

Woodburn School District
 OEBC Insurance Oct 1, 2025 to Sept 30, 2026
 Classified 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

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	Carrier	Plan #	Rate
Medical			+ <input type="text"/> enter rate
	list your plan		
Vision			+ <input type="text"/> enter rate
	list your plan		
Dental			+ <input type="text"/> enter rate
	list your plan		
Total Premiums			= <input type="text"/>
District paid amount	37.5 - 40 hrs per wk		- \$1,600.00
Payroll Deduction			= <input type="text"/>
Add any optional coverage (Empl/Spouse/Partner/Child Life Ins/Long Term Care)			+ <input type="text"/> enter rate (if any)
Payroll Deduction - monthly			= <input type="text"/> ***

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