To log in and create your account go to: myoebb.org
For information go to: oebbinfo.com (for plan and/or rate information click General Tab, Plan Designs & Rates)

2021-22 Maximum Monthly Insurance Benefit $1,257.00

Classified employees working a regularly scheduled 600 hours or more per year (approximately 3.5 hours per day/5 days per week for a 10-month employee, 180 days) are eligible for an insurance benefit.

The benefit of $1,257.00 per month is for an 8-hour per day employee. Otherwise, the benefit is prorated based on FTE. Example: Works a 25-hour work week = .625 FTE, $1,257.00 x .625 = $785.63 Monthly Benefit Amount.

Pleasant Hill School District No. 1
Classified Insurance Rates

	2021-22 Rates			
Medical & Pharmacy	**1-Party**	**2-Party**	**Employee & Children**	**Employee & Family**
Moda Medical Plan 1	$708.97	$1,559.72	$1,347.06	$2,197.84
Moda Medical Plan 2	$659.56	$1,451.04	$1,253.20	$2,044.69
Moda Medical Plan 3	$620.04	$1,364.09	$1,178.11	$1,922.17
Moda Medical Plan 4	$588.41	$1,294.50	$1,118.00	$1,824.11
Moda Medical Plan 5	$544.07	$1,196.96	$1,033.77	$1,686.67
Moda Medical Plan 6	$557.18	$1,225.80	$1,058.67	$1,727.30
Moda Medical Plan 7	$520.02	$1,144.03	$988.06	$1,612.09

If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced 'coordinated' benefit. If an individual has not chosen a PCP 360 with Moda, they will receive the 'non-coordinated' benefit. This affects your Plan Year Costs-deductible & copayments, etc. Please review the benefit information provided by OEBB for specifics.

NOTE: Plan 6 or Plan 7 MAY be paired with an HSA (Health Savings Account), but the HSA is not required. Pharmacy is included in this plan as any other medical expense. Rx's are applied to the deductible. Once the deductible is met, Rx's are paid at the same level as other covered medical expenses.

Dental & Orthodontia Plans				
Delta Dental Premier Plan 1 - with orthodontia	$65.76	$130.29	$144.89	$214.56
Delta Dental Premier Plan 5 - with orthodontia	$58.04	$114.99	$127.87	$189.36
Delta Dental Premier Plan 6 - without orthodontia	$43.43	$85.96	$87.26	$133.30
Delta Dental Exclusive PPO Incentive Plan - PPO Network*	$56.76	$112.44	$125.03	$185.17
Delta Dental Exclusive PPO Plan - PPO Network*	$38.81	$76.87	$85.48	$126.59
Willamette Dental Plan - with orthodontia	$46.60	$93.20	$99.27	$148.91

*This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considred non-covered.

Vision Plans				
Moda Opal Vision Plan	$23.99	$52.73	$45.50	$74.28
Moda Pearl Vision Plan	$19.56	$43.11	$37.23	$60.72
Moda Quartz Vision Plan	$13.82	$30.44	$26.27	$42.85
VSP Choice Plus Plan	$16.54	$36.41	$31.44	$51.30
VSP Choice Plan	$8.05	$17.71	$15.29	$24.94

For complete coverage select one medical, one dental and one vision plan **OR** select just the components you want.