	Moda 5, Pearl, Dental 6	688.31	1,504.04	1,312.99	2,132.47
	Out of pocket w/above options	8.21	(73.91)	(63.78)	(406.19)

OEBB Rates & CAPS Effective Oct 2025 - Sept 2026

Plan		EE Employee Only	ES Employee & Spouse	EC Employee & Child (ren)	EF Employee, Spouse, Children
CAP* - Full Time (0.8 to 1.0)		**696.52**	**1,430.13**	**1,249.21**	**1,726.28**
CAP* - .5 - .79 FTE		**696.52**	**696.52**	**696.52**	**696.52**
MEDICAL PLANS			**MONTHLY PREMIUMS**		
Kaiser 1		730.92	1,608.03	1,388.75	2,265.86
Kaiser 2A		638.13	1,404.79	1,212.39	1,979.17
Kaiser 2B		623.00	1,371.45	1,183.62	1,932.21
Kaiser 3	HSA Optional	483.08	1,063.41	917.46	1,497.83
Moda 1		821.57	1,807.46	1,561.02	2,546.95
Moda 2		762.14	1,676.70	1,448.09	2,362.67
Moda 3		715.01	1,573.04	1,358.56	2,216.61
Moda 4		675.14	1,485.32	1,282.79	2,093.00
Moda 5		623.66	1,372.08	1,185.00	1,933.42
Moda 6	HSA Compliant	636.16	1,399.56	1,208.74	1,972.14
Moda 7	HSA Compliant	593.73	1,306.20	1,128.12	1,840.60
VISION PLANS			**MONTHLY PREMIUMS**		
Vision - Opal		21.83	47.99	41.40	67.60
Vision - Pearl		17.81	39.24	33.87	55.26
Employees (.5 fte and higher) that opt out of insurance will receive the following monthly benefit:					
Vision - Quartz		12.58	27.71	23.91	38.99
Vision - Kaiser	Must have Kaiser Medical Plan	8.49	18.67	16.12	26.31
Vision - VSP Choice Plus		14.15	31.14	26.90	43.87
Vision - VSP Plus		6.89	15.14	13.08	21.33
DENTAL PLANS			**MONTHLY PREMIUMS**		
Dental - 1		69.45	137.60	153.00	226.59
Dental - 5		61.35	121.52	135.13	200.13
Dental - 6		46.84	92.72	94.12	143.79
Dental - PPO Incentive		60.21	119.27	132.63	196.41
Dental - PPO		40.58	80.37	89.38	132.38
Dental - Kaiser		75.76	166.70	143.97	234.88
Dental - Willamette Dental		48.17	63.34	102.62	153.93

Plan		EE Employee Ony	ES Employee & Spouse	EC Employee & Child (ren)	EF Employee, Spouse, Children
HSA - OPT OUTS (non taxable)					
	.8 to 1.0 FTE	250.00	500.00	500.00	500.00
	.5 to .79 FTE	125.00	250.00	250.00	250.00
403b, 457b or Cash Stipend - OPT OUTS (taxable income)					
	.8 to 1.0 FTE	215.00	425.00	425.00	425.00
	.5 to .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					
	.5 to 1.0 FTE	62.50	62.50	62.50	62.50

All amounts are per month

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