

2023-2024 Non-Rep Insurance Rate Worksheet

Medical Plans	Rate**
Plan 2 w/Pharmacy (\$800-\$900 deductible)	\$ 1,694.00
Plan 3 w/Pharmacy (\$1200-\$1300 deductible)	\$ 1,589.00
Plan 4 w/Pharmacy (\$1600-\$1700 deductible)	\$ 1,501.00
Plan 5 w/Pharmacy (\$2000-\$2100 deductible)	\$ 1,386.00
Plan 7 <i>optional HSA</i> (\$2000-\$2100 deductible)	\$ 1,320.00

Dental Plans	Rate**
Plan 1 w/ortho (\$2200 annual max benefit / \$1800 ortho lifetime max)	\$ 160.00
Plan 5 w/ortho (\$1700 annual max benefit / \$1800 ortho lifetime max)	\$ 141.00
Plan 6 no ortho (\$1200 annual max benefit)	\$ 102.00
Exclusive PPO plan (no out of network benefit)	\$ 93.00
Exclusive PPO Incentive plan (no out of network benefit)	\$ 138.00
Willamette Dental w/ortho (WDG facility only; no max benefit, Ortho copays)	\$ 121.00

Note: If you waive dental coverage, you will have limited benefits available the following year.

Vision Plans	Rate**
Opal (\$600 annual max benefit)	\$ 50.00
Pearl (\$400 annual max benefit)	\$ 41.00
Quartz (\$250 annual max benefit)	\$ 29.00
VSP Choice Plan (co-pay for exam, lenses, \$150 frame allowance)	\$ 17.00
VSP Choice Plus Plan (co-pay for exam, lenses, \$300 frame allowance)	\$ 35.00

* **IF** you are enrolling in Plan 7 **AND** the district contribution is greater than your total of selected plans, the district will deposit the remainder of your contribution into your personal H.S.A account.

** all rates are composite -- same premium for Employee only or with dependents

Monthly Deduction Worksheet	
Choose ONE Medical Plan	\$
Choose ONE Dental Plan	\$
Choose ONE Vision Plan	\$
Total of selected plans	\$
SUBTRACT District Contribution (see below) *	\$
Employee paycheck deduction (monthly)	\$
FTE:	District Contribution:
0.50	\$ 788.00
0.60	\$ 945.00
0.67	\$ 1,055.00
0.70	\$ 1,103.00
0.75	\$ 1,181.00
0.80	\$ 1,260.00
0.83	\$ 1,307.00
0.90	\$ 1,418.00
1.00	\$ 1,575.00