

2024-2025 Non-Rep Insurance Rate Worksheet

Medical Plans		Rate**	MONTHLY DEDUCTION WORKSHEET			
MODA Plan 1 w/Pharmacy (Moda network; \$400-\$500 deductible)		\$1,888.00	Choose ONE Medical Plan		\$	
MODA Plan 2 w/Pharmacy (Moda network; \$800-\$900 deductible)		\$1,752.00	Choose ONE Dental Plan		\$	
MODA Plan 3 w/Pharmacy (Moda network; \$1200-\$1300 deductible)		\$1,643.00	Choose ONE Vision Plan		\$	
MODA Plan 4 w/Pharmacy (Moda network; \$1600-\$1700 deductible)		\$1,552.00				
MODA Plan 5 w/Pharmacy (Moda network; \$2000-\$2100 deductible)		\$1,433.00	Total of Selected plans		\$	
MODA Plan 7 Optional HSA (Moda network; \$2000-\$2100 deductible)		\$1,364.00				
Kaiser Plan 1 (Kaiser network only; \$0 deductible, no out of network benefits)		\$1,715.00	Subtract District Contribution (see below)		\$	
Kaiser Plan 2b (Kaiser network only; \$1200 deductible, no out of network benefits)		\$1,383.00				
Kaiser Plan 3 optional HSA (Kaiser network only; \$1600 deductible, no out of network benefits)		\$1,055.00	Employee Paycheck Deduction (MONTHLY)		\$	
Dental Plans			FTE	District Contribution		
Delta Dental Plan 1 w/ortho (\$2200 annual max benefit;\$1800 ortho lifetime max)		\$164.00	0.5	\$813.00		
Delta Dental Plan 6 no ortho (\$1200 annual max benefit)		\$105.00	0.6	\$975.00		
Kaiser Dental (Kaiser facility only; \$4000 annual max benefit; Ortho copays)		\$175.00	0.67	\$1,089.00		
Willamette Dental w/ortho (WDG facility only; no max benefit; ortho copays)		\$121.00	0.7	\$1,138.00		
			0.75	\$1,219.00		
Vision Plans			0.8	\$1,300.00		
MODA opal (\$600 annual max benefit)		\$50.00	0.83	\$1,349.00		
VSP Choice Plan (Co-pay for exam, lenses; \$150 frame allowance)		\$17.00	0.9	\$1,463.00		
VSP Choice Plus Plan (Co-pay for exam, lenses; \$300 frame allowance)		\$34.00	1	\$1,625.00		
Kaiser Vision (Kaiser facility only; \$250 annual max benefit)		\$20.00				
* IF you are enrolling in Plan 7 or Kaiser 3, 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.						