

ESTACADA SCHOOL DISTRICT #108
2011-2012

CLASSIFIED OSEA EMPLOYEES
BENEFIT OPTIONS

THIS IS NOT AN APPLICATION

For Plans and Rates Visit

[://www.oregon.gov/DAS/OEBB/index.shtml](http://www.oregon.gov/DAS/OEBB/index.shtml)

To Register During Open Enrollment Visit

[://myoebb.org/oebb!/pb.main](http://myoebb.org/oebb!/pb.main)

All application must be submitted by the employee on the OEBB web site between
8/15/2011 and 09/06/2011.

Forms submitted after 09/06/2011 will not be processed for Septembers payroll-
Octobers payroll could have double deductions!

Listed below are month rates

SELECT THE MEDICAL COVERAGE YOU WANT:

1. PROVIDENCE HEALTH PLAN 2 WITH PROVIDENCE PHARMACY

Single Coverage	\$ 647.50
Two-party Coverage	\$1424.50
Emp/Child/ren	\$1230.25
Family Coverage	\$2007.25

2. KAISER HEALTH PLAN 1WITH KAISER PHARMACY

Single Coverage	\$ 479.30
Two-party Coverage	\$ 1054.46
Emp/Child/ren	\$ 910.66
Family Coverage	\$ 1485.83

3. ODS HEALTH PLAN 3 WITH ODS PHARMACY PLAN B

Single Coverage	\$ 652.10
Two-party Coverage	\$1434.61
Emp/Child/ren	\$1239.01
Family Coverage	\$2021.52

4. ODS HEALTH PLAN 5 WITH PHARMACY PLAN B

Single Coverage	\$ 540.96
Two Party Coverage	\$ 1190.15
Emp/Child/ren	\$ 1027.87
Family Coverage	\$ 1677.02

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

1. KAISER DENTAL PLAN 8/WITH ORTHO 2	
Single Coverage	\$ 69.92
Two-party Coverage	\$ 153.84
Emp/Child/ren	\$ 132.86
Family Coverage	\$ 216.78
2. KAISER VISION PLAN 5	
Single Coverage	\$ 7.58
Two-party Coverage	\$ 16.69
Emp/Child/ren	\$ 14.41
Family Coverage	\$ 23.51
3. ODS DENTAL PLAN 1/WITH ORTHO	
Single Coverage	\$ 60.46
Two-party Coverage	\$ 119.75
Emp/Child/ren	\$ 134.14
Family Coverage	\$ 198.17
4. WILLAMETTE DENTAL PLAN 8 WITH ORTHO	
Single Coverage	\$ 40.49
Two-party Coverage	\$ 80.18
Emp/Child/ren	\$ 85.32
Family Coverage	\$ 128.23
5. ODS VISION PLAN 4	
Single Coverage	\$ 17.06
Two-party Coverage	\$ 37.54
Emp/Child/ren	\$ 32.54
Family Coverage	\$ 52.90

OTHER INSURANCE, WHICH IS PROVIDED:

Life & Disability (\$5,000 coverage)	\$.57
LTD	\$.002 times average monthly salary

TOTAL COST OF YOUR LIFE, DENTAL AND MEDICAL \$ _____

The district contributes \$941.84 per month for 8 hour employee or pro-rated at \$117.73 per hour worked.

Each Classified employee receives a district paid fringe contribution based upon his or her hire date and number of hours worked. District contributions are pooled. If the pool is not sufficient to meet the premium amount, employees will have a Twelfth (10) month deduction made from their paychecks beginning in September. Two make up checks per deduction agreement in March.

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