

Yamhill Carlton School District Insurance Cost Worksheet 2024-2025

The Yamhill Carlton School District will contribute \$1,555 per month toward your medical, dental and vision premiums.
This amount is pro-rated by FTE. See Collective Bargaining Agreements for more information.

Medical Plans	Composite Rate
MODA Plan 2	\$ 1,751.51
MODA Plan 3	\$ 1,643.24
MODA Plan 4	\$ 1,551.61
MODA Plan 5	\$ 1,433.28
MODA Plan 6 - High Deductible Plan - HSA Required	\$ 1,462.01
MODA Plan 7 - High Deductible Plan - HSA Required	\$ 1,364.49
Kaiser Plan 2 A	\$ 1,424.44
Kaiser Plan 2 B	\$ 1,383.06
Kaiser Plan 3 - High Deductible Plan - HSA Required	\$ 1,055.35

Medical Plan Choice Cost:
\$ _____

Dental Plans	Composite Rate
Delta Dental Plan 1 w/Ortho	\$ 164.26
Delta Dental Plan 5 w/Ortho	\$ 145.08
Delta Dental Plan 6 (excludes Ortho)	\$ 104.70
Delta Dental Plan PPO Exclusive Incentive	\$ 142.39
Delta Dental Plan PPO Exclusive	\$ 95.96
Willamette Dental w/ Ortho	\$ 120.55
Kaiser Dental w/Ortho	\$ 175.02

Dental Plan Choice Cost:
\$ _____

Visions Plans	Composite Rate
MODA Pearl	\$ 40.71
VSP Choice Plus	\$ 33.97
VSP Choice	\$ 16.51
Kaiser Plan 5 (only if Kaiser Medical has been chosen)	\$ 20.19

Vision Plan Choice Cost:
\$ _____

If "Total Cost" is more than \$1,555 Employee paid will be "total cost" minus \$1,555 = \$ _____

OR

If "Total Cost" is **less** than \$1,555 and you chose MODA Plan 6 or 7 or Kaiser Plan 3 the **District Contribution to your HSA** will be \$1,555 minus "total cost" = \$ _____

**Employees qualified to opt out will receive 30% of the \$1,555.*

This worksheet is designed to help employee's figure their out of pocket costs or the amount that will be contibuted to your HSA. This form **does not** need to be turned into the District Office.