

CLASSIFIED - INSURANCE RATES 2019-2020

District Contribution	\$1025/month (include Long-term Disability premium about \$12.00)
Union Contribution	Up to \$100/month if over District Contribution
Opt-out Incentive	\$75/month

Medical & Pharmacy – Monthly Premium Rates								
	Employee Only		Employee & Spouse or Domestic Partner		Employee & Child(ren)		Employee & Family	
	Regular	Select*	Regular	Select*	Regular	Select*	Regular	Select*
Moda Plan 1	\$678.31	\$678.31	\$1,492.27	\$1,492.27	\$1,288.81	\$1,288.81	\$2,102.80	\$2,102.80
Moda Plan 2	\$631.05	\$631.05	\$1,388.30	\$1,388.30	\$1,199.01	\$1,199.01	\$1,956.28	\$1,956.28
Moda Plan 3	\$593.23	\$587.82	\$1,305.10	\$1,293.22	\$1,127.17	\$1,116.88	\$1,839.05	\$1,822.31
Moda Plan 4	\$562.96	\$548.61	\$1,238.52	\$1,206.94	\$1,069.66	\$1,042.38	\$1,745.23	\$1,700.73
Moda Plan 5	\$520.55	\$520.55	\$1,145.21	\$1,145.21	\$989.06	\$989.06	\$1,613.73	\$1,613.73
Moda Plan 6 (HSA)	\$533.09	\$499.12	\$1,172.79	\$1,098.04	\$1,012.89	\$948.33	\$1,652.61	\$1,547.27
Moda Plan 7 (HSA)	\$497.53	\$482.91	\$1,094.57	\$1,062.39	\$945.33	\$917.53	\$1,542.38	\$1,497.03
Kaiser Plan 1	\$659.42		\$1,450.73		\$1,252.90		\$2,044.20	
Kaiser Plan 2	\$544.97		\$1,199.71		\$1,035.40		\$1,690.23	
Kaiser Plan 3 (HSA)	\$397.93		\$875.96		\$755.75		\$1,233.82	

* Select Rates are for members enrolled in the Synergy network plans during the 2018/2019 plan year. The Moda Synergy network will be discontinued for the 2019/2020 plan year.

Dental Plans				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Delta Dental Premier Plan 1	\$66.48	\$131.70	\$146.45	\$216.88
Delta Dental Premier Plan 5	\$58.67	\$116.22	\$129.25	\$191.41
Delta Dental Premier Plan 6†	\$43.89	\$86.90	\$88.20	\$134.74
Exclusive PPO – Delta Dental PPO**	\$39.22	\$77.70	\$86.40	\$127.96
Kaiser Dental Plan	\$73.07	\$160.77	\$138.84	\$226.53
Willamette Dental Plan	\$47.39	\$93.88	\$99.90	\$150.09

Vision Plans	
	Composite Rate
Moda Opal	\$55.36
Moda Pearl	\$45.25
Moda Quartz	\$31.94
Kaiser Vision	\$19.83
VSP Choice Plus Plan	\$45.13
VSP Choice Plan	\$21.94

†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.