

Woodburn School District  
 OEBB Insurance Oct 1, 2025 to Sept 30, 2026  
 Administrators/Supervisors/Confidential 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*
<b>Monthly Premium Rates</b>							
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
<b>Monthly Premium Rates</b>				
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	\$69.45	\$61.35	\$46.84	\$60.21	\$40.58
EE & Sp/Partn	\$137.60	\$121.52	\$92.72	\$119.27	\$80.37
EE & Child(ren)	\$153.00	\$135.13	\$94.12	\$132.63	\$89.38
EE & Family	\$226.59	\$200.13	\$143.79	\$196.41	\$132.38

### Kaiser

### Willamette

Dental w/Ortho	Dental w/Ortho
\$75.76	\$48.17
\$166.70	\$96.34
\$143.97	\$102.62
\$234.88	\$153.93

*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**  
 OEBS Insurance Oct 1, 2025 to Sept 30, 2026  
**Administrator/Supervisor/Confidential**

	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	37.5 - 40 hrs per wk		- <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)
Payroll Deduction - monthly			= <input style="width: 80px;" type="text"/>