

Douglas County School District #4

Retiree Share of Medical, Dental, And Vision Insurance Premiums

2017-18 Rates

Vision Plan Opal

Moda Health Medical Cedar \$1,200 Deductible	Moda Health Medical Dogwood \$1,600 Deductible	Moda Health Medical Evergreen \$1600/\$3200 Deductible
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Licensed

Retiree Only

Delta Dental Plan 1	277.51	220.72	162.81
Delta Dental Plan 5	262.29	205.49	147.59
Delta Dental Plan 6	231.10	174.31	116.40
Delta Dental Exclusive PPO	224.37	167.58	109.67
Willamette Dental Plan 8	236.37	179.58	121.67
Medical Only	166.40	109.61	51.70

Retiree + Spouse

Delta Dental Plan 1	596.44	471.51	344.10
Delta Dental Plan 5	564.61	439.67	312.27
Delta Dental Plan 6	499.09	374.15	246.74
Delta Dental Exclusive PPO	485.31	360.37	232.97
Willamette Dental Plan 8	510.58	385.64	258.24
Medical Only	366.09	241.15	113.74

Retiree + Child(ren)

Delta Dental Plan 1	546.64	438.74	328.71
Delta Dental Plan 5	515.43	407.54	297.50
Delta Dental Plan 6	443.70	335.80	225.77
Delta Dental Exclusive PPO	437.72	329.82	219.79
Willamette Dental Plan 8	457.91	350.01	239.97
Medical Only	316.17	208.27	98.24

Family

Delta Dental Plan 1	870.65	694.60	515.06
Delta Dental Plan 5	822.24	646.19	466.65
Delta Dental Plan 6	715.13	539.07	359.54
Delta Dental Exclusive PPO	701.67	525.62	346.08
Willamette Dental Plan 8	735.55	559.50	379.96
Medical Only	515.87	339.81	160.28

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Classified (8 Hour Only)

Retiree Only

Delta Dental Plan 1	280.14	223.34	165.43
Delta Dental Plan 5	264.91	208.12	150.21
Delta Dental Plan 6	233.73	176.94	119.03
Delta Dental Exclusive PPO	227.00	170.21	112.30
Willamette Dental Plan 8	238.99	182.20	124.29
Medical Only	169.03	112.24	54.33

Retiree + Spouse

Delta Dental Plan 1	602.22	477.28	349.88
Delta Dental Plan 5	570.39	445.45	318.04
Delta Dental Plan 6	504.86	379.93	252.52
Delta Dental Exclusive PPO	491.09	366.15	238.74
Willamette Dental Plan 8	516.36	391.42	264.01
Medical Only	371.86	246.93	119.52

Retiree + Child(ren)

Delta Dental Plan 1	551.63	443.73	333.70
Delta Dental Plan 5	520.42	412.52	302.49
Delta Dental Plan 6	448.69	340.79	230.76
Delta Dental Exclusive PPO	442.71	334.81	224.78
Willamette Dental Plan 8	462.90	355.00	244.96
Medical Only	321.16	213.26	103.23

Family

Delta Dental Plan 1	878.79	702.74	523.20
Delta Dental Plan 5	830.38	654.33	474.79
Delta Dental Plan 6	723.27	547.21	367.68
Delta Dental Exclusive PPO	709.81	533.76	354.22
Willamette Dental Plan 8	743.69	567.64	388.10
Medical Only	524.01	347.95	168.42

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Administration

Retiree Only

Delta Dental Plan 1	202.42	145.63	87.72
Delta Dental Plan 5	194.73	137.94	80.03
Delta Dental Plan 6	177.80	121.00	63.09
Delta Dental Exclusive PPO	175.56	118.77	60.86
Willamette Dental Plan 8	182.62	125.83	67.92

Retiree + Spouse

Delta Dental Plan 1	445.32	320.39	192.98
Delta Dental Plan 5	428.40	303.46	176.06
Delta Dental Plan 6	391.15	266.21	138.80
Delta Dental Exclusive PPO	386.24	261.30	133.90
Willamette Dental Plan 8	401.76	276.82	149.42

Retiree + Child(ren)

Delta Dental Plan 1	384.60	276.71	166.67
Delta Dental Plan 5	369.99	262.09	152.05
Delta Dental Plan 6	337.81	229.91	119.88
Delta Dental Exclusive PPO	333.58	225.68	115.64
Willamette Dental Plan 8	346.98	239.08	129.04

Family

Delta Dental Plan 1	627.52	451.47	271.93
Delta Dental Plan 5	603.67	427.62	248.08
Delta Dental Plan 6	551.18	375.13	195.59
Delta Dental Exclusive PPO	544.26	368.21	188.67
Willamette Dental Plan 8	566.13	390.08	210.54

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Confidential

Retiree Only

Delta Dental Plan 1	288.90	232.11	174.20
Delta Dental Plan 5	273.68	216.89	158.98
Delta Dental Plan 6	242.50	185.70	127.79
Delta Dental Exclusive PPO	235.76	178.97	121.06
Willamette Dental Plan 8	247.76	190.97	133.06
Medical Only	177.80	121.00	63.09

Retiree + Spouse

Delta Dental Plan 1	621.50	496.57	369.16
Delta Dental Plan 5	589.67	464.73	337.33
Delta Dental Plan 6	524.15	399.21	271.80
Delta Dental Exclusive PPO	510.37	336.20	258.03
Willamette Dental Plan 8	535.64	410.70	283.30
Medical Only	391.15	266.21	138.80

Retiree + Child(ren)

Delta Dental Plan 1	568.28	460.39	350.35
Delta Dental Plan 5	537.08	429.18	319.14
Delta Dental Plan 6	465.34	357.44	247.41
Delta Dental Exclusive PPO	459.37	351.47	241.43
Willamette Dental Plan 8	479.55	371.65	261.61
Medical Only	337.81	229.91	119.88

Family

Delta Dental Plan 1	905.96	729.91	550.37
Delta Dental Plan 5	857.55	681.50	501.96
Delta Dental Plan 6	750.44	574.39	394.85
Delta Dental Exclusive PPO	736.98	560.93	381.39
Willamette Dental Plan 8	770.86	594.81	415.27
Medical Only	551.18	375.13	195.59