

2023-2024 Classified Insurance Rate Worksheet

Medical Plans	Rate**
Plan 2 w/Pharmacy (\$800-\$900 deductible)	\$ 1,694.00
Plan 3 w/Pharmacy (\$1200-\$1300 deductible)	\$ 1,589.00
Plan 4 w/Pharmacy (\$1600-\$1700 deductible)	\$ 1,501.00
Plan 5 w/Pharmacy (\$2000-\$2100 deductible)	\$ 1,386.00
Plan 7 <i>optional HSA</i> (\$2000-\$2100 deductible)	\$ 1,320.00

Dental Plans	Rate**
Plan 1 w/ortho (\$2200 annual max benefit / \$1800 ortho lifetime max)	\$ 160.00
Plan 5 w/ortho (\$1700 annual max benefit / \$1800 ortho lifetime max)	\$ 141.00
Plan 6 no ortho (\$1200 annual max benefit)	\$ 102.00
Exclusive PPO plan (no out of network benefit)	\$ 93.00
Exclusive PPO Incentive plan (no out of network benefit)	\$ 138.00
Willamette Dental w/ortho (WDG facility only; no max benefit, Ortho copays)	\$ 121.00

Note: If you waive dental coverage, you will have limited benefits available the following year.

Vision Plans	Rate**
Opal (\$600 nual max benefit)	\$ 50.00
Pearl (\$400 annual max benefit)	\$ 41.00
Quartz (\$250 annual max benefit)	\$ 29.00
VSP Choice Plan (co-pay for exam, lenses, \$150 frame allowance)	\$ 17.00
VSP Choice Plus Plan (co-pay for exam, lenses, \$300 frame allowance)	\$ 35.00

** all rates are composite -- same premium for Employee only or with dependents

Monthly Deduction Worksheet		
Choose ONE Medical Plan		\$
Choose ONE Dental Plan		\$
Choose ONE Vision Plan		\$
Total of selected plans		\$
SUBTRACT District Contribution (see below)		\$
SUBTRACT OSEA Reserve Contribution (see below)		\$
Employee paycheck deduction (monthly)		\$
Hours Per Day:	District Contribution:	OSEA Reserve Contribution:
4.00-4.99	\$ 789.00	\$ 697.00
5.00-5.99	\$ 986.00	\$ 632.00
6.00-6.99	\$ 1,118.00	\$ 697.00
7.00-8.00	\$ 1,315.00	\$ 500.00