

Woodburn School District
OEBB Insurance Oct 1, 2025 to Sept 30, 2026
Licensed Full-Time

Medical Plans

See plan summaries for benefit descriptions

MODA

Plan Name	In Network Coordinated Care Plan 1	In Network Coordinated Care Plan 2	In Network Coordinated Care Plan 3	In Network Coordinated Care Plan 4	In Network Coordinated Care Plan 5	In Network Coordinated Care Plan 6*	In Network Coordinated Care Plan 7*
Monthly Premium Rates							
Employee only	\$821.57	\$762.14	\$715.01	\$675.14	\$623.66	\$636.16	\$593.73
EE & Sp/Partn	\$1,807.46	\$1,676.70	\$1,573.04	\$1,485.32	\$1,372.08	\$1,399.56	\$1,306.20
EE & Child(ren)	\$1,561.02	\$1,448.09	\$1,358.56	\$1,282.79	\$1,185.00	\$1,208.74	\$1,128.12
EE & Family	\$2,546.95	\$2,362.67	\$2,216.61	\$2,093.00	\$1,933.42	\$1,972.14	\$1,840.60

Kaiser

Plan Name	Plan 1 w/Pharmacy	Plan 2A w/Pharmacy	Plan 2B w/Pharmacy	Plan 3* - HSA w/ Pharmacy
Monthly Premium Rates				
Employee only	\$730.92	\$638.13	\$623.00	\$483.08
EE & Sp/Partn	\$1,608.03	\$1,404.79	\$1,371.45	\$1,063.41
EE & Child(ren)	\$1,388.75	\$1,212.39	\$1,183.62	\$917.46
EE & Family	\$2,265.86	\$1,979.17	\$1,932.21	\$1,497.83

*May be paired with a Health Savings Account. Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible and then once the deductible is met they are paid at the same level as other covered medical expenses

Vision Plans

MODA

Plan Name	Opal	Pearl	Quartz
Employee only	\$21.83	\$17.81	\$12.58
EE & Sp/Partn	\$47.99	\$39.24	\$27.71
EE & Child(ren)	\$41.40	\$33.87	\$23.91
EE & Family	\$67.60	\$55.26	\$38.99

VSP

VSP Choice Plus	VSP Choice
\$14.15	\$6.89
\$31.14	\$15.14
\$26.90	\$13.08
\$43.87	\$21.33

Kaiser***

Plan 5
8.49
18.67
16.12
26.31

**Exam, lenses and hardware charges all apply to the Plan Year maximum on Moda Vision Plans

***only if you have Kaiser Medical

Dental Plans

MODA Delta Dental

Plan Name	Plan 1 w/Ortho	Plan 5 w/Ortho	Plan 6 NO Ortho	Exclusive PPO Incentive Plan w/Ortho	Exclusive PPO Plan w/Ortho
Employee only	\$168.93	\$149.20	\$107.68	\$146.43	\$98.69
EE & Sp/Partn	\$168.93	\$149.20	\$107.68	\$146.43	\$98.69
EE & Child(ren)	\$168.93	\$149.20	\$107.68	\$146.43	\$98.69
EE & Family	\$168.93	\$149.20	\$107.68	\$146.43	\$98.69

Kaiser

Willamette

Dental w/Ortho	Dental w/Ortho
\$180.29	\$123.59
\$180.29	\$123.59
\$180.29	\$123.59
\$180.29	\$123.59

This rate chart is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage.

Enter the above rates for your plan selections on the calculation sheet to calculate your payroll deduction.

Woodburn School District

OEGB Insurance Oct 1, 2025 to Sept 30, 2026

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	Carrier	Plan #	Rate
Medical	list your plan		+ <input style="width: 80px;" type="text"/> enter rate
Vision	list your plan		+ <input style="width: 80px;" type="text"/> enter rate
Dental	list your plan		+ <input style="width: 80px;" type="text"/> enter rate
Total Premiums			= <input style="width: 80px;" type="text"/>
District paid amount			- <input style="width: 80px; text-align: center;" type="text" value="\$1,600.00"/>
Payroll Deduction			= <input style="width: 80px;" type="text"/>
Add any optional coverage (Empl/Spouse/Partner/Child Life Ins/Long Term Care)			+ <input style="width: 80px;" type="text"/> enter rate (if any)
Long Term Disability	Plan #14 60 day wait 60% benefit (mandatory)		+ <input style="width: 80px; text-align: center;" type="text" value="\$30.00"/> <i>estimated</i>
Payroll Deduction - monthly			= <input style="width: 80px;" type="text"/> ***

*** Total payroll deduction amount may decrease due to the insurance pool