

Douglas County School District #4

Licensed Full-Time 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		Moda Medical Plans		
		Cedar	Dogwood	Evergreen
	\$1,138	\$1200 / \$3600	\$1600 / \$4800	\$1600 / \$3200
Vision Plan Quartz				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Quartz Vision		294.82	173.18	49.12
Delta Dental Plan 5 w/Ortho & Quartz Vision		276.51	154.87	30.81
Delta Dental Plan 6 (no Ortho) & Quartz Vision		236.21	114.57	-9.49
Delta Dental Exclusive PPO & Quartz Vision		230.90	109.26	-14.80
Dental Willamette Plan 8 w/Ortho & Quartz Vision		247.69	126.05	1.99
Vision Plan Pearl				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Pearl Vision		307.11	185.47	61.41
Delta Dental Plan 5 w/Ortho & Pearl Vision		288.80	167.16	43.10
Delta Dental Plan 6 (no Ortho) & Pearl Vision		248.50	126.86	2.80
Delta Dental Exclusive PPO & Pearl Vision		243.19	121.55	-2.51
Dental Willamette Plan 8 w/Ortho & Pearl Vision		259.98	138.34	14.28
Vision Plan Opal				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Opal Vision		316.44	194.80	70.74
Delta Dental Plan 5 w/Ortho & Opal Vision		298.13	176.49	52.43
Delta Dental Plan 6 (no Ortho) & Opal Vision		257.83	136.19	12.13
Delta Dental Exclusive PPO & Opal Vision		252.52	130.88	6.82
Dental Willamette Plan 8 w/Ortho & Opal Vision		269.31	147.67	23.61
Vision Plan Choice Plus				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Choice Plus Vision		310.54	188.90	64.84
Delta Dental Plan 5 w/Ortho & Choice Plus Vision		292.23	170.59	46.53
Delta Dental Plan 6 (no Ortho) & Choice Plus Vision		251.93	130.29	6.23
Delta Dental Exclusive PPO & Choice Plus Vision		246.62	124.98	0.92
Dental Willamette Plan 8 w/Ortho & Choice Plus Vision		263.41	141.77	17.71
Vision Plan Choice				
	\$1,138			
Delta Dental Plan 1 w/Ortho & Choice Vision		287.31	165.67	41.61
Delta Dental Plan 5 w/Ortho & Choice Vision		269.00	147.36	23.30
Delta Dental Plan 6 (no Ortho) & Choice Vision		228.70	107.06	-17.00
Delta Dental Exclusive PPO & Choice Vision		223.39	101.75	-22.31
Dental Willamette Plan 8 w/Ortho & Choice Vision		240.18	118.54	-5.52

OEBB Plans - Licensed Employees

Monthly full premium rates

Plan Description	Rate	Life Ins & EAP	LTD Employer Pd	LTD Employee Pd	% of incr
Medical Cedar Plan - \$1200 ded	1243.92	3.54			5.11%
Medical Dogwood Plan - \$1600 ded	1122.28		0.00		8.85%
Medical Evergreen Plan - \$1600 ded (HSA eligible)	998.22			20.24	9.49%
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**