Health Insurance Cost Sheet
Plan Year October 1, 2026 through September 30, 2027
Classified Full-Time 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

	Premiums
My selected Medical plan premium is:	
My selected Dental plan premium is:	
My selected Vision plan premium is:	
MINUS District contribution (see box)	
My monthly out-of-pocket cost will be:**	

**10-month employees: monthly deduction will be the monthly premium x 12 months, divided by 10 checks
**11-month employees: monthly deduction will be the monthly premium x 12 months, divided by 11 checks

District Contribution towards Medical, Dental & Vision

Coverage Type	District will pay:
Employee Only	$616.00
Employee & Spouse	$1,360.00
Employee & Child(ren)	$1,183.00
Employee, Spouse, & Children	$1,958.00

Mandatory for all employees:

Basic Life ($50,000) & Dependent Life (5,000)	$5.65	
Long Term Disability Plan 18 - 66.67%/90-Day waiting period	$5.20 to $15.00 (varies)	**Monthly salary x .00302**
My monthly Mandatory Employee Costs	**$10.85 to $20.65**	

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

	Traditional Plans			HSA-Compatible Plans	
	Moda Plan 3	***Moda Plan 4***	***Moda Plan 5***	***Moda Plan 6***	***Moda Plan 7***
Employee Only	$740.25	$698.98	$645.68	$658.62	$614.69
Employee & Spouse	$1,628.57	$1,537.75	$1,420.51	$1,448.96	$1,352.31
Employee & Child(ren)	$1,406.52	$1,328.07	$1,226.82	$1,251.41	$1,167.94
Employee, Spouse, & Child(ren)	$2,294.85	$2,166.88	$2,001.67	$2,041.75	$1,905.57

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.

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

	Delta Dental Premier Plan 1	*Delta Dental Premier Plan 5*	*Delta Dental Premier Plan 6 (No Ortho)*	*Delta Dental Exclusive PPO Incentive Plan*	*Delta Dental Exclusive PPO*	*Willamette Dental Plan*
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

	Moda Plan Opal	*Moda Plan Pearl*	*Moda Plan Quartz*	*VSP Choice Plus*	*VSP Choice*
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.

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