



## 2025-2026 BENEFIT RATES

Rates & plans will be effective October 1, 2025 to September 30, 2026

MEDICAL	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser HMO Plan 1	\$400 ind ded / \$800 fam ded; \$25, \$35, \$40 copay	730.92	1,608.03	1,388.75	2,265.86
Kaiser HMO Plan 2A	\$1000 ind ded/\$2000 fam ded; \$30, \$40, \$45 copay	638.13	1,404.79	1,212.39	1,979.17
Kaiser High Deductible Plan 3*	\$1800 ind ded/\$3600 fam ded; 20% copay	483.08	1,063.41	917.46	1,497.83
Moda Medical Plan 1	\$700 CCM/\$800 NCC ind ded /\$1600 family deductible	821.57	1,807.46	1,561.02	2,546.95
Moda Medical Plan 2	\$1100 CCM/\$1200 NCC ind ded/\$2400 family deductible	762.14	1,676.70	1,448.09	2,362.67
Moda Medical Plan 6 *	\$1900 CCM/\$2000 NCC ind ded /\$4000 family deductible	636.16	1,399.56	1,208.74	1,972.14

\* 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 \$3,000; \$20 ded	75.76	166.70	143.97	234.88
Delta Premier Network Plan 1	Max ben \$2,200; \$50 ded	69.45	137.60	153.00	226.59
Delta Premier Network Plan 5	Max ben \$1,700; \$50 ded	61.35	121.52	135.13	200.13
Delta Premier Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	46.84	92.72	94.12	143.79
Delta Exclusive PPO Incentive Plan*	Max ben \$2,300; \$50 ded	60.21	119.27	132.63	196.41
Delta Exclusive PPO Plan*	Max ben \$1,500; \$50 ded	40.58	80.37	89.38	132.38
Willamette Dental Plan 8*	\$20 copay	48.17	96.34	102.62	153.93

\*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

\*\*\*Guarantee issue only available to new employees.

VOLUNTARY SHORT TERM DISABILITY <sup>1</sup>	
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	
<a href="http://unuminfo.com/OEBB002/index.aspx">unuminfo.com/OEBB002/index.aspx</a>	

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	
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District Benefit Contribution for 2025-26 School Year		
Licensed*	Prorated per FTE	\$1,487.00***
Classified**	12 Months	\$1,595.00***
Classified**	Less than 12 Months	\$1,361.00***
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		

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