Douglas County School Distirct #4

Licensed Employees

Insurance Premium Costs 2024-2025, Effective 10/01/2024

Monthly Contribution paid by the District (CAP) — **Moda Medical PPO Plans**

$1,550	Medical Plan 1*	Medical Plan 2*	Medical Plan 3	Medical Plan 4	Medical Plan 5	Medical Plan 6	Medical Plan 7*
Deductible - Single Deductible - Family	$400 / $1500	$800 / $2700	$1200 / $3900	$1600 / $5100	$2000 / $6300	$1600 / $3400	$2000 / $4200
Vision Plan Opal							
Delta Dental Plan 1	$ 556.24	$ 419.63	$ 311.36	$ 219.73	$ 101.40	$ 130.13	$ 32.61
Delta Dental Plan 5	$ 537.06	$ 400.45	$ 292.18	$ 200.55	$ 82.22	$ 110.95	$ 13.43
Delta Dental Plan 6	$ 496.68	$ 360.07	$ 251.80	$ 160.17	$ 41.84	$ 70.57	$ -
Delta Dental Exclusive PPO	$ 487.94	$ 351.33	$ 243.06	$ 151.43	$ 33.10	$ 61.83	$ -
Dental Willamette Plan 8	$ 512.53	$ 375.92	$ 267.65	$ 176.02	$ 57.69	$ 86.42	$ -
Vision Plan Pearl							
Delta Dental Plan 1	$ 547.15	$ 410.54	$ 302.27	$ 210.64	$ 92.31	$ 121.04	$ 23.52
Delta Dental Plan 5	$ 527.97	$ 391.36	$ 283.09	$ 191.46	$ 73.13	$ 101.86	$ 4.34
Delta Dental Plan 6	$ 487.59	$ 350.98	$ 242.71	$ 151.08	$ 32.75	$ 61.48	$ -
Delta Dental Exclusive PPO	$ 478.85	$ 342.24	$ 233.97	$ 142.34	$ 24.01	$ 52.74	$ -
Dental Willamette Plan 8	$ 503.44	$ 366.83	$ 258.56	$ 166.93	$ 48.60	$ 77.33	$ -
Vision Plan Quartz							
Delta Dental Plan 1	$ 535.18	$ 398.57	$ 290.30	$ 198.67	$ 80.34	$ 109.07	$ 11.55
Delta Dental Plan 5	$ 516.00	$ 379.39	$ 271.12	$ 179.49	$ 61.16	$ 89.89	$ -
Delta Dental Plan 6	$ 475.62	$ 339.01	$ 230.74	$ 139.11	$ 20.78	$ 49.51	$ -
Delta Dental Exclusive PPO	$ 466.88	$ 330.27	$ 222.00	$ 130.37	$ 12.04	$ 40.77	$ -
Dental Willamette Plan 8	$ 491.47	$ 354.86	$ 246.59	$ 154.96	$ 36.63	$ 65.36	$ -
Vision VSP Choice Plus							
Delta Dental Plan 1	$ 540.41	$ 403.80	$ 295.53	$ 203.90	$ 85.57	$ 114.30	$ 16.78
Delta Dental Plan 5	$ 521.23	$ 384.62	$ 276.35	$ 184.72	$ 66.39	$ 95.12	$ -
Delta Dental Plan 6	$ 480.85	$ 344.24	$ 235.97	$ 144.34	$ 26.01	$ 54.74	$ -
Delta Dental Exclusive PPO	$ 472.11	$ 335.50	$ 227.23	$ 135.60	$ 17.27	$ 46.00	$ -
Dental Willamette Plan 8	$ 496.70	$ 360.09	$ 251.82	$ 160.19	$ 41.86	$ 70.59	$ -
Vision VSP Choice							
Delta Dental Plan 1	$ 522.95	$ 386.34	$ 278.07	$ 186.44	$ 68.11	$ 96.84	$ -
Delta Dental Plan 5	$ 503.77	$ 367.16	$ 258.89	$ 167.26	$ 48.93	$ 77.66	$ -
Delta Dental Plan 6	$ 463.39	$ 326.78	$ 218.51	$ 126.88	$ 8.55	$ 37.28	$ -
Delta Dental Exclusive PPO	$ 454.65	$ 318.04	$ 209.77	$ 118.14	$ -	$ 28.54	$ -
Dental Willamette Plan 8	$ 479.24	$ 342.63	$ 234.36	$ 142.73	$ 24.40	$ 53.13	$ -

*Medical Plans 1, 2, and 7 (pink columns) are new for the 24-25 school year

Premium rates for each individual plan - Informational Only

Medical Plan 1 - $400 ded	$ 1,888.12
Medical Plan 2 - $800 ded	$ 1,751.51
Medical Plan 3 - $1200 ded	$ 1,643.24
Medical Plan 4 - $1600 ded	$ 1,551.61
Medical Plan 5 - $2000 ded	$ 1,433.28
Medical Plan 6 - $1600 ded (HSA eligible)	$ 1,462.01
Medical Plan 7 - $2000 ded (HSA eligible)	$ 1,364.49

Delta Dental Plan 1	$ 164.26
Delta Dental Plan 5	$ 145.08
Delta Dental Plan 6	$ 104.70
Delta Dental Exclusive PPO	$ 95.96
Willamette Dental Plan 8	$ 120.55

Vision Plan Opal - Moda	$ 49.80
Vision Plan Pearl - Moda	$ 40.71
Vision Plan Quartz - Moda	$ 28.74
Vision Plan Choice Plus - VSP	$ 33.97
Vision Plan Choice - VSP	$ 16.51

Life Insurance & EAP (24-25 rates)	$ 4.06
LTD - Employee Paid (23-24 rates)	$ 19.32

not included in the calculations above