	Moda 5, Pearl, Dental 6	711.70	1,555.17	1,357.55	2,204.91
	Out of pocket w/above options	5.72	(82.14)	(70.86)	(426.84)

OEBB Rates & CAPS Effective 10/01/2026 - 09/30/2027

	Plan	EE Employee Only	ES Employee & Spouse	EC Employee & Child(ren)	EF Employee, Spouse, Children
	CAP* - Full Time (0.8 to 1.0) FTE	$717.42	$1, 473.03	$1,286.69	$1,778.07
	CAP* - Part Time (0.5 - 0.79) FTE	$717.42	$717.42	$717.42	$717.42
MEDICAL PLANS		MONTHLY PREMIUMS			
Kaiser 1		755.79	1,662.73	1,435.99	2,342.94
Kaiser 2A		659.84	1,452.57	1,253.63	2,046.49
Kaiser 2B		644.19	1,418.11	1,223.89	1,997.94
Kaiser 3	HSA Eligible	499.51	1,099.58	948.67	1,548.80
Moda 1		850.58	1,871.25	1,616.13	2,636.85
Moda 2		789.05	1,735.89	1,499.21	2,446.07
Moda 3		740.25	1,628.57	1,406.52	2,294.85
Moda 4		698.98	1,537.75	1,328.07	2,166.88
Moda 5		645.68	1,420.51	1,226.82	2,001.67
Moda 6	HSA Eligible	658.62	1,448.96	1,251.41	2,041.75
Moda 7	HSA Eligible	614.69	1,352.31	1,167.94	1,905.57
VISION PLANS		MONTHLY PREMIUMS			
Moda - Opal		21.83	47.99	41.40	67.60
Moda - Pearl		17.81	39.24	33.87	55.26
Moda - Quartz		12.58	27.71	23.91	38.99
Kaiser Vision	Must have Kaiser Medical Plan	8.49	18.67	16.12	26.31
VSP Choice Plus		14.15	31.14	26.90	43.87
VSP Plus		6.89	15.14	13.08	21.33
DENTAL PLANS		MONTHLY PREMIUMS			
Delta Dental - Premier Plan 1		71.48	141.62	157.47	233.20
Delta Dental - Premier Plan 5		63.14	125.06	139.08	205.97
Delta Dental - Premier Plan 6	Plan Has No Orthodontia Coverage	48.21	95.42	96.86	147.98
Delta Dental - Exclusive PPO Incentive	Plan Has No Out-Of-Network Benefit	61.98	122.76	136.50	202.14
Delta Dental - Exclusive PPO	Plan Has No Out-Of-Network Benefit	41.77	82.72	91.99	136.25
Kaiser - Dental		78.34	172.36	148.86	242.86
Willamette Dental - Dental		49.79	99.63	106.11	159.14

		Plan	EE Employee Ony	ES Employee & Spouse	EC Employee & Child(ren)	EF Employee, Spouse, Children
Employees (.5 fte and higher) that opt out of insurance will receive the following monthly benefit:						
HSA Eligible - OPT OUTS (non-taxable income)						
	0.8 to 1.0 FTE		250.00	500.00	500.00	500.00
	0.5 to 0.79 FTE		125.00	250.00	250.00	250.00
Cash Stipend - OPT OUTS (taxable income)			215.00	425.00	425.00	425.00
	0.8 to 1.0 FTE					
	0.5 to 0.79 FTE		107.50	212.50	212.50	212.50
Employees that elect a health insurance plan will receive the following monthly benefit:						
HRA/HSA Contribution						
	0.5 to 1.0 FTE		62.50	62.50	62.50	62.50

All amounts are per month

*CAP is the maximum amount of Baker Charter Schools monthly contribtuion to your insurance premium.

Must have an HSA Eligible Plan for an HSA Contribution