

CLASSIFIED 2022-2023 INSURANCE UNIT RATES

Medical 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*	\$1,600 Deductible* \$6,550 OOP*			
	\$1,577.61	\$1,309.30	\$1,267.93	\$962.48			
	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* \$13,100 OOP*	\$4,000 Deductible* \$13,300 OOP*
Monthly premium	\$1,761.90	\$1,634.42	\$1,533.39	\$1,447.88	\$1,337.47	\$1,364.28	\$1,273.28

"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* \$20.00 copay	\$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
	Refer to Benefit Summary for differences					\$20.00 copay
\$174.03	\$157.59	\$139.20	\$100.46	\$136.61	\$92.06	\$119.53

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
\$19.70	\$51.65	\$42.23	\$29.80	\$39.71	\$19.31

Long-Term Disability
 Standard Plan 12
 Paid by District

Employee Assistance Program
 Reliant Behavioral Health 6 sessions
 Paid by District

For guidance in deciding which plan(s) work best for your family please feel free to schedule an appointment with American Fidelity (503-718-7040).

Worksheet

Medical Premium	+	_____
Dental Premium	+	_____
Vision Premium	+	_____
LTD		_____
Total Premium	+	_____
Minus Cap		_____
Employee Premium		_____

All Plan information is located at url:

www.oregon.gov/oha/oebb

If Employee Premium is negative, multiply amount by 67%. This is your Section 125 and/or salary adjustment amount

If Total Premium is more than the cap, then the Difference = Out of Pocket (monthly payroll deduction)