EAGLE POINT SCHOOL DISTRICT 9
2026 - 2027 OEBB PLAN RATES

Moda - Connexus	Monthly Premium
Plan 2 Ded. $1350	
Employee	$789.05
Employee + Spouse	$1,735.89
Employee + Children	$1,499.21
Family	$2,446.07
Plan 3 Ded. $1750	
Employee	$740.25
Employee + Spouse	$1,628.57
Employee + Children	$1,406.52
Family	$2,294.85
Plan 4 Ded. $2150	
Employee	$698.98
Employee + Spouse	$1,537.75
Employee + Children	$1,328.07
Family	$2,166.88
Plan 5 Ded. $2550	
Employee	$645.68
Employee + Spouse	$1,420.51
Employee + Children	$1,226.82
Family	$2,001.67
Plan 6 Ded. $2150	
Employee	$658.62
Employee + Spouse	$1,448.96
Employee + Children	$1,251.41
Family	$2,041.75
Plan 7 Ded. $2550	
Employee	$614.69
Employee + Spouse	$1,352.31
Employee + Children	$1,167.94
Family	$1,905.57

District Contribution	
Employee Only Cap	$640.00
Employee + Spouse Cap	$1,387.00
Employee + Child(ren) Cap	$1,238.00
Family Cap	$1,992.00

Delta Dental	Monthly Premium
Premier Plan 1 w/Ortho	
Employee	$71.48
Employee + Spouse	$141.62
Employee + Children	$157.47
Family	$233.20
Premier Plan 5 w/Ortho	
Employee	$63.14
Employee + Spouse	$125.06
Employee + Children	$139.08
Family	$205.97
Premier Plan 6 No Ortho	
Employee	$48.21
Employee + Spouse	$95.42
Employee + Children	$96.86
Family	$147.98
Exclusive Delta Dental PPO-Incentive	
Employee	$61.98
Employee + Spouse	$122.76
Employee + Children	$136.50
Family	$202.14
Exclusive Delta Dental PPO	
Employee	$41.77
Employee + Spouse	$82.72
Employee + Children	$91.99
Family	$136.25

Willamette Dental	
Employee	$49.79
Employee + Spouse	$99.63
Employee + Children	$106.11
Family	$159.14

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

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

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

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

**District contribution amounts do not reflect any increase as successor collective bargaining agreement has not be finalized.*