

Health Insurance Cost Sheet
Plan Year October 1, 2023 through September 30, 2024

Licensed Employees

The District will pay a portion of your medical, dental, and vision premiums (see box below). You may choose any combination of medical, dental, and/or vision plans. You can decline any plans you don't need. The district cap will be applied towards whichever plan combination you choose.

District Contribution towards Medical, Dental & Vision

Health Insurance Cost Calculator

Premiums

My selected Medical plan premium is: _____
 My selected Dental plan premium is: _____
 My selected Vision plan premium is: _____
MINUS District contribution (see box)

Coverage Type	District will pay:
Employee Only	\$552.00
Employee & Spouse	\$1,266.00
Employee & Child(ren)	\$1,105.00
Employee, Spouse, & Children	\$1,822.00

My monthly out-of-pocket cost will be: _____

Mandatory for all employees:

Basic Life Plan 10 - \$50,000	\$4.40
Long Term Disability Plan 18 - 66.67%/90-Day waiting period	\$18.14
Total monthly Mandatory Employee Costs	\$22.54

**Open Enrollment Ends
September 12th**

Detailed information about all of the available plans can be found in the online Enrollment Guide at <https://www.oregon.gov/oha/OEBB/Pages/index.aspx>

A summary comparison of deductibles and copays for each plan can be found online at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me3707_24.pdf

MEDICAL PLANS

Traditional Plans

	<i>Moda Plan 3</i>	<i>Moda Plan 4</i>	<i>Moda Plan 5</i>
Employee Only	\$667.73	\$630.50	\$582.42
Employee & Spouse	\$1,469.01	\$1,387.10	\$1,281.34
Employee & Child(ren)	\$1,268.73	\$1,197.96	\$1,106.64
Employee, Spouse, & Children	\$2,070.02	\$1,954.59	\$1,805.57

Also fill out the WageWorks Flexible Spending Account enrollment form. The district will contribute **\$41.50 per month** (\$498 per year) to an **FSA account**. These funds can be used towards your deductible and copay expenses.

HSA-Compatible Plans

	<i>Moda Plan 6</i>	<i>Moda Plan 7</i>
Employee Only	\$594.09	\$554.47
Employee & Spouse	\$1,307.01	\$1,219.82
Employee & Child(ren)	\$1,128.81	\$1,053.52
Employee, Spouse, & Children	\$1,841.73	\$1,718.89

Also fill out the HealthEquity Health Savings Account enrollment form. The district will contribute **\$167 per month** (\$2004 per year) to an **HSA account**. These funds can be used towards your deductible and copay expenses.

If you decline Medical, but enroll in Dental and/or Vision insurance, you can still fill out the WageWorks Flexible Spending Account enrollment form to receive the district contribution of \$41.50 per month (\$498 annually) to an FSA account.

DENTAL PLANS

	<i>Delta Dental Premier Plan 1</i>	<i>Delta Dental Premier Plan 5</i>	<i>Delta Dental Premier Plan 6 (No Ortho)</i>	<i>Delta Dental Exclusive PPO Incentive Plan</i>	<i>Delta Dental Exclusive PPO</i>	<i>Willamette Dental Plan</i>
Employee Only	\$65.61	\$57.95	\$44.25	56.88	\$38.33	\$46.99
Employee & Spouse	\$129.99	\$114.80	\$87.59	112.68	\$75.92	\$93.99
Employee & Child(ren)	\$144.54	\$127.67	\$88.91	125.3	\$84.43	\$100.11
Family	\$214.06	\$189.06	\$135.83	185.55	\$125.05	\$150.18

VISION PLANS

	<i>Moda Plan Opal</i>	<i>Moda Plan Pearl</i>	<i>Moda Plan Quartz</i>	<i>VSP Choice Plus</i>	<i>VSP Choice</i>
Employee Only	\$21.99	\$17.94	\$12.67	\$14.56	\$7.09
Employee & Spouse	\$48.35	\$39.54	\$27.92	\$32.04	\$15.58
Employee & Child(ren)	\$41.72	\$34.13	\$24.09	\$27.68	\$13.45
Family	\$68.10	\$55.67	\$39.28	\$45.14	\$21.95

These employee-paid OPTIONAL plans are also available.

Short Term Disability Plan 12 (7 day waiting period/90 days @ 70%)

Avg monthly wage x .00080

Optional Life Insurance Rates are on page 2 of this link:

<https://www.oregon.gov/oha/OEBB/Plans/Life-Insurance-Rates-2023-24.pdf>

Optional AD&D Insurance

\$0.15 per each \$10,000 of benefit

Long Term Care Rates are at this link:

<https://www.oregon.gov/oha/OEBB/Plans/LTC-Employee-Paid-Rates-2023-24.pdf>