

Douglas County School District #4 Classified Full-Time (8 hour) Employees

Insurance Premium Costs - 2017-18 rates - effective 10/01/2017

MONTHLY OUT OF POCKET COSTS

District Monthly Cap		Moda Medical Plans		
		Cedar	Dogwood	Evergreen
	\$1,138			
	Ded Single	\$1200 /	\$1600 /	\$1600 /
	Ded Family	\$3600	\$4800	\$3200
Vision Plan Quartz				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Quartz Vision		438.85	303.69	165.86
Delta Dental Plan 5 w/Ortho & Quartz Vision		420.54	285.38	147.55
Delta Dental Plan 6 (no Ortho) & Quartz Vision		380.24	245.08	107.25
Delta Dental Exclusive PPO & Quartz Vision		374.93	239.77	101.94
Dental Willamette Plan 8 w/Ortho & Quartz Vision		391.72	256.56	118.73
Vision Plan Pearl				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Pearl Vision		451.14	315.98	178.15
Delta Dental Plan 5 w/Ortho & Pearl Vision		432.83	297.67	159.84
Delta Dental Plan 6 (no Ortho) & Pearl Vision		392.53	257.37	119.54
Delta Dental Exclusive PPO & Pearl Vision		387.22	252.06	114.23
Dental Willamette Plan 8 w/Ortho & Pearl Vision		404.01	268.85	131.02
Vision Plan Opal				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Opal Vision		460.47	325.31	187.48
Delta Dental Plan 5 w/Ortho & Opal Vision		442.16	307.00	169.17
Delta Dental Plan 6 (no Ortho) & Opal Vision		401.86	266.70	128.87
Delta Dental Exclusive PPO & Opal Vision		396.55	261.39	123.56
Dental Willamette Plan 8 w/Ortho & Opal Vision		413.34	278.18	140.35
Vision Plan Choice Plus				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Choice Plus Vision		454.57	319.41	181.58
Delta Dental Plan 5 w/Ortho & Choice Plus Vision		436.26	301.10	163.27
Delta Dental Plan 6 (no Ortho) & Choice Plus Vision		395.96	260.80	122.97
Delta Dental Exclusive PPO & Choice Plus Vision		390.65	255.49	117.66
Dental Willamette Plan 8 w/Ortho & Choice Plus Vision		407.44	272.28	134.45
Vision Plan Choice				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Choice Vision		431.34	296.18	158.35
Delta Dental Plan 5 w/Ortho & Choice Vision		413.03	277.87	140.04
Delta Dental Plan 6 (no Ortho) & Choice Vision		372.73	237.57	99.74
Delta Dental Exclusive PPO & Choice Vision		367.42	232.26	94.43
Dental Willamette Plan 8 w/Ortho & Choice Vision		384.21	249.05	111.22

OEBB Plans - Licensed Employees	Monthly full premium rates	% of incr
Medical Cedar Plan - \$1200 ded	1382.13	
Medical Dogwood Plan - \$1600 ded	1246.97	5.11%
Medical Evergreen Plan - \$1600 ded (HSA eligible)	1109.14	8.85%
		9.49%
Delta Dental Plan 1	155.88	0.99%
Delta Dental Plan 5	137.57	7.21%
Delta Dental Plan 6	97.27	1.00%
Delta Dental Exclusive PPO	91.96	
Willamette Dental Plan 8	108.75	1.95%
Vision Plan Quartz-Moda	29.48	2.11%
Vision Plan Pearl-Moda	41.77	2.15%
Vision Plan Opal-Moda	51.10	2.12%
Vision Plan Choice Plus-VSP	45.20	
Vision Plan Choice-VSP	21.97	

Informational Only
Premium Rates for
each individual plan