

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

The single rate covers the employee only. The two-party rate covers the employee plus one family member. The family rate covers the employee plus two or more family members. 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 (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 %</u>	<u>Employee Pays</u>	<u>District Pays</u>	<u>Employee %</u>	<u>Employee Pays</u>	<u>District Pays</u>	<u>Employee %</u>	<u>Employee Pays</u>	<u>District Pays</u>	
<b>Medical</b>	NC Plan V does not include Vision -- see below									
<i>North Clackamas Plan V</i> <i>(VISION EXCLUDED)</i>										
\$1,770.26	3%	\$ 53.11	\$ 1,717.15	8%	\$ 141.62	\$ 1,628.64	12%	\$ 212.43	\$ 1,557.83	
<i>Kaiser Traditional Plan</i> <i>(VISION INCLUDED)</i>										
\$1,622.02	3%	\$ 48.66	\$ 1,573.36	8%	\$ 129.76	\$ 1,492.26	12%	\$ 194.64	\$ 1,427.38	
<i>Kaiser High-Deductible Plan</i> <i>(VISION EXCLUDED)</i>										
\$428.37 Tiered Rates	3%	\$ 12.85	\$ 415.52	\$856.74 8%	68.54	\$ 788.20	\$1,156.60 12%	\$ 138.79	\$ 1,017.81	
<b>Dental</b>										
<i>North Clackamas</i> \$	134.14	3%	\$ 4.02	\$ 130.12	8%	\$ 10.73	\$ 123.41	12%	\$ 16.10	\$ 118.04
<i>Kaiser</i> \$	175.73	3%	\$ 5.27	\$ 170.46	8%	\$ 14.06	\$ 161.67	12%	\$ 21.09	\$ 154.64
<b>Vision</b>										
<i>North Clackamas</i> \$	28.22	3%	\$ 0.85	\$ 27.37	8%	\$ 2.26	\$ 25.96	12%	\$ 3.39	\$ 24.83