

**Confidential/Unrepresented Staff - Philomath School District 17J**

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

**Monthly Premium Rates**

**District Provided Insurance Cap per month: \$ 1,000.00** (pro-rated by FTE)

**Opt-out incentive: \$250/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

**MEDICAL (Synergy) :**

	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.\*\***

**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	

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

**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