

## EAGLE POINT SCHOOL DISTRICT 9 2025 - 2026 OEGB PLAN RATES

<b>Moda - Connexus</b>	Monthly Premium
<b>Plan 2 Ded. \$1,100</b>	
Employee	\$762.14
Employee + Spouse	\$1,676.70
Employee + Children	\$1,448.09
Family	\$2,362.67
<b>Plan 3 Ded. \$1500</b>	
Employee	\$715.01
Employee + Spouse	\$1,573.04
Employee + Children	\$1,358.56
Family	\$2,216.61
<b>Plan 4 Ded. \$1900</b>	
Employee	\$675.14
Employee + Spouse	\$1,485.32
Employee + Children	\$1,282.79
Family	\$2,093.00
<b>Plan 5 Ded. \$2300</b>	
Employee	\$623.66
Employee + Spouse	\$1,372.08
Employee + Children	\$1,185.00
Family	\$1,933.42
<b>Plan 6 Ded. \$1900</b>	
Employee	\$636.16
Employee + Spouse	\$1,399.56
Employee + Children	\$1,208.74
Family	\$1,972.14
<b>Plan 7 Ded. \$2300</b>	
Employee	\$593.73
Employee + Spouse	\$1,306.20
Employee + Children	\$1,128.12
Family	\$1,840.60
<b>District Contribution</b>	
Employee Only Cap	\$640.00
Employee + Spouse Cap	\$1,387.00
Employee + Child(ren) Cap	\$1,238.00
Family Cap	\$1,992.00

<b>Delta Dental</b>	Monthly Premium
<b>Premier Plan 1 w/Ortho</b>	
Employee	\$69.45
Employee + Spouse	\$137.60
Employee + Children	\$153.00
Family	\$226.59
<b>Premier Plan 5 w/Ortho</b>	
Employee	\$61.35
Employee + Spouse	\$121.52
Employee + Children	\$135.13
Family	\$200.13
<b>Premier Plan 6 No Ortho</b>	
Employee	\$46.84
Employee + Spouse	\$92.72
Employee + Children	\$94.12
Family	\$143.79
<b>Exclusive Delta Dental PPO-Incentive</b>	
Employee	\$60.21
Employee + Spouse	\$119.27
Employee + Children	\$132.63
Family	\$196.41
<b>Exclusive Delta Dental PPO</b>	
Employee	\$40.58
Employee + Spouse	\$80.37
Employee + Children	\$89.38
Family	\$132.38

<b>Willamette Dental</b>	
Employee	\$48.17
Employee + Spouse	\$96.34
Employee + Children	\$102.62
Family	\$153.93

<b>Moda Vision</b>	Monthly Premium
<b>Opal</b>	
Employee	\$21.83
Employee + Spouse	\$47.99
Employee + Children	\$41.40
Family	\$67.60
<b>Pearl</b>	
Employee	\$17.81
Employee + Spouse	\$39.24
Employee + Children	\$33.87
Family	\$55.26
<b>Quartz</b>	
Employee	\$12.58
Employee + Spouse	\$27.71
Employee + Children	\$23.91
Family	\$38.99

<b>VSP Choice Plus Plan (vision)</b>	
Employee	\$14.15
Employee + Spouse	\$31.14
Employee + Children	\$26.90
Family	\$43.87
<b>VSP Choice Plan (vision)</b>	
Employee	\$6.89
Employee + Spouse	\$15.14
Employee + Children	\$13.08
Family	\$21.33

<b>Pro-Rated District Contributions</b>	
Hours = 4.0-4.99 =	<b>70%</b>
Hours = 5.0-5.99 =	<b>80%</b>
Hours = 6.0-6.99 =	<b>90%</b>
Hours = 7.0-7.99 =	<b>100%</b>

Employee monthly cost formula: Moda Premium + Dental Premium + Vision Premium - District Cap  
= Employee monthly cost  
(does not account for optional enrollments & LTD deductions)

<https://www.oregon.gov/oha/OEGB/Plans/Medical-Rx-Dental-and-Vision-Rates-2025-26.pdf>

<https://www.compareoebbplans.com/>