Douglas County School District #4

Licensed Full-Time Employees

Insurance Premium Costs - 2021-22 rates - effective 10/01/2021

MONTHLY OUT OF POCKET COSTS

		Moda Medical Plans			
District Monthly Cap	**$1,383**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
	Ded Single Ded Family	$1200 / $3900	$1600 / $5200	$2000 / $6300	$1600 / $3400
Vision Plan Quartz	**$1,383**				
Delta Dental Plan 1 w/Ortho & Quartz Vision		287.41	212.13	106.60	137.81
Delta Dental Plan 5 w/Ortho & Quartz Vision		268.62	193.34	87.81	119.02
Delta Dental Plan 6 (no Ortho) & Quartz Vision		227.28	152.00	46.47	77.68
Delta Dental Exclusive PPO & Quartz Vision		221.82	146.54	41.01	72.22
Dental Willamette Plan 8 w/Ortho & Quartz Vision		246.98	171.70	66.17	97.38
Vision Plan Pearl	**$1,383**				
Delta Dental Plan 1 w/Ortho & Pearl Vision		300.56	225.28	119.75	150.96
Delta Dental Plan 5 w/Ortho & Pearl Vision		281.77	206.49	100.96	132.17
Delta Dental Plan 6 (no Ortho) & Pearl Vision		240.43	165.15	59.62	90.83
Delta Dental Exclusive PPO & Pearl Vision		234.97	159.69	54.16	85.37
Dental Willamette Plan 8 w/Ortho & Pearl Vision		260.13	184.85	79.32	110.53
Vision Plan Opal	**$1,383**				
Delta Dental Plan 1 w/Ortho & Opal Vision		310.55	235.27	129.74	160.95
Delta Dental Plan 5 w/Ortho & Opal Vision		291.76	216.48	110.95	142.16
Delta Dental Plan 6 (no Ortho) & Opal Vision		250.42	175.14	69.61	100.82
Delta Dental Exclusive PPO & Opal Vision		244.96	169.68	64.15	95.36
Dental Willamette Plan 8 w/Ortho & Opal Vision		270.12	194.84	89.31	120.52
Vision Plan Choice Plus	**$1,383**				
Delta Dental Plan 1 w/Ortho & Choice Plus Vision		295.54	220.26	114.73	145.94
Delta Dental Plan 5 w/Ortho & Choice Plus Vision		276.75	201.47	95.94	127.15
Delta Dental Plan 6 (no Ortho) & Choice Plus Vision		235.41	160.13	54.60	85.81
Delta Dental Exclusive PPO & Choice Plus Vision		229.95	154.67	49.14	80.35
Dental Willamette Plan 8 w/Ortho & Choice Plus Visior		255.11	179.83	74.30	105.51
Vision Plan Choice	**$1,383**				
Delta Dental Plan 1 w/Ortho & Choice Vision		275.14	199.86	94.33	125.54
Delta Dental Plan 5 w/Ortho & Choice Vision		256.35	181.07	75.54	106.75
Delta Dental Plan 6 (no Ortho) & Choice Vision		215.01	139.73	34.20	65.41
Delta Dental Exclusive PPO & Choice Vision		209.55	134.27	28.74	59.95
Dental Willamette Plan 8 w/Ortho & Choice Vision		234.71	159.43	53.90	85.11

OEBB Plans - Licensed Employees		**Monthly full premium rates**			% of incr
Medical Plan 3 - $1200 ded	1475.69	Life Insurance & EAP		3.18	2.07%
Medical Plan 4 - $1600 ded	1400.41				2.07%
Medical Plan 5 - $2000 ded	1294.88				2.07%
Medical Plan 6 - $1600 ded (HSA eligible)	1326.09	LTD Employee Pd	Estimate	22.00	2.07%
Delta Dental Plan 1		159.96			-0.91%
Delta Dental Plan 5		141.17			-0.91%
Delta Dental Plan 6		99.83			-0.90%
Delta Dental Exclusive PPO		94.37			-0.91%
Willamette Dental Plan 8		119.53			-4.16%
Vision Plan Quartz-Moda			31.58		0.35%
Vision Plan Pearl-Moda			44.73		0.31%
Vision Plan Opal-Moda			54.72		0.31%
Vision Plan Choice Plus-VSP			39.71		-12.01%
Vision Plan Choice-VSP			19.31		-11.99%

Informational Only
Premium rates for
each individual plan