

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

	<b>Monthly Premium</b>
<b>MEDICAL: MODA</b>	<b>MODA</b>
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

<b>MEDICAL: Kaiser Permanente</b>	
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

<b>DENTAL</b>	
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	\$92.06
Moda Exclsv. Delta PPO <b>Incentive</b> denta	\$136.61
Kaiser Dental	\$174.03
Willamette Dental	\$119.53

<b>VISION</b>	
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

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

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

<b>How much will you owe? (monthly)</b>	
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.