

Monthly Active Group Insurance Rates 10/01/25 to 9/30/26
Medical, Dental, Vision, Basic Life, and Accidental Death and Dismemberment

MEDICAL	Monthly Premium
Moda Medical Plan 1	\$1,955.33
Moda Medical Plan 2	\$1,813.86
Moda Medical Plan 3	\$1,701.74
Moda Medical Plan 4	\$1,606.85
Moda Medical Plan 5	\$1,484.31
Moda Medical Plan 6 (HSA eligible)	\$1,514.06
Moda Medical Plan 7 (HSA eligible)	\$1,413.06
Kaiser Medical Plan 1	\$1,737.27
Kaiser Medical Plan 2A	\$1,525.88
Kaiser Medical Plan 2B	\$1,493.89
Kaiser Med Plan 3 (HSA eligible)	\$1,158.67

DENTAL	Monthly Premium
Moda Delta Dental Plan 1	\$168.93
Moda Delta Dental Plan 5	\$149.20
Moda Delta Dental Plan 6 (no ortho)	\$107.68
Moda Exclusv. Delta PPO Incentive	\$146.43
Moda Exclusive Delta PPO Dental	\$98.69
Kaiser Dental	\$180.29
Willamette Dental	\$123.59

VISION	Monthly Premium
Moda Vision Opal	\$49.80
Moda Vision Pearl	\$40.71
Moda Vision Quartz	\$28.74
VSP Choice Plus Plan	\$33.97
VSP Choice Plan	\$16.51
Kaiser Vision (only w/ Kaiser Medical)	\$20.19

Monthly District Contribution	
Full-Time Classified/Confid/Pro-Tech	\$ 1,575.00
<i>Full-Time = .75 - 1.0 FTE</i>	
Part-Time Classified/Conf/Pro-Tech	\$ 1,102.50
<i>Part-Time = .50 - .749 FTE</i>	
<i>Less than .50 FTE are not benefit-eligible</i>	
Full-Time Licensed/Admin	\$ 1,560.00
Part-Time Licensed/Admin is prorated by FTE	
<i>Example: Part-time LIC/Admin Dist. Contribution</i>	
Lic/Admin Employee works .50 FTE	\$780.00
Lic/Admin Employee works .25 FTE	\$390.00
Monthly District Contribution toward Health Savings Acct (HSA)*	\$100.00
<i>*Moda Plan 6, 7 and Kaiser 3 ONLY. Separate enrollment required, MUST complete HSA form.</i>	

Basic Life/AD&D Coverage (Cost Deducted from District Contribution)	
Classified	<i>Monthly Cost</i>
Basic Life Ins, plan 3 (\$10,000)	\$0.88
Basic AD&D, plan 3 (\$10,000)	\$0.10
Licensed	
Basic Life Ins, plan 8 (\$35,000)	\$3.08
Basic AD&D, plan 8 (\$35,000)	\$0.35
Confidential/Pro-Tech	
Basic Life Ins, plan 11 (\$100,000)	\$8.80
Basic AD&D, plan 11 (\$100,000)	\$1.00
Administrator	
Basic Life Ins, plan 11 (\$100,000)	\$8.80
Basic AD&D, plan 11 (\$100,000)	\$1.00

How much will you owe? (monthly)
<i>Add the following monthly costs:</i>
Medical premium _____
Dental premium _____
Vision premium _____
Basic Life/AD&D _____
SubTotal _____
Subtract District cont. (Licensed emp. add LTD) _____
Total employee monthly cost _____

NOTES
A. District contribution only applies toward medical, dental, vision and basic life/AD&D. Any remaining contribution may NOT be applied toward additional benefits
B. LTD is mandatory for Licensed group
C. All optional coverages cost extra
D. All monthly premium rates are composite, meaning that the monthly premium remains the same whether you are covering one person, or more than one person on your plan.

Information effective as of revision date on page. Please see Benefits website for most current info.