

ESTACADA SCHOOL DISTRICT #108
2009-10
CLASSIFIED OSEA EMPLOYEES

THIS IS NOT AN APPLICATION

For Plans and Rates Visit

<https://www.oregon.gov/DAS/OEBB/index.shtml>

To Register During Open Enrollment Visit

<https://myoebb.org/oebb/lpb.main>

All application must be submitted to OEBB between **8/15/2009**
and 09/07/2009.

Forms submitted after that date will not be process

SELECT THE MEDICAL COVERAGE YOU WANT:

1. PROVIDENCE HEALTH PLAN 2(\$5. CO-PAY)WITH PROVIDENCE PHARMACY PLAN 1

Single Coverage	\$500.66
Two-party Coverage	\$1101.45
Emp/Child/ren	\$951.25
Family Coverage	\$1552.06
2. KAISER HEALTH PLAN 2(\$5. CO-PAY) WITH KAISER PHARMACY PLAN 1

Single Coverage	\$415.60
Two-party Coverage	\$914.29
Emp/Child/ren	\$789.62
Family Coverage	\$1288.33
3. ODS HEALTH PLAN 3(\$10. CO-PAY)WITH ODS PHARMACY PLAN B

Single Coverage	\$470.16
Two-party Coverage	\$1034.32
Emp/Child/ren	\$893.28
Family Coverage	\$1457.47
4. ODS HEALTH PLAN 4(\$15. CO-PAY) WITH PHARMACY PLAN B

Single Coverage	\$451.53
Two Party Coverage	\$993.35
Emp/Child/ren	\$857.89
Family Coverage	\$1399.73

SELECT DENTAL AND VISION COVERAGE ONLY IF YOU SELECTED A MEDICAL PLAN OR PROVIDE PROOF OF OTHER HEALTH COVERAGE. KAISER VISION AND DENTAL ONLY AVAILABLE WITH KAISER MEDICAL

1. KAISER DENTAL PLAN 7/WITH ORTHO ALT2	
Single Coverage	\$ 67.09
Two-party Coverage	\$147.63
Emp/Child/ren	\$127.49
Family Coverage	\$208.01
2. KAISER VISION PLAN 5	
Single Coverage	\$ 7.59
Two-party Coverage	\$ 16.71
Emp/Child/ren	\$ 14.43
Family Coverage	\$ 23.53
3. ODS DENTAL PLAN 1/WITH ORTHO	
Single Coverage	\$ 58.14
Two-party Coverage	\$115.14
Emp/Child/ren	\$128.93
Family Coverage	\$190.50
4. ODS VISION PLAN 4	
Single Coverage	\$ 14.96
Two-party Coverage	\$ 32.91
Emp/Child/ren	\$ 28.42
Family Coverage	\$ 46.38
5. WILLAMETTE DENTAL PLAN 8/WITH ORTHO ALT2	
Single Coverage	\$ 42.30
Two-party Coverage	\$ 83.74
Emp/Child/ren	\$ 89.09
Family Coverage	\$133.91

OTHER INSURANCE, WHICH IS PROVIDED

Life & Disability (\$5000. coverage) \$.57
 LTD Plan 11 \$.002 Times Average Monthly Wage
TOTAL COST OF YOUR LIFE, DENTAL AND MEDICAL

\$ _____

Each Classified employee receives a district paid fringe contribution, which will be pooled, based on his or her hire date and number of hours worked. If the pool is not sufficient to meet the premium amount, employees will have a ten (10) month deduction made from their paychecks beginning in September.

Only positions that average 4 hours per day (over a 5 day work week) or more are eligible for benefits.

All employees hired before 7/1/88: \$941.84
 Employees hired after 7/1/88: \$117.73 per hour worked
 Fill in the amount of district contribution:

\$ _____