

# SOUTH LANE SCHOOL DISTRICT

## CERTIFIED/SUPERVISORS/ADMINISTRATORS/CONFIDENTIAL

### 12 PAY INSURANCE COSTS FOR PLAN YEAR 2025-2026

#### INCLUDES MEDICAL DENTAL AND VISION

MODA PLAN 2 - Full-time Employee Pays 11%		
Total Premium	\$1,991.80	
District Pays	Employee Pays	FTE
\$ 1,772.70	\$ 219.10	1.00
\$ 1,595.43	\$ 396.37	0.90
\$ 1,471.34	\$ 520.46	0.83
\$ 1,418.16	\$ 573.64	0.80
\$ 1,329.53	\$ 662.27	0.75
\$ 1,240.89	\$ 750.91	0.70
\$ 1,187.71	\$ 804.09	0.67
\$ 886.35	\$ 1,105.45	0.50

MODA Plan 3 - Full-time Employee Pays 7%		
Total Premium	\$1,879.68	
District Pays	Employee Pays	FTE
\$1,748.10	\$131.58	1.00
\$1,573.29	\$306.39	0.90
\$1,450.92	\$428.76	0.83
\$1,398.48	\$481.20	0.80
\$1,311.08	\$568.60	0.75
\$1,223.67	\$656.01	0.70
\$1,171.23	\$708.45	0.67
\$874.05	\$1,005.63	0.50

MODA PLAN 4 - Full-time Employee Pays 3%		
Total Premium	\$1,784.79	
District Pays	Employee Pays	FTE
\$1,731.25	\$53.54	1.00
\$1,558.12	\$226.67	0.90
\$1,436.93	\$347.86	0.83
\$1,385.00	\$399.79	0.80
\$1,298.43	\$486.36	0.75
\$1,211.87	\$572.92	0.70
\$1,159.94	\$624.85	0.67
\$865.62	\$919.17	0.50

MODA PLAN 6 - Full-time Employee Pays 0%			
Total Premium	\$1,692.00		Annual
District Pays	Employee Pays	FTE	HSA Contribution
\$1,692.00	\$0.00	1.00	\$1,250.00
\$1,522.80	\$169.20	0.90	\$1,125.00
\$1,404.36	\$287.64	0.83	\$1,037.50
\$1,353.60	\$338.40	0.80	\$1,000.00
\$1,269.00	\$423.00	0.75	\$937.50
\$1,184.40	\$507.60	0.70	\$875.00
\$1,133.64	\$558.36	0.67	\$837.50
\$846.00	\$846.00	0.50	\$625.00

Annual HRA - VEBA Contributions				
Medical Opt Out Only		Medical/Dental/Vision Opt Out		
Contribution	FTE	Contribution	FTE	
\$7,700.00	1.00	\$8,500.00	1.00	
\$6,930.00	0.90	\$7,650.00	0.90	
\$6,391.00	0.83	\$7,055.00	0.83	
\$6,160.00	0.80	\$6,800.00	0.80	
\$5,775.00	0.75	\$6,375.00	0.75	
\$5,390.00	0.70	\$5,950.00	0.70	
\$5,159.00	0.67	\$5,695.00	0.67	
\$3,850.00	0.50	\$4,250.00	0.50	

Please note: Employee Share of premium is based on FTE. These tables are used as guidelines for planning.

If your FTE is not reflected on these tables, please let us know and we will calculate your actual premium share.

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## CERTIFIED/SUPERVISORS/ADMINISTRATORS/CONFIDENTIAL

### 12 PAY INSURANCE COSTS FOR PLAN YEAR 2025-2026

#### INCLUDES MEDICAL DENTAL AND VISION

<b>Kaiser Plan 1 - Full-time Employee Pays 13%</b>		
Total Premium	\$1,937.75	
District Pays	Employee Pays	FTE
\$ 1,685.84	\$ 251.91	1.00
\$ 1,517.26	\$ 420.49	0.90
\$ 1,399.25	\$ 538.50	0.83
\$ 1,348.67	\$ 589.08	0.80
\$ 1,264.38	\$ 673.37	0.75
\$ 1,180.09	\$ 757.66	0.70
\$ 1,129.51	\$ 808.24	0.67
\$ 842.92	\$ 1,094.83	0.50

<b>Kaiser Plan 2A - Full-time Employee Pays 13%</b>		
Total Premium	\$1,726.36	
District Pays	Employee Pays	FTE
\$ 1,501.93	\$ 224.43	1.00
\$ 1,351.74	\$ 374.62	0.90
\$ 1,246.60	\$ 479.76	0.83
\$ 1,201.55	\$ 524.81	0.80
\$ 1,126.45	\$ 599.91	0.75
\$ 1,051.35	\$ 675.01	0.70
\$ 1,006.30	\$ 720.06	0.67
\$ 750.97	\$ 975.39	0.50

<b>Kaiser Plan 2B - Full-time Employee Pays 9%</b>		
Total Premium	\$1,694.37	
District Pays	Employee Pays	FTE
\$ 1,541.88	\$ 152.49	1.00
\$ 1,387.69	\$ 306.68	0.90
\$ 1,279.76	\$ 414.61	0.83
\$ 1,233.50	\$ 460.87	0.80
\$ 1,156.41	\$ 537.96	0.75
\$ 1,079.31	\$ 615.06	0.70
\$ 1,033.06	\$ 661.31	0.67
\$ 770.94	\$ 923.43	0.50

<b>Kaiser Plan 3 - Full-time Employee Pays 0%</b>			
Total Premium	\$1,359.15	Annual	
District Pays	Employee Pays	FTE	HSA Contribution
\$ 1,359.15	\$ -	1.00	\$1,250.00
\$ 1,223.24	\$ 135.92	0.90	\$1,125.00
\$ 1,128.09	\$ 231.06	0.83	\$1,037.50
\$ 1,087.32	\$ 271.83	0.80	\$1,000.00
\$ 1,019.36	\$ 339.79	0.75	\$937.50
\$ 951.41	\$ 407.75	0.70	\$875.00
\$ 910.63	\$ 448.52	0.67	\$837.50
\$ 679.58	\$ 679.58	0.50	\$625.00

<b>Annual HRA - VEBA Contributions</b>			
Medical Opt Out Only		Medical/Dental/Vision Opt Out	
Contribution	FTE	Contribution	FTE
\$ 7,700.00	1.00	\$ 8,500.00	1.00
\$ 6,930.00	0.90	\$ 7,650.00	0.90
\$ 6,391.00	0.83	\$ 7,055.00	0.83
\$ 6,160.00	0.80	\$ 6,800.00	0.80
\$ 5,775.00	0.75	\$ 6,375.00	0.75
\$ 5,390.00	0.70	\$ 5,950.00	0.70
\$ 5,159.00	0.67	\$ 5,695.00	0.67
\$ 3,850.00	0.50	\$ 4,250.00	0.50

Please note: Employee Share of premium is based on FTE. These tables are used as guidelines for planning.  
 If your FTE is not reflected on these tables, please let us know and we will calculate your actual premium share.

# SOUTH LANE SCHOOL DISTRICT

## Classified

### 10 PAY INSURANCE COSTS FOR PLAN YEAR 2025-2026

#### INCLUDES MEDICAL DENTAL AND VISION

MODA PLAN 2 - Full-time Employee Pays 14%			MODA Plan 3 - Full-time Employee Pays 10%		
Total Premium	\$1,991.80		Total Premium	\$ 1,879.68	
District Pays	Employee Pays	Hours/Week	District Pays	Employee Pays	Hours/Week
\$ 1,712.95	\$ 334.62	36.25 - 40.0	\$ 1,691.71	\$ 225.56	36.25 - 40.0
\$ 1,653.88	\$ 405.50	35.00	\$ 1,633.38	\$ 295.56	35.00
\$ 1,535.75	\$ 547.26	32.50	\$ 1,516.71	\$ 435.57	32.50
\$ 1,476.68	\$ 618.14	31.25	\$ 1,458.37	\$ 505.57	31.25
\$ 1,417.61	\$ 689.03	30.00	\$ 1,400.04	\$ 575.57	30.00
\$ 1,358.54	\$ 759.91	28.75	\$ 1,341.70	\$ 645.57	28.75
\$ 1,299.48	\$ 830.79	27.50	\$ 1,283.37	\$ 715.57	27.50
\$ 1,181.34	\$ 972.55	25.00	\$ 1,166.70	\$ 855.58	25.00
\$ 945.07	\$ 1,256.07	20.00	\$ 933.36	\$ 1,135.59	20.00

MODA PLAN 4 - Full-time Employee Pays 6%			MODA PLAN 6 - Full-time Employee Pays 0%			
Total Premium	\$ 1,784.79		Total Premium	\$ 1,692.00		Annual
District Pays	Employee Pays	Hours/Week	District Pays	Employee Pays	Hours/Week	HSA Contribution
\$ 1,677.70	\$ 128.50	36.25 - 40.0	\$ 1,692.00	\$ -	36.25 - 40.0	\$ 1,250.00
\$ 1,619.85	\$ 197.93	35.00	\$ 1,633.66	\$ 70.01	35.00	\$ 1,207.00
\$ 1,504.15	\$ 336.77	32.50	\$ 1,516.97	\$ 210.04	32.50	\$ 1,121.00
\$ 1,446.30	\$ 406.19	31.25	\$ 1,458.62	\$ 280.06	31.25	\$ 1,078.00
\$ 1,388.44	\$ 475.62	30.00	\$ 1,400.28	\$ 350.07	30.00	\$ 1,035.00
\$ 1,330.59	\$ 545.04	28.75	\$ 1,341.93	\$ 420.08	28.75	\$ 992.00
\$ 1,272.74	\$ 614.46	27.50	\$ 1,283.59	\$ 490.10	27.50	\$ 949.00
\$ 1,157.04	\$ 753.30	25.00	\$ 1,166.90	\$ 630.12	25.00	\$ 863.00
\$ 925.63	\$ 1,030.99	21.25	\$ 1,003.53	\$ 826.16	21.25	\$ 733.00
\$ 893.71	\$ 1,069.30	20.00	\$ 933.52	\$ 910.18	20.00	\$ 690.00

Annual HRA - VEBA Contributions						
Must work 30+ hours/week	Medical Opt Out Only		Medical/Dental/Vision Opt Out			6
	Contribution	Hours/Week	Contribution	Hours/Week		
	\$ 7,200.00	40.00	\$ 8,000.00	40.00		
	\$ 6,840.00	38.00	\$ 7,600.00	38.00		
	\$ 6,480.00	36.00	\$ 7,200.00	36.00		
	\$ 6,300.00	35.00	\$ 7,000.00	35.00		
	\$ 5,760.00	32.00	\$ 6,400.00	32.00		
	\$ 5,625.00	31.25	\$ 6,250.00	31.25		
	\$ 5,400.00	30.00	\$ 6,000.00	30.00		

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# SOUTH LANE SCHOOL DISTRICT

## Classified

### 10 PAY INSURANCE COSTS FOR PLAN YEAR 2025-2026

#### INCLUDES MEDICAL DENTAL AND VISION

Kaiser Plan 1 - Full-time Employee Pays 14%		
Total Premium	\$1,937.75	
District Pays	Employee Pays	Hours/Week
\$ 1,666.47	\$ 325.54	36.25 - 40.0
\$ 1,609.00	\$ 394.50	35.00
\$ 1,494.07	\$ 532.41	32.50
\$ 1,379.14	\$ 670.33	30.00
\$ 1,321.68	\$ 739.29	28.75
\$ 1,264.21	\$ 808.24	27.50
\$ 1,149.29	\$ 946.16	25.00
\$ 919.43	\$ 1,221.99	20.00

Kaiser Plan 2A - Full-time Employee Pays 14%		
Total Premium	\$ 1,726.36	
District Pays	Employee Pays	Hours/Week
\$ 1,484.67	\$ 290.03	36.25 - 40.0
\$ 1,433.47	\$ 351.46	35.00
\$ 1,331.08	\$ 474.33	32.50
\$ 1,228.69	\$ 597.20	30.00
\$ 1,177.50	\$ 658.64	28.75
\$ 1,126.30	\$ 720.07	27.50
\$ 1,023.91	\$ 842.94	25.00
\$ 819.13	\$ 1,088.68	20.00

Kaiser Plan 2B - Full-time Employee Pays 10%		
Total Premium	\$ 1,694.37	
District Pays	Employee Pays	Hours/Week
\$ 1,524.93	\$ 203.32	36.25 - 40.0
\$ 1,472.35	\$ 266.43	35.00
\$ 1,367.18	\$ 392.63	32.50
\$ 1,314.60	\$ 455.73	31.25
\$ 1,262.01	\$ 518.83	30.00
\$ 1,209.43	\$ 581.93	28.75
\$ 1,156.85	\$ 645.03	27.50
\$ 1,051.68	\$ 771.23	25.00
\$ 841.34	\$ 1,023.63	20.00

Kaiser Plan 3 - Full-time Employee Pays 0%			
Total Premium	\$ 1,359.15		Annual
District Pays	Employee Pays	Hours/Week	HSA Contribution
\$ 1,359.15	\$ -	36.25 - 40.0	\$ 1,250.00
\$ 1,312.28	\$ 56.24	35.00	\$ 1,207.00
\$ 1,218.55	\$ 168.72	32.50	\$ 1,121.00
\$ 1,171.68	\$ 224.96	31.25	\$ 1,078.00
\$ 1,124.81	\$ 281.20	30.00	\$ 1,035.00
\$ 1,077.95	\$ 337.44	28.75	\$ 992.00
\$ 1,031.08	\$ 393.68	27.50	\$ 949.00
\$ 796.74	\$ 674.89	21.25	\$ 733.00
\$ 749.88	\$ 731.13	20.00	\$ 690.00

Must work 30+ hours/week	Annual HRA - VEBA Contributions			
	Medical Opt Out Only		Medical/Dental/Vision Opt Out	
	Contribution	Hours/Week	Contribution	Hours/Week
	\$ 7,200.00	40.00	\$ 8,000.00	40.00
	\$ 6,840.00	38.00	\$ 7,600.00	38.00
	\$ 6,480.00	36.00	\$ 7,200.00	36.00
	\$ 6,300.00	35.00	\$ 7,000.00	35.00
	\$ 5,760.00	32.00	\$ 6,400.00	32.00
	\$ 5,625.00	31.25	\$ 6,250.00	31.25
	\$ 5,400.00	30.00	\$ 6,000.00	30.00

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### 12 PAY INSURANCE COSTS FOR PLAN YEAR 2025-2026

#### INCLUDES MEDICAL DENTAL AND VISION

MODA PLAN 2 - Full-time Employee Pays 14%		
Total Premium	\$1,991.80	
District Pays	Employee Pays	Hours/Week
\$ 1,712.95	\$ 278.85	36.25 - 40.0
\$ 1,653.88	\$ 337.92	35.00
\$ 1,535.75	\$ 456.05	32.50
\$ 1,417.61	\$ 574.19	30.00
\$ 1,358.54	\$ 633.26	28.75
\$ 1,299.48	\$ 692.32	27.50
\$ 1,181.34	\$ 810.46	25.00
\$ 945.07	\$ 1,046.73	20.00

MODA Plan 3 - Full-time Employee Pays 10%		
Total Premium	\$ 1,879.68	
District Pays	Employee Pays	Hours/Week
\$ 1,691.71	\$ 187.97	36.25 - 40.0
\$ 1,633.38	\$ 246.30	35.00
\$ 1,516.71	\$ 362.97	32.50
\$ 1,400.04	\$ 479.64	30.00
\$ 1,341.70	\$ 537.98	28.75
\$ 1,283.37	\$ 596.31	27.50
\$ 1,166.70	\$ 712.98	25.00
\$ 933.36	\$ 946.32	20.00

MODA PLAN 4 - Full-time Employee Pays 6%		
Total Premium	\$ 1,784.79	
District Pays	Employee Pays	Hours/Week
\$ 1,677.70	\$ 107.09	36.25 - 40.0
\$ 1,619.85	\$ 164.94	35.00
\$ 1,504.15	\$ 280.64	32.50
\$ 1,388.44	\$ 396.35	30.00
\$ 1,330.59	\$ 454.20	28.75
\$ 1,272.74	\$ 512.05	27.50
\$ 1,157.04	\$ 627.75	25.00
\$ 925.63	\$ 859.16	20.00

MODA PLAN 6 - Full-time Employee Pays 0%			
Total Premium	\$ 1,692.00		Annual
District Pays	Employee Pays	Hours/Week	HSA Contribution
\$ 1,692.00	\$ -	36.25 - 40.0	\$ 1,250.00
\$ 1,633.66	\$ 58.34	35.00	\$ 1,207.00
\$ 1,516.97	\$ 175.03	32.50	\$ 1,121.00
\$ 1,400.28	\$ 291.72	30.00	\$ 1,035.00
\$ 1,341.93	\$ 350.07	28.75	\$ 992.00
\$ 1,283.59	\$ 408.41	27.50	\$ 949.00
\$ 1,003.53	\$ 688.47	21.25	\$ 733.00
\$ 933.52	\$ 758.48	20.00	\$ 690.00

Must work 30+ hours/week	Annual HRA - VEBA Contributions			
	Medical Opt Out Only		Medical/Dental/Vision Opt Out	
	Contribution	Hours/Week	Contribution	Hours/Week
	\$ 7,200.00	40.00	\$ 8,000.00	40.00
	\$ 6,840.00	38.00	\$ 7,600.00	38.00
	\$ 6,480.00	36.00	\$ 7,200.00	36.00
	\$ 6,300.00	35.00	\$ 7,000.00	35.00
	\$ 5,760.00	32.00	\$ 6,400.00	32.00
	\$ 5,400.00	30.00	\$ 6,000.00	30.00

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### 12 PAY INSURANCE COSTS FOR PLAN YEAR 2025-2026

#### INCLUDES MEDICAL DENTAL AND VISION

Kaiser Plan 1 - Full-time Employee Pays 14%		
Total Premium	\$1,937.75	
District Pays	Employee Pays	Hours/Week
\$ 1,666.47	\$ 271.29	36.25 - 40.0
\$ 1,609.00	\$ 328.75	35.00
\$ 1,494.07	\$ 443.68	32.50
\$ 1,379.14	\$ 558.61	30.00
\$ 1,321.68	\$ 616.07	28.75
\$ 1,264.21	\$ 673.54	27.50
\$ 1,149.29	\$ 788.46	25.00
\$ 919.43	\$ 1,018.32	20.00

Kaiser Plan 2A - Full-time Employee Pays 14%		
Total Premium	\$ 1,726.36	
District Pays	Employee Pays	Hours/Week
\$ 1,484.67	\$ 241.69	36.25 - 40.0
\$ 1,433.47	\$ 292.89	35.00
\$ 1,331.08	\$ 395.28	32.50
\$ 1,228.69	\$ 497.67	30.00
\$ 1,177.50	\$ 548.86	28.75
\$ 1,126.30	\$ 600.06	27.50
\$ 1,023.91	\$ 702.45	25.00
\$ 819.13	\$ 907.23	20.00

Kaiser Plan 2B - Full-time Employee Pays 10%		
Total Premium	\$ 1,694.37	
District Pays	Employee Pays	Hours/Week
\$ 1,524.93	\$ 169.44	36.25 - 40.0
\$ 1,472.35	\$ 222.02	35.00
\$ 1,367.18	\$ 327.19	32.50
\$ 1,262.01	\$ 432.36	30.00
\$ 1,209.43	\$ 484.94	28.75
\$ 1,156.85	\$ 537.52	27.50
\$ 1,051.68	\$ 642.69	25.00
\$ 841.34	\$ 853.03	20.00

Kaiser Plan 3 - Full-time Employee Pays 0%			
Total Premium	\$ 1,359.15		Annual
District Pays	Employee Pays	Hours/Week	HSA Contribution
\$ 1,359.15	\$ -	36.25 - 40.0	\$ 1,250.00
\$ 1,312.28	\$ 46.87	35.00	\$ 1,207.00
\$ 1,218.55	\$ 140.60	32.50	\$ 1,121.00
\$ 1,124.81	\$ 234.34	30.00	\$ 1,035.00
\$ 1,077.95	\$ 281.20	28.75	\$ 992.00
\$ 1,031.08	\$ 328.07	27.50	\$ 949.00
\$ 937.34	\$ 421.81	21.25	\$ 733.00
\$ 749.88	\$ 609.27	20.00	\$ 690.00

Must work 30+ hours/week	Annual HRA - VEBA Contributions			
	Medical Opt Out Only		Medical/Dental/Vision Opt Out	
	Contribution	Hours/Week	Contribution	Hours/Week
	\$ 7,200.00	40.00	\$ 8,000.00	40.00
	\$ 6,840.00	38.00	\$ 7,600.00	38.00
	\$ 6,480.00	36.00	\$ 7,200.00	36.00
	\$ 6,300.00	35.00	\$ 7,000.00	35.00
	\$ 5,760.00	32.00	\$ 6,400.00	32.00
	\$ 5,400.00	30.00	\$ 6,000.00	30.00

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