

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 - SYNERGY NETWORK MONTHLY OUT OF POCKET COSTS

District Monthly Cap	\$1,138	Moda Medical Plans		
		Cedar	Dogwood	Evergreen
	Ded Single Ded Family	\$1200 / \$3600	\$1600 / \$4800	\$1600 / \$3200
Vision Plan Quartz				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Quartz Vision		300.64	179.00	54.94
Delta Dental Plan 5 w/Ortho & Quartz Vision		282.33	160.69	36.63
Delta Dental Plan 6 (no Ortho) & Quartz Vision		242.03	120.39	-3.67
Delta Dental Exclusive PPO & Quartz Vision		236.72	115.08	-8.98
Dental Willamette Plan 8 w/Ortho & Quartz Vision		253.51	131.87	7.81
Vision Plan Pearl				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Pearl Vision		312.93	191.29	67.23
Delta Dental Plan 5 w/Ortho & Pearl Vision		294.62	172.98	48.92
Delta Dental Plan 6 (no Ortho) & Pearl Vision		254.32	132.68	8.62
Delta Dental Exclusive PPO & Pearl Vision		249.01	127.37	3.31
Dental Willamette Plan 8 w/Ortho & Pearl Vision		265.80	144.16	20.10
Vision Plan Opal				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Opal Vision		322.26	200.62	76.56
Delta Dental Plan 5 w/Ortho & Opal Vision		303.95	182.31	58.25
Delta Dental Plan 6 (no Ortho) & Opal Vision		263.65	142.01	17.95
Delta Dental Exclusive PPO & Opal Vision		258.34	136.70	12.64
Dental Willamette Plan 8 w/Ortho & Opal Vision		275.13	153.49	29.43
Vision Plan Choice Plus				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Choice Plus Vision		316.36	194.72	70.66
Delta Dental Plan 5 w/Ortho & Choice Plus Vision		298.05	176.41	52.35
Delta Dental Plan 6 (no Ortho) & Choice Plus Vision		257.75	136.11	12.05
Delta Dental Exclusive PPO & Choice Plus Vision		252.44	130.80	6.74
Dental Willamette Plan 8 w/Ortho & Choice Plus Vision		269.23	147.59	23.53
Vision Plan Choice				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Choice Vision		293.13	171.49	47.43
Delta Dental Plan 5 w/Ortho & Choice Vision		274.82	153.18	29.12
Delta Dental Plan 6 (no Ortho) & Choice Vision		234.52	112.88	-11.18
Delta Dental Exclusive PPO & Choice Vision		229.21	107.57	-16.49
Dental Willamette Plan 8 w/Ortho & Choice Vision		246.00	124.36	0.30

OEBB Plans - Licensed Employees	Monthly full premium rates	% of incr
Medical Cedar Plan - \$1200 ded	1243.92	
Medical Dogwood Plan - \$1600 ded	1122.28	
Medical Evergreen Plan - \$1600 ded (HSA eligible)	998.22	
	Life Ins & EAP	3.54
	LTD Estimated	5.82
		-5.40%
		-2.04%
		-1.46%
Dental Plan 1	155.88	0.99%
Dental Plan 5	137.57	7.21%
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