Douglas County School District #4

Licensed Full-Time Employees

Insurance Premium Costs - 2022-23 rates - effective 10/01/2022

MONTHLY OUT OF POCKET COSTS

		Moda Medical Plans			
District Monthly Cap	**$1,433**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
	Ded Single Ded Family	$1200 / $3900	$1600 / $5200	$2000 / $6300	$1600 / $3400
Vision Plan Quartz	**$1,433**				
Delta Dental Plan 1 w/Ortho & Quartz Vision		290.64	205.13	94.72	121.53
Delta Dental Plan 5 w/Ortho & Quartz Vision		272.25	186.74	76.33	103.14
Delta Dental Plan 6 (no Ortho) & Quartz Vision		233.51	148.00	37.59	64.40
Delta Dental Exclusive PPO & Quartz Vision		225.11	139.60	29.19	56.00
Dental Willamette Plan 8 w/Ortho & Quartz Vision		252.58	167.07	56.66	83.47
Vision Plan Pearl	**$1,433**				
Delta Dental Plan 1 w/Ortho & Pearl Vision		303.07	217.56	107.15	133.96
Delta Dental Plan 5 w/Ortho & Pearl Vision		284.68	199.17	88.76	115.57
Delta Dental Plan 6 (no Ortho) & Pearl Vision		245.94	160.43	50.02	76.83
Delta Dental Exclusive PPO & Pearl Vision		237.54	152.03	41.62	68.43
Dental Willamette Plan 8 w/Ortho & Pearl Vision		265.01	179.50	69.09	95.90
Vision Plan Opal	**$1,433**				
Delta Dental Plan 1 w/Ortho & Opal Vision		312.49	226.98	116.57	143.38
Delta Dental Plan 5 w/Ortho & Opal Vision		294.10	208.59	98.18	124.99
Delta Dental Plan 6 (no Ortho) & Opal Vision		255.36	169.85	59.44	86.25
Delta Dental Exclusive PPO & Opal Vision		246.96	161.45	51.04	77.85
Dental Willamette Plan 8 w/Ortho & Opal Vision		274.43	188.92	78.51	105.32
Vision Plan Choice Plus	**$1,433**				
Delta Dental Plan 1 w/Ortho & Choice Plus Vision		300.55	215.04	104.63	131.44
Delta Dental Plan 5 w/Ortho & Choice Plus Vision		282.16	196.65	86.24	113.05
Delta Dental Plan 6 (no Ortho) & Choice Plus Vision		243.42	157.91	47.50	74.31
Delta Dental Exclusive PPO & Choice Plus Vision		235.02	149.51	39.10	65.91
Dental Willamette Plan 8 w/Ortho & Choice Plus Visio		262.49	176.98	66.57	93.38
Vision Plan Choice	**$1,433**				
Delta Dental Plan 1 w/Ortho & Choice Vision		280.15	194.64	84.23	111.04
Delta Dental Plan 5 w/Ortho & Choice Vision		261.76	176.25	65.84	92.65
Delta Dental Plan 6 (no Ortho) & Choice Vision		223.02	137.51	27.10	53.91
Delta Dental Exclusive PPO & Choice Vision		214.62	129.11	18.70	45.51
Dental Willamette Plan 8 w/Ortho & Choice Vision		242.09	156.58	46.17	72.98

OEBB Plans - Licensed Employees	**Monthly full premium rates**				% of incr
Medical Plan 3 - $1200 ded	1533.39	Life Insurance & EAP		2.86	3.91%
Medical Plan 4 - $1600 ded	1447.88				3.39%
Medical Plan 5 - $2000 ded	1337.47				3.29%
Medical Plan 6 - $1600 ded (HSA eligible)	1364.28	LTD Employee Pd	Estimate	23.50	2.88%
Delta Dental Plan 1		157.59			-1.48%
Delta Dental Plan 5		139.20			-1.40%
Delta Dental Plan 6		100.46			0.63%
Delta Dental Exclusive PPO		92.06			-2.45%
Willamette Dental Plan 8		119.53			0.00%
Vision Plan Quartz-Moda			29.80		-5.64%
Vision Plan Pearl-Moda			42.23		-5.59%
Vision Plan Opal-Moda			51.65		-5.61%
Vision Plan Choice Plus-VSP			39.71		0.00%
Vision Plan Choice-VSP			19.31		0.00%

Informational Only
Premium rates for
each individual plan