

**Health Insurance Cost Sheet**  
**Plan Year October 1, 2026 through September 30, 2027**

**Licensed Employees**

*The District will pay a portion of your medical, dental, and vision premiums (see box below). You may choose any combination of medical, dental, and/or vision plans. You can decline any plans you don't need. The district cap will be applied towards whichever plan combination you choose.*

**Health Insurance Cost Calculator**

|                                               | <u>Premiums</u> |
|-----------------------------------------------|-----------------|
| My selected Medical plan premium is:          | <hr/>           |
| My selected Dental plan premium is:           | <hr/>           |
| My selected Vision plan premium is:           | <hr/>           |
| <b>MINUS District contribution (see box)</b>  | <hr/>           |
| <b>My monthly out-of-pocket cost will be:</b> | <hr/>           |

**District Contribution towards Medical, Dental & Vision**

| <u>Coverage Type</u>         | <u>District will pay:</u> |
|------------------------------|---------------------------|
| Employee Only                | \$608.00                  |
| Employee & Spouse            | \$1,397.00                |
| Employee & Child(ren)        | \$1,218.00                |
| Employee, Spouse, & Children | \$2,011.00                |

**Mandatory for all employees:**

Basic Life Plan 10 - \$50,000 \$4.40  
 Long Term Disability Plan 18 - 66.67%/90-Day waiting period \$13 to \$25 (varies)

Monthly salary x .00302

**My monthly Mandatory Employee Costs \$17.40 to \$29.40**

**Open Enrollment Ends  
September 14th**

Detailed information about all of the available plans can be found in the online Enrollment Guide at  
<https://www.oregon.gov/oha/OEBB/Documents/2026-27-OEBB-Enrollment-Guide.pdf>

A summary comparison of deductibles and copays for each plan can be found online at  
<https://www.oregon.gov/oha/OEBB/Documents/2026-27-OEBB-Benefit-Comparison.pdf>

**MEDICAL PLANS**

|                                | <b>Traditional Plans</b> |                    |                    |
|--------------------------------|--------------------------|--------------------|--------------------|
|                                | <i>Moda Plan 3</i>       | <i>Moda Plan 4</i> | <i>Moda Plan 5</i> |
| Employee Only                  | \$740.25                 | \$698.98           | \$645.68           |
| Employee & Spouse              | \$1,628.57               | \$1,537.75         | \$1,420.51         |
| Employee & Child(ren)          | \$1,406.52               | \$1,328.07         | \$1,226.82         |
| Employee, Spouse, & Child(ren) | \$2,294.85               | \$2,166.88         | \$2,001.67         |

**Also fill out the WageWorks Flexible Spending Account enrollment form.** The district will contribute **\$41.50 per month** (\$498 per year) **to an FSA account.** These funds can be used towards your deductible and copay expenses.

|                                | <b>HSA-Compatible Plans</b> |                    |
|--------------------------------|-----------------------------|--------------------|
|                                | <i>Moda Plan 6</i>          | <i>Moda Plan 7</i> |
| Employee Only                  | \$658.62                    | \$614.69           |
| Employee & Spouse              | \$1,448.96                  | \$1,352.31         |
| Employee & Child(ren)          | \$1,251.41                  | \$1,167.94         |
| Employee, Spouse, & Child(ren) | \$2,041.75                  | \$1,905.57         |

**Also fill out the HealthEquity Health Savings Account enrollment form.** The district will contribute **\$167 per month** (\$2004 per year) **to an HSA account.** These funds can be used towards your deductible and copay expenses.

If you decline Medical, but enroll in Dental and/or Vision insurance, you can still fill out the WageWorks Flexible Spending Account enrollment form to receive the district contribution of \$41.50 per month (\$498 annually) to an FSA account.

## DENTAL PLANS

|                       | <i>Delta Dental<br/>Premier Plan 1</i> | <i>Delta Dental<br/>Premier Plan 5</i> | <i>Delta Dental<br/>Premier Plan 6<br/>(No Ortho)</i> | <i>Delta Dental<br/>Exclusive PPO<br/>Incentive Plan</i> | <i>Delta Dental<br/>Exclusive PPO</i> | <i>Willamette<br/>Dental Plan</i> |
|-----------------------|----------------------------------------|----------------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-----------------------------------|
| Employee Only         | \$71.48                                | \$63.14                                | \$48.21                                               | \$61.98                                                  | \$41.77                               | \$49.79                           |
| Employee & Spouse     | \$141.62                               | \$125.06                               | \$95.42                                               | \$122.76                                                 | \$82.72                               | \$99.63                           |
| Employee & Child(ren) | \$157.47                               | \$139.08                               | \$96.86                                               | \$136.50                                                 | \$91.99                               | \$106.11                          |
| Family                | \$233.20                               | \$205.97                               | \$147.98                                              | \$202.14                                                 | \$136.25                              | \$159.14                          |

## VISION PLANS

|                       | <i>Moda Plan<br/>Opal</i> | <i>Moda Plan<br/>Pearl</i> | <i>Moda Plan<br/>Quartz</i> | <i>VSP Choice Plus</i> | <i>VSP Choice</i> |
|-----------------------|---------------------------|----------------------------|-----------------------------|------------------------|-------------------|
| Employee Only         | \$21.83                   | \$17.81                    | \$12.58                     | \$14.15                | \$6.89            |
| Employee & Spouse     | \$47.99                   | \$39.24                    | \$27.71                     | \$31.14                | \$15.14           |
| Employee & Child(ren) | \$41.40                   | \$33.87                    | \$23.91                     | \$26.90                | \$13.08           |
| Family                | \$67.60                   | \$55.26                    | \$38.99                     | \$43.87                | \$21.33           |

**These employee-paid OPTIONAL plans are also available.**

|                                      |                                             |                                                                                                                                                             |
|--------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Short Term Disability Plan 12</b> | (7 day waiting period/90 days @ 70%)        | Avg monthly wage x .00056                                                                                                                                   |
| <b>Optional Life Insurance</b>       | Look at the "Optional Life" rates on page 2 | <a href="https://www.oregon.gov/oha/OEBB/Plans/2026-27-Rates-Life-Insurance.pdf">https://www.oregon.gov/oha/OEBB/Plans/2026-27-Rates-Life-Insurance.pdf</a> |
| <b>Optional AD&amp;D Insurance</b>   |                                             | \$0.15 per each \$10,000 of benefit                                                                                                                         |