

Licensed Staff - Philomath School District 17J

Plan Year: 10/1/2018 - 9/30/2019

Monthly Premium Rates

District Provided Insurance Cap per month: \$ **975.00** (pro-rated by FTE)

Licensed Opt-out incentive \$200/month Pro-rated by FTE

Moda offers two options for medical plans: PPO option and Synergy option

Synergy Plans require members to choose a primary care medical home

MEDICAL:

MODA Medical Plan Options

	Employee only	Employee & Spouse	Employee & Children	Family
Alder Plan not available for PPO	n/a	n/a	n/a	n/a
Moda Birch PPO/RX - Connexus Network	\$ 640.46	\$ 1,408.99	\$ 1,216.88	\$ 1,985.44
Moda Cedar PPO/RX - Connexus Network	\$ 593.50	\$ 1,305.68	\$ 1,127.65	\$ 1,839.87
Moda Dogwood PPO/RX - Connexus Network	\$ 550.77	\$ 1,211.70	\$ 1,046.50	\$ 1,707.45
Moda Evergreen PPO/RX - Connexus Network	\$ 494.02	\$ 1,086.84	\$ 938.65	\$ 1,531.46
Moda Fir PPO/RX - Connexus Network	\$ 484.13	\$ 1,065.11	\$ 919.87	\$ 1,500.84

Kaiser Medical Plan Options

Kaiser HMO Plan 1/RX	\$ 631.47	\$ 1,389.24	\$ 1,199.80	\$ 1,957.55
Kaiser HMO Plan 2/RX	\$ 521.91	\$ 1,148.92	\$ 991.58	\$ 1,618.69
**Kaiser HMO Plan 3/RX (HSA)	\$ 381.58	\$ 839.96	\$ 724.68	\$ 1,183.10

DENTAL:

	Composite Rate	(premium covers all employee and dependents enrolled)
Delta Dental Premier Plan 1 w/ortho	\$ 160.73	
Delta Dental Premier Plan 5 w/ortho	\$ 141.85	
Delta Dental Premier Plan 6 no ortho	\$ 100.31	
**Exclusive Delta Dental PPO	\$ 94.83	
Kaiser Dental	\$ 167.79	
Willamette Dental w/ortho	\$ 115.89	

** (Caution: Exclusive Plan services must be provided by Delta Dental PPO Network provider, otherwise services are not covered) (Delta Dental PPO Network is NOT the same as the Premier Network)

VISION:

	Composite Rate	(premium covers all employee and dependents enrolled)
Moda Plan Opal	\$ 52.64	
Moda Plan Pearl	\$ 43.02	
Moda Plan Quartz	\$ 30.37	
Kaiser Vision	\$ 19.42	
VSP Choice Plus Plan	\$ 45.13	
VSP Choice Plan	\$ 21.94	

Mandatory Additional Plans - Automatic enrollment

Long-Term Disability (LTD) - Plan 8	pd by district, premium taken out of insurance cap before med/den/vis (LTD Est. \$14.25)
Short-Term Disability - Plan 21	pd by district
Basic Life - Plan 6 (\$25,000)	pd by district
Basic AD&D - Plan 2 (\$7,500)	pd by district

MEDICAL:

	Employee only	Employee & Spouse	Employee & Children	Family
Moda Alder Synergy CCM/RX	\$ 651.36	\$ 1,432.98	\$ 1,237.60	\$ 2,019.24
Moda Birch Synergy CCM/RX	\$ 576.41	\$ 1,268.09	\$ 1,095.16	\$ 1,786.88
Moda Cedar Synergy CCM/RX	\$ 534.14	\$ 1,175.13	\$ 1,014.90	\$ 1,655.92
Moda Dogwood Synergy CCM/RX	\$ 495.69	\$ 1,090.51	\$ 941.83	\$ 1,536.66
Moda Evergreen Synergy CCM/RX	\$ 444.62	\$ 978.14	\$ 844.77	\$ 1,378.31
Moda Fir Synergy CCM/RX	\$ 435.72	\$ 958.58	\$ 827.87	\$ 1,350.74

****Moda Evergreen & Fir Plan and Kaiser HMO Plan 3 are HSA Compatible, but not HSA required for 18/19; Pharmacy is included in plan as any other covered medical expense. RX's are applied to the deductible. Once the deductible is met, RX's are paid at the same level as other covered medical expenses.****

Insurance Cost Calculation	
District Provided Insurance Cap:	
Subtract:	
Est. LTD Premium	- 14.25 (estimate)
Medical	-
Dental	-
Vision	-
If negative, then Out-of-pocket Expense **	
** This amount is deducted from paycheck each month.	