

ESTACADA SCHOOL DISTRICT #108  
2009-10  
LICENSED/OEA EMPLOYEES  
BENEFIT OPTIONS

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/pb.main>

All application must be submitted by the employee on the OEBB web site  
between **8/15/2009 and 09/07/2009.**  
Forms submitted after that date will not be processed

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 6(\$20. CO-PAY) WITH PHARMACY PLAN B

Single Coverage	\$408.45
Two Party Coverage	\$898.57
Emp/Child/ren	\$776.05
Family Coverage	\$1266.18

**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 7/WITH ORTHO ALT2</b>	
Single Coverage	\$ 67.09
Two-party Coverage	\$147.63
Emp/Child/ren	\$127.49
Family Coverage	\$208.01
<b>2. KAISER VISION PLAN 5</b>	
Single Coverage	\$ 7.59
Two-party Coverage	\$ 16.71
Emp/Child/ren	\$ 14.43
Family Coverage	\$ 23.53
<b>3. ODS DENTAL PLAN 1/WITH ORTHO</b>	
Single Coverage	\$ 58.14
Two-party Coverage	\$115.14
Emp/Child/ren	\$128.93
Family Coverage	\$190.50
<b>4. ODS DENTAL PLAN 2/WITH ORTHO</b>	
Single Coverage	\$ 51.97
Two-party Coverage	\$102.91
Emp/Child/ren	\$116.52
Family Coverage	\$171.54
<b>5. ODS VISION PLAN 4</b>	
Single Coverage	\$ 14.96
Two-party Coverage	\$ 32.91
Emp/Child/ren	\$ 28.42
Family Coverage	\$ 46.38

**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.