

2023 - 2024 Medical, Dental and Vision Plans

Instructions: Choose any combination of one Medical Plan, Dental Plan, and/or Vision Plan.

Add together to determine monthly rate. *Life package is not included in totals *****

<i>Choose one Medical plan</i>	Deductible - Single/Family	Single	Employee & Spouse	Employee & Children	Family
<u>Medical Plans</u>					
Moda Plan 2 w/Pharmacy	\$800/\$2700	711.74	1565.82	1352.33	2206.43
Moda Plan 3 w/Pharmacy	\$1200/\$3900	667.73	1469.01	1268.73	2070.02
Moda Plan 4 w/Pharmacy	\$1600/\$5100	630.50	1387.10	1197.96	1954.59
Moda Plan 5 w/Pharmacy	\$2000/\$6300	582.42	1281.34	1106.64	1805.57
Moda Plan 6 (H.S.A. eligible)	\$1600/\$3400	594.09	1307.01	1128.81	1841.73
Moda Plan 7 (H.S.A. eligible)	\$2000/\$4200	554.47	1219.82	1053.52	1718.89
Kaiser Medical Plan 1	\$0/\$0	693.73	1526.21	1318.09	2150.57
Kaiser Medical Plan 2A	\$800/\$2400	574.50	1264.70	1091.49	1781.81
Kaiser Medical Plan 3 (H.S.A. eligible)	\$1600/\$3200	423.09	931.34	803.53	1311.82

<i>Choose one Dental plan</i>	<u>Benefit Amt:</u>				
Delta Dental Premier Plan 1	\$2200/year	65.61	129.99	144.54	214.06
Delta Dental "Incentive Exclusive" PPO	\$2300/year	56.88	112.68	125.3	185.55
<i>(above "Incentive Exclusive" plan has no out-of-network benefit. Check website for approved providers.)</i>					
Delta Dental "Exclusive" PPO	\$1500/year	38.33	75.92	84.43	125.05
<i>(above "Exclusive" plan has no out-of-network benefit. Check website for approved providers.)</i>					
Willamette Dental Plan	\$20 co-pay	46.99	93.99	100.11	150.18
Kaiser Dental	\$20 co-pay	70.88	155.96	134.69	219.74

<i>Choose one Vision Plan</i>	<u>Benefit Amt:</u>				
Moda "Pearl" Plan	\$400/year	17.94	39.54	34.13	55.67
VSP Choice Plan	Exam \$10/co-pay	7.09	15.58	13.45	21.95
Kaiser Vision Plan	\$250/year	8.49	18.67	16.12	26.31

Log into your OEGB account to view your current plan choices under the benefit tab.

<https://www.myoebb.org>

The district office cannot help with OEGB log-in information. Click on the "Forgot User Name or Password" on the OEGB website.

NOTES:

- * **Check OEGB website for plan information**
- * **District Insurance Contribution is determined by Union Contract.**
- * **Insurance Pools are calculated once everyone has enrolled. No changes to Pool afterwards.**
- * **For those choosing Medical Plan 6, Medical Plan 7 or Kaiser Plan 3 H.S.A. Plan, see Union Contract for district monthly contribution onto your American Fidelity H.S.A Debit Card.**
- * **An Employee Assistance Program is available for the 2023-2024 plan year for all employees**