2026-27 Benefit Plan Rates
Administrators, Faculty & Confidential Part-Time (.5 FTE)

Group Health Plan Options

Medical Plan Options	
Medical Plan 1	$950-$1,050 Ind/$2,100 Fam Deductible; $35-$55 Co-pay / 20% Co-insurance (coordinated care)
Medical Plan 2	$1,350-$1,450 Ind/$2,900 Fam Deductible; $35-$55 Co-pay / 20% Co-insurance (coordinated care)
Medical Plan 4	$2,150-$2,250 Ind /$4,500 Fam Deductible; $40-$65 Co-pay / 25% Co-insurance (coordinated care)
Medical Plan 6 ***HSA plan***	$2,150-$2,250 Ind / $4,500 Fam Deductible; 15%-20% Co-insurance (coordinated care)

Dental Plan Options	
Delta Plan 1	$50 deductible; 0-30% Co-insurance; $2,200 plan year maximum; Ortho $1800 max + 20% visits
Delta Plan 6	$50 deductible; Non-incentive plan 0-20% Co-insurance; $1,200 plan year maximum; No Orthodontic Coverage
Willamette Dental	No annual deductible; $20 Co-pay office visit; Ortho is $2,500 Co-pay + Consult and $20 per Office Visit

Vision Plan Options	
Opal Plan	No annual deductible; $600 plan year maximum; Lens 12 mo frequency; Frames 24 mo frequency (Age 17+)
VSP Choice Plus	$10 co-pay for routine annual exam; No annual deductible; no plan year max; Lens 12 mo frequency, Frame 12 mo frequency

Coordinated Care and Handbook Information

A Primary Care Provider (PCP360) must be selected for the member to receive enhanced coordinated care benefits, otherwise they will be charged the non-coordinated care service fees shown under that plan if using a provider in the Connexus network.

Please see COCC Health Benefits Webpage for MyOEBB Member Module link to enroll, plan handbooks, FSA Enrollment Form, HSA-Enrollment & Contribution Form, rate sheets, and other additional benefit information

Part-Time College Contribution Amount = $1,011.61

Rev 8-06-26

Medical Plan 1 $950/$2,100 deductible; $35-$55 Co-pay / 20% Co-Insurance (coordinated care)									
Plan Type	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**	**Plan Type**	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Medical Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85	**Medical Plan 1**	$850.58	$1,871.25	$1,616.13	$2,636.85
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
Opal Plan	$21.83	$47.99	$41.40	$67.60	Opal Plan	$21.83	$47.99	$41.40	$67.60
Total Monthly Premium	**$943.89**	**$2,060.86**	**$1,815.00**	**$2,937.65**	**Total Monthly Premium**	**$920.62**	**$2,014.66**	**$1,754.39**	**$2,852.43**
Employee Monthly Cost:	**$94.39**	**$1,049.25**	**$803.39**	**$1,926.04**	**Employee Monthly Cost**	**$92.06**	**$1,003.05**	**$742.78**	**$1,840.82**
Medical Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85	**Medical Plan 1**	$850.58	$1,871.25	$1,616.13	$2,636.85
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$936.21**	**$2,044.01**	**$1,800.50**	$2,913.92	**Total Monthly Premium**	**$912.94**	**$1,997.81**	**$1,739.89**	**$2,828.70**
Employee Monthly Cost:	**$93.62**	**$1,032.40**	**$788.89**	**$1,902.31**	**Employee Monthly Cost**	**$91.29**	**$986.20**	**$728.28**	**$1,817.09**
Med Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85	**Med Plan 1**	$850.58	$1,871.25	$1,616.13	$2,636.85
Willamette Dental	$49.79	$99.63	$106.11	$159.14	Willamette Dental	$49.79	$99.63	$106.11	$159.14
Opal Plan	$21.83	$47.99	$41.40	$67.60	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$922.20**	**$2,018.87**	**$1,763.64**	**$2,863.59**	**Total Monthly Premium**	**$914.52**	**$2,002.02**	**$1,749.14**	**$2,839.86**
Employee Monthly Cost:	**$92.22**	**$1,007.26**	**$752.03**	**$1,851.98**	**Employee Monthly Cost**	**$91.45**	**$990.41**	**$737.53**	**$1,828.25**
Med Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85	**Med Plan 1**	$850.58	$1,871.25	$1,616.13	$2,636.85
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
No Vision Plan					No Vision Plan				
Total Monthly Premium	**$922.06**	**$2,012.87**	**$1,773.60**	**$2,870.05**	**Total Monthly Premium**	**$898.79**	**$1,966.67**	**$1,712.99**	**$2,784.83**
Employee Monthly Cost:	**$92.21**	**$1,001.26**	**$761.99**	**$1,858.44**	**Employee Monthly Cost**	**$89.88**	**$955.06**	**$701.38**	**$1,773.22**
Med Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85					
Willamette Dental	$49.79	$99.63	$106.11	$159.14					
No Vision Plan									
Total Monthly Premium	**$900.37**	**$1,970.88**	**$1,722.24**	**$2,795.99**					
Employee Monthly Cost	**$90.04**	**$959.27**	**$710.63**	**$1,784.38**					
Med Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85	**Med Plan 1**	$850.58	$1,871.25	$1,616.13	$2,636.85
Opal Plan	$21.83	$47.99	$41.40	$67.60	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
No Dental Plan					No Dental Plan				
Total Monthly Premium	**$872.41**	**$1,919.24**	**$1,657.53**	**$2,704.45**	**Total Monthly Premium**	**$864.73**	**$1,902.39**	**$1,643.03**	**$2,680.72**
Employee Monthly Cost	**$87.24**	**$907.63**	**$645.92**	**$1,692.84**	**Employee Monthly Cost**	**$86.47**	**$890.78**	**$631.42**	**$1,669.11**

Medical Plan 2 $1,350/$2,900 deductible; $35-$55 Co-pay / 20% Co-Insurance (coordinated care)									
Plan Type	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**	**Plan Type**	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Medical Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07	**Medical Plan 2**	$789.05	$1,735.89	$1,499.21	$2,446.07
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
Opal Plan	$21.83	$47.99	$41.40	$67.60	Opal Plan	$21.83	$47.99	$41.40	$67.60
Total Monthly Premium	**$882.36**	**$1,925.50**	**$1,698.08**	**$2,746.87**	**Total Monthly Premium**	**$859.09**	**$1,879.30**	**$1,637.47**	**$2,661.65**
Employee Monthly Cost	**$88.24**	**$913.89**	**$686.47**	**$1,735.26**	**Employee Monthly Cost**	**$85.91**	**$867.69**	**$625.86**	**$1,650.04**
Medical Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07	**Medical Plan 2**	$789.05	$1,735.89	$1,499.21	$2,446.07
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$874.68**	**$1,908.65**	**$1,683.58**	**$2,723.14**	**Total Monthly Premium**	**$851.41**	**$1,862.45**	**$1,622.97**	**$2,637.92**
Employee Monthly Cost	**$87.47**	**$897.04**	**$671.97**	**$1,711.53**	**Employee Monthly Cost**	**$85.14**	**$850.84**	**$611.36**	**$1,626.31**
Med Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07	**Med Plan 2**	$789.05	$1,735.89	$1,499.21	$2,446.07
Willamette Dental	$49.79	$99.63	$106.11	$159.14	Willamette Dental	$49.79	$99.63	$106.11	$159.14
Opal Plan	$21.83	$47.99	$41.40	$67.60	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$860.67**	**$1,883.51**	**$1,646.72**	**$2,672.81**	**Total Monthly Premium**	**$852.99**	**$1,866.66**	**$1,632.22**	**$2,649.08**
Employee Monthly Cost	**$86.07**	**$871.90**	**$635.11**	**$1,661.20**	**Employee Monthly Cost**	**$85.30**	**$855.05**	**$620.61**	**$1,637.47**
Med Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07	**Med Plan 2**	$789.05	$1,735.89	$1,499.21	$2,446.07
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
No Vision Plan					No Vision Plan				
Total Monthly Premium	**$860.53**	**$1,877.51**	**$1,656.68**	**$2,679.27**	**Total Monthly Premium**	**$837.26**	**$1,831.31**	**$1,596.07**	**$2,594.05**
Employee Monthly Cost	**$86.05**	**$865.90**	**$645.07**	**$1,667.66**	**Employee Monthly Cost**	**$83.73**	**$819.70**	**$584.46**	**$1,582.44**
Med Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07					
Willamette Dental	$49.79	$99.63	$106.11	$159.14					
No Vision Plan									
Total Monthly Premium	**$838.84**	**$1,835.52**	**$1,605.32**	**$2,605.21**					
Employee Monthly Cost	**$83.88**	**$823.91**	**$593.71**	**$1,593.60**					
Med Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07	**Med Plan 2**	$789.05	$1,735.89	$1,499.21	$2,446.07
Opal Plan	$21.83	$47.99	$41.40	$67.60	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
No Dental Plan					No Dental Plan				
Total Monthly Premium	**$810.88**	**$1,783.88**	**$1,540.61**	**$2,513.67**	**Total Monthly Premium**	**$803.20**	**$1,767.03**	**$1,526.11**	**$2,489.94**
Employee Monthly Cost	**$81.09**	**$772.27**	**$529.00**	**$1,502.06**	**Employee Monthly Cost**	**$80.32**	**$755.42**	**$514.50**	**$1,478.33**

Medical Plan 4 $2,150/$4,500 deductible; $40-$65 Co-pay / 20% Co-Insurance (coordinated care)									
Plan Type	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**	**Plan Type**	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Medical Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88	**Medical Plan 4**	$698.98	$1,537.75	$1,328.07	$2,166.88
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
Opal Plan	$21.83	$47.99	$41.40	$67.60	Opal Plan	$21.83	$47.99	$41.40	$67.60
Total Monthly Premium	**$792.29**	**$1,727.36**	**$1,526.94**	**$2,467.68**	**Total Monthly Premium**	**$769.02**	**$1,681.16**	**$1,466.33**	**$2,382.46**
Employee Monthly Cost	**$79.23**	**$715.75**	**$515.33**	**$1,456.07**	**Employee Monthly Cost**	**$76.90**	**$669.55**	**$454.72**	**$1,370.85**
Medical Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88	**Medical Plan 4**	$698.98	$1,537.75	$1,328.07	$2,166.88
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$784.61**	**$1,710.51**	**$1,512.44**	**$2,443.95**	**Total Monthly Premium**	**$761.34**	**$1,664.31**	**$1,451.83**	**$2,358.73**
Employee Monthly Cost	**$78.46**	**$698.90**	**$500.83**	**$1,432.34**	**Employee Monthly Cost**	**$76.13**	**$652.70**	**$440.22**	**$1,347.12**
Med Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88	**Medical Plan 4**	$698.98	$1,537.75	$1,328.07	$2,166.88
Willamette Dental	$49.79	$99.63	$106.11	$159.14	Willamette Dental	$49.79	$99.63	$106.11	$159.14
Opal Plan	$21.83	$47.99	$41.40	$67.60	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$770.60**	**$1,685.37**	**$1,475.58**	**$2,393.62**	**Total Monthly Premium**	**$762.92**	**$1,668.52**	**$1,461.08**	**$2,369.89**
Employee Monthly Cost	**$77.06**	**$673.76**	**$463.97**	**$1,382.01**	**Employee Monthly Cost**	**$76.29**	**$656.91**	**$449.47**	**$1,358.28**
Med Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88	**Medical Plan 4**	$698.98	$1,537.75	$1,328.07	$2,166.88
Delta Plan 1	$71.48	$141.62	$157.47	$233.20	Delta Plan 6	$48.21	$95.42	$96.86	147.98
No Vision Plan					**No Vision Plan**				
Total Monthly Premium	**$770.46**	**$1,679.37**	**$1,485.54**	**$2,400.08**	**Total Monthly Premium**	**$747.19**	**$1,633.17**	**$1,424.93**	**$2,314.86**
Employee Monthly Cost	**$77.05**	**$667.76**	**$473.93**	**$1,388.47**	**Employee Monthly Cost**	**$74.72**	**$621.56**	**$413.32**	**$1,303.25**
Med Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88					
Willamette Dental	$49.79	$99.63	$106.11	$159.14					
No Vision Plan									
Total Monthly Premium	**$748.77**	**$1,637.38**	**$1,434.18**	**$2,326.02**					
Employee Monthly Cost	**$74.88**	**$625.77**	**$422.57**	**$1,314.41**					
Medical Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88	**Medical Plan 4**	$698.98	$1,537.75	$1,328.07	$2,166.88
Opal Plan	$21.83	$47.99	$41.40	$67.60	VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
No Dental Plan					**No Dental Plan**				
Total Monthly Premium	**$720.81**	**$1,585.74**	**$1,369.47**	**$2,234.48**	**Total Monthly Premium**	**$713.13**	**$1,568.89**	**$1,354.97**	**$2,210.75**
Employee Monthly Cost	**$72.08**	**$574.13**	**$357.86**	**$1,222.87**	**Employee Monthly Cost**	**$71.31**	**$557.28**	**$343.36**	**$1,199.14**

Medical Plan 6 (HSA Plan) $2,150/$4,500 deductible; 15-20% Co-Insurance (coordinated care)				
Plan Type	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Delta Plan 1	$71.48	$141.62	$157.47	$233.20
Opal Plan	$21.83	$47.99	$41.40	$67.60
Total Monthly Premium	**$751.93**	**$1,638.57**	**$1,450.28**	**$2,342.55**
Employee Monthly Cost	**$75.19**	**$626.96**	**$438.67**	**$1,330.94**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Delta Plan 1	$71.48	$141.62	$157.47	$233.20
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$744.25**	**$1,621.72**	**$1,435.78**	**$2,318.82**
Employee Monthly Cost	**$74.43**	**$610.11**	**$424.17**	**$1,307.21**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Willamette Dental	$49.79	$99.63	$106.11	$159.14
Opal Plan	$21.83	$47.99	$41.40	$67.60
Total Monthly Premium	**$730.24**	**$1,596.58**	**$1,398.92**	**$2,268.49**
Employee Monthly Cost	**$73.02**	**$584.97**	**$387.31**	**$1,256.88**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Delta Plan 1	$71.48	$141.62	$157.47	$233.20
No Vision Plan				
Total Monthly Premium	**$730.10**	**$1,590.58**	**$1,408.88**	**$2,274.95**
Employee Monthly Cost	**$73.01**	**$578.97**	**$397.27**	**$1,263.34**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Willamette Dental	$49.79	$99.63	$106.11	$159.14
No Vision Plan				
Total Monthly Premium	**$708.41**	**$1,548.59**	**$1,357.52**	**$2,200.89**
Employee Monthly Cost	**$70.84**	**$536.98**	**$345.91**	**$1,189.28**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Opal Plan	$21.83	$47.99	$41.40	$67.60
No Dental Plan				
Total Monthly Premium	**$680.45**	**$1,496.95**	**$1,292.81**	**$2,109.35**
Employee Monthly Cost	**$68.05**	**$485.34**	**$281.20**	**$1,097.74**

Plan Type	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Delta Plan 6	$48.21	$95.42	$96.86	147.98
Opal Plan	$21.83	$47.99	$41.40	$67.60
Total Monthly Premium	**$728.66**	**$1,592.37**	**$1,389.67**	**$2,257.33**
Employee Monthly Cost	**$72.87**	**$580.76**	**$378.06**	**$1,245.72**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Delta Plan 6	$48.21	$95.42	$96.86	147.98
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$720.98**	**$1,575.52**	**$1,375.17**	**$2,233.60**
Employee Monthly Cost	**$72.10**	**$563.91**	**$363.56**	**$1,221.99**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Willamette Dental	$49.79	$99.63	$106.11	$159.14
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
Total Monthly Premium	**$722.56**	**$1,579.73**	**$1,384.42**	**$2,244.76**
Employee Monthly Cost	**$72.26**	**$568.12**	**$372.81**	**$1,233.15**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Delta Plan 6	$48.21	$95.42	$96.86	147.98
No Vision Plan				
Total Monthly Premium	**$706.83**	**$1,544.38**	**$1,348.27**	**$2,189.73**
Employee Monthly Cost	**$70.68**	**$532.77**	**$336.66**	**$1,178.12**
Medical Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
VSP Choice Plus	$14.15	$31.14	$26.90	$43.87
No Dental Plan				
Total Monthly Premium	**$672.77**	**$1,480.10**	**$1,278.31**	**$2,085.62**
Employee Monthly Cost	**$67.28**	**$468.49**	**$266.70**	**$1,074.01**

Stand Alone Plan Rates				
Medical Plans	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Med Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85
Monthly Employee Cost	**$85.06**	**$859.64**	**$604.52**	**$1,625.24**
Med Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07
Monthly Employee Cost	**$78.91**	**$724.28**	**$487.60**	**$1,434.46**
Med Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88
Monthly Employee Cost	**$69.90**	**$526.14**	**$316.46**	**$1,155.27**
Med Plan 6	$658.62	$1,448.96	$1,251.41	$2,041.75
Monthly Employee Cost	**$65.86**	**$437.35**	**$239.80**	**$1,030.14**
Dental Plans	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Delta Premier Plan 1	$71.48	$141.62	$157.47	$233.20
Monthly Employee Cost	**$7.15**	**$14.16**	**$15.75**	**$23.32**
Delta Premier Plan 6	$48.21	$95.42	$96.86	147.98
Monthly Employee Cost	**$4.82**	**$9.54**	**$9.69**	**$14.80**
Willamette Dental Plan	$49.79	$99.63	$106.11	$159.14
Monthly Employee Cost	**$4.98**	**$9.96**	**$10.61**	**$15.91**
Vision Plans	**Emp Only**	**Emp + Spouse**	**Emp + Children**	**Family**
Opal Plan	$21.83	$47.99	$41.40	$67.60
Monthly Employee Cost	**$2.18**	**$4.80**	**$4.14**	**$6.76**
VSP Choice Plus Plan	$14.15	$31.14	$26.90	$43.87
Monthly Employee Cost	**$1.42**	**$3.11**	**$2.69**	**$4.39**