



**Medford School District**  
**Medical/Dental Payroll Deductions Effective October 1, 2025**

The following are the monthly employee pre-tax deductions which will be payroll deducted depending on your plan selection.

**Medical Plan 3**

<b><u>Dental Plan 5/VSP Choice Plus</u></b>		<b><u>Willamette Dental/VSP Choice Plus</u></b>	
Employee Only	\$121.28	Employee Only	\$108.10
Employee + Spouse	\$266.84	Employee + Spouse	\$241.66
Employee + Child(ren)	\$230.44	Employee + Child(ren)	\$197.93
Employee + Family	\$376.01	Employee + Family	\$329.81

**Medical Plan 4**

<b><u>Dental Plan 5/VSP Choice Plus</u></b>		<b><u>Willamette Dental/VSP Choice Plus</u></b>	
Employee Only	\$81.41	Employee Only	\$68.23
Employee + Spouse	\$179.12	Employee + Spouse	\$153.94
Employee + Child(ren)	\$154.67	Employee + Child(ren)	\$122.16
Employee + Family	\$252.40	Employee + Family	\$206.20

**Medical Plan 6 – HSA Plan**

<b><u>Dental Plan 5/VSP Choice Plus</u></b>		<b><u>Willamette Dental/VSP Choice Plus</u></b>	
Employee Only	\$42.43	Employee Only	\$29.25
Employee + Spouse	\$93.36	Employee + Spouse	\$68.18
Employee + Child(ren)	\$80.62	Employee + Child(ren)	\$48.11
Employee + Family	\$131.54	Employee + Family	\$85.34

**Medical Plan 7—HSA Plan**

<b><u>Dental Plan 5/VSP Choice Plus</u></b>		<b><u>Willamette Dental/VSP Choice Plus</u></b>	
Employee Only	\$0.00	Employee Only	\$0.00
Employee + Spouse	\$0.00	Employee + Spouse	\$0.00
Employee + Child(ren)	\$0.00	Employee + Child(ren)	\$0.00
Employee + Family	\$0.00	Employee + Family	\$0.00

\*\*District contributions will be pro-rated for less than full-time employees.  
Contact Human Resources (ext. 1019) for premium amounts.\*\*

Insurance Waiver Option: Employees have an option to opt out of the MSD Insurance Program if the employee is covered by another group insurance plan. Employees must provide evidence of other group coverage. Employees may be eligible for a \$400 monthly stipend when waiving coverage