CLASSIFIED - INSURANCE RATES 2026-2027

District Contribution	**$1,375/month**	**100% for 6.5 hrs/day or more, pro-rated for 4 – 6.5 hrs/day, $0 for less than 4 hrs/day.**
OSEA Contribution	**$100/month**	
Opt-out Incentive	**$300/month**	**Pro-rated by FTE if less than 6.5 hrs/day (.8125 FTE).**

Medical & Pharmacy – Monthly Premium Rates				
	Employee Only	Employee & Spouse or Domestic Partner	Employee & Child(ren)	Employee & Family
Moda Plan 1	$850.58	$1,871.25	$1,616.13	$2,636.85
Moda Plan 2	$789.05	$1,735.89	$1,499.21	$2,446.07
Moda Plan 3	$740.25	$1,628.57	$1,406.52	$2,294.85
Moda Plan 4	$698.98	$1,537.75	$1,328.07	$2,166.88
Moda Plan 5	$645.68	$1,420.51	$1,226.82	$2,001.67
Moda Plan 6 (HSA)	$658.62	$1,448.96	$1,251.41	$2,041.75
Moda Plan 7 (HSA)	$614.69	$1,352.31	$1,167.94	$1,905.57
Kaiser Plan 1	$755.79	$1,662.73	$1,435.99	$2,342.94
Kaiser Plan 2A	$659.84	$1,452.57	$1,253.63	$2,046.49
Kaiser Plan 3 (HSA)	$499.51	$1,099.58	$948.67	$1,548.80

Dental Plans				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
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†	$48.21	$95.42	$96.86	$147.98
Exclusive PPO – Delta Dental PPO**	$41.77	$82.72	$91.99	$136.25
Kaiser Dental Plan	$78.34	$172.36	$148.86	$242.86
Willamette Dental Plan	$49.79	$99.63	$106.11	$159.14

Vision Plans	
	Composite Rate
Moda Opal	$49.80
Moda Pearl	$40.71
Moda Quartz	$28.74
Kaiser Vision	$20.19
VSP Choice Plus Plan	$33.97
VSP Choice Plan	$16.51

†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.