Douglas County School Distirct #4

Administrative and Confidential 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	$ 588.72	$ 452.11	$ 343.84	$ 252.21	$ 133.88	$ 162.61	$ 65.09
Delta Dental Plan 5	$ 569.54	$ 432.93	$ 324.66	$ 233.03	$ 114.70	$ 143.43	$ 45.91
Delta Dental Plan 6	$ 529.16	$ 392.55	$ 284.28	$ 192.65	$ 74.32	$ 103.05	$ 5.53
Delta Dental Exclusive PPO	$ 520.42	$ 383.81	$ 275.54	$ 183.91	$ 65.58	$ 94.31	$ -
Willamette Dental Plan 8	$ 545.01	$ 408.40	$ 300.13	$ 208.50	$ 90.17	$ 118.90	$ 21.38
Vision Plan Pearl							
Delta Dental Plan 1	$ 579.63	$ 443.02	$ 334.75	$ 243.12	$ 124.79	$ 153.52	$ 56.00
Delta Dental Plan 5	$ 560.45	$ 423.84	$ 315.57	$ 223.94	$ 105.61	$ 134.34	$ 36.82
Delta Dental Plan 6	$ 520.07	$ 383.46	$ 275.19	$ 183.56	$ 65.23	$ 93.96	$ -
Delta Dental Exclusive PPO	$ 511.33	$ 374.72	$ 266.45	$ 174.82	$ 56.49	$ 85.22	$ -
Willamette Dental Plan 8	$ 535.92	$ 399.31	$ 291.04	$ 199.41	$ 81.08	$ 109.81	$ 12.29
Vision Plan Quartz							
Delta Dental Plan 1	$ 567.66	$ 431.05	$ 322.78	$ 231.15	$ 112.82	$ 141.55	$ 44.03
Delta Dental Plan 5	$ 548.48	$ 411.87	$ 303.60	$ 211.97	$ 93.64	$ 122.37	$ 24.85
Delta Dental Plan 6	$ 508.10	$ 371.49	$ 263.22	$ 171.59	$ 53.26	$ 81.99	$ -
Delta Dental Exclusive PPO	$ 499.36	$ 362.75	$ 254.48	$ 162.85	$ 44.52	$ 73.25	$ -
Willamette Dental Plan 8	$ 523.95	$ 387.34	$ 279.07	$ 187.44	$ 69.11	$ 97.84	$ 0.32
Vision VSP Choice Plus							
Delta Dental Plan 1	$ 572.89	$ 436.28	$ 328.01	$ 236.38	$ 118.05	$ 146.78	$ 49.26
Delta Dental Plan 5	$ 553.71	$ 417.10	$ 308.83	$ 217.20	$ 98.87	$ 127.60	$ 30.08
Delta Dental Plan 6	$ 513.33	$ 376.72	$ 268.45	$ 176.82	$ 58.49	$ 87.22	$ -
Delta Dental Exclusive PPO	$ 504.59	$ 367.98	$ 259.71	$ 168.08	$ 49.75	$ 78.48	$ -
Willamette Dental Plan 8	$ 529.18	$ 392.57	$ 284.30	$ 192.67	$ 74.34	$ 103.07	$ 5.55
Vision VSP Choice							
Delta Dental Plan 1	$ 555.43	$ 418.82	$ 310.55	$ 218.92	$ 100.59	$ 129.32	$ 31.80
Delta Dental Plan 5	$ 536.25	$ 399.64	$ 291.37	$ 199.74	$ 81.41	$ 110.14	$ 12.62
Delta Dental Plan 6	$ 495.87	$ 359.26	$ 250.99	$ 159.36	$ 41.03	$ 69.76	$ -
Delta Dental Exclusive PPO	$ 487.13	$ 350.52	$ 242.25	$ 150.62	$ 32.29	$ 61.02	$ -
Willamette Dental Plan 8	$ 511.72	$ 375.11	$ 266.84	$ 175.21	$ 56.88	$ 85.61	$ -

*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)	$ 7.00
LTD District Pd Classified (23-24 rate + 8%)	$ 29.54