

CLASSIFIED PART-TIME 2022-23 INSURANCE UNIT RATES

Kaiser Plans	Kaiser Medical/Pharmacy Plan 1	Kaiser Medical/Pharmacy Plan 2A	Kaiser Medical/Pharmacy Plan 2B	Kaiser Medical/Pharmacy Plan 3 HSA Compatible
		No Deductible* \$1,500 OOP*	\$800 Deductible* \$4,000 OOP*	1,200 Deductible* \$4,500 OOP*
Employee only	\$663.25	\$549.26	\$532.16	\$404.50
Employee + Spouse or DP	\$1,459.17	\$1,209.15	\$1,171.49	\$890.43
Employee + Child(ren)	\$1,260.18	\$1,043.54	\$1,011.04	\$768.23
Family	\$2,056.10	\$1,703.53	\$1,650.48	\$1,254.20

Moda Plans	Moda Plan 1	Moda Plan 2	Moda Plan 3	Moda Plan 4	Moda Plan 5	Moda Plan 6 HSA Compatible	Moda Plan 7 HSA Compatible
Coordinated Care Member Pays	\$400 Deductible* \$2,850 OOP*	\$800 Deductible* \$3,850 OOP*	\$1200 Deductible* \$4,850 OOP*	\$1,600 Deductible* \$6,700 OOP*	\$2,000 Deductible* \$6,800 OOP*	\$1,600 Deductible* \$6,400 OOP*	\$2,000 Deductible* \$6,500 OOP*
Non-Coordinated Care Member Pays	\$500 Deductible* \$3,250 OOP*	\$900 Deductible* \$4,250 OOP*	\$1,300 Deductible* \$5,250 OOP*	\$1,700 Deductible* \$7,100 OOP*	\$2,100 Deductible* \$7,200 OOP*	\$1,700 Deductible* \$6,750 OOP*	\$2,100 Deductible* \$6,750 OOP*
Out-of-Network Member Pays	\$800 Deductible* \$6,000 OOP*	\$1,600 Deductible* \$8,000 OOP*	\$2,400 Deductible* \$10,000 OOP*	\$3,200 Deductible* \$13,700 OOP*	\$4,000 Deductible* \$13,700 OOP*	\$3,200 Deductible* \$6,400 OOP*	\$4,000 Deductible* \$8,000 OOP*
Employee Only	\$740.30	\$686.74	\$644.28	\$608.36	\$561.97	\$573.23	\$535.00
Employee + Spouse or DP	\$1,628.65	\$1,510.83	\$1,417.42	\$1,338.39	\$1,236.34	\$1,261.10	\$1,176.98
Employee + Child(ren)	\$1,406.60	\$1,304.84	\$1,224.17	\$1,155.89	\$1,067.77	\$1,089.16	\$1,016.52
Family	\$2,294.98	\$2,128.93	\$1,997.32	\$1,885.94	\$1,742.16	\$1,777.05	\$1,658.51

*Non-coordinated" plans result in higher deductible and higher out-of-pocket maximums. The premiums are the same.

*Deductible Per person, see webpage for family deductible
 *OOP Out of Pocket Maximum (per person; see webpage for family deductible)
 *Bene Max Plan year benefit maximum (per person)

Dental Plans	Kaiser Dental Plan	Delta Dental 1 w/ortho	Delta Dental 5 w/ortho	Delta Dental Premier 6 No ortho	Delta Dental -PPO Incentive Plan	Delta Dental - Exclusive PPO Plan	Willamette Dental
	No Deductible* \$4,000 Bene Max*	\$50 Deductible* \$2,200 Bene Max*	\$50 Deductible* \$1,700 Bene Max*	\$50 Deductible* \$1,200 Bene Max*	\$50 Deductible* \$2,300 Bene Max*	\$50 Deductible* \$1,500 Bene Max*	NA NA
	\$20.00 copay	Refer to Benefit Summary for differences					\$20.00 copay
Employee Only	\$73.07	\$64.79	\$57.23	\$43.70	\$56.17	\$37.86	\$46.60
Employee + Spouse or DP	\$160.77	\$128.37	\$113.37	\$86.50	\$111.28	\$74.98	\$93.20
Employee + Child(ren)	\$138.84	\$142.74	\$126.08	\$87.81	\$123.74	\$83.38	\$99.27
Family	\$226.53	\$211.39	\$186.71	\$134.14	\$183.24	\$123.49	\$148.91

Vision Plans	Kaiser Vision Plan	Moda Vision Opal	Moda Vision Pearl	Moda Vision Quartz	VSP Choice Plus Plan	VSP Choice Plan
	\$250 Ben Max*	\$600 Bene Max*	\$400 Bene Max*	\$250 Bene Max*	N/A	N/A
Employee Only	\$8.28	\$22.64	\$18.47	\$13.05	\$16.54	\$8.05
Employee + Spouse or DP	\$18.20	\$49.78	\$40.70	\$28.74	\$36.41	\$17.71
Employee + Child(ren)	\$15.72	\$42.95	\$35.14	\$24.80	\$31.44	\$15.29
Family	\$25.66	\$70.12	\$57.32	\$40.45	\$51.30	\$24.94

Long-Term Disability
Standard Plan 12
\$8.00

Employee Assistance Program
Reliant Behavioral Health 6 sessions
Paid by District

All Plan information is located at url:
www.oregon.gov/oha/oe/b