Douglas County School Distirct #4

Classified Employees 6.5 Hours and More

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	$ 564.59	$ 427.98	$ 319.71	$ 228.08	$ 109.75	$ 138.48	$ 40.96
Delta Dental Plan 5	$ 545.41	$ 408.80	$ 300.53	$ 208.90	$ 90.57	$ 119.30	$ 21.78
Delta Dental Plan 6	$ 505.03	$ 368.42	$ 260.15	$ 168.52	$ 50.19	$ 78.92	$ -
Delta Dental Exclusive PPO	$ 496.29	$ 359.68	$ 251.41	$ 159.78	$ 41.45	$ 70.18	$ -
Willamette Dental Plan 8	$ 520.88	$ 384.27	$ 276.00	$ 184.37	$ 66.04	$ 94.77	$ -
Vision Plan Pearl							
Delta Dental Plan 1	$ 555.50	$ 418.89	$ 310.62	$ 218.99	$ 100.66	$ 129.39	$ 31.87
Delta Dental Plan 5	$ 536.32	$ 399.71	$ 291.44	$ 199.81	$ 81.48	$ 110.21	$ 12.69
Delta Dental Plan 6	$ 495.94	$ 359.33	$ 251.06	$ 159.43	$ 41.10	$ 69.83	$ -
Delta Dental Exclusive PPO	$ 487.20	$ 350.59	$ 242.32	$ 150.69	$ 32.36	$ 61.09	$ -
Willamette Dental Plan 8	$ 511.79	$ 375.18	$ 266.91	$ 175.28	$ 56.95	$ 85.68	$ -
Vision Plan Quartz							
Delta Dental Plan 1	$ 543.53	$ 406.92	$ 298.65	$ 207.02	$ 88.69	$ 117.42	$ 19.90
Delta Dental Plan 5	$ 524.35	$ 387.74	$ 279.47	$ 187.84	$ 69.51	$ 98.24	$ 0.72
Delta Dental Plan 6	$ 483.97	$ 347.36	$ 239.09	$ 147.46	$ 29.13	$ 57.86	$ -
Delta Dental Exclusive PPO	$ 475.23	$ 338.62	$ 230.35	$ 138.72	$ 20.39	$ 49.12	$ -
Willamette Dental Plan 8	$ 499.82	$ 363.21	$ 254.94	$ 163.31	$ 44.98	$ 73.71	$ -
Vision VSP Choice Plus							
Delta Dental Plan 1	$ 548.76	$ 412.15	$ 303.88	$ 212.25	$ 93.92	$ 122.65	$ 25.13
Delta Dental Plan 5	$ 529.58	$ 392.97	$ 284.70	$ 193.07	$ 74.74	$ 103.47	$ 5.95
Delta Dental Plan 6	$ 489.20	$ 352.59	$ 244.32	$ 152.69	$ 34.36	$ 63.09	$ -
Delta Dental Exclusive PPO	$ 480.46	$ 343.85	$ 235.58	$ 143.95	$ 25.62	$ 54.35	$ -
Willamette Dental Plan 8	$ 505.05	$ 368.44	$ 260.17	$ 168.54	$ 50.21	$ 78.94	$ -
Vision VSP Choice							
Delta Dental Plan 1	$ 531.30	$ 394.69	$ 286.42	$ 194.79	$ 76.46	$ 105.19	$ 7.67
Delta Dental Plan 5	$ 512.12	$ 375.51	$ 267.24	$ 175.61	$ 57.28	$ 86.01	$ -
Delta Dental Plan 6	$ 471.74	$ 335.13	$ 226.86	$ 135.23	$ 16.90	$ 45.63	$ -
Delta Dental Exclusive PPO	$ 463.00	$ 326.39	$ 218.12	$ 126.49	$ 8.16	$ 36.89	$ -
Willamette Dental Plan 8	$ 487.59	$ 350.98	$ 242.71	$ 151.08	$ 32.75	$ 61.48	$ -

*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 District Pd Classified (23-24 rate + 8%)	$ 8.35