

**North Clackamas School District
Contribution Rates for Administrative Employees
1/1/2023**

Single rates cover the employee only. Two-party rates cover the employee plus one family member. Family rates cover the employee plus two or more family members. To determine your monthly premium, select a plan from the left side of the page then move 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 one month in advance. In some cases more than one premium will be deducted from your check (frequently applies to first time enrollees). If enrolling a Domestic Partner a signed Affidavit and taxation adjustments are required.

	<u>Single Premiums</u>		<u>Two-Party Premiums</u>		<u>Family Premiums</u>	
	<u>Employee Pays</u>	<u>District Pays</u>	<u>Employee Pays</u>	<u>District Pays</u>	<u>Employee Pays</u>	<u>District Pays</u>
Medical						
<i>North Clackamas Plan V</i> <i>(VISION EXCLUDED)</i>	\$1,770.26	\$ 92.31	\$ 1,677.95	\$ 184.80	\$1,585.46	\$ 259.19 \$ 1,511.07
<i>Kaiser Traditional</i> <i>(Vision INCLUDED)</i>	\$1,622.02	\$ 84.96	\$ 1,537.06	\$ 169.93	\$ 1,452.09	\$ 229.40 \$ 1,392.62
<i>Kaiser High-Deductible</i> <i>(VISION EXCLUDED)</i> Tiered Rates		\$ 42.84	\$385.53	\$ 85.67	\$ 771.07	\$ 115.66 \$ 1,040.94
Dental						
<i>North Clackamas</i> \$	134.14	\$ 5.92	\$ 128.22	\$ 11.29	\$ 122.85	\$ 18.18 \$ 115.96
<i>Kaiser</i> \$	175.73	\$ 17.57	\$ 158.16	\$ 17.57	\$ 158.16	\$ 17.57 \$ 158.16
Vision						
<i>North Clackamas</i> \$	28.22	\$ 1.36	\$ 26.86	\$ 2.72	\$ 25.50	\$ 3.94 \$ 24.28