

Woodburn School District
OEBB Insurance Oct 1, 2026 to Sept 30, 2027
Classified Part-Time

Medical Plans

See plan summaries for benefit descriptions

MODA

Plan Name	In Network Coordinated Care Plan 1	In Network Coordinated Care Plan 2	In Network Coordinated Care Plan 3	In Network Coordinated Care Plan 4	In Network Coordinated Care Plan 5	In Network Coordinated Care Plan 6*	In Network Coordinated Care Plan 7*
Monthly Premium Rates							
Employee only	\$850.58	\$789.05	\$740.25	\$698.98	\$645.68	\$658.62	\$614.69
EE & Sp/Partn	\$1,871.25	\$1,735.89	\$1,628.57	\$1,537.75	\$1,420.51	\$1,448.96	\$1,352.31
EE & Child(ren)	\$1,616.13	\$1,499.21	\$1,406.52	\$1,328.07	\$1,226.82	\$1,251.41	\$1,167.94
EE & Family	\$2,636.85	\$2,446.07	\$2,294.85	\$2,166.88	\$2,001.67	\$2,041.75	\$1,905.57

Kaiser

Plan Name	Plan 1 w/Pharmacy	Plan 2A w/Pharmacy	Plan 2B w/Pharmacy	Plan 3* - HSA w/ Pharmacy
Monthly Premium Rates				
Employee only	\$755.79	\$659.84	\$644.19	\$499.51
EE & Sp/Partn	\$1,662.73	\$1,452.57	\$1,418.11	\$1,099.58
EE & Child(ren)	\$1,435.99	\$1,253.63	\$1,223.89	\$948.67
EE & Family	\$2,342.94	\$2,046.49	\$1,997.94	\$1,548.80

*May be paired with a Health Savings Account.
Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible and then once the deductible is met they are paid at the same level as other covered medical expenses

Vision Plans

MODA

Plan Name	Opal	Pearl	Quartz
Employee only	\$21.83	\$17.81	\$12.58
EE & Sp/Partn	\$47.99	\$39.24	\$27.71
EE & Child(ren)	\$41.40	\$33.87	\$23.91
EE & Family	\$67.60	\$55.26	\$38.99

VSP

VSP Choice Plus	VSP Choice
\$14.15	\$6.89
\$31.14	\$15.14
\$26.90	\$13.08
\$43.87	\$21.33

Kaiser***

Plan 5
\$8.49
\$18.67
\$16.12
\$26.31

**Exam, lenses and hardware charges all apply to the Plan Year maximum on Moda Vision Plans

***only if you have Kaiser Medical

Dental Plans

MODA Delta Dental

Plan Name	Premier Plan 1 w/Ortho	Premier Plan 5 w/Ortho	Premier Plan 6 **NO Ortho	Exclusive PPO Incentive Plan w/Ortho	Exclusive PPO Plan w/Ortho
Employee only	\$71.48	\$63.14	\$48.21	\$61.98	\$41.77
EE & Sp/Partn	\$141.62	\$125.06	\$95.42	\$122.76	\$82.72
EE & Child(ren)	\$157.47	\$139.08	\$96.86	\$136.50	\$91.99
EE & Family	\$233.20	\$205.97	\$147.98	\$202.14	\$136.25

Kaiser

Willamette

Dental w/Ortho	Dental w/Ortho
\$78.34	\$49.79
\$172.36	\$99.63
\$148.86	\$106.11
\$242.86	\$159.14

This rate chart is for comparison purposes only and is not intended to fully describe the benefits of each Plan.
Refer to your member handbook for more details of benefit coverage.

Enter the above rates for your plan selections on the calculation sheet to calculate your payroll deduction.

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	Carrier	Plan #	Rate
Medical			+ enter rate
	list your plan		
Vision			+ enter rate
	list your plan		
Dental			+ enter rate
	list your plan		
Total Premiums			=
	35-37 hrs per wk	\$1,527.20	92%
	30-34 hrs pre wk	\$1,460.80	88%
District paid amount	25-29 hrs per wk	\$979.40	59%
	20-24 hrs per wk	\$830.00	50%
Payroll Deduction			=
Add any optional coverage (Empl/Spouse/Partner/Child Life Ins/Long Term Care)			+ enter rate (if any)
Payroll Deduction - monthly			= ***

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