ESTACADA SCHOOL DISTRICT #108
2009-10
ADMINISTRATIVE/CONFIDENTIAL/SUPERVISORY/NON REPRESENTED EMPLOYEES

THIS IS NOT AN APPLICATION
For Plans and Rates visit:
https://www.oregon.gov/DAS/OEBB/index.shtml
To Register During Open Enrollment Vistit:
https://myoebb.org/oebb/!pb.main

All applications must be submitted to OEBB between 8/15/2009 and 09/07/2009, Forms submitted after that date will not be processed

SELECT MEDICAL COVERAGE:

1. PROVIDENCE HEALTH PLAN 1 ($10. CO-PAY)WITH PROVIDENCE PHARMACY PLAN 1
   Composite Rate $1167.38

2. KAISER HEALTH PLAN 2($5. CO-PAY) WITH KAISER PHARMACY PLAN 1
   Composite Rate $ 989.10

3. ODS HEALTH PLAN 3($10. CO-PAY)WITH ODS PHARMACY PLAN B
   Composite Rate $1118.96

4. ODS HEALTH PLAN 4($15. CO-PAY)WITH PHARMACY PLAN B
   Composite Rate $1074.63

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

1. KAISER DENTAL PLAN 8/WITH ORTHO ALT2
   Composite Rate $ 159.11

2. KAISER VISION PLAN 5
   Composite Rate $ 18.07

3. ODS DENTAL PLAN 1/WITH ORTHO
   Composite Rate $ 141.99

4. WILLAMETTE DENTAL PLAN 8/WITH ORTHO
   Composite Rate $ 107.56

5. ODS VISION PLAN 4
   Composite Rate $ 34.16

OTHER INSURANCE, WHICH IS PROVIDED:
Life & Disability Insurance $50,000 $5.70
LTD $.002 times average monthly salary
District contributes $1250.00 per month