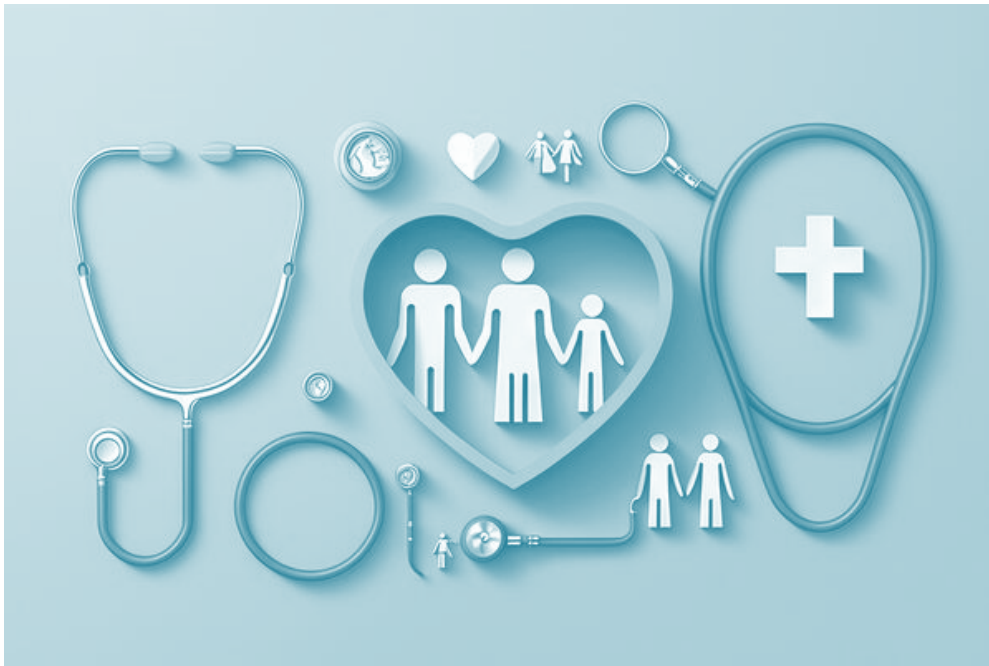




2026-27 Plan Year

October 1, 2026 - September 30, 2027

***Benefits Enrollment Guide Salem-Keizer
Public Schools***



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Active Rate Sheets for Medical, Dental, Vision, Basic Life, and Accidental Death & Dismemberment (AD&D)
Breakdown of the total cost for each plan. Includes breakdown of district contribution for each employee type.

Optional Rate Sheet for Short- and Long-term Disability, Optional Life, and Optional AD&D – Shows how to calculate the employee cost for all optional insurance options with The Standard. Use the Benefit Cost Estimator Tool for easy calculations.

Summary of Plans for Medical, Dental, Vision, and Pharmacy Benefits from all carriers – Benefit summaries for all plans offered by each carrier; includes costs for services, deductible amounts, and out-of-pocket costs. For comparison purposes only.

Glossary – Definition of some insurance terms found in the Summary of Plans document.

Kaiser Permanente – Expert Pre-Enrollment Support for Your Employees flyer.

Moda Medical and Delta Dental – Health plan updates and clarifications flyer.

Employee Assistance Program (EAP) with Canopy – EAP is a free and confidential benefit for employees and their families.

American Fidelity (HSA, FSA, and Supplemental Insurance) – American Fidelity is our plan administrator for Health Saving Accounts and Flexible Spending Accounts. They also offer a wide range of optional supplemental insurance products like Accident Insurance, Cancer Insurance, Life Insurance, and more.

Health Savings Account (HSA) enrollment steps and application – Employees enrolled in a high-deductible plan wanting an HSA account must enroll.

Retirement Saving Options, 403(b), 457(b), Roth IRA – Universal Availability Notice; Deferrals available and limitations; Investment provider options

Early Retiree Resource Guide – ***If you are considering retiring this school year, please read this document.*** If you retire before the age of 65 and want to continue coverage as a Self-Pay Early Retiree, make sure the medical, dental, and vision plans you enroll in are what you want when you retire.

Sick Leave Bank Enrollment Instructions – Current employees may enroll during open enrollment. New hires have 30 calendar days from their hire date to enroll. See your Collective Bargaining Agreement for terms and conditions.

Two Employees Employed by the District Benefit (formerly Two-on-Contract) – An option for employees who are married or in a domestic partnership and both are benefit eligible. Required for new enrollments only.

Affidavit of Domestic Partnership – Use this form to add a domestic partner to your OEBB coverage. If you need to start or terminate a domestic partnership, email benefits@salkeiz.k12.or.us

CONTACT INFORMATION

Salem-Keizer <u>Benefits & Leaves</u> Office Phone: 503-399-5556 Fax: 503-376-5063 Email: benefits@salkeiz.k12.or.us Web: Employee Benefits and Leaves	Salem-Keizer <u>Payroll</u> Office Phone: 503-399-3016 Fax: 503-399-3407 payroll_services@salkeiz.k12.or.us Web: Financial Services and Payroll
Oregon Education Benefit Board (OEBB) Phone: 1-888-469-6322 Fax: 503-378-5832 Email: oebb.benefits@odhsoha.oregon.gov Web: Oregon.gov/oha/OEBB	American Fidelity (FSA, HSA, PLO, and more) Phone: 1-800-662-1113 Web: https://americanfidelity.com/ Paid Leave Oregon: americanfidelity.com/or-leave-support/
Kaiser Permanente Phone: 1-866-223-2375 Web: my.kp.org/oebb Find a Provider Rx Formulary (covered drugs) Plan Handbook - Kaiser	Moda Health, Delta Dental, and Garner Phone: 1-866-923-0409 Web: modahealth.com/oebb Find a Provider Rx Formulary (pharmacy services) Plan Handbook - Moda/Delta Dental/Vision GARNER: modahealth.com/oebb/garner/
Willamette Dental Group Phone: 1-855-433-6825 Web: www.willamettedental.com/oebb Find a Location	VSP Vision Phone: 1-800-877-7195 Web: oebb.vspforme.com Find a Provider
The Standard (Life, AD&D, STD, LTD) Phone: 1-866-756-8115 Web: www.standard.com/mybenefits/oebb Product Booklets, Certificates, and Forms	Canopy – Employee Assistance Plan (EAP) Phone: 1-800-433-2320 Web: my.canopywell.com <i>Register under company name: OEBB</i>
PERS – Public Employees Retirement System Phone: 503-598-7377 Web: https://www.oregon.gov/pers	BenefitHelp Solutions (COBRA) Phone: 1-800-556-2230 Web: www.benefithelpsolutions.com/oebb
PenServ Plan Services 403(b)/457(b) Phone: 503-444-3054 Email: TeamPNW@penserv.com Forms and Notices: Benefits Internal Page	Self-Pay Early Retiree Insurance (OEBB) Phone: 1-888-469-6322 Fax: 503-378-5832 Email: oebb.benefits@odhsoha.oregon.gov Web: oregon.gov/oha/OEBB/Pages/Self-Pay

IMPORTANT NOTICES

- ❖ Enrollment for the 26-27 plan year is **MANDATORY** for all benefit eligible employees.
- ❖ All employees are **required** to login to myOEbb.org and re-enroll in medical, dental, and vision no later than 09/15/2026.
- ❖ Employees that do not login and enroll will have their medical, dental, and vision insurance **terminated effective 09/30/2026**.
 - All mandatory and optional plans will automatically roll over and continue unless you choose to make changes. All other plans will be terminated unless you re-enroll.

REMINDERS

- **Rates are composite.** Your monthly cost (premium) will stay the same no matter how many eligible people are covered under your plan. This means you pay the same monthly rate if you are covering only yourself, you and a spouse, you and children, or all the above.
 - Please be aware, when adding a Domestic Partner, you will be subject to imputed taxes. Click [here](#) to see 26-27 imputed tax rates.
- **Double Coverage Surcharge.** If you and/or your spouse are double covered under OEbb or PEBB there is a \$5.00 monthly double-coverage surcharge fee. This does not apply to children unless they are covered under OEbb/PEBB through their own employer.
- **Qualifying Events.** Employees cannot make any changes to enrollments outside of their new hire or open enrollment window. The exception to this rule is when the employee experiences a “qualifying event” such as loss of coverage, change in job classification, and/or significant change in FTE. You may also be eligible to add on dependents midyear when experiencing life changing events such as marriage, birth, adoption, etc. Click [here](#) to see OEbb’s list of qualified status changes (life events).
 - ***Qualifying changes must be submitted to Benefits within 31 days of the qualifying event date.***

Remember, Open Enrollment is your chance to...

- ✓ Change or drop medical, dental, vision and other optional insurance benefits. Open enrollment is **mandatory** this year. Everyone must login and re-enroll in medical, dental, and vision plans.
- ✓ Enroll in a Health Savings Account (HSA); available for eligible employees on a high-deductible medical plan.
 - Contributions are paid October – September
 - Different from paying premiums, which run from September - August
- ✓ Enroll in a Flexible Spending Account (FSA), a Limited Purpose FSA, and/or a Dependent Care FSA.
 - Contributions are paid October – September
 - Different from paying premiums, which run from September - August
- ✓ Enroll or cancel any optional insurance plans such as Short-Term Disability (STD), Long-Term Disability (LTD), life insurance, accidental death & dismemberment, etc.
- ✓ Enroll in the Sick Leave Bank as a new member (no action needed for current members).
- ✓ Update your contact information, beneficiaries, and contact information for beneficiaries.

Visit Insight 24J employee benefits website for more information:

<https://salkeiz.sharepoint.com/departments/humanresources/SitePages/benefits.aspx>

Highlights for New Employees

Eligibility and Start Date: Plans will be active on the 1st of the month following your first payroll period. The district runs payroll on the 15th of every month. If your first day of work is between the 1st and the 15th of the month, your insurance will be active on the first of the following month. If you start work on or after the 16th of the month, your insurance plans will be active on the first of the month following your first full paycheck. Employees that are eligible for insurance will have 31 days from their first working day to make plan selections.

Examples:

<i>Employee Start Date</i>	<i>Payroll</i>	<i>Benefits Start</i>	<i>Premiums Paid</i>
09/01/26 <i>Employees have 31 days to make plan selections</i>	September payroll is run on 09/15/26 for time worked 09/01 – 09/30. <i>Premiums for October will be paid with September paycheck.</i>	10/01/26	09/30/26 paycheck <i>We pay premiums a month in advance. If selections were not made by 09/15, there will be two deductions on the October check.</i>
10/19/26 <i>Employees have 31 days to make plan selections</i>	October paycheck is run on 10/15/26 for time worked 10/01 – 10/31. <i>Employees missed payroll deadline for October.</i>	12/01/26	11/30/26 paycheck <i>If selections were not chosen by 11/15, the December paycheck will have <u>two</u> deductions for insurance premiums.</i>

District Contribution: The district contribution can be used toward the purchase of medical, dental, vision, basic life, and basic AD&D plans. If an employee does not use the total district contribution, any remaining contribution is waived.

If the plans you choose cost more than your district contribution, the difference will be deducted from your monthly paycheck; this is your cost of the premiums. Your portion of the monthly health insurance premium will be automatically deducted on a pre-tax basis by the payroll department. All optional insurance plan premiums are paid by the employee with after tax dollars.

The amount of district contribution is determined by the Collective Bargaining Agreement. **Amounts for 2026-2027:**

Classification	FTE (full-time equivalency)	Monthly District Contribution (\$)
Licensed, full-time	1.0 FTE	\$1615.00
Licensed, part-time	.10 – .90 FTE	\$1615 is pro-rated based on FTE
Classified, full-time	.75 – 1.0 FTE	\$1605.00
Classified, part-time	.50 – .749 FTE	\$1123.50 (70%)
Administrator/Supervisor, full-time	1.0 FTE	\$1615.00
Administrator/Supervisor, part-time	.10 – .90 FTE	\$1615 is pro-rated based on FTE
Pro-Tech/Confidential, full-time	.75 – 1.0 FTE	\$1605.00
Pro-Tech/Confidential, part-time	.50 – .749 FTE	\$1123.50 (70%)

How to Enroll

- Enrollment for medical, dental, and vision insurance is **MANDATORY** for 26-27 plan year.
 - If you don't re-enroll in your plans, they will be terminated effective 09/30/26.
- All enrollments must be entered online at <http://myoebb.org>.
- You must **SAVE** all enrollments and changes.
- A step-by-step guide on how to navigate the OEGB website can be found here: [MyOEGB Enrollment Guide](#).
- If you have any issues accessing your OEGB account, please contact the Benefits & Leaves Department.

Benefits Enrollment Checklist

- ☐ **Check your monthly cost for coverage.** Use the [Benefit Cost Estimator Tool](#) to calculate what your **new** monthly premium will be each month.
- ☐ **Go online early and review your current coverage.** Look at the plans you are enrolled in for the 25-26 plan year and check if those will still meet the needs of you and your family for the 26-27 year.
- ☐ **Verify your dependent coverage.** All dependents must be added to each plan (medical, dental, vision, etc.) that you want them covered under. All dependents must qualify as an eligible dependent under OEGB's definition. Find definitions of eligible dependents here: oregon.gov/oha/OEGB/Pages/Eligibility.aspx
- ☐ **Enroll in coverage.** Visit <http://myoebb.org> and enroll in (or waive) medical, dental, and/or vision. Complete enrolling in any optional insurances (e.g. life insurance, AD&D, short- or long-term disability).
- ☐ **Review and SAVE** your enrollments online.

NEXT STEPS:

- ☐ If you chose a high-deductible plan (Moda 6, Moda 7, or Kaiser 3) and you want to setup an HSA for the first time, submit your [HSA enrollment form](#) to the payroll office. If you already have an HSA account setup, no additional steps are needed; your account will continue.
- ☐ To setup a Flexible Spending Account (FSA), contact American Fidelity to enroll.
- ☐ Moda plan members, remember to [enroll in PCP360 via the Moda Member Dashboard](#) for you and each eligible dependent. Also remember to [enroll in Garner](#) so you can be reimbursed for eligible expenses.
- ☐ Complete and submit a [medical history statement](#) for optional life or optional AD&D insurance (if required).
 - The Standard may request a medical history statement when enrolling in optional life or AD&D for the first time, or if you increase beyond the guaranteed issue amount. If this is required, it will be indicated in OEGB when you're enrolling. If required, you won't have access to the benefit, and you won't be charged, until it is approved by The Standard.

Monthly Active Group Insurance Rates 10/01/26 to 9/30/27
Medical, Dental, Vision, Basic Life, and Accidental Death and Dismemberment

MEDICAL	Monthly Premium
Moda Medical Plan 1	\$ 2,024.36
Moda Medical Plan 2	\$ 1,877.89
Moda Medical Plan 3	\$ 1,761.81
Moda Medical Plan 4	\$ 1,663.57
Moda Medical Plan 5	\$ 1,536.70
Moda Medical Plan 6 (HSA eligible)	\$ 1,567.51
Moda Medical Plan 7 (HSA eligible)	\$ 1,462.94
Kaiser Medical Plan 1	\$ 1,796.37
Kaiser Medical Plan 2A	\$ 1,577.79
Kaiser Medical Plan 2B	\$ 1,544.71
Kaiser Medical Plan 3 (HSA eligible)	\$ 1,198.09

DENTAL	Monthly Premium
Delta Dental Premier Plan 1/Ortho	\$ 173.86
Delta Dental Premier Plan 5/Ortho	\$ 153.56
Delta Dental Premier Plan 6 (no ortho)	\$ 110.82
Delta Dental Exclsv PPO Incentive/Ortho	\$ 150.70
Delta Dental Exclusive PPO/Ortho	\$ 101.56
Kaiser Dental/Ortho	\$ 186.42
Willamette Dental/Ortho	\$ 127.79

VISION	Monthly Premium
Moda Vision Opal	\$ 49.80
Moda Vision Pearl	\$ 40.71
Moda Vision Quartz	\$ 28.74
VSP Choice Plus	\$ 33.97
VSP Choice	\$ 16.51
Kaiser Vision (only w/ Kaiser Medical)	\$ 20.19

Monthly District Contribution	
Full-Time Classified/Confid/Pro-Tech	\$ 1,605.00
<i>Full-Time = .75 - 1.0 FTE</i>	
Part-Time Classified/Conf/Pro-Tech	\$ 1,123.50
<i>Part-Time = .50 - .749 FTE</i>	
<i>Less than .50 FTE are not benefit-eligible</i>	
Full-Time Licensed and Admin	\$ 1,615.00
Part-Time Licensed/Admin is prorated by FTE	
<i>Example: Part-time LIC/Admin Dist. Contribution</i>	
Lic/Admin Employee works .50 FTE	\$807.50
Lic/Admin Employee works .25 FTE	\$403.75
Monthly District Contribution toward Health Savings Acct (HSA)*	
\$125.00	
<i>*Moda Plan 6, 7 and Kaiser 3 ONLY. MUST complete HSA form to enroll.</i>	

Basic Life/AD&D Coverage (Cost Deducted from District Contribution)	
Classified	Monthly Cost
Basic Life Ins, plan 3 (\$10,000)	\$0.88
Basic AD&D, plan 3 (\$10,000)	\$0.10
Licensed	
Basic Life Ins, plan 8 (\$35,000)	\$3.08
Basic AD&D, plan 8 (\$35,000)	\$0.35
Confidential/Pro-Tech	
Basic Life Ins, plan 11 (\$100,000)	\$8.80
Basic AD&D, plan 11 (\$100,000)	\$1.00
Administrator	
Basic Life Ins, plan 11 (\$100,000)	\$8.80
Basic AD&D, plan 11 (\$100,000)	\$1.00

How much will you owe? (monthly)	
Add the following monthly costs:	
Medical premium	
Dental premium	
Vision premium	
Basic Life/AD&D	
SubTotal	
Subtract district contribution	
(Licensed employees add LTD)	
Total employee monthly cost	

IMPORTANT NOTES
A. The district contribution only applies toward medical, dental, vision and basic life/AD&D. Any additional plans are paid for by the employee.
B. LTD is mandatory for Licensed group.
C. All optional coverages cost extra.
D. All monthly premium rates are COMPOSITE. This means everyone pays the family rate. The monthly premium remains the same whether you are covering just yourself; yourself plus a spouse; or yourself, a spouse, and dependent children.

Information is effective as of revision date on this page.
Please see Benefits InSight24J website for most current info.

Monthly Optional Rate Sheet

10/01/26 to 09/30/27

PLEASE NOTE: District Contribution does not pay for any optional insurances. All optional insurances are employee paid.

Optional Disability Insurance

Classified

Short Term Disability (STD) - Plan 11 - 66.66%
Premium = your average month wage x 0.00076
Long Term Disability (LTD) - Plan 6 - 66.66%
Premium = your average month wage x 0.00415

Licensed

Short Term Disability (STD) - Plan 11 - 66.66%
Premium = your average month wage x 0.00076
Long Term Disability (LTD) - Plan 17 - **60%**
MANDATORY - Automatically enrolled
Premium = your average month wage x 0.00265

Confidential

Short Term Disability (STD) - Plan 11 - 66.66%
Premium = your average month wage x 0.00076
Long Term Disability (LTD) - Plan 6 - 66.66%
Premium = your average month wage x 0.00415

Professional Technical

Short Term Disability (STD) - Plan 11 - 66.66%
Premium = your average month wage x 0.00076
Long Term Disability (LTD) - Plan 6 - 66.66%
Premium = your average month wage x 0.00415

Administrator

Short Term Disability (STD) - Plan 11 - 66.66%
Premium = your average month wage x 0.00076
Long Term Disability (LTD) - Plan 6 - 66.66%
Premium = your average month wage x 0.00415

All Short Term Disability plans have a seven (7) day benefit waiting period
All Long Term Disability plans have a 90 day benefit waiting period

Optional Life Insurance Plans

Optional Employee Life Plans and Rates

\$10,000 - \$500,000 Max Benefit

Monthly Rate Per Each \$10,000 of Benefit

Age as of October 1st	Tobacco Usage Last 12 months	
	No	Yes
Under 25	\$0.15	\$0.23
25-29	\$0.17	\$0.27
30-34	\$0.19	\$0.36
35-39	\$0.27	\$0.41
40-44	\$0.38	\$0.55
45-49	\$0.58	\$0.81
50-54	\$0.88	\$1.24
55-59	\$1.65	\$2.27
60-64	\$2.52	\$3.46
65-69	\$4.86	\$6.51
70-74	\$5.66	\$9.27
75+	\$7.88	\$10.10

Example: \$50,000 plan for 40 year old employee who does **not** use tobacco
(50,000/10,000) x \$.38 = **\$1.90** per month

Optional Child Life/AD&D

\$2,000 - \$10,000 Max Benefit
Rate per \$2000 of benefit (Life) = \$0.10
Rate per \$2000 of benefit (AD&D) = \$0.04

Optional Spouse Life Plan

\$10,000 - \$500,000 Max Benefit

Monthly Rate Per Each \$10,000 of Benefit

Age as of October 1st	Tobacco Usage Last 12 months	
	No	Yes
Under 25	\$0.32	\$0.46
25-29	\$0.38	\$0.54
30-34	\$0.51	\$0.73
35-39	\$0.58	\$0.83
40-44	\$0.68	\$1.01
45-49	\$1.02	\$1.55
50-54	\$1.56	\$2.27
55-59	\$2.89	\$4.00
60-64	\$4.37	\$5.98
65-69	\$8.35	\$11.19
70-74	\$10.00	\$14.01
75+	\$14.01	\$29.61

Example: \$70,000 plan for 30 year old spouse who **does** use tobacco
(70,000/10,000) x \$.86 = **\$6.02** per month

Optional Employee and Spouse AD&D

\$10,000 - \$500,000 Max Benefit
Rate per \$10,000 of Benefit = \$0.15



2026–27 Benefits Comparison

Medical and Pharmacy Plans

Contents:

Kaiser Permanente Plans.....	1	Moda Health Plans 5–7.....	10	Vision Plans	16
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 This is a **high-level medical plan** comparison. Please see plan documents for details.

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser Permanente Network		Medical Plan 2A Kaiser Permanente Network		Medical Plan 2B Kaiser Permanente Network		Medical Plan 3 Kaiser Permanente Network HSA Optional	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Deductible per person	\$400	Not applicable	\$1,000	Not applicable	\$1,400	Not applicable	\$1,800 ²	Not applicable
Maximum deductible per family	\$800	Not applicable	\$2,000	Not applicable	\$2,800	Not applicable	\$3,600 ²	Not applicable
Out-of-pocket (OOP) maximum per person	\$1,700	Not applicable	\$4,200	Not applicable	\$4,700	Not applicable	\$6,750 ²	Not applicable
Out-of-pocket (OOP) maximum per family	\$3,400	Not applicable	\$8,400	Not applicable	\$9,400	Not applicable	\$13,500 ²	Not applicable
Preventive care services								
Routine adult, well-child and women’s exams; annual obesity screening and immunizations 	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Office visits and virtual care								
Primary care office visits	\$25 ¹	Not covered	\$30 ¹	Not covered	\$35 ¹	Not covered	20% after deductible	Not covered
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Incentive care office visits (Moda Plans only) 	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 after deductible	Not covered
Specialist office visits	\$35 ¹	Not covered	\$40 ¹	Not covered	\$45 ¹	Not covered	20% after deductible	Not covered
Urgent care	\$40 ¹	See plan handbook	\$45 ¹	See plan handbook	\$50 ¹	See plan handbook	20% after deductible	See plan handbook

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser Permanente Network		Medical Plan 2A Kaiser Permanente Network		Medical Plan 2B Kaiser Permanente Network		Medical Plan 3 Kaiser Permanente Network HSA Optional	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Mental health and chemical dependency services								
Mental health office visits	\$25 ¹	Not covered	\$30 ¹	Not covered	\$35 ¹	Not covered	20% after deductible	Not covered
Mental health inpatient and residential services	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered
Chemical dependency services (outpatient or residential)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	20% after deductible	Not covered
Chemical dependency services (inpatient)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	20% after deductible	Not covered
Outpatient services								
Outpatient surgery / facility care	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered
Outpatient rehabilitation (physical, occupational and speech therapy) 	\$35 ¹ per visit	Not covered	\$40 ¹ per visit	Not covered	\$45 ¹ per visit	Not covered	20% after deductible	Not covered
Diagnostic testing								
Labs, x-ray, and imaging	\$35 ¹ per visit	Not covered	\$40 ¹ per visit	Not covered	\$45 ¹ per visit	Not covered	20% after deductible	Not covered
CT, MRI, PET scans	\$100 ¹ per visit	Not covered	\$100 ¹ per visit	Not covered	\$100 ¹ per visit	Not covered	20% after deductible	Not covered
Alternative care services								
Acupuncture and Chiropractic ⁷ 	\$25 ¹ per service	Not covered	\$30 ¹ per service	Not covered	\$35 ¹ per service	Not covered	20% after deductible	Not covered
Naturopathic office visits	\$25 ¹ per service	Not covered	\$30 ¹ per service	Not covered	\$35 ¹ per service	Not covered	20% after deductible	Not covered
Maternity care								
Routine maternity care	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Physician or midwife services and hospital stay, delivery and routine newborn nursery care	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser Permanente Network		Medical Plan 2A Kaiser Permanente Network		Medical Plan 2B Kaiser Permanente Network		Medical Plan 3 Kaiser Permanente Network HSA Optional	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Hospital services								
Inpatient care/surgery	20% after deductible	See plan handbook	20% after deductible	See plan handbook	20% after deductible	See plan handbook	20% after deductible	See plan handbook
Skilled nursing facility care 	20% after deductible	Not applicable	20% after deductible	Not applicable	20% after deductible	Not applicable	20% after deductible	Not applicable
Additional Cost Tier (ACT)								
Moda Plans Only: \$100 ACT: specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Moda Plans Only: \$500 ACT: Spine surgery, knee and hip replacement ³ , knee and shoulder arthroscopy, uncomplicated hernia repair	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Emergency services								
Emergency room	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Ambulance	\$75 ¹		\$100 ¹		\$100 ¹		20% after deductible	
Other covered services								
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for state-mandated benefit for children	10% ¹	Not covered	10% ¹	Not covered	10% ¹	Not covered	20% after deductible	Not covered
Durable medical equipment (DME)	20% ¹	Not covered	20% ¹	Not covered	20% ¹	Not covered	20% after deductible	Not covered
Pharmacy services								
Out-of-pocket (OOP) maximum	Rx applies toward plan OOP max		Rx applies toward plan OOP max		Rx applies toward plan OOP max		Rx applies toward plan OOP max	
Retail								
Value	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$0 ¹	Not applicable
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$10 per 30-day supply	See plan handbook	\$10 per 30-day supply	See plan handbook	\$10 per 30-day supply	See plan handbook	20% after deductible	See plan handbook

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser Permanente Network		Medical Plan 2A Kaiser Permanente Network		Medical Plan 2B Kaiser Permanente Network		Medical Plan 3 Kaiser Permanente Network HSA Optional	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Retail								
Preferred brand	\$30 per 30-day supply	See plan handbook	\$30 per 30-day supply	See plan handbook	\$30 per 30-day supply	See plan handbook	20% after deductible	See plan handbook
Non-preferred brand ⁴	\$50 per 30-day supply if criteria met	See plan handbook	\$50 per 30-day supply if criteria met	See plan handbook	\$50 per 30-day supply if criteria met	See plan handbook	20% after deductible	See plan handbook
Mail								
Value	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Generic (Kaiser plans) / Select generic (Moda Plans)	\$20 per 90-day supply	See plan handbook	\$20 per 90-day supply	See plan handbook	\$20 per 90-day supply	See plan handbook	20% after deductible	See plan handbook
Preferred Brand	\$60 per 90-day supply	See plan handbook	\$60 per 90-day supply	See plan handbook	\$60 per 90-day supply	See plan handbook	20% after deductible	See plan handbook
Non-preferred brand ⁴	\$100 per 90-day supply if criteria met	See plan handbook	\$100 per 90-day supply if criteria met	See plan handbook	\$100 per 90-day supply if criteria met	See plan handbook	20% after deductible	See plan handbook
Specialty								
Generic (Moda Plans only)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$150 per 30-day supply	See plan handbook	25% up to \$150 per 30-day supply	See plan handbook	25% up to \$150 per 30-day supply	See plan handbook	20% after deductible	See plan handbook
Non-preferred brand ⁴	25% up to \$150 per 30-day supply	See plan handbook	25% up to \$150 per 30-day supply	See plan handbook	25% up to \$150 per 30-day supply	See plan handbook	20% after deductible	See plan handbook

1 Deductible waived.

2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

4 A formulary exception must be approved for non-preferred brand prescription medication.

5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.

6 To receive in-network non-coordinated benefits, you must use Connexus providers.

7 For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.

This document is for comparison purposes only. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.

OEBB 2026–27 Benefits Comparison | Medical and Pharmacy Plans | Kaiser Permanente Plans

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No lifetime maximum on any medical plans.	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 3 Connexus Network			Medical Plan 4 Connexus Network		
Plan year costs ⁵	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Deductible per person	\$950	\$1,050	\$1,350	\$1,350	\$1,450	\$2,150	\$1,750	\$1,850	\$2,950	\$2,150	\$2,250	\$3,750
Maximum deductible per family	\$2,100	\$2,100	\$2,700	\$2,900	\$2,900	\$4,300	\$3,700	\$3,700	\$5,900	\$4,500	\$4,500	\$7,500
Out-of-pocket (OOP) maximum per person ³	\$4,000	\$4,400	\$7,150	\$5,000	\$5,400	\$9,150	\$6,000	\$6,400	\$11,150	\$7,850	\$8,250	\$14,850
Out-of-pocket (OOP) maximum per family ³	\$8,800	\$8,800	\$14,300	\$10,800	\$10,800	\$18,300	\$12,800	\$12,800	\$22,300	\$16,500	\$16,500	\$29,700
Preventive care services												
Routine adult, well-child and women’s exams; annual obesity screening and immunizations 	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible
Office visits and virtual care												
Primary care office visits	\$35 ^{1,5}	20% after deductible	50% after deductible	\$35 ^{1,5}	20% after deductible	50% after deductible	\$40 ^{1,5}	25% after deductible	50% after deductible	\$40 ^{1,5}	25% after deductible	50% after deductible
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	\$55 ¹	Not applicable	50% after deductible	\$55 ¹	Not applicable	50% after deductible	\$65 ¹	Not applicable	50% after deductible	\$65 ¹	Not applicable	50% after deductible
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered	\$0 ¹	\$0 ¹	Not covered
Specialist office visits	\$55 ¹	20% after deductible	50% after deductible	\$55 ¹	20% after deductible	50% after deductible	\$65 ¹	25% after deductible	50% after deductible	\$65 ¹	25% after deductible	50% after deductible
Urgent care	\$55 ¹	20% after deductible	20% after deductible	\$55 ¹	20% after deductible	20% after deductible	\$65 ¹	25% after deductible	25% after deductible	\$65 ¹	25% after deductible	25% after deductible

No lifetime maximum on any medical plans.	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 3 Connexus Network			Medical Plan 4 Connexus Network		
Plan year costs ⁵	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Mental health and chemical dependency services												
Mental health office visits	\$35 ¹	\$35 ¹	50% after deductible	\$35 ¹	\$35 ¹	50% after deductible	\$40 ¹	\$40 ¹	50% after deductible	\$40 ¹	\$40 ¹	50% after deductible
Mental health inpatient and residential services	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Chemical dependency services (outpatient or residential)	\$35 ¹	\$35 ¹	50% after deductible	\$35 ¹	\$35 ¹	50% after deductible	\$40 ¹	\$40 ¹	50% after deductible	\$40 ¹	\$40 ¹	50% after deductible
Chemical dependency services (inpatient)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Outpatient services												
Outpatient surgery / facility care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Outpatient rehabilitation (physical, occupational and speech therapy) 	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Diagnostic testing												
Labs, x-ray, and imaging	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
CT, MRI, PET scans	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible
Alternative care services ⁷												
Acupuncture and Chiropractic ⁷ 	\$35 ¹	20% after deductible	50% after deductible	\$35 ¹	20% after deductible	50% after deductible	\$40 ¹	25% after deductible	50% after deductible	\$40 ¹	25% after deductible	50% after deductible
Naturopathic office visits	\$55 ¹	20% after deductible	50% after deductible	\$55 ¹	20% after deductible	50% after deductible	\$65 ¹	25% after deductible	50% after deductible	\$65 ¹	25% after deductible	50% after deductible

 This is a **high-level medical plan** comparison. Please see [plan documents](#) for details.

No lifetime maximum on any medical plans.												
Medical Plan 1 Connexus Network												
Medical Plan 2 Connexus Network												
Medical Plan 3 Connexus Network												
Medical Plan 4 Connexus Network												
Plan year costs ⁵	In-Network Coordinated Care ⁵	In-Network Non-Coordinated Care ⁶	Any Out-of-Network Services	In-Network Coordinated Care ⁵	In-Network Non-Coordinated Care ⁶	Any Out-of-Network Services	In-Network Coordinated Care ⁵	In-Network Non-Coordinated Care ⁶	Any Out-of-Network Services	In-Network Coordinated Care ⁵	In-Network Non-Coordinated Care ⁶	Any Out-of-Network Services
	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Maternity care												
Routine maternity care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Physician or midwife services and hospital stay, delivery and routine newborn nursery care	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Hospital services												
Inpatient care / surgery	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Skilled nursing facility care 	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Additional Cost Tier (ACT)												
Moda Plans Only: \$100 ACT: specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible
Moda Plans Only: \$500 ACT: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20% after deductible	\$500 copay + 20% after deductible	\$500 copay + 50% after deductible	\$500 copay + 20% after deductible	\$500 copay + 20% after deductible	\$500 copay + 50% after deductible	\$500 copay + 25% after deductible	\$500 copay + 25% after deductible	\$500 copay + 50% after deductible	\$500 copay + 25% after deductible	\$500 copay + 25% after deductible	\$500 copay + 50% after deductible
Emergency services												
Emergency room (copay waived if admitted)	\$100 copay + 20% after deductible			\$100 copay + 20% after deductible			\$100 copay + 25% after deductible			\$100 copay + 25% after deductible		
Ambulance	20% after deductible			20% after deductible			25% after deductible			25% after deductible		

 This is a **high-level medical plan** comparison. Please see [plan documents](#) for details.

No lifetime maximum on any medical plans.	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 3 Connexus Network			Medical Plan 4 Connexus Network		
Plan year costs ⁵	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Other covered services												
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible
Durable medical equipment (DME)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Pharmacy services												
Out-of-pocket (OOP) maximum	Rx applies toward OOP maximum			Rx applies toward OOP maximum			Rx applies toward OOP maximum			Rx applies toward OOP maximum		
Retail												
Value	\$4 per 31-day supply		See plan handbook	\$4 per 31-day supply		See plan handbook	\$4 per 31-day supply		See plan handbook	\$4 per 31-day supply		See plan handbook
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$12 per 31-day supply			\$12 per 31-day supply			\$12 per 31-day supply			\$12 per 31-day supply		
Preferred brand	25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply		
Non-preferred brand ⁴	50% up to \$350 per 31-day supply			50% up to \$350 per 31-day supply			50% up to \$350 per 31-day supply			50% up to \$350 per 31-day supply		
Mail												
Value	\$8 per 90-day supply		See plan handbook	\$8 per 90-day supply		See plan handbook	\$8 per 90-day supply		See plan handbook	\$8 per 90-day supply		See plan handbook
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$24 per 90-day supply			\$24 per 90-day supply			\$24 per 90-day supply			\$24 per 90-day supply		
Preferred brand	25% up to \$150 per 90-day supply			25% up to \$150 per 90-day supply			25% up to \$150 per 90-day supply			25% up to \$150 per 90-day supply		
Non-preferred brand ⁴	50% up to \$900 per 90-day supply			50% up to \$900 per 90-day supply			50% up to \$900 per 90-day supply			50% up to \$900 per 90-day supply		

 This is a **high-level medical plan** comparison. Please see [plan documents](#) for details.

No lifetime maximum on any medical plans.	Medical Plan 1 Connexus Network			Medical Plan 2 Connexus Network			Medical Plan 3 Connexus Network			Medical Plan 4 Connexus Network		
Plan year costs ⁵	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Specialty												
Generic (Moda Plans only)	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See plan handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See plan handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See plan handbook	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See plan handbook
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed		
Non-preferred brand ⁴	50% up to \$1,000 per 31-day supply or \$2,000 for 90-day supply when allowed			50% up to \$1,000 per 31-day supply or \$2,000 for 90-day supply when allowed			50% up to \$1,000 per 31-day supply or \$2,000 for 90-day supply when allowed			50% up to \$1,000 per 31-day supply or \$2,000 for 90-day supply when allowed		

- 1 Deductible waived.

2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

4 A formulary exception must be approved for non-preferred brand prescription medication.
- 5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.

6 To receive in-network non-coordinated benefits, you must use Connexus providers.

7 For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.
- This document is for comparison purposes only. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.**

 This is a **high-level medical plan** comparison. Please see [plan documents](#) for details.

No lifetime maximum on any medical plans.		Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network HDHP HSA Compliant			Medical Plan 7 Connexus Network HDHP HSA Compliant		
Plan year costs – deductibles and copayments apply to the annual out-of-pocket maximum		In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Deductible per person		\$2,550	\$2,650	\$4,550	\$2,150 ²	\$2,250 ²	\$3,750 ²	\$2,550 ²	\$2,650 ²	\$4,550 ²
Maximum deductible per family		\$5,300	\$5,300	\$9,100	\$4,500 ²	\$4,500 ²	\$7,500 ²	\$5,300 ²	\$5,300 ²	\$9,100 ²
Out-of-pocket (OOP) maximum per person ³		\$7,950	\$8,350	\$14,850	\$7,550 ²	\$7,900 ²	\$14,250 ²	\$7,650 ²	\$7,900 ²	\$14,450 ²
Out-of-pocket (OOP) maximum per family ³		\$16,700	\$16,700	\$29,700	\$15,800 ²	\$15,800 ²	\$28,500 ²	\$15,800 ²	\$15,800 ²	\$28,900 ²
Preventive care services										
Routine adult, well-child and women’s exams; annual obesity screening and immunizations		\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible
Office visits and virtual care										
Primary care office visits		\$45 ^{1,5}	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)		\$65 ¹	Not applicable	50% after deductible	15% after deductible	Not applicable	50% after deductible	20% after deductible	Not applicable	50% after deductible
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)		\$0 ¹	\$0 ¹	Not covered	\$0 after deductible	\$0 after deductible	Not covered	\$0 after deductible	\$0 after deductible	Not covered
Specialist office visits		\$65 ¹	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Urgent care		\$65 ¹	25% after deductible	25% after deductible	15% after deductible	20% after deductible	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Mental health services										
Mental health office visits		\$45 ¹	\$45 ¹	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Mental health inpatient and residential services		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Chemical dependency services (outpatient or residential)		\$45 ¹	\$45 ¹	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Chemical dependency services (inpatient)		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible

 This is a **high-level medical plan** comparison. Please see [plan documents](#) for details.

No lifetime maximum on any medical plans.		Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network HDHP HSA Compliant			Medical Plan 7 Connexus Network HDHP HSA Compliant		
Plan year costs – deductibles and copayments apply to the annual out-of-pocket maximum		In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Outpatient services										
Outpatient surgery / facility care		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Outpatient rehabilitation (physical, occupational and speech therapy)		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Diagnostic testing										
Labs, x-ray, and imaging		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
CT, MRI, PET scans		 \$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Alternative care services										
Acupuncture and Chiropractic ⁷		\$45 ¹	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Naturopathic services		\$65 ¹	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Maternity care										
Routine maternity care		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Physician or midwife services and hospital stay, delivery and routine newborn nursery care		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Hospital services										
Inpatient care / surgery		25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Skilled nursing facility care		 25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible

 This is a **high-level medical plan** comparison. Please see plan documents for details.

No lifetime maximum on any medical plans.	Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network HDHP HSA Compliant			Medical Plan 7 Connexus Network HDHP HSA Compliant		
Plan year costs – deductibles and copayments apply to the annual out-of-pocket maximum	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Additional cost tier (ACT)									
Moda Plans only: \$100 ACT: specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 25% after deductible	\$100 copay + 25% after deductible	\$100 copay + 50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Moda Plans only: \$500 ACT: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25% after deductible	\$500 copay + 25% after deductible	\$500 copay + 50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Emergency services									
Emergency room (copay waived if admitted)	\$100 copay + 25% after deductible			20% after deductible	25% after deductible	See plan handbook	20% after deductible	25% after deductible	See plan handbook
Ambulance	25% after deductible			20% after deductible	25% after deductible	See plan handbook	20% after deductible	25% after deductible	See plan handbook
Other covered services									
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10% after deductible	10% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Durable medical equipment (DME)	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Pharmacy services									
Out-of-pocket (OOP) maximum	Rx applies toward OOP maximum			Rx applies toward plan OOP maximum			Rx applies toward plan OOP maximum		
Retail									
Value	\$4 per 31-day supply		See plan handbook	\$4 ¹ per 31-day supply		See plan handbook	\$4 ¹ per 31-day supply		See plan handbook
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$12 per 31-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Preferred brand	25% up to \$75 per 31-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Non-preferred brand ⁵	50% up to \$350 per 31-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	

 This is a **high-level medical plan** comparison. Please see plan documents for details.

No lifetime maximum on any medical plans.	Medical Plan 5 Connexus Network			Medical Plan 6 Connexus Network HDHP HSA Compliant			Medical Plan 7 Connexus Network HDHP HSA Compliant		
Plan year costs – deductibles and copayments apply to the annual out-of-pocket maximum	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care ⁵ Member Pays	In-Network Non-Coordi-nated Care ⁶ Member Pays	Any Out-of-Network Services Member Pays
Mail									
Value	\$8 per 90-day supply		See plan handbook	\$8 ¹ per 90-day supply		See plan handbook	\$8 ¹ per 90-day supply		See plan handbook
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$24 per 90-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Preferred brand	25% up to \$150 per 90-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Non-preferred brand ⁴	50% up to \$900 per 90-day supply			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Specialty									
Generic (Moda Plans only)	\$12 per 31-day supply or \$36 per 90-day supply when allowed		See plan handbook	20% after deductible	25% after deductible	See plan handbook	20% after deductible	25% after deductible	See plan handbook
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$200 per 31-day supply or \$400 for 90-day supply when allowed			20% after deductible	25% after deductible		20% after deductible	25% after deductible	
Non-preferred brand ⁴	50% up to \$1,000 per 31-day supply or \$2,000 for 90-day supply when allowed			20% after deductible	25% after deductible		20% after deductible	25% after deductible	

1 Deductible waived.

2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.

4 A formulary exception must be approved for non-preferred brand prescription medication.

5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.

6 To receive in-network non-coordinated benefits, you must use Connexus providers.

7 For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.

This document is for comparison purposes only. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.



Dental	Premier Plan 1 ¹	Premier Plan 5 ¹	Premier Plan 6	Exclusive PPO – Incentive Plan ¹	Exclusive PPO Plan	Kaiser Dental Plan	Willamette Dental Plan
Network	Delta Dental Premier	Delta Dental Premier	Delta Dental Premier	Limited Network Plan Delta Dental PPO ²	Limited Network Plan Delta Dental PPO ²	Limited Network Plan Kaiser Permanente Facilities ²	Limited Network Plan Willamette Dental Facilities ²
Dental office visit copay	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$20 ³	\$20 ³
Benefit maximum	\$2,200 ⁴	\$1,700 ⁴	\$1,200	\$2,300 ⁴	\$1,500 ⁴	\$3,000 ⁴	Not applicable
Deductible	\$50	\$50	\$50	\$50	\$50	Not applicable	Not applicable
Preventive and diagnostic services – deductible waived for preventive and diagnostic services on Delta Dental Plans ⁶							
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each plan year ⁶	70% + 10% each plan year ⁶	100% ⁶	100% ⁶	100% ⁶	100% ⁶	100%
Restorative services							
Routine fillings, inlays and stainless steel crowns	70% + 10% ¹ each plan year	70% + 10% ¹ each plan year	80% ¹	70% + 10% ¹ each plan year	90% ¹	100% ³	100% ³
Simple extraction							
Simple tooth extractions	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	100% ³	100% ³
Oral surgery							
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	\$50 copay ³	\$50 copay ³
Periodontics							
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	100% ³	100% ³
Endodontics							
Root canal and related therapy including diagnosis and evaluation	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	\$50 copay ³	\$50 copay ³

Dental Plans — continued

 This is a **high-level dental plan** comparison. Please see plan documents for details.

 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 KAISER PERMANENTE®			
Dental	Premier Plan 1 ¹	Premier Plan 5 ¹	Premier Plan 6	Exclusive PPO – Incentive Plan ¹	Exclusive PPO Plan	Kaiser Dental Plan	Willamette Dental Plan						
Major restorative services													
Gold or porcelain crowns and onlays	70% + 10% each plan year	70%	50%	70% + 10% each plan year	80%	\$250 copay ³	\$250 copay ^{3, 5}						
Implants	70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	50% ³	Implant surgery up to \$1,500 calendar year maximum ⁵						
Other covered services													
Occlusal guards (night guards)	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	65%, once every 5 years	100% once every 2 years						
Athletic mouth guards	50%	50%	50%	50%	50%	65%, once every 12 months	\$100 copay ³						
Nitrous Oxide	50%	50%	50%	50%	50%	\$25 copay	\$15 copay ³						
Fixed and removable prosthetic services													
Full and partial dentures, relines, rebases	70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	\$100 copay ³	\$100 copay ^{3, 5}						
Bridge retainers and pontics	70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	\$250 copay ³	\$250 copay ^{3, 5}						
Orthodontics													
Orthodontic treatment	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	No ortho coverage on this plan	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	\$2,500 copay + \$20 per visit	\$2,500 copay + \$20 per visit						

- 1 Under Delta Dental Plans 1 and 5, and Exclusive PPO - Incentive Plan benefits start at 70% the first plan year then increase by 10% each plan year (up to a maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year.
- 2 Services performed by providers outside the limited network are not covered unless for a dental emergency. If you have a dental emergency outside our service area, you may go to the nearest dental office. Member pays the cost share that normally applies for non-emergency dental care services, plus amounts that exceed Usual and Customary Charges for qualifying claims.
- 3 Office visit copayment applies at each visit, in addition to any plan copayments for services.
- 4 Preventive care and orthodontia do not accrue to this maximum.

- 5 Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit under the Willamette Dental plan.
- 6 Preventive services will not accrue towards the plan benefit maximum.
- This document is for comparison purposes only. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.



2026–27 Benefits Comparison

Vision Plans

 This is a **high-level vision plan** comparison. Please see plan documents for details.



Vision	Kaiser Vision Plan ¹ Kaiser Permanente Facilities	Moda Opal Plan May use any licensed provider	Moda Pearl Plan May use any licensed provider	Moda Quartz Plan May use any licensed provider	VSP Choice Plus Plan VSP Choice Network	VSP Choice Plan VSP Choice Network
Plan year maximum	\$250	\$600	\$400	\$250	Not applicable	Not applicable
Routine eye exam						
Benefit	Covered under the Kaiser Permanente medical plan (does not apply to the vision plan year maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% after \$10 copay	Plan pays 100% after \$10 copay
Frequency	As needed	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once per plan year
Lenses						
Basic lens benefit	Under age 19: No charge for one pair of standard frames and lenses or contacts Age 19+: Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	\$20 copay (applied towards lenses and frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Polycarbonate lenses, scratch resistant and UV coatings covered in full	\$20 copay (applied towards lenses and frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Scratch resistant and UV coatings covered in full. Polycarbonate lenses covered in full for dependent children
Lens enhancements					\$0 copay for standard progressive lenses \$15 copay for anti-reflective coating and premium/custom progressive lenses	\$0 copay for standard progressive lenses Discounts for polycarbonate for adults, anti-reflective coating, and premium/custom progressive lenses
Frequency	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once per plan year
Frames						
Benefit	Under age 19: No charge for one pair of standard frames and lenses Age 19+: Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Covered in full after \$20 copay up to retail allowance of \$300; 20% off amount over retail allowance for frames	Covered in full after \$20 copay up to retail allowance of \$150; 20% off amount over retail allowance for frames

Vision Plans — continued

 This is a **high-level vision plan** comparison. Please see plan documents for details.

 KAISER PERMANENTE®  moda HEALTH  moda HEALTH  moda HEALTH  vsp vision care  vsp vision care						
Vision	Kaiser Vision Plan ¹ Kaiser Permanente Facilities	Moda Opal Plan May use any licensed provider	Moda Pearl Plan May use any licensed provider	Moda Quartz Plan May use any licensed provider	VSP Choice Plus Plan VSP Choice Network	VSP Choice Plan VSP Choice Network
Frames						
Frequency	Once per plan year	Age 0–16: Once per plan year Age 17+: Once every two plan years	Age 0–16: Once per plan year Age 17+: Once every two plan years	Age 0–16: Once per plan year Age 17+: Once every two plan years	Once per plan year	Once per plan year
Contacts (in lieu of frames and lenses)						
Benefit	Under age 19: No charge for contacts Age 19+: Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Covered in full up to retail allowance of \$300; up to \$60 copay for contact lens fitting and evaluation exam	Covered in full up to retail allowance of \$150; up to \$60 copay for contact lens fitting and evaluation exam
Frequency	Once per plan year	Up to the plan maximum	Up to the plan maximum	Up to the plan maximum	Once per plan year	Once per plan year
Non-Prescription Benefit						
Benefit	\$100 of your annual \$250 allowance may be used toward non-prescription sunglasses and/or digital eye strain glasses	Not covered	Not covered	Not covered	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts

1 Must be enrolled in a Kaiser Medical Plan to enroll in the Kaiser Vision Plan.

This document is for comparison purposes only. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.



You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OEBB Member Services at 888-4My-OEBB (888-469-6322) or email oebb.benefits@odhsoha.oregon.gov. We accept all relay calls or you can dial 711.

GLOSSARY

COINSURANCE: a percentage of what you owe for services after your deductible has been met. Example: If the Plan Summary shows that Outpatient surgery/facility care is “20% after deductible”, the coinsurance is referring to the 20% you pay after deductible has been met. If you haven’t met your deductible, you would pay 100% of the cost until the deductible has been met.

COMPOSITE RATE: the monthly premium remains the same whether you are covering one person or covering more than one person on your plan. Premiums do not increase to add an eligible dependent. All plans we offer are at a composite rate.

CONNEXUS NETWORK: Moda plans use the Connexus provider network. Providers (doctors) who use the Connexus network provide services at a negotiated discount.

COPAY: a fixed amount you pay for healthcare service or prescription drugs. Copays do not go towards your deductible.

DEDUCTIBLE: the amount you owe before your insurance begins paying for services, such as hospitalization or outpatient surgery. Once the deductible is met, you start paying the co-insurance percentage.

DEPENDENT: a person who is eligible for insurance coverage under the insurance subscriber. Spouse, domestic partners, and employee/spouse/domestic partner’s children, under the age of 26, are considered eligible dependents.

MODA PCP 360: applies only to Moda medical plans. A PCP 360 is a high-quality provider who has contracted with Moda Health to deliver full-circle care, coordinating with other providers as needed. Everyone covered on a Moda medical plan has the option to participate in coordinated care and receive enhanced benefits by choosing a PCP 360. Use Moda Health’s online “[Find Care](#)” tool to learn which providers are “PCP 360” providers on the Connexus network. To qualify for the best benefits, each person on your medical plan needs to be assigned a primary care provider.

OUT-OF-POCKET MAXIMUM: the most you will pay for services in a year before your plan begins paying 100% of eligible expenses. Note: Monthly insurance premiums are not included in this and must continue to be paid even after the Out-of-Pocket Maximum has been met.

PPO: Preferred Provider Organization. If you choose a Delta Dental PPO plan, you must choose an in-network dentist from the Delta Dental PPO Directory (available on Member Dashboard by using “[Find Care](#)”).

PREMIUM: the amount you pay to have insurance. Premiums are taken via a monthly paycheck deduction using pre-tax dollars for medical, dental, and vision plans. The district contribution pays for a portion of the premiums that are owed to the insurance company. Please see Active Rate Sheet for monthly premium costs.

Expert Pre-Enrollment Support for Your Employees



Support That Simplifies the Enrollment Journey

Kaiser Permanente is committed to helping your employees make confident, informed health plan decisions. Our inbound phone and chat support channels offer real-time assistance to employees exploring their benefits before or during open enrollment or qualifying life events.

Contact Center Support Info:

Mon-Fri, 7 a.m. to 6 p.m. PST

1-800-324-9208

Visit: choose.kaiserpermanente.org/oebb

What We Offer



Inbound Phone Support

Licensed agents available to answer plan questions, explain coverage details, and guide members toward the best options for their needs.



Inbound Chat Support

Fast, accessible digital assistance directly from your group-specific microsite—ideal for quick answers and convenience.



Expert Guidance

All support is provided by trained, licensed agents who can explain complex benefits in clear terms.

Benefits for Your Employees

- Reduced confusion during enrollment
- Immediate answers via chat or phone
- Greater confidence in health plan choices

Benefits for Your Organization

- Drives informed enrollment decisions
- Reduces HR team burden by handling individual questions
- Supports a smoother open enrollment process

2026 – 27 Moda Health plan updates and clarifications



Effective Oct. 1, 2026

Medical

Medical Plans 1-7 will continue to be offered.

- The individual deductible and out-of-pocket maximum increased by \$250 on all plans.
- The family deductible and out-of-pocket maximum (OOPM) increased by \$500 on all plans.
- All copays on medical plans 1-5 increased by \$10 dollars except for the ER copay and the additional cost tier copays.
- Removing the incentive care office visit and PCP virtual copay. This will match the standard office visit copays.

Garner: Garner HRA incentive will increase by \$250/\$500.

- A benefit that helps you find high-quality doctors and get reimbursed for eligible out-of-pocket medical costs.
- Garner will reimburse members for using high-quality providers for office visits, imaging, lab work, procedures, and prescriptions up to \$950 for an individual plan and \$1,900 for a family plan¹.
- Create your Garner account at www.garnerguides.com/state-of-oregon-oebb and start searching for **Top Garner Providers**. To create your account, you will need to enter 'OEBB' as your employer's name.

Effective 10/1/26 - Teledoc (also known as Livongo) Diabetes Management Program will no longer be available to OEBB members.

PCP 360: Members still have the option to participate in coordinated care and receive the benefits by selecting a PCP 360 for primary care services.

The **better benefits** include:

- A lower individual deductible
- A lower individual out-of-pocket maximum
- Lower costs for certain services like primary care office visits, specialist office visits and alternative care.

Pharmacy

- Mandatory 90-day supply. This means members will now be required to fill a 90-day supply for certain maintenance drugs and for GLP1 drugs used to manage diabetes through mail order or at a 90-day supply retail pharmacy.

Vision

No changes.



NEW! Home infusion for chemotherapy will be covered at no member cost.



NEW! All genetic testing will require prior authorization.



NEW! Effective 10/1/26, OEBB members living in Alaska (AK) will utilize Moda's Connexus network. This means members living in AK will no longer have access to the First Health network.



NEW! Cleanings and x-rays are now covered twice a year instead of once every 6 months.

Dental

- No changes to dental copays and coinsurance.
- The Exclusive PPO plans require members to use a Delta Dental PPO provider. There are no out-of-network benefits.
- OEBB dental members have the **Preventive First** benefit. This means all preventive services do not accrue towards the annual benefit maximum and you will have additional dollars to use for basic and major services (ie. fillings, crowns, and implants).

¹ If you are on High-Deductible Health Plan (Medical Plans 6 and 7), you must meet the IRS minimum annual deductible of \$1,650 for a self only plan and \$3,300 for a family plan before you can use the Garner incentive.



EAP Summary of Services

The Employee Assistance Program (**EAP**) is a **FREE** and **CONFIDENTIAL** benefit for you and your family members provided by your employer.

Mental Health Hotline 24/7/365

In-the-moment consultations and assistance from a mental health professional.

Counseling

Eight (8) sessions in-person, on the phone or virtually for concerns such as:

- Depression
- Anxiety
- Relationships and family
- Workplace challenges
- Alcohol or substance misuse
- Grief and loss

Coaching

Eight (8) phone or video sessions with a Coach for goal setting, healthy habits, and personal development.

Anonymous Virtual Peer Support

A safe place to connect, share and discuss what's on your mind.

Member Site

Personal and professional development videos, webinars, self-assessments, legal tools and more at my.canopywell.com. Log-in or register as a new user with organization name: **OEBB**

Enlight

Access digital therapy and wellness tools to improve the way you feel.

Self-Scheduling Portal

Register with your work email address for online provider search and appointment management.

Resources for Life

Adult and Childcare Resources

Assistance in finding childcare, adult care, caregiving resources, and more.

Legal Consultations/Mediation

Free 30-minute consultation and a 25% discount on services thereafter.

Financial Coaching

Unlimited guidance to improve spending, debt reduction, credit enhancement, savings, and retirement planning.

Identity Theft

60-minute consultation with a Fraud Resolution Specialist™ to restore identity and credit.

Home Ownership and Housing Support

Aid and discounts for home transactions and housing assistance resources.

Pet Parent Resources

Information, support, and discounts for pet owners.

Wellbeing Tools

Fertility health support, wellness resources, and gym discounts.

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American Fidelity

(HSA, FSA, and Supplemental Insurance)

American Fidelity is our plan administrator for Health Saving Accounts and Flexible Spending accounts. They also offer a wide range of optional supplemental insurance products like Accident Insurance, Cancer Insurance, Life Insurance, and more.

Health Savings Account (HSA) with American Fidelity:

- To qualify for an HSA, you must be enrolled in one of the following High-Deductible plans: Moda 6, Moda 7, or Kaiser 3.
- You will not be eligible if you are double covered under a non-HSA compliant plan.
- **To receive the \$125 HSA contribution, you MUST ENROLL** by filling out and submitting the HSA Enrollment form to the Payroll Department. Enrollment is **not** automatic. Enrollment forms can be found on the following pages.
- For **continuing** High-Deductible plan subscribers: If you are currently have an HSA account setup and have not had a break in coverage, you do **not** need to submit a new HSA enrollment form.
- Employees can start, stop, and change their personal monthly HSA contribution at any time. [HSA Change Forms](#) are due to Payroll by the 15th of month.

Flexible Spending Account (FSA) with American Fidelity:

- If you opt to enroll in a non-HSA compliant plan but are interested in a reimbursement account you may want to discuss enrolling in a [Health FSA](#) with American Fidelity.
- [Health FSA](#) can be used for common medical expenses. You decide how much you want to set aside pre-tax to go towards eligible medical expenses.
- American Fidelity also offers a [Dependent Day Care FSA](#) for eligible expenses related to dependent care costs.

For additional information, contact American Fidelity 1-877-293-1090

<https://americanfidelity.com/support/>

For more information about supplemental insurance coverages offered by American Fidelity, contact:

Nicole Buras, Executive Account Manager
Phone: 877-293-1090
nicole.buras@americanfidelity.com

Differences in HSAs and Healthcare FSAs

Health Savings Accounts (HSAs) and Healthcare Flexible Spending Accounts (HCFSAs) are common types of reimbursement accounts offered by American Fidelity.

These accounts allow you to set aside money for eligible medical expenses, while reducing your overall tax burden.

There are significant differences between these accounts. With an HSA, you own the account and can take it with you wherever you go, with funds that you can't lose. Also — unlike an HCFSAs — your funds are generally available in your account only as contributions are made, instead of from the beginning of the plan year.



Did You Know?

A typical family of four will spend \$31,065 per year on medical costs.¹ Both HSAs and HCFSAs help pay for those out-of-pocket expenses using pre-tax dollars.

¹ 2023 Milliman Medical Index; May 2023, P3

HSA	HCFSAs
Eligibility Requirements	
Must have a qualified High Deductible Health Plan (HDHP).	Must be eligible under the terms of your employer's plan.
Fund Availability	
Funds are available as contributions are made.	Full election amount is available at the beginning of the plan year.
Changing Contribution Amounts	
May change at any point during the year, subject to plan provisions.	May be adjusted at open enrollment or with a qualifying change in employment or family status.
Rollover	
Any unused balance always rolls over to the next plan year.	With a few exceptions, HCFSAs are "use or lose" and you forfeit any unused balance at the end of the plan year.
Connection to Employer	
It's your account. You can take it with you wherever you go.	Generally, you'll lose your HCFSAs with a change in employment.
Taxes	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for eligible expenses are tax free.	Contributions are taken out of your paycheck pre-tax. Reimbursements are tax free for eligible expenses.
Learn more	
americanfidelity.com/hsa	americanfidelity.com/fsa

Contact Us:

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Oregon Branch Office
877-293-1090
nicole.buras@americanfidelity.com

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To qualify for a Health Savings Account, you must be enrolled with a high deductible health plan. (Kaiser Plan 3 or Moda Plans 6 or 7).

To open a Health Savings Account (HSA) please follow these steps:

1. Fill out attached Health Savings Account (HSA) Application.
2. Send completed application to the Salem Keizer Public Schools Payroll department.
Email: payroll_services@salkeiz.k12.or.us or Fax: 503-399-3407
3. Your district's payroll department will submit the application to American Fidelity.

Please note: All changes to HSA contributions must be submitted to payroll using the "Salem-Keizer School District HSA Change of Contribution" form. Contact payroll or your American Fidelity representative for a copy of the form.

For additional information, contact American Fidelity 1-877-293-1090

americanfidelity.com/support/hsa/



Health Savings Account Application

If the required fields on this application are not complete, we cannot open a Health Savings Account (HSA). We may reach out for missing information or for further identity verification documents.

Personal Information

*Required Fields

Name:*		Social Security Number:*	
Physical Address: (street, city, state, zip)*			
Mailing Address: (required if different)			
Email Address:*		Date of Birth: (MM/DD/YYYY)*	
Driver's License Number:*	Issuing State:*	Marital Status: ☐ Single ☐ Married	
Phone: (with area code)		Cell Phone: (with area code)	
Employer Name:*		Date of Employment (MM/DD/YYYY):	

Important Information About Opening a New Account: To open an HSA, federal law requires that we obtain certain personal information to verify your identity. This is a legal requirement to help the government fight the funding of terrorism and money laundering. Your identity may be verified using a database maintained by a third party. If we cannot verify your identity, we may ask for additional information like a copy of a driver's license, Social Security card, or work visa. If we are unable to obtain identity verification, your account may be closed. If your account is closed, funds will be returned to you, and we are not liable for any tax consequences due to the distribution. The same process applies to individuals for whom you request additional debit cards. Non-U.S. citizens may not be eligible to open an HSA.

Health Plan Information

If you answer yes to any of the bottom three questions in the box below, you are not eligible to open an HSA. For further information, please refer to the IRS Publication 969.

Are you covered by an HSA-qualified high deductible health plan (HDHP)?* ☐ Yes ☐ No (If your response is no, you are ineligible to open an HSA.)		
Carrier Name: _____	HDHP Effective Date: (MM/DD/YYYY) _____	Coverage Type: ☐ Individual ☐ Family
Are you covered by any other non-permitted health plan (i.e. Healthcare FSA, spouse's non-HDHP medical plan)?* ☐ Yes ☐ No		
Are you covered by Medicare?* ☐ Yes ☐ No	Is someone else claiming you as a dependent on their tax return?* ☐ Yes ☐ No	

Contribution Information

The effective date you request cannot be before the date this application is signed, the HDHP effective date of coverage, or the date you are eligible to contribute to an HSA.

Requested effective date for your HSA: (MM/DD/YYYY) _____	
Contribution Type: ☐ Annual ☐ Per Pay	The Internal Revenue Service (IRS) updates the annual contribution maximums every year. To learn more about factors that may impact your HSA contribution limits, please visit americanfidelity.com/hsa-help
Employer Contribution: \$ _____	
Individual Contribution: \$ _____	
Catch-Up Contribution: \$ _____	

Beneficiary Information

If you would like to add an individual as a beneficiary to your HSA now, please provide the information below. Required beneficiary fields for an individual (Name, DOB, SSN, Address) must be fully completed to add a beneficiary to your account. **If the required fields below are not complete, we cannot add a beneficiary.** If you choose not to add a beneficiary, distributions upon death will be delayed. You may also add a beneficiary by logging in to your account at americanfidelity.com/login or by completing our Beneficiary Designation Form at americanfidelity.com/support/forms.

Name:*		Relationship:	☐ Primary ☐ Contingent _____% Percent
Social Security Number:*	Date of Birth: (MM/DD/YYYY)*		
Address: (street, city, state, zip)*			
Name:*		Relationship:	☐ Primary ☐ Contingent _____% Percent
Social Security Number:*	Date of Birth: (MM/DD/YYYY)*		
Address: (street, city, state, zip)*			

IMPORTANT: Beneficiary total should equal 100%.

Benefits Debit Card

You will automatically receive a Benefits Debit Card to use with your HSA. The MasterCard® issued by The Bancorp Bank (Member FDIC) will be mailed to your address along with a Cardholder Agreement for your review and review by any additional cardholder. This Benefits Debit Card can also “stack” with other reimbursement accounts through American Fidelity, consolidating all accounts onto a single card. If you already have a Benefits Debit Card, you can use it for your HSA and will not receive a separate card. If you would like additional Benefits Debit Cards for authorized users over age 18, such as your spouse or other eligible dependents, please log in to your account at americanfidelity.com/login to order additional cards..

Consent to Receive Electronic Notices

In order to apply for an HSA, you must consent to receive documents and notices related to your HSA in electronic form. Your consent will apply both at the time of enrollment and in the future. The documents and notices you agree to receive in electronic form include the following enrollment forms: Health Savings Account Custodial Agreement, disclosures relating to the Truth in Savings Act and funds availability policies, American Fidelity's privacy policy, documents issued by mutual fund and insurance companies, including prospectuses and trade confirmations, IRS Tax Forms 1099-SA and 5498-SA, account summaries, and confirmation of your online or telephonic instructions or elections.

Your consent will continue to apply until you are no longer an account holder or until you withdraw consent, as provided below.

If you wish to withdraw your consent to electronic delivery of notices, you may call us at 800-662-1113. Confirmation of your withdrawal will be in writing (electronically or on paper). Additional fees may apply for paper copies of applicable notices (see fee schedule). Investment options may not be available if you do not consent to receive prospectuses, trade confirmations, and related documents in electronic form. We reserve the right to close your account if you withdraw your consent to the electronic delivery of notices.

Certification

By instructing American Fidelity to open my HSA, contribute funds to my HSA, or otherwise use my HSA, I acknowledge that I have reviewed and consent to the terms of the Health Savings Account Custodial Agreement, which includes all cash, investment, and other supplemental terms and conditions referenced therein.

I certify that I qualify for an HSA and have authorized my employer to deliver funds withheld from my paycheck to American Fidelity for American Fidelity to deposit to my HSA. If I request to make a deposit to my HSA outside of payroll deduction, I expressly authorize American Fidelity to debit the account I specify and transfer funds to my HSA (and, if necessary, to credit my account to correct erroneous debits electronically). I will enter additional details for each transaction within my online account. I understand that the amount I can contribute must be in accordance with IRS contribution limits (see IRS Publication 969, “Health Savings Accounts and Other Tax-Favored Health Plans,” available at www.irs.gov).

Signature _____

Date _____

This application will be null and void if altered in any way.

RETIREMENT INVESTMENT OPTIONS

Salem-Keizer School District 403(b) and 457(b) Plans - 2026 Universal Availability Notice

To: All Employees of Salem-Keizer School District

In compliance with the requirements of IRC §403(b)(12)(A)(ii) this Notice will advise you of the voluntary 403(b) and 457(b) programs established and maintained for the benefit of our employees.

Eligibility: All employees of the Employer are eligible to participate in the 403(b) and 457(b) plans.

Deferrals Available and Limitations

When you enroll in the program, the amounts you elect to defer from wages to the 403(b) and/or 457(b) plan investment provider of your choice. Contributions may start, modify, or cancel at any time. The following deferral types are available:

Pre-Tax Salary Deferrals. Amounts deferred from wages to the 403(b) Plan or a 457(b) Plan before income taxes. These amounts will be taxable at the time of distribution.

Roth Salary Deferrals. After tax (subject to federal and state income taxes) deferrals to a designated Roth account are available, note some Investment Providers will require a separate account to receive Roth.

2026 Elective Deferral Limits

Basic Elective Deferral Limit:	\$24,500 in each plan type
Age-Based Catch-ups (Ages 50-59 and Ages 64-up):	\$8,000 in addition to the Basic Limit (adjusted maximum limit \$32,500)
Age Based Super Catch-up Ages 60-63:	\$11,250 in addition to the Basic Limit (adjusted maximum limit \$35,750)

Special Catch-ups (subject to eligibility verification prior to use):

- 403(b) 15 Years of Service up to \$3000 in addition to the basic limit and other applicable Age-Based Catch-Up
- 457(b) 3 Year Catch-up (preceding the year of retirement) up to twice the basic limit

Special notice to employees with wages over \$150,000 in 2025 from this employer: A new rule from the SECURE 2.0 Act applies to your contributions to the 403(b) and/or the 457(b) plan if you are an employee with over \$150,000 in W2 Box 3 FICA subject wages from this employer for 2025, your Age-based Catch-up amount must be deferred as Roth (after Tax) to the respective plan in 2026. This means your pre-tax deferrals to the plan(s) must not exceed the Basic Deferral Limit for 2026.

Additional Information Concerning 403(b) and 457(b) Limitations

1. Contribution limits are specific to the individual employee/taxpayer, Roth and Pretax must be aggregated for Elective Deferral Limits.
2. The combinations of all deferrals and employer contributions may not exceed 100% of your wages.
3. **Limitations are tracked separately 403(b) and 457(b) plans**
4. Age Based Catch-up eligibility applies to the participant age as of December 31 of the respective year.
5. 403(b) Elective Deferral Limits described above apply to your total deferrals to all 403(b), 401(k), SIMPLE, and SARSEP plans in which you participate.
6. The aggregate of all deferrals and employer contributions to a 403(b) plan are subject to an Annual Additions Limit, or 415(c) limit. For 2026 this is \$72,000. Note that, Age Based Catch-up deferrals may be made in addition to that limitation). If you control an organization sponsoring a qualified defined contribution plan, all contributions made to that plan on your behalf must be aggregated with all 403(b) elective deferrals and employer contributions for this employer for the 415(c) limit plus applicable catch-up.
7. The Basic Elective Deferral Limit plus applicable catch-ups in a 457(b) plan must be aggregated with any Employer Contributions to the 457(b) for Limit consideration.

RETIREMENT INVESTMENT OPTIONS

Salem-Keizer School District 403(b) and 457(b) Plans - 2026 Universal Availability Notice

Participant Instructions and Responsibilities

- Establish investment account(s) of your choice under the Plan IDs provided in the Investment Provider Options of this notice via account application or online process prior to submitting an Enrollment Form to your employer to begin deferrals to the plan.
- Submit an Enrollment Form to your employer to begin deferrals to the plan, noting applicable limits and payroll deadlines. *(Note this will be the same form to use for modifying or cancelling deferrals in the future)*
- Designate beneficiaries on investment account(s) and keep them updated.
- Monitor account(s) and paystubs regularly for accuracy. Communicate issues promptly.
- Update personal information (contact information, name changes) as necessary.
- Review your personal investment plan and consult your financial and/or tax advisor as appropriate.
- Exercise security over your apps, passwords, and physical information concerning your investments. When possible, utilize enhanced security tools such as Multi-Factor Authentication.

Assistance

You may join the Plan or receive assistance by first contacting your Employer's Benefit Representative, the Plan's Third-Party Administrator or one of the Investment Companies listed below.

Third Party Administrator

PenServ Plan Services, Inc.
TeamPNW -Phone (503) 444-3054
Email: TeamPNW@penserv.com
www.penserv.com

Employer Benefits Contact

Benefits and Payroll Phone:
503-399-5556
payroll_services@salkeiz.k12.or.us

Investment Provider Options

Provider and Product Name	Product Type	Services Offered	Contact
American Fidelity Assurance Company Vendor Plan Number: 48170	Annuities	403(b) <i>Roth Available</i>	Phone (800) 662-1113 ext. 5 https://americanfidelity.com
ASpire Financial Services, LLC Vendor Plan Number: 6156	Mutual Funds	403(b) <i>Roth Available</i>	Phone (866) 634-5873 https://aspireonline.com/plan-types/403(b)-plan
Empower Annuity Ins Co of America Vendor Plan Number: 744019-01	Annuities	457(b) <i>Roth Available</i>	Phone (855) 756-4738 https://www.empower.com
Equitable Vendor Plan Number: 11720	Annuities	403(b) <i>Roth Available</i>	Phone (800) 628-6673 https://www.equitable.com
Fidelity Investments Vendor Plan Number: 51863 Online Enrollment: https://www.netbenefits.com/ready2enroll	Mutual Funds	403 (b) <i>Roth Available</i>	Self-Directed Option (No Advisor) Phone (800) 343-0860 Advisor Assisted (Fees Apply), Aaron Skloff Phone (908) 531-6422
Fiduciary Trust Company of New Hampshire Vendor Plan Number: T0027678	Mutual Funds	403(b) <i>Roth Available</i>	Phone (800) 999-1030 https://www.fiduciary-trust.com/fiduciary-trust-new-england
Invesco Investment Services, Inc. Vendor Plan Number: 80110 <i>Roth Available</i>	Mutual Funds	403(b)	Phone (800) 959-4246 https://www.invesco.com

RETIREMENT INVESTMENT OPTIONS

Salem-Keizer School District 403(b) and 457(b) Plans - 2026 Universal Availability Notice

Lincoln Investment Planning Vendor Plan Number: 887470	Mutual Fund	403(b) <i>Roth Available</i>	Phone (800) 242-1421 https://www.lincolninvestment.com
MG Trust- Penselect Vendor Plan Number: B250019	Mutual Funds	403(b) <i>Roth Available</i>	Phone (803) 354-5084 https://www.penselect.com/contact-us
Reliastar Life Insurance Company Vendor Plan Number: AV47	Annuities	403(b) <i>Roth Available</i>	Phone (800) 584-6001 https://www.voyaretirementplan.com
Security Benefit Vendor Plan Number: O00013	Annuities/ Mutual Funds	403(b) <i>Roth Available</i>	Phone (800) 888-246 https://www.securitybenefit.com
Vanguard Investments Vendor Plan Number: 436662, Online Enrollment: Online Registration VanGuard	Mutual Funds	403(b) <i>Roth Available</i>	Phone (800) 569-4903 https://investor.vanguard.com/accounts-plans/403b-plans
Voya Retirement Insurance and Annuity Company Vendor Plan Number: 403(b) VT3705, 457(b) VB1458 403(b) Online Enrollment: enroll.voya.com	Annuities	403(b) and 457(b) <i>Roth Available</i>	Phone (800) 584-6001 https://www.voyaretirementplans.com access code: (403(b)) - 045886 & (457(b)) 045872
OSGP (Oregon Savings Growth Plan) Vendor Plan Number: 3735 Online Enrollment: osgp.voya.com	Mutual Funds	457(b) <i>Roth Available</i>	Phone: (800) 365-8494 https://www.oregon.gov/pers/mem/pages/oregon-savings-growth-plan.aspx

For an online version with clickable links and a complete list of vendor contacts, please visit [InSight 24/7](#)

Early Retiree Resources

A guide for Early Retirees and those planning for retirement



Preparing for Early Retirement

As an Early Retiree, the OEGB coverages you have in place on the date of your retirement determine what you can continue into retirement. Make sure you are enrolled in the medical, dental and/or vision plans you want when you retire. Retirement is not considered a Qualified Status Change (QSC) so you cannot add or change plans at the time of retirement. You can change plans if there are other plans available to you during the annual open enrollment period, but you will not be able to add any type of benefit plan in which you were not previously enrolled. The only exception would be if, as an active employee, you waived or opted-out of OEGB medical coverage because you were covered on another medical plan available through OEGB or on another school district plan. Under these circumstances, you will be allowed to enroll in an OEGB Early Retiree medical plan if you lose coverage under your spouse/domestic partner's medical plan and you request to add the coverage within 31 days of losing that other qualified coverage.

You can make certain changes to your optional coverages, such as life or AD&D, at the time of retirement. You can maintain, decrease, or cancel these coverages. You cannot increase any optional life or AD&D coverage at the time of retirement or during future open enrollment periods as a retiree. Make sure you are covering any eligible dependents you will want to continue covering on your medical, dental, and/or vision plans as an Early Retiree. You won't have the ability to add dependents during open enrollment periods once you've retired. You can only add dependents within 31 days following a Qualified Status Change (QSC) that allows this type of election change.

Ready to Retire

Notify the Benefits Department at least two weeks before your retirement date whether you intend to continue your enrollment in OEGB plans as an Early Retiree. If you decide not to continue any OEGB benefits upon retiring, you will not be able to enroll in these plans at a future date.

If you choose not to enroll in Early Retiree plans, or waive some or all coverage at retirement, you will not be able to add that coverage back during future open enrollment periods. However, if you "opted out" because you have other OEGB-sponsored group coverage through a spouse or domestic partner and then lose that coverage, this would be a valid Qualified Status Change (QSC) event allowing you to add the coverage if you notify your employing entity within 31 days of the qualifying event.

Contact the Benefits Department for further information on available coverage, costs, payment arrangements and requirements. COBRA coverage is available to retirees in lieu of OEGB Early Retiree plans. COBRA coverage is available for up to 18 months from the date your coverage ends as an active employee. There is a two percent administrative fee for coverage continued under COBRA. All continuous coverage requirements and change limitations that apply to moving from active employee coverage to Early Retiree coverage also apply to moving from coverage continued under COBRA to Early Retiree coverage.

Becoming Eligible for Medicare

You become eligible for Medicare on the first of the month prior to your 65th birthday. If your birthday is on the first day of a month, you become Medicare-eligible a full month prior to turning age 65. You can also become eligible for Medicare due to disability at any age.

Early Retirees and eligible dependents of Early Retirees can continue OEGB coverage until the date they become Medicare-eligible. Once an Early Retiree or eligible dependent becomes Medicare-eligible due to age or disability, the OEGB coverage must end. Early retirees must notify their employing entity as soon as possible if they or a dependent become Medicare-eligible due to disability.

The only exception is if the individual (Early Retiree or dependent) becomes eligible for Medicare due to End Stage Renal Disease (ESRD). Coverage can be continued for 30 months.

You can enroll in Medicare up to three months in advance of becoming eligible. Failure to enroll in a timely manner may result in future penalties. Go to <http://www.medicare.gov/> for more information about Medicare.

If the employing entity allows it, Medicare-eligible members may elect to continue dental coverage only. Continuation of medical, pharmacy, vision, life and/or AD&D coverage is not allowed. In addition, at the time the retiree turns 65 and loses eligibility for life and AD&D coverage, dependents of the retiree can no longer continue the group life and/or AD&D coverage through OEBB.

Many of these coverages can be converted or ported when OEBB coverage ends. You should contact The Standard directly for more information on these options.

Dependent Eligibility

Eligible dependents who are covered on a retiring employee's plan(s) at the time of retirement can continue to be covered if they meet the definition of an eligible dependent. This is until they become eligible for Medicare due to age or disability.

When an Early Retiree becomes eligible for Medicare coverage due to age or disability, any currently enrolled eligible dependents may continue OEBB medical, dental and vision coverage until they no longer meet eligibility requirements or become eligible for Medicare due to age or disability, whichever occurs first. The eligible dependents must confirm their intent to continue coverage with the employing entity benefits administrator within 60 days of the Early Retiree becoming eligible for Medicare.

Dependents can only be added to an Early Retiree's benefit plans within 31 days of a Qualified Status Change (QSC) event. Open enrollment period changes are limited to plan selection changes only.

District Insurance Coverage

- Classified staff that finish the school year and have a June retirement date will have insurance coverage through August of that year.
- Licensed staff that finish the school year and have a June retirement date will have insurance coverage through September of that year.
- If you are retiring mid-year, then your insurance will end on the last day of the month in which you retire.
 - Administrators' are given one additional month of insurance.

Additional Resources

- Qualified Status Change (QSC) Event Matrix
 - www.oregon.gov/oha/OEBB/Pages/QSC-Matrix.aspx
- Frequently Asked Questions
 - www.oregon.gov/oha/OEBB/pages/faqs.aspx
- Plan Comparisons & Rate Information
 - www.OEBBplandocs.com
- View Current Enrollments
 - www.OEBBenroll.com
- Medicare/SHIBA
 - <https://healthcare.oregon.gov/shiba>
- PERS
 - www.oregon.gov/PERS
- The Standard (Life and Disability)
 - www.standard.com/mybenefits/oebb
- COBRA/Benefit Help Solutions
 - <http://benefithelp solutions.com>
 - 1-800-556-2230

SICK LEAVE BANK ENROLLMENT

NEW PROCESS FOR EMPLOYEES



GOODBYE PAPER FORMS!

The paper forms for Sick Bank Enrollment are no longer used. We've gone digital to streamline the enrollment process!



HELLO, SERVICE DESK TICKET!

Enrolling in the Sick Leave Bank is now done exclusively through the Service Desk.

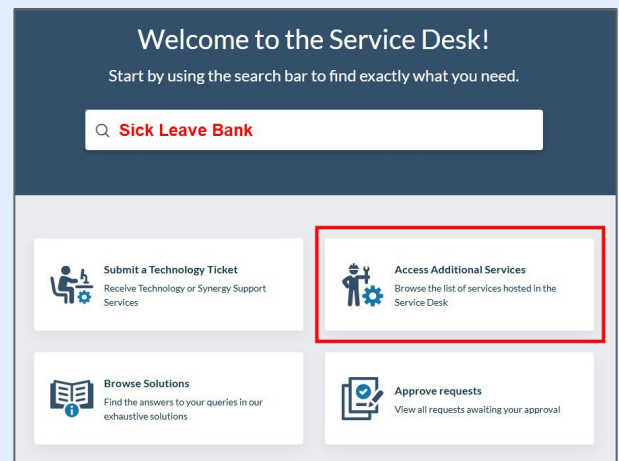
Click [HERE](#) for the Service Desk!

HOW TO ENROLL IN THE SICK LEAVE BANK

- Through the district website or Insight 24J, navigate to the Service Desk.
- Using your district email and password, log in to the Service Desk.
- The Sick Leave Bank is located in the Access Additional Services section.
- Select your request type, then enter the information requested. Click the Place Request button when you are finished.
- You will receive automated emails from the system when your request is received, processed, and completed.

IMPORTANT NOTES

- Effective January 16, 2026, the Service Desk ticket replaces all previous Sick Leave Bank enrollment forms in QAM, New Hire Packets, and Frontline Central.



Sick Leave Bank

The purpose of the sick leave bank shall be to extend additional sick leave to employees should an illness or injury exhaust their applicable leave balances.
[Read more](#)

Request Type
New Employee Enrollment

Name
Enter your first and last name

Job Title

Start Date
MM-DD-YYYY

Note: Substitutes, temporary and non-represented employees are not eligible to enroll in the sick leave bank.

Bargaining Unit

[Place Request](#)



Two (2) Employees Employed by the District Benefit Formerly “Two on Contract”

Current enrollees do not need to submit this form for the 26-27 plan year. Your enrollment will roll over. Follow the steps below if you need to enroll for the 26-27 plan year.

When married couples or domestic partners are both employees of the district, they may elect to combine their full insurance contributions to pay their plan premiums. They may use up to the equivalent of insurance contribution caps for both employees.

The following is required to qualify for this benefit:

1. Both the employee and spouse or domestic partner work for the district.
2. Both the employee and spouse or domestic partner are both eligible for insurance benefits.
3. Both benefit eligible employees complete and sign a form enrolling in this benefit arrangement (found on next page).

Two (2) Employees Employed by the District Benefit means:

- One (1) spouse, domestic partner employee declines the medical, dental, and vision enrollments offered by the district.
- The other spouse or domestic partner of the employee enrolls all eligible family members in a medical, dental, and/or vision plan offered by OEBB.
- The family has one (1) set of medical, vision, and dental benefits and is not double covered through the district.

If the employee and/or spouse work part-time and receive a pro-rated district contribution, the district will combine the pro-rated contribution for each person.

Examples:

- Scenario A
 - **Licensed** Employee A works full time: District contribution is \$1615/month
 - **Licensed** Employee B works .50 FTE: District contribution is \$807.50/month
 - Total District combined contribution = \$2422.50/month
 - Employees fill out and submit the Two on Contract form (next page).
 - Employee A enrolls the family in medical, dental, and vision.
 - Employee B waives coverage for medical, dental, and vision. Employee B still has the option to enroll themselves in optional insurance, which will be paid for by them.
- Scenario B
 - **Classified** Employee A works full time: District contribution is \$1605/month
 - **Classified** Employee B works part time: District contribution is \$1123.50/month
 - Total District combined contribution = \$2728.50/month
 - Employees fill out and submit the Two on Contract form (next page).
 - Employee A enrolls the family in medical, dental, and vision.
 - Employee B waives coverage for medical, dental, and vision. Employee B still has the option to enroll themselves in optional insurance, which will be paid for by them.

Please note: Monthly district contribution may be different from amounts listed above, see [Benefits' webpage](#) for most current information. Any premium amount not covered by the district contribution is paid by the employee(s).

If current enrollees fail to enroll correctly in the new plan year, they will be removed from the program.



**TWO EMPLOYEES EMPLOYED BY THE DISTRICT
BENEFIT CERTIFICATION FORM**
Formerly "Two-on-Contract"

**You are NOT enrolled in insurance by submitting this form.
You must complete OEGB enrollment online.**

Complete this form to newly enroll for the 26-27 plan year. Current enrollees do not need to submit this form for the 26-27 plan year; enrollment will roll over until you're ineligible.

To be completed by Employee A (primary insurance holder):

I certify that both my spouse/domestic partner and I are employed by Salem-Keizer School District, and I am enrolling all eligible dependents under **ONE** health coverage plan (medical, dental, and vision). My spouse/domestic partner is **not** enrolling in their own, separate plans, they will be waiving coverage for medical, dental, and vision. I understand it is my responsibility to check my next paystub and alert Payroll if my benefit deduction looks incorrect.

Employee A/Primary Employee Name: _____ Emp. ID#: _____

Name(s) of all dependents (spouse/domestic partner and child(ren) to be included on plan:

Employee A/Primary Employee Signature: _____ Date: _____

To be completed by Employee B (spouse/domestic partner):

I certify that both my spouse/domestic partner and I are employed by Salem-Keizer School District, and I am declining to enroll in an individual health plan (medical, dental, and/or vision). I will be enrolled under my spouse/domestic partner's plans.

Employee B Name: _____ Emp. ID#: _____

Employee B Signature: _____ Date: _____

Please return form to Benefits Office

Email: benefits@salkeiz.k12.or.us

Fax: 503-316-3547



Affidavit of Domestic Partnership

Employer use only

Approved by: _____

Approved date: _____

Effective date: _____

Use this form to add a domestic partner to your coverage. Do not submit this form if you have a domestic partnership through Registered Certificate.

To add a domestic partner by affidavit to your coverage, you must submit this affidavit to your employer within five business days of the electronic enrollment date, or if enrolling with a paper form, within five business days of the date your enrollment form was received by your employer. If this affidavit is not received by your employer within this timeframe, coverage for your domestic partner will not become effective.

To add a domestic partner by affidavit, both you and your domestic partner cannot be married to anyone or have had a spouse or another domestic partner within the last six months. If either of you were married, the six month period starts on the first of the month following the date of divorce.

Employers must calculate and apply applicable imputed value tax for domestic partners covered under OEGB benefit plans.

Submit this completed form to your employer.

I am submitting my Affidavit of Domestic Partnership

☒ During the open enrollment period

You must have jointly shared the same permanent residence for at least six months immediately preceding the date of this affidavit and intend to continue to do so indefinitely.

Please indicate how long you have lived together:

☐ Outside the open enrollment period

You must have jointly shared the same permanent residence for six months immediately preceding the date of this affidavit and enrolled in coverage within 31 days of the six month anniversary date.

Please indicate how long you have lived together:

Employee information

Employer

Last name

First name

M.I.

Employee ID, E number or Social Security number

Gender

Date of birth (mm/dd/yyyy)

☒ M ☐ F ☐ Other

Home phone number

Work phone number

Work email

Personal email

Address ☐ Check if new address

Apartment or space#

City

State

ZIP

County

Domestic partner information

Date of eligibility for coverage (mm/dd/yyyy)

Last name

First name

M.I.

Employee ID, E number or Social Security number

Gender

Date of birth (mm/dd/yyyy)

☐ M ☐ F ☐ Other

You must report to your employers' benefits administrator within 31 days after a person enrolled as your spouse/domestic partner or dependent child becomes ineligible for benefits. If you make this report on time, the change will be effective the first of the month after your report. If you do not report this change on time, OEGB may consider that an intentional misrepresentation of a material fact, for which OEGB may terminate the family members' coverage effective the first of the month after eligibility was lost.

Declaration of domestic partnership and employee signature

I, _____, certify that _____
(print name of employee) (print name of domestic partner)

and I are, and have been, each other's partner in a domestic partnership, as defined below. For the purposes of this affidavit, a "domestic partnership" is one consisting of two persons in which the following applies:

1. Both are at least 18 years of age;
2. Are responsible for each other's welfare and are each other's sole domestic partner;
3. Are not married to anyone and either has not had a spouse or another domestic partner within the prior six months (if previously married, the six month period starts on the final date of divorce);
4. Share a close personal relationship and are no related by blood closer than would bar marriage in the State of Oregon;
5. Have jointly shared the same regular and permanent residence for at least six months; and
6. Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household (financial information must be provided if requested).

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this affidavit. The signing employee must notify their employer within 31 days after such death or change, by completing a Termination of Domestic Partnership form and a midyear change form. After submitting the forms, the employee may not file a new Affidavit of Domestic Partnership for the purpose of enrolling a new partner for six months from the date the Termination of Domestic Partnership form is received by the employer.

We certify that the foregoing is true and accurate to the best of our knowledge.

Employee signature

Date

Domestic partner signature

Date

Employer (received by)

Date

Submit this completed form to your employer.

Do not submit this form to OEGB.