

**Milton-Freewater Unified School District #7**  
**OEBB Plans for 2022-2023--effective October 1, 2022**

**Medical Plans**

Plan Name	Premium per month	Deductible for In-network Coordinated Care **with PCP360** Per Person	Deductible for In-network Non-Coordinated Care **without a PCP360** Per Person	Deductible for Any out-of-network service Per Person
MODA Medical Plan 1	\$1,761.90	\$400.00	\$500.00	\$800.00
MODA Medical Plan 2	\$1,634.42	\$800.00	\$900.00	\$1,600.00
MODA Medical Plan 3	\$1,533.39	\$1,200.00	\$1,300.00	\$2,400.00
MODA Medical Plan 4	\$1,447.88	\$1,600.00	\$1,700.00	\$3,200.00
MODA Medical Plan 5	\$1,337.47	\$2,000.00	\$2,100.00	\$4,000.00
MODA Medical Plan 6 **	\$1,364.28	\$1,600.00	\$1,700.00	\$3,200.00
MODA Medical Plan 7 **	\$1,273.28	\$2,000.00	\$2,100.00	\$4,000.00

All plan rates are composite which means rates are the same for anyone on the members plan, immediate family only, dependents under 26 only

\*\* Plans 6 & 7 MAY be paired with a H.S.A. (Health Savings Account) if you qualify

**Dental Plans**

Plan Name	Premium per month	Ortho Coverage	Benefit Max/year per person	Co-Pay
DELTA DENTAL Plan 1	\$157.59	Yes	\$2,200.00	N/A
DELTA DENTAL Plan 5	\$139.20	Yes	\$1,700.00	N/A
DELTA DENTAL Plan 6	\$100.46	No	\$1,200.00	N/A
**Exclusive PPO Incentive Delta Dental	\$136.61	Yes	\$2,300.00	N/A
**Exclusive PPO Delta Dental	\$92.06	Yes	\$1,500.00	N/A
WILLAMETTE Dental	\$119.55	Yes	N/A	\$20 & up

All plan rates are composite which means rates are the same for anyone on the members plan, immediate family only, dependents under 26 and qualified only

\*\*Exclusive Dental plans have no out-of-network coverage, services performed by out-of-network provider will be the full responsibility of the member

**Vision Plans**

Plan Name	Premium per month	Benefit Max/year per person	New frames/lenses	Contacts
MODA Opal	\$51.65	\$600.00	0-16 1x/year 17+ 1x/2 years	1x per year
MODA Pearl	\$42.23	\$400.00	0-16 1x/year 17+ 1x/2 years	1x per year
MODA Quartz	\$29.80	\$250.00	0-16 1x/year 17+ 1x/2 years	1x per year
VSP Choice Plus	\$45.13	depends	1x/12 months	1x per year
VSP Choice	\$21.94	depends	1x/12 months	1x per year

All plan rates are composite which means rates are the same for anyone on the members plan, immediate family only, dependents under 26 and qualified only

4-4.9 hrs Cap	\$942.00
5-5.9 hrs Cap	\$1,099.00
6-6.9 hrs Cap	\$1,256.00
7-8.0 hrs Cap	\$1,570.00

60% of CAP  
70% of CAP  
80% of CAP  
100% of CAP

**CAP updated for  
22/23 school year**