

**MCSD OEBS Selection Costs PPO - Classified 70%**  
**October 1, 2018 - September 30, 2019**

Plan Options	Medical	Dental				Vision				Total Cost of Plan	District Pays	Out of Pocket 70%
		MODA Plan 1 w Ortho	MODA Plan 5 w Ortho	MODA Plan 6 NO Ortho	Willamette 8 with Ortho	MODA Opal	MODA Pearl	VSP Choice Plus	VSP Choice			
<b>MEDICAL PLAN B W/ PHARMACY OPTIONS</b>												
Birch + Dental 1 + Vision Opal	1,524.27	160.73				52.64				1,737.64	962.50	<b>775.14</b>
Birch + Dental 1 + Vision Pearl	1,524.27	160.73					43.02			1,728.02	962.50	<b>765.52</b>
Birch + Dental 1 + VSP Choice	1,524.27	160.73							21.94	1,706.94	962.50	<b>744.44</b>
Birch + Dental 1 + VSP Choice Plus	1,524.27	160.73						45.13		1,730.13	962.50	<b>767.63</b>
Birch + Dental 5+ Vision Opal	1,524.27		141.85			52.64				1,718.76	962.50	<b>756.26</b>
Birch + Dental 5 + Vision Pearl	1,524.27		141.85				43.02			1,709.14	962.50	<b>746.64</b>
Birch + Dental 5+ VSP Choice	1,524.27		141.85						21.94	1,688.06	962.50	<b>725.56</b>
Birch + Dental 5 + VSP Choice Plus	1,524.27		141.85					45.13		1,711.25	962.50	<b>748.75</b>
Birch + Dental 6+ Vision Opal	1,524.27			100.31		52.64				1,677.22	962.50	<b>714.72</b>
Birch + Dental 6 + Vision Pearl	1,524.27			100.31			43.02			1,667.60	962.50	<b>705.10</b>
Birch + Dental 6 + VSP Choice	1,524.27			100.31					21.94	1,646.52	962.50	<b>684.02</b>
Birch + Dental 6 + VSP Choice Plus	1,524.27			100.31				45.13		1,669.71	962.50	<b>707.21</b>
Birch + Will. Dental 8 + Vision Opal	1,524.27				115.89	52.64				1,692.80	962.50	<b>730.30</b>
Birch + Will. Dental 8 + Vision Pearl	1,524.27				115.89		43.02			1,683.18	962.50	<b>720.68</b>
Birch + Will. Dental 8+ VSP Choice	1,524.27				115.89				21.94	1,662.10	962.50	<b>699.60</b>
Birch + Will. Dental 8 + VSP Choice Plus	1,524.27				115.89			45.13		1,685.29	962.50	<b>722.79</b>
Birch + Dental 1	1,524.27	160.73								1,685.00	962.50	<b>722.50</b>
Birch + Dental 5	1,524.27		141.85							1,666.12	962.50	<b>703.62</b>
Birch + Dental 6	1,524.27			100.31						1,624.58	962.50	<b>662.08</b>
Birch + Willamette Dental 8	1,524.27				115.89					1,640.16	962.50	<b>677.66</b>
Birch + Vision Opal	1,524.27					52.64				1,576.91	962.50	<b>614.41</b>
Birch + Vision Pearl	1,524.27						43.02			1,567.29	962.50	<b>604.79</b>
Birch + Vision VSP Choice	1,524.27								21.94	1,546.21	962.50	<b>583.71</b>
Birch + Vision VSP Choice Plus	1,524.27							45.13		1,569.40	962.50	<b>606.90</b>
Birch Only	1,524.27									1,524.27	962.50	<b>561.77</b>

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Plan Options	Medical	Dental				Vision				Total Cost of Plan	District Pays	Out of Pocket 70%	
		MODA Plan 1 w Ortho	MODA Plan 5 w Ortho	MODA Plan 6 NO Ortho	Willamette 8 with Ortho	MODA Opal	MODA Pearl	VSP Choice Plus	VSP Choice				
<b>MEDICAL PLAN C W/ PHARMACY OPTIONS</b>													
Cedar + Dental 1 + Vision Opal	1,412.51	160.73				52.64					1,625.88	962.50	<b>663.38</b>
Cedar + Dental 1 + Vision Pearl	1,412.51	160.73					43.02				1,616.26	962.50	<b>653.76</b>
Cedar + Dental 1 + VSP Choice	1,412.51	160.73							21.94		1,595.18	962.50	<b>632.68</b>
Cedar + Dental 1 + VSP Choice Plus	1,412.51	160.73						45.13			1,618.37	962.50	<b>655.87</b>
Cedar + Dental 5 + Vision Opal	1,412.51		141.85			52.64					1,607.00	962.50	<b>644.50</b>
Cedar + Dental 5 + Vision Pearl	1,412.51		141.85				43.02				1,597.38	962.50	<b>634.88</b>
Cedar + Dental 5 + VSP Choice	1,412.51		141.85						21.94		1,576.30	962.50	<b>613.80</b>
Cedar + Dental 5 + VSP Choice Plus	1,412.51		141.85					45.13			1,599.49	962.50	<b>636.99</b>
Cedar + Dental 6 + Vision Opal	1,412.51			100.31		52.64					1,565.46	962.50	<b>602.96</b>
Cedar + Dental 6 + Vision Pearl	1,412.51			100.31			43.02				1,555.84	962.50	<b>593.34</b>
Cedar + Dental 6 + VSP Choice	1,412.51			100.31					21.94		1,534.76	962.50	<b>572.26</b>
Cedar + Dental 6 + VSP Choice Plus	1,412.51			100.31				45.13			1,557.95	962.50	<b>595.45</b>
Cedar + Will. Dental 8 + Vision Opal	1,412.51				115.89	52.64					1,581.04	962.50	<b>618.54</b>
Cedar + Will Dental 8 + Vision Pearl	1,412.51				115.89		43.02				1,571.42	962.50	<b>608.92</b>
Cedar + Will. Dental 8 + VSP Choice	1,412.51				115.89				21.94		1,550.34	962.50	<b>587.84</b>
Cedar + Will. Dental 8 + VSP Choice Plus	1,412.51				115.89			45.13			1,573.53	962.50	<b>611.03</b>
Cedar + Dental 1	1,412.51	160.73									1,573.24	962.50	<b>610.74</b>
Cedar + Dental 5	1,412.51		141.85								1,554.36	962.50	<b>591.86</b>
Cedar + Dental 6	1,412.51			100.31							1,512.82	962.50	<b>550.32</b>
Cedar + Willamette Dental 8	1,412.51				115.89						1,528.40	962.50	<b>565.90</b>
Cedar + Vision Opal	1,412.51					52.64					1,465.15	962.50	<b>502.65</b>
Cedar + Vision Pearl	1,412.51						43.02				1,455.53	962.50	<b>493.03</b>
Cedar + Vision VSP Choice	1,412.51								21.94		1,434.45	962.50	<b>471.95</b>
Cedar + Vision VSP Choice Plus	1,412.51							45.13			1,457.64	962.50	<b>495.14</b>
Cedar Only	1,412.51										1,412.51	962.50	<b>450.01</b>

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Plan Options	Medical	Dental				Vision				Total Cost of Plan	District Pays	Out of Pocket 70%	
		MODA Plan 1 w Ortho	MODA Plan 5 w Ortho	MODA Plan 6 NO Ortho	Willamette 8 with Ortho	MODA Opal	MODA Pearl	VSP Choice Plus	VSP Choice				
<b>MEDICAL PLAN D W/ PHARMACY OPTIONS</b>													
Dogwood + Dental 1 + Vision Opal	1,310.84	160.73				52.64					1,524.21	962.50	<b>561.71</b>
Dogwood + Dental 1 + Vision Pearl	1,310.84	160.73					43.02				1,514.59	962.50	<b>552.09</b>
Dogwood + Dental 1 + VSP Choice	1,310.84	160.73							21.94		1,493.51	962.50	<b>531.01</b>
Dogwood + Dental 1 + VSP Choice Plus	1,310.84	160.73						45.13			1,516.70	962.50	<b>554.20</b>
Dogwood + Dental 5 + Vision Opal	1,310.84		141.85			52.64					1,505.33	962.50	<b>542.83</b>
Dogwood + Dental 5 + Vision Pearl	1,310.84		141.85				43.02				1,495.71	962.50	<b>533.21</b>
Dogwood + Dental 5 + VSP Choice	1,310.84		141.85						21.94		1,474.63	962.50	<b>512.13</b>
Dogwood + Dental 5 + VSP Choice Plus	1,310.84		141.85					45.13			1,497.82	962.50	<b>535.32</b>
Dogwood + Dental 6 + Vision Opal	1,310.84			100.31		52.64					1,463.79	962.50	<b>501.29</b>
Dogwood + Dental 6 + Vision Pearl	1,310.84			100.31			43.02				1,454.17	962.50	<b>491.67</b>
Dogwood + Dental 6 + VSP Choice	1,310.84			100.31					21.94		1,433.09	962.50	<b>470.59</b>
Dogwood + Dental 6 + VSP Choice Plus	1,310.84			100.31				45.13			1,456.28	962.50	<b>493.78</b>
Dogwood + Will. Dental 8 + Vision Opal	1,310.84				115.89	52.64					1,479.37	962.50	<b>516.87</b>
Dogwood + Will. Dental 8 + Vision Pearl	1,310.84				115.89		43.02				1,469.75	962.50	<b>507.25</b>
Dogwood + Will. Dental 8 + VSP Choice	1,310.84				115.89				21.94		1,448.67	962.50	<b>486.17</b>
Dogwood + Will. Dental 8 + VSP Choice Plus	1,310.84				115.89			45.13			1,471.86	962.50	<b>509.36</b>
Dogwood + Dental 1	1,310.84	160.73									1,471.57	962.50	<b>509.07</b>
Dogwood + Dental 5	1,310.84		141.85								1,452.69	962.50	<b>490.19</b>
Dogwood + Dental 6	1,310.84			100.31							1,411.15	962.50	<b>448.65</b>
Dogwood + Willamette Dental 8	1,310.84				115.89						1,426.73	962.50	<b>464.23</b>
Dogwood + Vision Opal	1,310.84					52.64					1,363.48	962.50	<b>400.98</b>
Dogwood + Vision Pearl	1,310.84						43.02				1,353.86	962.50	<b>391.36</b>
Dogwood + Vision VSP Choice	1,310.84								21.94		1,332.78	962.50	<b>370.28</b>
Dogwood + Vision VSP Choice Plus	1,310.84							45.13			1,355.97	962.50	<b>393.47</b>
Dogwood Only	1,310.84										1,310.84	962.50	<b>348.34</b>

**MCSO OEBC Selection Costs PPO - Classified 70%**  
**October 1, 2018 - September 30, 2019**

Plan Options	Medical	Dental				Vision				Total Cost of Plan	District Pays	HSA Out of Pocket
		MODA Plan 1 w Ortho	MODA Plan 5 w Ortho	MODA Plan 6 NO Ortho	Willamette 8 with Ortho	MODA Opal	MODA Pearl	VSP Choice Plus	VSP Choice			
<b>MEDICAL PLAN H</b>												
Evergreen + Dental 1 + Vision Opal	1175.76	160.73				52.64				1,389.13	962.50	(426.63)
Evergreen + Dental 1 + Vision Pearl	1175.76	160.73					43.02			1,379.51	962.50	(417.01)
Evergreen + Dental 1 + VSP Choice	1175.76	160.73							21.94	1,358.43	962.50	(395.93)
Evergreen + Dental 1 + VSP Choice Plus	1175.76	160.73						45.13		1,381.62	962.50	(419.12)
Evergreen + Dental 5 + Vision Opal	1175.76		141.85			52.64				1,370.25	962.50	(407.75)
Evergreen + Dental 5 + Vision Pearl	1175.76		141.85				43.02			1,360.63	962.50	(398.13)
Evergreen + Dental 5 + VSP Choice	1175.76		141.85						21.94	1,339.55	962.50	(377.05)
Evergreen + Dental 5 + VSP Choice Plus	1175.76		141.85					45.13		1,362.74	962.50	(400.24)
Evergreen + Dental 6 + Vision Opal	1175.76			100.31		52.64				1,328.71	962.50	(366.21)
Evergreen + Dental 6 + Vision Pearl	1175.76			100.31			43.02			1,319.09	962.50	(356.59)
Evergreen + Dental 6 + VSP Choice	1175.76			100.31					21.94	1,298.01	962.50	(335.51)
Evergreen + Dental 6 + VSP Choice Plus	1175.76			100.31				45.13		1,321.20	962.50	(358.70)
Evergreen + Will. Dental 8 + Vision Opal	1175.76				115.89	52.64				1,344.29	962.50	(381.79)
Evergreen + Will. Dental 8 + Vision Pearl	1175.76				115.89		43.02			1,334.67	962.50	(372.17)
Evergreen + Will. Dental 8 + VSP Choice	1175.76				115.89				21.94	1,313.59	962.50	(351.09)
Evergreen + Will. Dental 8 + VSP Choice Plus	1175.76				115.89			45.13		1,336.78	962.50	(374.28)
Evergreen + Dental 1	1175.76	160.73								1,336.49	962.50	(373.99)
Evergreen + Dental 5	1175.76		141.85							1,317.61	962.50	(355.11)
Evergreen + Dental 6	1175.76			100.31						1,276.07	962.50	(313.57)
Evergreen + Willamette Dental 8	1175.76				115.89					1,291.65	962.50	(329.15)
Evergreen + Vision Opal	1175.76					52.64				1,228.40	962.50	(265.90)
Evergreen + Vision Pearl	1175.76						43.02			1,218.78	962.50	(256.28)
Evergreen + Vision VSP Choice	1175.76								21.94	1,197.70	962.50	(235.20)
Evergreen + Vision VSP Choice Plus	1175.76							45.13		1,220.89	962.50	(258.39)
Evergreen Only	1175.76									1,175.76	962.50	(213.26)
Plan H Only	1175.76									1,175.76	962.50	(213.26)

**MCSO OEBC Selection Costs PPO - Classified 70%**  
**October 1, 2018 - September 30, 2019**  
**Plan Options**

Plan Options	Medical	Dental				Vision				Total Cost of Plan	District Pays	HSA Out of Pocket
		MODA Plan 1 w Ortho	MODA Plan 5 w Ortho	MODA Plan 6 NO Ortho	Willamette 8 with Ortho	MODA Opal	MODA Pearl	VSP Choice Plus	VSP Choice			
<b>MEDICAL PLAN H</b>												
Fir + Dental 1 + Vision Opal	1152.24	160.73				52.64				1,365.61	962.50	(403.11)
Fir + Dental 1 + Vision Pearl	1152.24	160.73					43.02			1,355.99	962.50	(393.49)
Fir + Dental 1 + VSP Choice	1152.24	160.73							21.94	1,334.91	962.50	(372.41)
Fir + Dental 1 + VSP Choice Plus	1152.24	160.73						45.13		1,358.10	962.50	(395.60)
Fir + Dental 5 + Vision Opal	1152.24		141.85			52.64				1,346.73	962.50	(384.23)
Fir + Dental 5 + Vision Pearl	1152.24		141.85				43.02			1,337.11	962.50	(374.61)
Fir + Dental 5 + VSP Choice	1152.24		141.85						21.94	1,316.03	962.50	(353.53)
Fir + Dental 5 + VSP Choice Plus	1152.24		141.85					45.13		1,339.22	962.50	(376.72)
Fir + Dental 6 + Vision Opal	1152.24			100.31		52.64				1,305.19	962.50	(342.69)
Fir + Dental 6 + Vision Pearl	1152.24			100.31			43.02			1,295.57	962.50	(333.07)
Fir + Dental 6 + VSP Choice	1152.24			100.31					21.94	1,274.49	962.50	(311.99)
Fir + Dental 6 + VSP Choice Plus	1152.24			100.31				45.13		1,297.68	962.50	(335.18)
Fir + Will. Dental 8 + Vision Opal	1152.24				115.89	52.64				1,320.77	962.50	(358.27)
Fir + Will. Dental 8 + Vision Pearl	1152.24				115.89		43.02			1,311.15	962.50	(348.65)
Fir + Will. Dental 8 + VSP Choice	1152.24				115.89				21.94	1,290.07	962.50	(327.57)
Fir + Will. Dental 8 + VSP Choice Plus	1152.24				115.89			45.13		1,313.26	962.50	(350.76)
Fir + Dental 1	1152.24	160.73								1,312.97	962.50	(350.47)
Fir + Dental 5	1152.24		141.85							1,294.09	962.50	(331.59)
Fir + Dental 6	1152.24			100.31						1,252.55	962.50	(290.05)
Fir + Willamette Dental 8	1152.24				115.89					1,268.13	962.50	(305.63)
Fir + Vision Opal	1152.24					52.64				1,204.88	962.50	(242.38)
Fir + Vision Pearl	1152.24						43.02			1,195.26	962.50	(232.76)
Fir + Vision VSP Choice	1152.24								21.94	1,174.18	962.50	(211.68)
Fir + Vision VSP Choice Plus	1152.24							45.13		1,197.37	962.50	(234.87)
Fir Only	1152.24									1,152.24	962.50	(189.74)
Plan H Only	1152.24									1,152.24	962.50	(189.74)

**MCSO OEBB Selection Costs PPO - Classified 70%**  
**October 1, 2018 - September 30, 2019**

Plan Options	Medical	Dental				Vision				Total Cost of Plan	District Pays	Out of Pocket 70%
		MODA Plan 1 w Ortho	MODA Plan 5 w Ortho	MODA Plan 6 NO Ortho	Willamette 8 with Ortho	MODA Opal	MODA Pearl	VSP Choice Plus	VSP Choice			
<b>WITHOUT MEDICAL PLAN OPTIONS</b>												
Dental 1 + Opal		160.73				52.64				213.37	962.50	-
Dental 1 + Pearl		160.73					43.02			203.75	962.50	-
Dental 1 + VSP Choice Plus		160.73						45.13		205.86	962.50	-
Dental 1 + VSP Choice		160.73							21.94	182.67	962.50	-
Dental 5 + Opal			141.85			52.64				194.49	962.50	-
Dental 5 + Pearl			141.85				43.02			184.87	962.50	-
Dental 5 + VSP Choice Plus			141.85					45.13		186.98	962.50	-
Dental 5 + VSP Choice			141.85						21.94	163.79	962.50	-
Dental 6 + Opal				100.31		52.64				152.95	962.50	-
Dental 6 + Pearl				100.31			43.02			143.33	962.50	-
Dental 6 + VSP Choice Plus				100.31				45.13		145.44	962.50	-
Dental 6 + VSP Choice				100.31					21.94	122.25	962.50	-
Willamette Dental 8 + Opal					115.89	52.64				168.53	962.50	-
Willamette Dental 8 + Pearl					115.89		43.02			158.91	962.50	-
Willamette Dental 8 + VSP Choice Plus					115.89			45.13		161.02	962.50	-
Willamette Dental 8 + VSP Choice					115.89				21.94	137.83	962.50	-
Dental 1		160.73								160.73	962.50	-
Dental 5			141.85							141.85	962.50	-
Dental 6				100.31						100.31	962.50	-
Willamette Dental 8					115.89					115.89	962.50	-
Opal						52.64				52.64	962.50	-
Pearl							43.02			43.02	962.50	-
VSP Choice Plus								45.13		45.13	962.50	-
VSP Choice									21.94	21.94	962.50	-