



2026-2027 BENEFIT RATES

Rates & plans will be effective October 1, 2026 to September 30, 2027

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	755.79	1,662.73	1,435.99	2,342.94
Kaiser HMO Plan 2A	\$1000 ind ded/\$2000 fam ded; \$30, \$40, \$45 copay	659.84	1,452.57	1,253.63	2,046.49
Kaiser High Deductible Plan 3*	\$1800 ind ded/\$3600 fam ded; 20% copay	499.51	1,099.58	948.67	1,548.80
Moda Medical Plan 1	\$950 CCM/\$1050 NCC ind ded /\$2100 family deductible	850.58	1,871.25	1,616.13	2,636.85
Moda Medical Plan 2	\$1350 CCM/\$1450 NCC ind ded/\$2900 family deductible	789.05	1,735.89	1,499.21	2,446.07
Moda Medical Plan 6 *	\$2150 CCM/\$2250 NCC ind ded /\$4500 family deductible	658.62	1,448.96	1,251.41	2,041.75

* 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	78.34	172.36	148.86	242.86
Delta Premier Network Plan 1	Max ben \$2,200; \$50 ded	71.48	141.62	157.47	233.20
Delta Premier Network Plan 5	Max ben \$1,700; \$50 ded	63.14	125.06	139.08	205.97
Delta Premier Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	48.21	95.42	96.86	147.98
Delta Exclusive PPO Incentive Plan*	Max ben \$2,300; \$50 ded	61.98	122.76	136.50	202.14
Delta Exclusive PPO Plan*	Max ben \$1,500; \$50 ded	41.77	82.72	91.99	136.25
Willamette Dental Plan 8*	\$20 copay	49.79	99.63	106.11	159.14

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