

**Douglas County School District #4**  
**OEBS Retiree Tiered Rates 100% Self-pay - 2023-24**

**Single Retiree**

**Moda Medical PPO Plans**

	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>	<b>Plan 6</b>
Deductible - Single	\$1200 /	\$1600 /	\$2000 /	\$1600 /
Deductible - Family	\$3900	\$5100	\$6300	\$3400
<b>Medical Only</b>	667.73	630.50	582.42	594.09
<b>Vision Plan Quartz</b>				
Delta Dental Plan 1	746.01	708.78	660.70	672.37
Delta Dental Plan 5	738.35	701.12	653.04	664.71
Delta Dental Plan 6	724.65	687.42	639.34	651.01
Delta Dental Exclusive PPO	718.73	681.50	633.42	645.09
Dental Willamette Plan 8	727.39	690.16	642.08	653.75
<b>Vision Plan Pearl</b>				
Delta Dental Plan 1	751.28	714.05	677.64	677.64
Delta Dental Plan 5	743.62	706.39	669.98	669.98
Delta Dental Plan 6	729.92	692.69	656.28	656.28
Delta Dental Exclusive PPO	724.00	686.77	650.36	650.36
Dental Willamette Plan 8	732.66	695.43	659.02	659.02
<b>Vision Opal</b>				
Delta Dental Plan 1	755.33	718.10	670.02	681.69
Delta Dental Plan 5	747.67	710.44	662.36	674.03
Delta Dental Plan 6	733.97	696.74	648.66	660.33
Delta Dental Exclusive PPO	728.05	690.82	642.74	654.41
Dental Willamette Plan 8	736.71	699.48	651.40	663.07
<b>Vision VSP Choice Plus</b>				
Delta Dental Plan 1	747.90	710.67	662.59	674.26
Delta Dental Plan 5	740.24	703.01	654.93	666.60
Delta Dental Plan 6	726.54	689.31	641.23	\$652.90
Delta Dental Exclusive PPO	720.62	683.39	635.31	646.98
Dental Willamette Plan 8	729.28	692.05	643.97	655.64
<b>Vision VSP Choice</b>				
Delta Dental Plan 1	740.43	703.20	655.12	666.79
Delta Dental Plan 5	732.77	695.54	647.46	659.13
Delta Dental Plan 6	719.07	681.84	633.76	645.43
Delta Dental Exclusive PPO	713.15	675.92	627.84	639.51
Dental Willamette Plan 8	721.81	684.58	636.50	648.17

**Douglas County School District #4**  
**OEBB Retiree Tiered Rates 100% Self-pay - 2023-24**

**2-party (Retiree & Spouse)**

**Moda Medical PPO Plans**

	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>	<b>Plan 6</b>
Deductible - Single	\$1200 /	\$1600 /	\$2000 /	\$1600 /
Deductible - Family	\$3900	\$5100	\$6300	\$3400
<b>Medical Only</b>	1,469.01	1,387.10	1,281.34	1,307.01
<b>Vision Plan Quartz</b>				
Delta Dental Plan 1	1,626.92	1,545.01	1,439.25	1,464.92
Delta Dental Plan 5	1,611.73	1,529.82	1,424.06	1,449.73
Delta Dental Plan 6	1,584.52	1,502.61	1,396.85	1,422.52
Delta Dental Exclusive PPO	1,572.85	1,490.94	1,385.18	1,410.85
Dental Willamette Plan 8	1,590.92	1,509.01	1,403.25	1,428.92
<b>Vision Plan Pearl</b>				
Delta Dental Plan 1	1,638.54	1,556.63	1,450.87	1,476.54
Delta Dental Plan 5	1,623.35	1,541.44	1,435.68	1,461.35
Delta Dental Plan 6	1,596.14	1,514.23	1,408.47	1,434.14
Delta Dental Exclusive PPO	1,584.47	1,502.56	1,396.80	1,422.47
Dental Willamette Plan 8	1,602.54	1,520.63	1,414.87	1,440.54
<b>Vision Opal</b>				
Delta Dental Plan 1	1,647.35	1,565.44	1,459.68	1,485.35
Delta Dental Plan 5	1,632.16	1,550.25	1,444.49	1,470.16
Delta Dental Plan 6	1,604.95	1,523.04	1,417.28	1,442.95
Delta Dental Exclusive PPO	1,593.28	1,511.37	1,405.61	1,431.28
Dental Willamette Plan 8	1,611.35	1,529.44	1,423.68	1,449.35
<b>Vision VSP Choice Plus</b>				
Delta Dental Plan 1	1,631.04	1,549.13	1,443.37	1,469.04
Delta Dental Plan 5	1,615.85	1,533.94	1,428.18	1,453.85
Delta Dental Plan 6	1,588.64	1,506.73	1,400.97	1,426.64
Delta Dental Exclusive PPO	1,576.97	1,495.06	1,389.30	1,414.97
Dental Willamette Plan 8	1,595.04	1,513.13	1,407.37	1,433.04
<b>Vision VSP Choice</b>				
Delta Dental Plan 1	1,614.58	1,532.67	1,426.91	1,452.58
Delta Dental Plan 5	1,599.39	1,517.48	1,411.72	1,437.39
Delta Dental Plan 6	1,572.18	1,490.27	1,384.51	1,410.18
Delta Dental Exclusive PPO	1,560.51	1,478.60	1,372.84	1,398.51
Dental Willamette Plan 8	1,578.58	1,496.67	1,390.91	1,416.58

**Douglas County School District #4**  
**OEBB Retiree Tiered Rates 100% Self-pay - 2023-24**

**Retiree & Child(ren)**

**Moda Medical PPO Plans**

	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>	<b>Plan 6</b>
Deductible - Single	\$1200 /	\$1600 /	\$2000 /	\$1600 /
Deductible - Family	\$3900	\$5100	\$6300	\$3400
<b>Medical Only</b>	1,268.73	1,197.36	1,106.64	1,128.81
<b>Vision Plan Quartz</b>				
Delta Dental Plan 1	1,437.36	1,366.59	1,275.27	1,297.44
Delta Dental Plan 5	1,420.49	1,349.72	1,258.40	1,280.57
Delta Dental Plan 6	1,381.73	1,310.96	1,219.64	1,241.81
Delta Dental Exclusive PPO	1,377.25	1,306.48	1,215.16	1,237.33
Dental Willamette Plan 8	1,392.93	1,322.16	1,230.84	1,253.01
<b>Vision Plan Pearl</b>				
Delta Dental Plan 1	1,447.40	1,376.63	1,285.31	1,307.48
Delta Dental Plan 5	1,430.53	1,359.76	1,268.44	1,290.61
Delta Dental Plan 6	1,391.77	1,321.00	1,229.68	1,251.85
Delta Dental Exclusive PPO	1,387.29	1,316.52	1,225.20	1,247.37
Dental Willamette Plan 8	1,402.97	1,332.20	1,240.88	1,263.05
<b>Vision Opal</b>				
Delta Dental Plan 1	1,454.99	1,384.22	1,292.90	1,315.07
Delta Dental Plan 5	1,438.12	1,367.35	1,298.20	1,298.20
Delta Dental Plan 6	1,399.36	1,328.59	1,259.44	1,259.44
Delta Dental Exclusive PPO	1,394.88	1,324.11	1,232.79	1,254.96
Dental Willamette Plan 8	1,410.56	1,339.79	1,270.64	1,270.64
<b>Vision VSP Choice Plus</b>				
Delta Dental Plan 1	1,440.95	1,370.18	1,278.86	1,301.03
Delta Dental Plan 5	1,424.08	1,353.31	1,261.99	1,284.16
Delta Dental Plan 6	1,385.32	1,314.55	1,223.23	1,245.40
Delta Dental Exclusive PPO	1,380.84	1,310.07	1,218.75	1,240.92
Dental Willamette Plan 8	1,396.52	1,325.75	1,234.43	1,256.60
<b>Vision VSP Choice</b>				
Delta Dental Plan 1	1,426.72	1,355.95	1,286.80	1,286.80
Delta Dental Plan 5	1,409.85	1,339.08	1,269.93	1,269.93
Delta Dental Plan 6	1,371.09	1,300.32	1,231.17	1,231.17
Delta Dental Exclusive PPO	1,366.61	1,295.84	1,226.69	1,226.69
Dental Willamette Plan 8	1,382.29	1,311.52	1,242.37	1,242.37

**Douglas County School District #4**  
**OEBS Retiree Tiered Rates 100% Self-pay - 2023-24**

**Family - Retiree, Sp & Child(ren)**

**Moda Medical PPO Plans**

	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>	<b>Plan 6</b>
Deductible - Single	\$1200 /	\$1600 /	\$2000 /	\$1600 /
Deductible - Family	\$3900	\$5100	\$6300	\$3400
<b>Medical Only</b>	2,070.02	1,954.59	1,805.57	1,841.73
<b>Vision Plan Quartz</b>				
Delta Dental Plan 1	2,323.36	2,207.93	2,058.91	2,095.07
Delta Dental Plan 5	2,339.75	2,182.93	2,033.91	2,070.07
Delta Dental Plan 6	2,245.13	2,129.70	1,980.68	2,016.84
Delta Dental Exclusive PPO	2,234.35	2,118.92	1,969.90	2,006.06
Dental Willamette Plan 8	2,259.48	2,144.05	1,995.03	2,031.19
<b>Vision Plan Pearl</b>				
Delta Dental Plan 1	2,339.75	2,224.32	2,075.30	2,111.46
Delta Dental Plan 5	2,314.75	2,199.32	2,050.30	2,086.46
Delta Dental Plan 6	2,261.52	2,146.09	1,997.07	2,033.23
Delta Dental Exclusive PPO	2,250.74	2,135.31	1,986.29	2,022.45
Dental Willamette Plan 8	2,275.87	2,160.44	2,011.42	2,047.58
<b>Vision Opal</b>				
Delta Dental Plan 1	2,352.18	2,236.75	2,087.73	2,123.89
Delta Dental Plan 5	2,327.18	2,211.75	2,062.73	2,098.89
Delta Dental Plan 6	2,273.95	2,158.52	2,009.50	2,045.66
Delta Dental Exclusive PPO	2,263.17	2,147.74	1,998.72	2,034.88
Dental Willamette Plan 8	2,288.30	2,172.87	2,023.85	2,060.01
<b>Vision VSP Choice Plus</b>				
Delta Dental Plan 1	2,329.22	2,213.79	2,064.77	2,100.93
Delta Dental Plan 5	2,304.22	2,188.79	2,039.77	2,075.93
Delta Dental Plan 6	2,250.99	2,135.56	1,986.54	2,022.70
Delta Dental Exclusive PPO	2,240.21	2,124.78	1,975.76	2,011.92
Dental Willamette Plan 8	2,265.34	2,149.91	2,000.89	2,037.05
<b>Vision VSP Choice</b>				
Delta Dental Plan 1	2,306.03	2,190.60	2,041.58	2,077.74
Delta Dental Plan 5	2,281.03	2,165.60	2,016.58	2,052.74
Delta Dental Plan 6	2,227.80	2,112.37	1,963.35	1,999.51
Delta Dental Exclusive PPO	2,217.02	2,101.59	1,952.57	1,988.73
Dental Willamette Plan 8	2,242.15	2,126.72	1,977.70	2,013.86