

Monthly Active Group Insurance Rates 10/01/22 to 9/30/2023
Medical, Dental, Vision

	Monthly Premium
MEDICAL: MODA	MODA
Moda Medical Plan 1	\$1,761.90
Moda Medical Plan 2	\$1,634.42
Moda Medical Plan 3	\$1,533.39
Moda Medical Plan 4	\$1,447.88
Moda Medical Plan 5	\$1,337.47
Moda Medical Plan 6 (HSA eligible)	\$1,364.28
Moda Medical Plan 7 (HSA eligible)	\$1,273.28

MEDICAL: Kaiser Permanente	
Kaiser Medical Plan 1	\$1,577.61
Kaiser Medical Plan 2A	\$1,309.30
Kaiser Medical Plan 2B	\$1,267.93
Kaiser Med Plan 3 (HSA eligible)	\$962.48

DENTAL	
Moda Delta Dental Plan 1	\$157.59
Moda Delta Dental Plan 5	\$139.20
Moda Delta Dental Plan 6 (no ortho)	\$100.46
Moda Exclusive Delta PPO dental	\$136.61
Moda Exclsv. Delta PPO Incentive denta	\$92.06
Kaiser Dental	\$174.03
Willamette Dental	\$119.53

VISION	
Moda Vision Opal	\$51.65
Moda Vision Pearl	\$42.23
Moda Vision Quartz	\$29.80
VSP Choice Plus Plan	\$39.71
VSP Choice Plan	\$19.31
Kaiser Vision (only avail. with Kaiser Med)	\$19.70

Monthly District Contribution**	
Full Time Classified	\$1,410
Full Time Licensed	\$1,400
Full Time Admin, Prof/Tech	\$1,400
Part Time Classified (4 - 5.99 FTE)	\$980.00
Part Time Licensed: pro-rated according to FTE	
Example of Part Time Licensed Pro-Rated Contribution	
Lic. Employee works .5 FTE	\$700.00

Monthly District Contribution toward HSA : \$100 (Moda Plan 6, 7 and Kaiser 3 only), separate enrollment required, MUST complete HSA form.

District Provided Basic Life/AD&D Coverage (Deducted from District Contribution)	
Classified / ESP	
Basic Life Ins + AD&D (\$10,000)	\$0.98
Licensed	
Basic Life Ins + AD&D (\$35,000)	\$3.43
Confidential/Pro-Tech	
Basic Life Ins + AD&D (\$100,000)	\$9.80
Administrator	
Basic Life Ins + AD&D (\$100,000)	\$9.80

How much will you owe? (monthly)	
Add the following monthly costs:	
Medical premium	_____
Dental premium	_____
Vision premium	_____
Basic Life/AD&D	_____
SubTotal	_____
Subtract District cont.	_____
(Licensed emp. add LTD)	_____
Employee monthly cost =	_____

NOTES:

A. District contribution only applies toward medical, dental, vision and basic life/AD&D. Any remaining contribution may NOT be applied toward additional benefits

B. LTD is mandatory for Licensed group

C. All optional coverages cost extra

D. All monthly premium rates are composite, meaning that the monthly premium remains the same whether you are covering one person, or more than one person on your plan.

** District contribution effective as of revision date on page. Please see Benefits website for most current info.