Administrative Employee

NCSD Monthly Contribution Rates

1/1/2026-12/31/2026

Single premium covers Employee only. **Two-party premium** covers Employee plus one family member. **Family premium** covers Employee plus two or more family members. **To determine monthly payroll deduction:** select plan from left side of the page then track right to the appropriate premium box. The dollar amount listed in the 'Employee' column is your monthly pre-tax premium. **Premiums are deducted a month in advance.** In the case of new enrollees, please note that a double premium may be deducted from your first paycheck as a one-time adjustment or "catch up" to align with the month-in-advance deduction schedule. **If enrolling a Domestic Partner,** a signed affidavit and taxation adjustments are required. Please contact: ncbenefits@nclack.k12.or.us

	Single Premium		Two-Party Premium		Family Premium	
	Employee	District	Employee	District	Employee	District
Medical						
NC Plan V - HMA - Deductible *Network: Regence Preferred* ***(Vision not included)***	$112.79	$1,015.09	$225.80	$2,032.18	$316.69	$2,850.17
Kaiser Traditional ***(Vision Included)***	$112.93	$1,016.36	$225.86	$2,032.72	$304.91	$2,744.17
Kaiser High-Deductible ***(Vision not included)***	$56.60	$509.40	$113.20	$1,018.80	$152.82	$1,375.38
Dental						
North Clackamas - HMA	$5.92	$53.30	$11.29	$101.56	$18.18	$163.60
Kaiser	$17.97	$161.77	$17.97	$161.77	$17.97	$161.77
Vision						
North Clackamas - HMA	$1.34	$12.01	$2.67	$24.03	$3.86	$34.74

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