



2017-2018
HEALTH INSURANCE FOR CLASSIFIED EMPLOYEES

STEP 1: Choose your plan.

All plans are listed in the book and online. Please take your time and use the OEGB website for additional assistance to compare the plans to choose what is best for you and your dependents. For Plan Comparisons please visit: <http://www.oebbinfo.com>

STEP 2: Determine benefit costs. Use the tiered rate structure.

Mandatory Life & Disability (\$20,000 coverage) **\$1.72 +**
Long Term Disability **\$.00235 times average monthly salary**

Medical \$ _____ + Dental \$ _____ + Vision \$ _____ = \$ _____

Now subtract the District Contribution of \$1,247 per month from the above total = \$ _____
This amount is your out of pocket expense per month.

The District Contribution is \$1,247 for a full time employee or pro-rated at \$155.88 per hour. If you are not a full time employee, you will need to multiply \$155.88 by the number of hours per day you are scheduled to work for your total District Contribution.

District contributions are pooled within your Union and dispersed among members. If the pool is not sufficient to meet your premium amount, employees will have a monthly deduction made from their paychecks beginning in September for the balance.

STEP 3. Register online via: www.myoebb.org/oebb/lpb.main . Click "Create MY OEGB ACCOUNT" to register.

OEGB Plan Comparison: <http://www.oebbinfo.com>
OEGB Enrollment: <https://myoebb.org/oebb/lpb.main>
District Contacts: Kelly Hayes, Human Resources Administrative Assistant x2909
Sabrina La Londe, Human Resources Director x2908



Moda Health 2017-18 Plan Year
Plans and Rates
(Effective October 1, 2017)



Medical & Pharmacy - PPO					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
PPO (Preferred Provider Organization) Plans using the Connexus Network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Birch PPO - Connexus Network	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71	\$1,495.30
Cedar PPO - Connexus Network	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31	\$1,382.13
Dogwood PPO - Connexus Network	\$523.93	\$1,152.66	\$995.51	\$1,624.26	\$1,246.97
Evergreen* PPO - Connexus Network	\$466.03	\$1,025.26	\$885.47	\$1,444.70	\$1,109.14

Medical & Pharmacy - Synergy/Summit					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Alder CCM - Synergy or Summit Network	\$638.97	\$1,405.74	\$1,214.07	\$1,980.86	\$1,520.75
Birch CCM - Synergy or Summit Network	\$565.45	\$1,243.99	\$1,074.36	\$1,752.92	\$1,345.76
Cedar CCM - Synergy or Summit Network	\$522.65	\$1,149.84	\$993.06	\$1,620.29	\$1,243.92
Dogwood CCM - Synergy or Summit Network	\$471.55	\$1,037.41	\$895.97	\$1,461.83	\$1,122.28
Evergreen* CCM - Synergy or Summit Network	\$419.43	\$922.74	\$796.92	\$1,300.24	\$998.22

* This plan MUST be paired with an HSA (Health Savings Account). Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.



Moda Health/Delta Dental 2017-18 Plan Year
Plans and Rates
(Effective October 1, 2017)



Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Provider network noted in plan name below	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Premier Plan 1 - Delta Dental Premier Network	\$64.09	\$126.95	\$141.18	\$209.07	\$155.88
Premier Plan 5 - Delta Dental Premier Network	\$56.56	\$112.04	\$124.59	\$184.51	\$137.57
Premier Plan 6 - Delta Dental Premier Network <i>(this plan has no orthodontia coverage)</i>	\$42.31	\$83.77	\$85.03	\$129.89	\$97.27
Exclusive PPO Plan* - Delta Dental PPO Network	\$37.81	\$74.90	\$83.29	\$123.35	\$91.96

* This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.

Moda Health 2017-18 Plan Year
Plans and Rates
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Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
May use any licensed provider	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Opal Plan	\$22.39	\$49.23	\$42.50	\$69.37	\$51.10
Pearl Plan	\$18.27	\$40.26	\$34.76	\$56.71	\$41.77
Quartz Plan	\$12.90	\$28.43	\$24.53	\$40.02	\$29.48



Kaiser Permanente 2017-18 Plan Year
Plans and Rates
(Effective October 1, 2017)



Medical and Pharmacy					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
HMO (Health Maintenance Organization) Plans - Must use Kaiser Permanente facilities and providers for all non-emergency services	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Medical Plan 1 HMO - Kaiser Permanente Network	\$608.75	\$1,339.26	\$1,156.63	\$1,887.13	\$1,449.17
Medical Plan 2 HMO - Kaiser Permanente Network	\$502.19	\$1,105.50	\$954.11	\$1,557.54	\$1,196.69
Medical Plan 3* HMO - Kaiser Permanente Network	\$366.69	\$807.19	\$696.43	\$1,136.97	\$870.96

* This plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required. Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.

Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Kaiser Permanente facilities and providers for all non-emergency services	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Kaiser Dental Plan	\$74.92	\$164.85	\$142.36	\$232.27	\$178.36

Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Kaiser Permanente facilities and providers for all non-emergency services	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Kaiser Vision Plan	\$8.27	\$18.19	\$15.71	\$25.64	\$19.68



Willamette Dental Group 2017-18 Plan Year
Plans and Rates
 (Effective October 1, 2017)



Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Willamette Dental Group facilities and providers for all non-emergency services	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Willamette Dental Plan	\$42.75	\$84.65	\$90.07	\$135.36	\$108.75



VSP Vision 2017-18 Plan Year
Plans and Rates
(Effective October 1, 2017)



Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Vision plans using the VSP Choice network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
VSP Choice Plus Plan	\$18.83	\$41.43	\$35.78	\$58.37	\$45.20
VSP Choice Plan	\$9.16	\$20.15	\$17.40	\$28.39	\$21.97