CLASSIFIED - INSURANCE RATES 2023-2024

| District Contribution | \$1,100/month (Long-term Disability cost of about \$12.00 included with premiums) | (100% for 6.5 hrs/day or more, pro-rated for 4 – 6.5 hrs/day, no insurance contibution for less than 4 hrs/day) |
|---------------------------|---|---|
| Union Contribution | Up to \$100/month | if total premiums are over District Contribution |
| Opt-out Incentive | \$75/month | (pro-rated by FTE less than full-time) |

| Medical & Pharmacy – Monthly Premium Rates | | | | | | |
|--|---------------|---------------------------------------|--------------------------|-------------------|--|--|
| | Employee Only | Employee & Spouse or Domestic Partner | Employee & Child(ren) | Employee & Family | | |
| Moda Plan 1 | \$767.25 | \$1,687.93 | \$1,457.80 | \$2,378.52 | | |
| Moda Plan 2 | \$711.74 | \$1,565.82 | \$1,352.33 | \$2,206.43 | | |
| Moda Plan 3 | \$667.73 | \$1,469.01 | \$1,268.73 | \$2,070.02 | | |
| Moda Plan 4 | \$630.50 | \$1,387.10 | \$1,197.96 | \$1,954.59 | | |
| Moda Plan 5 | \$582.42 | \$1,281.34 | \$1,106.64 | \$1,805.57 | | |
| Moda Plan 6 (HSA) | \$594.09 | \$1,307.01 | \$1,128.81 | \$1,841.73 | | |
| Moda Plan 7 (HSA) | \$554.47 | \$1,219.82 | \$1,053.52 | \$1,718.89 | | |
| Kaiser Plan 1 | \$693.73 | \$1,526.21 | \$1,318.09 | \$2,150.57 | | |
| Kaiser Plan 2A | \$574.50 | \$1,264.70 | \$1,091.49 | \$1,781.81 | | |
| Kaiser Plan 3 (HSA) | \$423.09 | \$931.34 | \$803.53 | \$1,311.82 | | |

| Dental Plans | | | | | | |
|------------------------------------|----------|----------|------------|----------|--|--|
| | Employee | Employee | Employee & | Employee | | |
| | Only | & Spouse | Child(ren) | & Family | | |
| Delta Dental Premier Plan 1 | \$65.61 | \$129.99 | \$144.54 | \$214.06 | | |
| Delta Dental Premier Plan 5 | \$57.95 | \$114.80 | \$127.67 | \$189.06 | | |
| Delta Dental Premier Plan 6† | \$44.25 | \$87.59 | \$88.91 | \$135.83 | | |
| Exclusive PPO – Delta Dental PPO** | \$38.33 | \$75.92 | \$84.43 | \$125.05 | | |
| Kaiser Dental Plan | \$70.88 | \$155.96 | \$134.69 | \$219.74 | | |
| Willamette Dental Plan | \$46.99 | \$93.99 | \$100.11 | \$150.18 | | |

| Vision Plans | | | | |
|----------------------|-------------------|--|--|--|
| | Composite Rate | | | |
| Moda Opal | \$50.17 | | | |
| Moda Pearl | \$41.02 | | | |
| Moda Quartz | \$28.95 | | | |
| Kaiser Vision | \$20.19 | | | |
| VSP Choice Plus Plan | \$34.95 | | | |
| VSP Choice Plan | \$16.99 | | | |

[†]No orthodontia benefit for Plan 6

^{**} Delta Dental PPO network is different than the Delta Dental Premier network. This plan has no out-of-network benefit. Services performed by providers outside of the Delta Dental PPO network are not covered, unless an emergency. Confirm your provider is in the Exclusive PPO network before selecting Exclusive PPO plan.