Douglas County School District #4
Administrator / Confidential 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		316.51	241.23	135.70	166.91
Delta Dental Plan 5 w/Ortho & Quartz Vision		297.72	222.44	116.91	148.12
Delta Dental Plan 6 (no Ortho) & Quartz Vision		256.38	181.10	75.57	106.78
Delta Dental Exclusive PPO & Quartz Vision		250.92	175.64	70.11	101.32
Dental Willamette Plan 8 w/Ortho & Quartz Vision		276.08	200.80	95.27	126.48
Vision Plan Pearl	**$1,383**				
Delta Dental Plan 1 w/Ortho & Pearl Vision		329.66	254.38	148.85	180.06
Delta Dental Plan 5 w/Ortho & Pearl Vision		310.87	235.59	130.06	161.27
Delta Dental Plan 6 (no Ortho) & Pearl Vision		269.53	194.25	88.72	119.93
Delta Dental Exclusive PPO & Pearl Vision		264.07	188.79	83.26	114.47
Dental Willamette Plan 8 w/Ortho & Pearl Vision		289.23	213.95	108.42	139.63
Vision Plan Opal	**$1,383**				
Delta Dental Plan 1 w/Ortho & Opal Vision		339.65	264.37	158.84	190.05
Delta Dental Plan 5 w/Ortho & Opal Vision		320.86	245.58	140.05	171.26
Delta Dental Plan 6 (no Ortho) & Opal Vision		279.52	204.24	98.71	129.92
Delta Dental Exclusive PPO & Opal Vision		274.06	198.78	93.25	124.46
Dental Willamette Plan 8 w/Ortho & Opal Vision		299.22	223.94	118.41	149.62
Vision Plan Choice Plus	**$1,383**				
Delta Dental Plan 1 w/Ortho & Choice Plus Vision		324.64	249.36	143.83	175.04
Delta Dental Plan 5 w/Ortho & Choice Plus Vision		305.85	230.57	125.04	156.25
Delta Dental Plan 6 (no Ortho) & Choice Plus Vision		264.51	189.23	83.70	114.91
Delta Dental Exclusive PPO & Choice Plus Vision		259.05	183.77	78.24	109.45
Dental Willamette Plan 8 w/Ortho & Choice Plus Vision		284.21	208.93	103.40	134.61
Vision Plan Choice	**$1,383**				
Delta Dental Plan 1 w/Ortho & Choice Vision		304.24	228.96	123.43	154.64
Delta Dental Plan 5 w/Ortho & Choice Vision		285.45	210.17	104.64	135.85
Delta Dental Plan 6 (no Ortho) & Choice Vision		244.11	168.83	63.30	94.51
Delta Dental Exclusive PPO & Choice Vision		238.65	163.37	57.84	89.05
Dental Willamette Plan 8 w/Ortho & Choice Vision		263.81	188.53	83.00	114.21

OEBB Plans - Licensed Employees	**Monthly full premium rates**			% of incr
Medical Plan 3 - $1200 ded	1475.69	Life Insurance & EAP	6.75	2.07%
Medical Plan 4 - $1600 ded	1400.41	LTD Rate Estimated	25.53	2.07%
Medical Plan 5 - $2000 ded	1294.88			2.07%
Medical Plan 6 - $1600 ded (HSA eligible)	1326.09			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