

## RETIREE - INSURANCE RATES 2025-2026

<b>District Contribution:</b> <i>Pro-rated per your FTE at retirement if .5 FTE or less</i>	<b>Licensed Retiree:</b> <b>\$986/month</b>	<b>Classified Retiree:</b> <b>\$910/month</b>	<b>Confidential/Unrep Retiree:</b> <b>\$835/month</b>
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<b>Medical &amp; Pharmacy – Monthly Premium Rates</b>				
	Employee Only	Employee & Spouse or Domestic Partner	Employee & Child(ren)	Employee & Family
Moda Plan 1	\$821.57	\$1,807.46	\$1,561.02	\$2,546.95
Moda Plan 2	\$762.14	\$1,676.70	\$1,448.09	\$2,362.67
Moda Plan 3	\$715.01	\$1,573.04	\$1,358.56	\$2,216.61
Moda Plan 4	\$675.14	\$1,485.32	\$1,282.79	\$2,093.00
Moda Plan 5	\$623.66	\$1,372.08	\$1,185.00	\$1,933.42
Moda Plan 6 (HSA)	\$636.16	\$1,399.56	\$1,208.74	\$1,972.14
Moda Plan 7 (HSA)	\$593.73	\$1,306.20	\$1,128.12	\$1,840.60
Kaiser Plan 1	\$730.92	\$1,608.03	\$1,388.75	\$2,265.86
Kaiser Plan 2A	\$638.13	\$1,404.79	\$1,212.39	\$1,979.17
Kaiser Plan 3 (HSA)	\$483.08	\$1,063.41	\$917.46	\$1,497.83

<b>Dental Plans – Monthly Premium Rates</b>				
	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
Delta Dental Premier Plan 1	\$69.45	\$137.60	\$153.00	\$226.59
Delta Dental Premier Plan 5	\$61.35	\$121.52	\$135.13	\$200.13
Delta Dental Premier Plan 6†	\$46.84	\$92.72	\$94.12	\$200.13
Exclusive PPO – Delta Dental PPO**	\$40.56	\$80.37	\$89.38	\$132.38
Kaiser Dental Plan	\$75.76	\$166.70	\$143.97	\$234.88
Willamette Dental Plan	\$48.17	\$96.34	\$102.62	\$153.93

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†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.

Vision Plans – Monthly Premium Rates				
	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
Moda Opal	\$21.83	\$47.99	\$41.40	\$67.60
Moda Pearl	\$17.81	\$39.24	\$33.87	\$55.26
Moda Quartz	\$12.58	\$27.71	\$23.91	\$38.99
Kaiser Vision	\$8.49	\$18.67	\$16.12	\$26.31
VSP Choice Plus Plan	\$14.15	\$31.14	\$26.90	\$43.87
VSP Choice Plan	\$6.89	\$15.14	\$13.08	\$21.33