

**CSPT 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
<b>Coordinated Care Member Pays</b>	\$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*
<b>Non-Coordinated Care Member Pays</b>	\$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*
<b>Out-of-Network Member Pays</b>	\$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*
<b>Monthly premium</b>	<b>\$1,761.90</b>	<b>\$1,634.42</b>	<b>\$1,533.39</b>	<b>\$1,447.88</b>	<b>\$1,337.47</b>	<b>\$1,364.28</b>	<b>\$1,273.28</b>

\*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 \$20.00 copay
	Refer to Benefit Summary for differences					
\$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

Life Insurance  
Standard Plan 17  
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	+	_____
Total Premium	+	_____
Minus Cap		_____
Employee Premium		_____

All Plan information is located at url:

[www.oregon.gov/oha/oebb](http://www.oregon.gov/oha/oebb)

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

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