

ESTACADA SCHOOL DISTRICT #108  
2011-2012  
LICENSED/OEA 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 applications 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-October's payroll could have double deductions!  
Listed below are month rates

SELECT THE MEDICAL COVERAGE YOU WANT:

1. KAISER HEALTH PLAN 1 WITH KAISER PHARMACY

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

2. 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

3. ODS HEALTH PLAN 6 WITH PHARMACY PLAN

Single Coverage	\$ 489.66
Two Party Coverage	\$ 1077.25
Emp/Child/ren	\$ 930.36
Family Coverage	\$ 1517.96

4. ODS HEALTH PLAN 8 WITH PHARMACY PLAN B

Single Coverage	\$ 392.32
Two Party Coverage	\$ 863.12
Emp/Child/ren	\$ 745.42
Family Coverage	\$1216.19

**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**

<b>1. KAISER DENTAL PLAN 8/WITH ORTHO 2</b>	
Single Coverage	\$ 69.92
Two-party Coverage	\$ 153.84
Emp/Child/ren	\$ 132.86
Family Coverage	\$ 216.78
<b>2. KAISER VISION PLAN 5</b>	
Single Coverage	\$ 7.58
Two-party Coverage	\$ 16.69
Emp/Child/ren	\$ 14.41
Family Coverage	\$ 23.51
<b>3. ODS DENTAL PLAN 1/WITH ORTHO</b>	
Single Coverage	\$ 60.46
Two-party Coverage	\$ 119.75
Emp/Child/ren	\$ 134.14
Family Coverage	\$ 198.17
<b>4. ODS DENTAL PLAN 2/WITH ORTHO</b>	
Single Coverage	\$ 53.95
Two-party Coverage	\$ 106.80
Emp/Child/ren	\$ 121.01
Family Coverage	\$ 178.12
<b>5. ODS VISION PLAN 4</b>	
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 (\$20,000 coverage)	\$2.28
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.

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