



NCS D Contribution Rates for Licensed Employees 1/1/2023

Single premium covers Employee only. Two-party premium covers Employee plus one family member. Family premium covers Employee plus two or more family members. To determine monthly payroll deduction: select plan from left side of the page, find your current FTE (full-time equivalency), then track right to the appropriate premium box. The dollar amount listed in the 'Employee Pays' column is your monthly pre-tax premium for each coverage selected. Premiums are deducted the month in advance. In the case of new enrollees double premiums may be withheld from first check as a one-time adjustment or "catch up" to the month-in-advance deduction cycle. If enrolling a Domestic Partner a signed affidavit and taxation adjustments are required.

Medical			Single Premiums		Two-Party Premiums		Family Premiums	
			<u>Employee Pays</u>	<u>District Pays</u>	<u>Employee Pays</u>	<u>District Pays</u>	<u>Employee Pays</u>	<u>District Pays</u>
NC Plan V - HMA - Deductible Network: Regence Preferred (Vision not included)	<u>FTE</u>							
		.8 to 1.0	\$ 92.31	\$ 1,677.95	\$ 184.80	\$ 1,585.46	\$ 259.19	\$1,511.07
		.6 to .79	\$ 276.93	\$ 1,493.33	\$ 554.41	\$ 1,215.85	\$ 777.57	\$ 992.69
	\$1,770.26	.5 to .59	\$ 415.39	\$ 1,354.87	\$ 831.61	\$ 938.65	\$ 1,166.36	\$ 603.90
Kaiser "TRAD" Traditional HMO/No Deductible (Vision INCLUDED)	<u>FTE</u>							
		.8 to 1.0	\$ 84.96	\$1,537.06	\$ 169.93	\$ 1,452.09	\$ 229.40	\$1,392.62
		.6 to .79	\$ 254.89	\$ 1,367.13	\$ 509.78	\$ 1,112.24	\$ 688.19	\$ 933.83
	\$1,622.02	.5 to .59	\$ 382.33	\$ 1,239.69	\$ 764.67	\$ 857.35	\$ 1,032.29	\$ 589.73
Kaiser "HDHP" High Deductible (Vision not included)	<u>FTE</u>							
		.8 to 1.0	\$ 42.84	\$ 385.53	\$ 85.67	\$ 771.07	\$ 115.66	\$ 1,040.94
		.6 to .79	\$ 128.51	\$ 299.86	\$ 257.02	\$ 599.72	\$ 346.98	\$ 809.62
		.5 to .59	\$ 192.77	\$ 235.60	\$ 385.53	\$ 471.21	\$ 520.47	\$ 636.13
Dental								
North Clackamas	<u>FTE</u>							
		.8 to 1.0	\$ 5.92	\$ 128.22	\$ 11.29	\$ 122.85	\$ 18.18	\$ 115.96
		.6 to .79	\$ 17.77	\$ 116.37	\$ 33.86	\$ 100.28	\$ 54.53	\$ 79.61
\$ 134.14		.5 to .59	\$ 26.65	\$ 107.49	\$ 50.78	\$ 83.36	\$ 81.80	\$ 52.34
Kaiser	<u>FTE</u>							
		.8 to 1.0	\$ 17.57	\$ 158.16	\$ 17.57	\$ 158.16	\$ 17.57	\$ 158.16
		.6 to .79	\$ 52.72	\$ 123.01	\$ 52.72	\$ 123.01	\$ 52.72	\$ 123.01
\$ 175.73		.5 to .59	\$ 79.08	\$ 105.90	\$ 79.08	\$ 96.65	\$ 79.08	\$ 96.65
Vision								
North Clackamas	<u>FTE</u>							
		.8 to 1.0	\$ 1.31	\$ 26.91	\$ 2.62	\$ 25.60	\$ 3.78	\$ 24.44
		.6 to .79	\$ 3.92	\$ 24.30	\$ 7.85	\$ 20.37	\$ 11.35	\$ 16.87
\$ 28.22		.5 to .59	\$ 5.89	\$ 22.33	\$ 11.78	\$ 16.44	\$ 17.02	\$ 11.20