period \$5.67

Total monthly Mandatory Employee Cos \$11.32

**Open Enrollment Ends
 September 13th**

Detailed information about all of the available plans can be found in the online Open Enrollment Guide Booklet at

www.OEBBPlanDocs.com

A summary comparison of deductibles and copays for each plan can be found online at

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me3707_23.pdf

MEDICAL PLANS

Traditional Plans

	<i>Moda Plan 3</i>	<i>Moda Plan 4</i>	<i>Moda Plan 5</i>
Employee Only	\$644.28	\$608.36	\$561.97
Employee & Spouse	\$1,417.42	\$1,338.39	\$1,236.34
Employee & Child(ren)	\$1,224.17	\$1,155.89	\$1,067.77
Employee, Spouse, & Children	\$1,997.32	\$1,885.94	\$1,742.16

Fill out the WageWorks Flexible Spending Account enrollment form. The district will contribute **\$41.50 per month** (\$498 per year) to an **FSA account**. These funds can be used towards your deductible and copay expenses.

HSA-Comptible Plans

	<i>Moda Plan 6</i>	<i>Moda Plan 7</i>
	\$573.23	\$535.00
	\$1,261.10	\$1,176.98
	\$1,089.16	\$1,016.52
	\$1,777.05	\$1,658.51

Fill out the HealthEquity Health Savings Account enrollment form. The district will contribute **\$125 per month** (\$1500 per year) to an **HSA account**. These funds can be used towards your deductible and copay

If you decline Medical, but enroll in Dental and/or Vision insurance, you can still fill out the WageWorks Flexible Spending Account enrollment form to receive the district contribution of \$41.50 per month (\$498 annually) to an FSA account.

DENTAL PLANS

	<i>Moda Plan 1</i>	<i>Moda Plan 5</i>	<i>Moda Plan 6 (No Ortho)</i>	<i>Moda Exclusive PPO Incentive</i>	<i>Moda Exclusive PPO</i>	<i>Willamette Dental Plan</i>
Employee Only	\$64.79	\$57.23	\$43.70	56.17	\$37.86	\$46.60
Employee & Spouse	\$128.37	\$113.37	\$86.50	111.28	\$74.98	\$93.20
Employee & Child(ren)	\$142.74	\$126.08	\$87.81	123.74	\$83.38	\$99.27
Family	\$211.39	\$186.71	\$134.14	183.24	\$123.49	\$148.91

VISION PLANS

	<i>Moda Plan Opal</i>	<i>Moda Plan Pearl</i>	<i>Moda Plan Quartz</i>	<i>VSP Choice Plus</i>	<i>VSP Choice</i>
Employee Only	\$23.99	\$19.56	\$13.82	\$16.54	\$8.05
Employee & Spouse	\$52.73	\$43.11	\$30.44	\$36.41	\$17.71
Employee & Child(ren)	\$45.50	\$37.23	\$26.27	\$31.44	\$15.29
Family	\$74.28	\$60.72	\$42.85	\$51.30	\$24.94

These employee-paid OPTIONAL plans are also available.

Short Term Disability Plan 1 (7 day waiting period/60 days @ 60%)

Avg monthly wage x .00296

Optional Life Insurance

Rates are on page 2 of this link:

<https://www.oregon.gov/oha/OEBB/Plans/Life-Insurance-Rates-2022-23.pdf>

Optional AD&D Insurance

\$0.15 per each \$10,000 of benefit

Long Term Care

Rates are at this link:

<https://www.oregon.gov/oha/OEBB/Plans/LTC-Employee-Paid-Rates-2022-23.pdf>