

EAGLE POINT SCHOOL DISTRICT 9 2024 - 2025 OEGB PLAN RATES

Moda - Connexus	Monthly Premium
Plan 2 Ded. \$800	
Employee	\$735.94
Employee + Spouse	\$1,619.06
Employee + Children	\$1,398.31
Family	\$2,281.45
Plan 3 Ded. \$1200	
Employee	\$690.43
Employee + Spouse	\$1,518.96
Employee + Children	\$1,311.87
Family	\$2,140.41
Plan 4 Ded. \$1600	
Employee	\$651.94
Employee + Spouse	\$1,434.27
Employee + Children	\$1,238.70
Family	\$2,021.05
Plan 5 Ded. \$2000	
Employee	\$602.23
Employee + Spouse	\$1,324.91
Employee + Children	\$1,144.26
Family	\$1,866.96
Plan 6 Ded. \$1600	
Employee	\$614.29
Employee + Spouse	\$1,351.45
Employee + Children	\$1,167.19
Family	\$1,904.35
Plan 7 Ded. \$2000	
Employee	\$573.32
Employee + Spouse	\$1,261.30
Employee + Children	\$1,089.34
Family	\$1,777.33

District Contribution	
Employee Only Cap	\$621.00
Employee + Spouse Cap	\$1,347.00
Employee + Child(ren) Cap	\$1,202.00
Family Cap	\$1,934.00

Delta Dental	Monthly Premium
Premier Plan 1 w/Ortho	
Employee	\$67.54
Employee + Spouse	\$133.80
Employee + Children	\$148.78
Family	\$220.33
Premier Plan 5 w/Ortho	
Employee	\$59.66
Employee + Spouse	\$118.17
Employee + Children	\$131.41
Family	\$194.60
Premier Plan 6 No Ortho	
Employee	\$45.54
Employee + Spouse	\$90.16
Employee + Children	\$91.51
Family	\$139.81
Exclusive Delta Dental PPO-Incentive	
Employee	\$58.55
Employee + Spouse	\$115.98
Employee + Children	\$128.97
Family	\$190.99
Exclusive Delta Dental PPO	
Employee	\$39.46
Employee + Spouse	\$78.15
Employee + Children	\$86.91
Family	\$128.72

Willamette Dental	
Employee	\$46.99
Employee + Spouse	\$93.99
Employee + Children	\$100.11
Family	\$150.18

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: $\text{Moda Premium} + \text{Dental Premium} + \text{Vision Premium} - \text{District Cap} = \text{Employee monthly cost}$
(does not account for optional enrollments & LTD deductions)

<https://www.oregon.gov/oha/OEGB/Plans/Med-Dent-Vis-Rates-2024-25.pdf>

<https://www.compareoebbplans.com/>