Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2026 - 09/30/2027

MEDICAL OPTIONS

MODA Plan 1 ($700/$800/$1100 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	850.58	1,871.25	1,616.13	2,636.85
Employer contribution - Full Time Employee	850.58	1,616.08	1,424.74	2,190.28
Employee deduction - Full Time Employee	0.00	255.17	191.39	446.57
Total Premium	850.58	1,871.25	1,616.13	2,636.85
Employer contribution - PT Mgmt, Classified Employee	425.29	425.29	425.29	425.29
Employee deduction - PT Mgmt, Classified Employee	425.29	1,445.96	1,190.84	2,211.56
Total Premium	850.58	1,871.25	1,616.13	2,636.85
COBRA Monthly Premium	867.59	1,908.68	1,648.45	2,689.59

MODA Plan 2 ($1100/$1200/$1900 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	789.05	1,735.89	1,499.21	2,446.07
Employer contribution - Full Time Employee	789.05	1,499.18	1,321.67	2,031.82
Employee deduction - Full Time Employee	0.00	236.71	177.54	414.25
Total Premium	789.05	1,735.89	1,499.21	2,446.07
Employer contribution - PT Mgmt, Classified Employee	394.53	394.53	394.53	394.53
Employee deduction - PT Mgmt, Classified Employee	394.52	1,341.36	1,104.68	2,051.54
Total Premium	789.05	1,735.89	1,499.21	2,446.07
COBRA Monthly Premium	804.83	1,770.61	1,529.19	2,494.99

MODA Plan 3 ($1500/$1600/$2700 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	740.25	1,628.57	1,406.52	2,294.85
Employer contribution - Full Time Employee	740.25	1,406.49	1,239.95	1,906.20
Employee deduction - Full Time Employee	0.00	222.08	166.57	388.65
Total Premium	740.25	1,628.57	1,406.52	2,294.85
Employer contribution - PT Mgmt, Classified Employee	370.13	370.13	370.13	370.13
Employee deduction - PT Mgmt, Classified Employee	370.12	1,258.44	1,036.39	1,924.72
Total Premium	740.25	1,628.57	1,406.52	2,294.85
COBRA Monthly Premium	755.06	1,661.14	1,434.65	2,340.75

Moda Plan 4 ($1900/$2000/$3500 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	698.98	1,537.75	1,328.07	2,166.88
Employer contribution - Full Time Employee	698.98	1,328.06	1,170.80	1,799.91
Employee deduction - Full Time Employee	0.00	209.69	157.27	366.97
Total Premium	698.98	1,537.75	1,328.07	2,166.88
Employer contribution - PT Mgmt, Classified Employee	349.49	349.49	349.49	349.49
Employee deduction - PT Mgmt, Classified Employee	349.49	1,188.26	978.58	1,817.39
Total Premium	698.98	1,537.75	1,328.07	2,166.88
COBRA Monthly Premium	712.96	1,568.51	1,354.63	2,210.22

MODA Plan 6 ($1900/$2000/$3500 deductible) Health Savings Account Compliant - HSA Optional	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	658.62	1,448.96	1,251.41	2,041.75
Employer contribution - Full Time Employee	658.62	1,251.38	1,103.21	1,695.97
Employee deduction - Full Time Employee	0.00	197.58	148.20	345.78
Total Premium	658.62	1,448.96	1,251.41	2,041.75
Employer contribution - PT Mgmt, Classified Employee	329.31	329.31	329.31	329.31
Employee deduction - PT Mgmt, Classified Employee	329.31	1,119.65	922.10	1,712.44
Total Premium	658.62	1,448.96	1,251.41	2,041.75
COBRA Monthly Premium	671.79	1,477.94	1,276.44	2,082.59

DENTAL OPTIONS

Delta Dental Premier Plan 1 w/Ortho ($50 Deductible/$2200 Plan Year Maximum Benefit)

Benefit Levels (70/80/90/100) Start at 70% increase 10% each yr

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	71.48	141.62	157.47	233.20
Employer contribution - Full Time Employee	71.48	124.09	135.97	192.77
Employee deduction - Full Time Employee	0.00	17.53	21.50	40.43
Total Premium	71.48	141.62	157.47	233.20
Employer contribution - PT Mgmt, Classified Employee	35.74	35.74	35.74	35.74
Employee deduction - PT Mgmt, Classified Employee	35.74	105.88	121.73	197.46
Total Premium	71.48	141.62	157.47	233.20
COBRA Monthly Premium	72.91	144.45	160.62	237.86

Delta Dental Premier Plan 5 w/Ortho ($50 Deductible/$1700 Plan Year Maximum Benefit)

Benefit Levels (70/80/90/100) Start at 70% increase 10% each yr

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	63.14	125.06	139.08	205.97
Employer contribution - Full Time Employee	63.14	109.58	120.10	170.26
Employee deduction - Full Time Employee	0.00	15.48	18.98	35.71
Total Premium	63.14	125.06	139.08	205.97
Employer contribution - PT Mgmt, Classified Employee	31.57	31.57	31.57	31.57
Employee deduction - PT Mgmt, Classified Employee	31.57	93.49	107.51	174.40
Total Premium	63.14	125.06	139.08	205.97
COBRA Monthly Premium	64.40	127.56	141.86	210.09

Delta Dental Premier Plan 6 no Ortho ($50 Deductible/$1200 Plan Year Maximum Benefit)

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	48.21	95.42	96.86	147.98
Employer contribution - Full Time Employee	48.21	83.62	84.70	123.04
Employee deduction - Full Time Employee	0.00	11.80	12.16	24.94
Total Premium	48.21	95.42	96.86	147.98
Employer contribution - PT Mgmt, Classified Employee	24.11	24.11	24.11	24.11
Employee deduction - PT Mgmt, Classified Employee	24.10	71.31	72.75	123.87
Total Premium	48.21	95.42	96.86	147.98
COBRA Monthly Premium	49.17	97.33	98.80	150.94

Delta Dental Exclusive PPO Incentive Plan w/Ortho ($50 Deductible/$2300 Plan Year Maximum Benefit)

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	61.98	122.76	136.50	202.14
Employer contribution - Full Time Employee	61.98	107.57	117.87	167.10
Employee deduction - Full Time Employee	0.00	15.19	18.63	35.04
Total Premium	61.98	122.76	136.50	202.14
Employer contribution - PT Mgmt, Classified Employee	30.99	30.99	30.99	30.99
Employee deduction - PT Mgmt, Classified Employee	30.99	91.77	105.51	171.15
Total Premium	61.98	122.76	136.50	202.14
COBRA Monthly Premium	63.22	125.22	139.23	206.18

Delta Dental Exclusive PPO Plan w/Ortho ($50 Deductible/$1500 Plan Year Maximum Benefit)

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	41.77	82.72	91.99	136.25
Employer contribution - Full Time Employee	41.77	72.48	79.44	112.63
Employee deduction - Full Time Employee	0.00	10.24	12.55	23.62
Total Premium	41.77	82.72	91.99	136.25
Employer contribution - PT Mgmt, Classified Employee	20.89	20.89	20.89	20.89
Employee deduction - PT Mgmt, Classified Employee	20.88	61.83	71.10	115.36
Total Premium	41.77	82.72	91.99	136.25
COBRA Monthly Premium	42.61	84.37	93.83	138.98

Willamette Dental Plan w/Ortho ($20 Copay)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	49.79	99.63	106.11	159.14
Employer contribution - Full Time Employee	49.79	87.17	92.03	131.80
Employee deduction - Full Time Employee	0.00	12.46	14.08	27.34
Total Premium	49.79	99.63	106.11	159.14
Employer contribution - PT Mgmt, Classified Employee	24.90	24.90	24.90	24.90
Employee deduction - PT Mgmt, Classified Employee	24.89	74.73	81.21	134.24
Total Premium	49.79	99.63	106.11	159.14
COBRA Monthly Premium	50.79	101.62	108.23	162.32

VISION OPTIONS

MODA Opal Vision Plan ($600 Plan Year Maximum Benefit	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	21.83	47.99	41.40	67.60
Employer contribution - Full Time Employee	21.83	41.45	36.51	56.16
Employee deduction - Full Time Employee	0.00	6.54	4.89	11.44
Total Premium	21.83	47.99	41.40	67.60
Employer contribution - PT Mgmt, Classified Employee	10.92	10.92	10.92	10.92
Employee deduction - PT Mgmt, Classified Employee	10.91	37.07	30.48	56.68
Total Premium	21.83	47.99	41.40	67.60
COBRA Monthly Premium	22.27	48.95	42.23	68.95

MODA Pearl Vision Plan ($400 Plan Year Maximum Benefi	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	17.81	39.24	33.87	55.26
Employer contribution - Full Time Employee	17.81	33.88	29.86	45.90
Employee deduction - Full Time Employee	0.00	5.36	4.01	9.36
Total Premium	17.81	39.24	33.87	55.26
Employer contribution - PT Mgmt, Classified Employee	8.91	8.91	8.91	8.91
Employee deduction - PT Mgmt, Classified Employee	8.90	30.33	24.96	46.35
Total Premium	17.81	39.24	33.87	55.26
COBRA Monthly Premium	18.17	40.02	34.55	56.37

MODA Quartz Vision Plan ($250 Plan Year Maximum Bene	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	12.58	27.71	23.91	38.99
Employer contribution - Full Time Employee	12.58	23.93	21.08	32.39
Employee deduction - Full Time Employee	0.00	3.78	2.83	6.60
Total Premium	12.58	27.71	23.91	38.99
Employer contribution - PT Mgmt, Classified Employee	6.29	6.29	6.29	6.29
Employee deduction - PT Mgmt, Classified Employee	6.29	21.42	17.62	32.70
Total Premium	12.58	27.71	23.91	38.99
COBRA Monthly Premium	12.83	28.26	24.39	39.77

VSP Choice Plus Plan	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	14.15	31.14	26.90	43.87
Employer contribution - Full Time Employee	14.15	26.89	23.71	36.44
Employee deduction - Full Time Employee	0.00	4.25	3.19	7.43
Total Premium	14.15	31.14	26.90	43.87
Employer contribution - PT Mgmt, Classified Employee	7.08	7.08	7.08	7.08
Employee deduction - PT Mgmt, Classified Employee	7.07	24.06	19.82	36.79
Total Premium	14.15	31.14	26.90	43.87
COBRA Monthly Premium	14.43	31.76	27.44	44.75

VSP Choice Plan	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	6.89	15.14	13.08	21.33
Employer contribution - Full Time Employee	6.89	13.08	11.53	17.72
Employee deduction - Full Time Employee	0.00	2.06	1.55	3.61
Total Premium	6.89	15.14	13.08	21.33
Employer contribution - PT Mgmt, Classified Employee	3.45	3.45	3.45	3.45
Employee deduction - PT Mgmt, Classified Employee	3.44	11.69	9.63	17.88
Total Premium	6.89	15.14	13.08	21.33
COBRA Monthly Premium	7.03	15.44	13.34	21.76