



2024-2025 BENEFIT RATES

Rates & plans will be effective October 1, 2024 to September 30, 2025

MEDICAL	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser HMO Plan 1	\$0 deductible/ \$20, \$30, \$35 copay	721.66	1,587.65	1,371.16	2,237.15
Kaiser HMO Plan 2A	\$800 ind ded/\$2400 fam ded; \$25, \$35, \$40 copay	595.37	1,310.65	1,131.15	1,846.54
Kaiser High Deductible Plan 3*	\$1600 ind ded/\$3200 fam ded; 20% copay	439.75	968.02	835.18	1,363.49
Moda Medical Plan 1	\$400 individual/\$1500 family deductible	793.33	1,745.32	1,507.36	2,459.39
Moda Medical Plan 2	\$800 individual/\$2700 family deductible	735.94	1,619.06	1,398.31	2,281.45
Moda Medical Plan 3	\$1200 individual/\$3900 family deductible	690.43	1,518.96	1,311.87	2,140.41
Moda Medical Plan 6 *	\$1600 individual/\$3400 family deductible	614.29	1,351.45	1,167.19	1,904.35
Moda Medical Plan 7 *	\$2000 individual/\$4200 family deductible	573.32	1,261.30	1,089.34	1,777.33

* HSA Optional Plans - Plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required.

VISION	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser Vision Plan*	Max \$250/yr	8.49	18.67	16.12	26.31
Moda Opal Vision Plan	Max \$600/yr	21.83	47.99	41.40	67.60
Moda Pearl Vision Plan	Max \$400/yr	17.81	39.24	33.87	55.26
Moda Quartz Vision Plan	Max \$250/yr	12.58	27.71	23.91	38.99
VSP Choice Plus Plan	Copays; see benefit summary	14.15	31.14	26.90	43.87
VSP Choice Plan	Copays; see benefit summary	6.89	15.14	13.08	21.33

* Kaiser Medical plan is required to select Kaiser Vision

DENTAL	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser Dental Plan 8*	Max ben \$4,000; \$20 ded	73.48	161.68	139.63	227.81
Delta Premier Network Plan 1	Max ben \$2,200; \$50 ded	67.54	133.80	148.78	220.33
Delta Premier Network Plan 5	Max ben \$1,700; \$50 ded	59.66	118.17	131.41	194.60
Delta Premier Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	45.54	90.16	91.51	139.81
Delta Exclusive PPO Incentive Plan*	Max ben \$2,300; \$50 ded	58.55	115.98	128.97	190.99
Delta Exclusive PPO Plan*	Max ben \$1,500; \$50 ded	39.46	78.15	86.91	128.72
Willamette Dental Plan 8*	\$20 copay	46.99	93.99	100.11	150.18

*This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered.

OPTIONAL EMPLOYEE LIFE		
Guarantee issue \$200,000*** \$10,000 - \$500,000 Max Benefit Rate per \$10,000 of benefit		
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos
Under 25	\$0.150	\$0.230
25 – 29	\$0.170	\$0.270
30 – 34	\$0.190	\$0.360
35 – 39	\$0.270	\$0.410
40 – 44	\$0.380	\$0.550
45 – 49	\$0.580	\$0.810
50 – 54	\$0.880	\$1.240
55 – 59	\$1.650	\$2.270
60 – 64	\$2.520	\$3.460
65 – 69	\$4.860	\$6.510
70 – 74	\$5.660	\$9.270
75+	\$7.880	\$10.100

OPTIONAL SPOUSE LIFE		
Guarantee issue \$30,000*** \$10,000 - \$500,000 Max Benefit Rate per \$10,000 of benefit		
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos
Under 25	\$0.380	\$0.540
25 – 29	\$0.450	\$0.640
30 – 34	\$0.600	\$0.860
35 – 39	\$0.680	\$0.980
40 – 44	\$0.800	\$1.190
45 – 49	\$1.200	\$1.820
50 – 54	\$1.840	\$2.670
55 – 59	\$3.400	\$4.700
60 – 64	\$5.140	\$7.040
65 – 69	\$9.820	\$13.170
70 – 74	\$11.770	\$16.480
75+	\$16.480	\$34.830

VOLUNTARY SHORT TERM DISABILITY ¹	
Benefit Waiting Period	7 days
Benefit Amount	60%
Benefit Duration	90 days
Max Weekly Benefit	\$1,500
Premium	
0.00069 times average monthly wage	

LONG TERM CARE	
Go to website for plans & rates unuminfo.com/OEBB002/index.aspx	

OPTIONAL CHILD LIFE	
\$2,000 - \$10,000 Max Benefit Rate per \$2,000 of benefit 0.100	

Scan the QR code for additional plan information	
--	--

***Guarantee issue only available to new employees.

District Benefit Contribution for 2024-25 School Year		
Licensed*	Prorated per FTE	\$1,430.00***
Classified**	12 Months	\$1,545.00***
Classified**	Less than 12 Months	\$1,311.00***
Administrative staff are provided medical, dental and vision insurance coverage at no cost to the employee per the RAA agreement.		
*REA members will have the choice of allocating fringe benefit dollars to medical, dental, and vision premium. One-quarter of the unused portion is available for use on any other district-provided supplemental insurance currently available through district agents of record (REA contract, Article 23, Section B, Paragraph 3). REA members opting out of medical insurance will be limited to one-half of the Districts monthly benefit contribution to allocate toward supplemental insurance (REA Contract, Article 23, Section G)		
**OSEA members will have the choice of allocating fringe benefit dollars to any medical, dental, vision, disability, and/or life insurance. One-half of any balance is then available for use on any other district-provided supplemental insurance currently available through district agents of record. (OSEA Contract, Article 4, Section B)		
*** You may be eligible for an additional contribution from the pool. See REA contract, Article 23, Section G, or OSEA contract, Article 4, Section E		

¹ Voluntary Short Term Disability is available for Administrators and Classified Staff at an additional cost