



Licensed and Classified

Benefit Plan Summaries

Plan Year 2026-2027

This summary of benefits was designed to provide information to employees about benefits provided by or through Lane Education Service District. As summaries, they are necessarily brief and do not represent all of the provisions, limitations, or exclusions of the governing contract. Please review your member handbooks available online at www.oregon.gov/oha/OEBB/Pages/Handbooks.aspx.

Revised 8/4/2026

SOURCES OF ASSISTANCE

Lane ESD – Benefits Assistance	
• Web Site	www.lesd.k12.or.us/benefits
• Phone Number	541-461-8202
• Address	1200 Highway 99 North, Eugene, OR 97402
• Human Resources Contact	Chris Antonetti
Oregon Educators Benefit Board (OEBB)	
• Web Site	www.oregon.gov/oha/oebb
• Customer Service Number	888-469-6322
Moda Health Plan – Medical, Pharmacy, Dental & Vision – Group # 10006673	
• Web Site	www.modahealth.com/oebb
• Customer Service Number – Medical & Vision	866-923-0409
• Customer Service Number – Pharmacy	866-923-0411
• Customer Service Number – Dental	866-923-0410
Kaiser – Medical & Dental – Group # 18050	
• Web Site	https://my.kp.org/oebb/
• Customer Service Number	800-813-2000
Willamette Dental Plan – Dental – Group # W02064C6	
• Web Site	www.willamettedental.com/oebb
• Customer Service Number	855-433-6825
Standard Insurance – Life, Disability– Group # 646595,	
• Web Site	www.standard.com/mybenefits/oebb
• Customer Service Number	866-756-8115
State of Oregon – Paid Leave Oregon – FEIN 93-6010866	
• Web Site	www.paidleave.oregon.gov
• File a Claim	https://frances.oregon.gov
Chard Snyder – Section 125 Plan (FSA) & Legacy Health Reimbursement Accounts (HRA)	
• Web Site	www.chard-snyder.com
• Customer Service Number	800-982-7715
• Fax for Claims	888-245-8452
Optum – Health Savings Account (HSA)	
• Web Site	http://www.optum.com/en/financial-services.html
• Customer Service Number	866-234-8913
Canopy Wellbeing – Employee Assistant Program (EAP)	
• Website	http://my.canopywell.com
• Organization Name	OEBB
• Customer Service Number	800-433-2320

Special Notes Regarding Plan Benefits

Dependent Eligibility

Biological, step and adopted children through age 25 are eligible for coverage under OEGB benefit plans. Eligible employees also may obtain coverage for dependent children that are legal wards of the court or that they, their spouses, or domestic partners are required to support.

Dependent children older than age 25 are eligible for benefit coverage if they are incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and were covered under an educational entity plan prior to reaching the age of 26. There are some exceptions, please see a complete version of OEGB's eligibility rules at <https://www.oregon.gov/oha/OEGB/Pages/Eligibility.aspx>.

Pre-Existing Conditions

There are no limitations on pre-existing conditions. There is a 24-month waiting period for organ transplants. This waiting period can be waived or reduced by documentation of prior organ transplant coverage under other creditable coverage in the 24 months prior to the beginning of this OEGB coverage.

Premium Deductions for 10-month Employees

Employees who work 10-months (160-210 days) per year and choose to receive 10 paychecks per year will have their annual (September – August) out of pocket insurance premium divided equally across 10 paychecks.

Kaiser Vision Coverage

Employees must be enrolled in a Kaiser Medical insurance plan in order to enroll in Kaiser Vision coverage.

Medical, Dental, Vision, and Life Insurance Enrollment Options

Eligible employees have three (3) enrollment options as follows:

Option # 1

Employees may choose up to one (1) Medical/Rx Plan; one (1) Dental Plan; and one (1) Vision Plan. Employees may also choose not to enroll in either a Dental Plan or a Vision Plan or both. (For example, an employee may enroll in a medical plan and vision plan and elect not to enroll in a dental plan or an employee may enroll in a medical plan only and elect not to enroll in either a dental or vision plan.)

Option # 2

Employees may choose to waive/decline Medical benefits. Waiving or declining Medical benefits means that an individual elects not to enroll in any of the medical benefit plans available under the OEGB-sponsored benefits program. Dental, vision and optional insurance may be purchased at their own expense.

Option #3

As outlined on the next page, employees who are covered under other employer-sponsored group coverage may "Opt-Out" of medical insurance and receive a monthly financial incentive of \$500 from Lane ESD. Dental, vision and other insurance may be purchased at their own expense.

Note: An online version of this 2026-2027 Licensed and Classified Benefits Summary can be found on the Lane ESD website:
<https://lesd.k12.or.us/hr/benefits/>

Medical Insurance “Opt-Out”

Employees who are eligible for benefits may “**Opt-Out**” of insurance coverage and receive a **monthly** financial incentive of **\$500** from Lane ESD under the following conditions:

- The employee and their eligible dependents **MUST** have other employer-sponsored group coverage to “Opt-Out”.
- Participation or enrollment in Individual Marketplace Coverage, the Oregon Health Plan, Medicaid, or Student Health Insurance does **NOT** qualify for OEGB “Opt-Out”, and the employees are not eligible to receive financial incentive.
- Employees who “Waive” coverage are not eligible to receive this financial incentive regardless of whether or not they have other medical coverage.
- The employee must provide proof of other equivalent group coverage as part of the OEGB online enrollment process, or the “Opt-Out” will not be in effect.

Employees who “Opt-Out” of medical coverage will **not** be eligible for Lane ESD’s Employee Health Plan Monthly Premium Share.

However, employees may elect to enroll themselves and their dependents in the following coverages at their own expense: Dental, Vision, and optional insurances such as additional Life Insurance, additional Accidental Death and Dismemberment Insurance, and/or Short Term Disability.

Lane ESD will continue to provide \$25,000 in Basic Life Insurance, \$25,000 in Accidental Death and Dismemberment Insurance, and Long-Term Disability Insurance.

Employee Health Plan Monthly Premium Share

Eligible employees are responsible for health-related insurance premiums over the **District’s maximum monthly contribution of:**

Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
\$727	\$1,584	\$1,401	\$2,263

The **District’s** contribution covers:

- Medical
- Dental
- Vision
- Life Insurance

All other coverages are at the **employee’s expense**.

These coverages include:

- \$5 surcharge for double medical coverage under OEGB or PEBB
- Short Term Disability
- Additional (Optional) Life Insurance
- Additional (Optional) AD&D Insurance
- Flexible Spending Accounts (FSAs)
- Tax Sheltered Annuities (TSAs)
- Health Savings Accounts (HSAs)

OEBB Premium Rates

The employee portion of the 2026-27 plan year premium will be based on the insurance selections made. Below is a chart showing the *monthly* medical, dental, vision and life insurance plans and rates available to choose from. The premium share will be automatically deducted from paychecks on a pre-tax basis through our Section 125 Cafeteria Plan. If you do not wish to have your health-related insurance premium deducted on a pre-tax basis you must contact Human Resources. (See Section 125 Plan information).

Note: There is a \$5 monthly surcharge to each individual who has double coverage under medical plans offered through OEBB or PEBB (not included in cost below).

Moda Medical & Pharmacy	Plans	Employee Only	Employee + Spouse/Partner	Employee + Child(ren)	Family
	Moda Medical Plan 1	\$850.58	\$1,871.25	\$1,616.13	\$2,636.85
	Moda Medical Plan 2	\$789.05	\$1,735.89	\$1,499.21	\$2,446.07
	Moda Medical Plan 3	\$740.25	\$1,628.57	\$1,406.52	\$2,294.85
	Moda Medical Plan 4	\$698.98	\$1,537.75	\$1,328.07	\$2,166.88
	Moda Medical Plan 5	\$645.68	\$1,420.51	\$1,226.82	\$2,001.67
	Moda Medical Plan 6 (optional HSA)	\$658.62	\$1,448.96	\$1,251.41	\$2,041.75
	Moda Medical Plan 7 (optional HSA)	\$614.69	\$1,352.31	\$1,167.94	\$1,905.57
Kaiser Medical & Pharmacy	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Kaiser HMO - Plan 1	\$755.79	\$1,662.73	\$1,435.99	\$2,342.94
	Kaiser HMO - Plan 2A	\$659.84	\$1,452.57	\$1,253.63	\$2,046.49
	Kaiser HMO - Plan 2B	\$644.19	\$1,418.11	\$1,223.89	\$1,997.94
	Kaiser HMO - Plan 3 (optional HSA)	\$499.51	\$1,099.58	\$948.67	\$1,548.80
Delta Dental	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Plan 1 w/Orthodontia	\$71.48	\$141.62	\$157.47	\$233.20
	Plan 5 w/Orthodontia	\$63.14	\$125.06	\$139.08	\$205.97
	Plan 6 (no orthodontia)	\$48.21	\$95.42	\$96.86	\$147.98
	Exclusive PPO Incentive Plan	\$61.98	\$122.76	\$136.50	\$202.14
	Exclusive PPO Plan	\$41.77	\$82.72	\$91.99	\$136.25
Willamette Dental	Plan	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Willamette Dental Plan 8 w/ Orthodontia	\$49.79	\$99.63	\$106.11	\$159.14
Kaiser Dental	Plan	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Kaiser Dental Plan w/Orthodontia	\$78.34	\$172.36	\$148.86	\$242.86
Moda Vision	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Opal	\$21.83	\$47.99	\$41.40	\$67.60
	Pearl	\$17.81	\$39.24	\$33.87	\$55.26
	Quartz	\$12.58	\$27.71	\$23.91	\$38.99
VSP	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	VSP Choice Plus	\$14.15	\$31.14	\$26.90	\$43.87
	VSP Choice	\$6.89	\$15.14	\$13.08	\$21.33
Kaiser Vision	Plan	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Kaiser Vision Plan (requires Kaiser Medical coverage)	\$8.49	\$18.67	\$16.12	\$26.31
Standard Life	Mandatory Enrollment Standard Life Plan 6 - \$25,000	\$2.20			

Life Insurance, Accidental Death & Dismemberment (AD&D) and Long Term Disability

Eligible employees are automatically enrolled in *Life Insurance, and Accidental Death & Dismemberment Plan (AD&D)*. These plans are provided by Lane ESD at **no cost to employees**. See page 8 for a link to the summary of these benefits.

Optional (Voluntary) Live, AD&D, and Short Term Disability Enrollment

Eligible employees have the option of enrolling themselves and/or a family member in Voluntary Life, AD&D and/or Short Term Disability Insurance coverage. The premiums for these plans are not included in the district contribution and are the responsibility of the employee. See page 8 for a link to the summary of these benefits.

Optional Life Insurance (Standard Insurance)

Optional Employee Life Plan Optional Life benefits for employees are guaranteed issue for amounts up to and including \$200,000 if the employee enrolls when initially eligible for OEBC coverage. Amounts above the guaranteed issuance will require approval by Standard.	Monthly Rate Per Each \$10,000 of Benefit		
	Age as of each October	If employee HAS NOT used tobacco in the past 12 mo	If employee HAS used tobacco in the past 12 mo
	Under 25	\$0.150	\$0.230
	25 – 29	\$0.170	\$0.270
	30 – 34	\$0.190	\$0.360
	35 – 39	\$0.270	\$0.410
	40 – 44	\$0.380	\$0.550
	45 – 49	\$0.580	\$0.810
	50 – 54	\$0.880	\$1.240
	55 – 59	\$1.650	\$2.270
	60 – 64	\$2.520	\$3.460
	65 – 69	\$4.860	\$6.510
	70 – 74	\$5.660	\$9.270
	75+	\$7.880	\$10.100
Optional Spouse Life Plan Optional Life benefits for spouse/partner are guaranteed issue for amounts up to and including \$30,000 if the employee enrolls the eligible spouse/partner when initially eligible for OEBC coverage. Amounts above the guaranteed issuance, or coverage requested during future enrollment periods will require approval by Standard.	Monthly Rate Per Each \$10,000 of Benefit		
	Age as of each October 1	If spouse HAS NOT used tobacco in the past 12 mo	If spouse HAS used tobacco in the past 12 mo
	Under 25	\$0.320	\$0.460
	25 – 29	\$0.380	\$0.540
	30 – 34	\$0.510	\$0.730
	35 – 39	\$0.580	\$0.830
	40 – 44	\$0.680	\$1.010
	45 – 49	\$1.020	\$1.550
	50 – 54	\$1.560	\$2.270
	55 – 59	\$2.890	\$4.000
	60 – 64	\$4.370	\$5.980
	65 – 69	\$8.350	\$11.190
	70 – 74	\$10.000	\$14.010
	75+	\$14.010	\$29.610
Optional Child Life Plan Optional Child Life benefits are available on a guaranteed issue basis for all amounts if the employee enrolls the eligible child in the plan when initially eligible for OEBC coverage.		Rate (per \$2,000 of benefit)	\$0.100

Optional Accidental Death & Dismemberment (AD&D) (Standard Insurance)

Optional Employee AD&D Plan	\$10,000 - \$500,000 Maximum Benefit	
	Rate (per \$10,000 of benefit)	\$0.15
Optional Spouse/Partner AD&D Plan	\$10,000 - \$500,000 Maximum Benefit	
	Rate (per \$10,000 of benefit)	\$0.15
Optional Child AD&D Plan	\$2,000 - \$10,000 Maximum Benefit	
	Rate (per \$2,000 of benefit)	\$0.04

Optional Short-Term Disability (Standard Insurance)

Optional Short-Term Disability (Plan 11)	Elimination Period (days)	7
	Benefit Duration (days)	90
	Maximum Weekly Benefit	\$1,500
	Benefit Percentage	66.66%
	Premium = average monthly wage x this rate	0.00053

Flexible Spending Account

Our Flexible Spending Account (FSA) Section 125 Cafeteria Plan is administered by Chard Snyder. You may enroll for payroll deductions for Unreimbursed Health Related Expenses or for Dependent Care Reimbursement. Employees who are currently enrolled in a Health Savings Account (HSA), may enroll in a limited FSA to pay for Unreimbursed Dental and Vision Related Expenses. Please review the Chard Snyder website for more details. Any premium share for health plan coverage paid by employees will be automatically deducted from paychecks on a pre-tax basis without the necessity of re-enrolling or enrolling in the plan by signature. This benefit results in Federal, State and FICA tax savings on your portion of the health insurance. The Section 125 Summary Plan Description will explain the Plan in greater detail. Our plan year is October 1 through September 30.

Employees will automatically be enrolled in the “Benny” prepaid benefit card program through Chard Snyder. The benefits card is an easy way to keep cash in your pocket while using your FSA. It gives you an easy, automatic way to pay for qualified healthcare expenses not covered by your health insurance. Each time you incur a qualified healthcare expense at a health-related business (like a participating pharmacy or doctor’s office) that accepts MasterCard®, simply use your benefits card. The amount of your qualified purchases will be deducted automatically and the pre-tax dollars are electronically transferred to the provider for immediate payment.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged account established to pay for qualified medical expenses for those who are covered under a High Deductible Health Plan. With money from this account, you pay for healthcare expenses until your deductible is met. Then, in accordance with the terms of your healthcare plan, your insurance company pays for covered expenses in excess of your deductible. Any unused funds are yours to retain in your HSA and accumulate toward your future healthcare expenses or your retirement.

An eligible individual is anyone who:

- is covered under a High Deductible Health Plan (HDHP)
- is not covered by any other health plan that is not an HDHP
- is not currently enrolled in Medicare or TRICARE

- has not received medical benefits through the Department of Veterans Affairs (VA) during the preceding three months
- may not be claimed as a dependent on another person's tax return

The HSA can be used:

- to pay for qualified medical, dental, vision and prescription drug expenses, including over-the counter drugs that have been prescribed by a doctor, as defined in IRS Publication 502
- as supplemental income, but money withdrawn is taxable and if you are under age 65, it will be subject to a 20% penalty.

Lane ESD and Employee Contributions to the HSA:

If an employee elects to enroll in MODA Medical Plans 6 or 7 with an HSA, or Kaiser Plan 3 with an HSA, the HSA account will be funded by Lane ESD based on the difference between the district's contribution and the premium cost of the plans selected.

- The plan year for the HSA will be October 1 through September 30. If you begin employment or terminate employment mid-plan year, your HSA balance for the plan year will be reduced by the number of whole months that you are not eligible for the plan. For example: if you begin coverage in the Moda Medical Plan 7 on October 1st but you terminate your employment April 15th, your annual balance will be reduced 5 months x HSA amount.
- All expenses considered "medically necessary" by the IRS Section 125 Codes will be considered valid expenses for the use of the HSA account. **You will need to maintain all receipts for IRS record keeping and for verification by US Bank.**
- If you participate in MODA Medical Plans 6 or 7 with an HSA, or Kaiser Plan 3 with an HSA, you will be eligible to participate in a Limited Flexible Spending Account (LFSA).
- HSA funds are accessible the month following enrollment.
- You may contribute additional funds on a tax free basis. The **2026** tax year limits are: Single coverage - \$4,400 including any employer contribution; Family coverage (2 or more people on your policy) - \$8,750 including any employer contribution. The **2027** tax year limits are: Single coverage - \$4,500 including any employer contribution; Family coverage (2 or more people on your policy) - \$9,000 including any employer contribution.
- Contributions will not be due nor contributed until you have completed the account set up/identity verification process with Optum or your selected HSA account provider activates your account.

Oregon Educators Benefit Board (OEBB)

Plan Summaries

Medical Plan Benefits Summaries

Moda, Kaiser, and VSP *pages 16 - 17*

Dental Plan Benefit Summaries

Delta (Moda), Willamette and Kaiser *pages 14 - 15*

Vision Plan Benefit Summaries

Moda, Kaiser and VSP *pages 16 - 17*

Life, AD&D, and Disability Plan Benefit Summary

[Standard Insurance Company Life, AD&D and Disability Insurance Plans](#)

Life and AD&D insurance is designed to help protect your loved ones in the event of your death. Since everyone's needs are different, you can select an amount of protection you feel will best meet the needs of your family.

Long Term Disability (LTD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. Benefits begin 90 days after disability and continue until recovered or Medicare eligible. This LTD benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.

Short Term Disability (STD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. Benefits begin 7 days after disability and continue for 90 days. This STD benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.

Canopy Wellbeing Employee Assistance Program (EAP)

Informational Flyer ([English](#), [Spanish](#)) and [Website](#)

Canopy Wellbeing is a licensed specialized health care plan. They offer a robust employee assistance program available to all employees and their families at **no cost**. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with their care team, or accessing services and information online. The EAP also offers a wide range of work-life services to help manage a variety of challenges: financial help, legal services, online legal forms, health and wellness information, child and parenting services, and adult and eldercare services.

The Organization Name to use when logging in is **OEBB** (not Lane ESD).
