



Licensed 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, find your current FTE (full-time equivalency), 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 double premiums may be deducted from first check 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. Contact your benefit team at: ncbenefits@nclack.k12.or.us

	FTE	<u>Single Premium</u>		<u>Two-Party Premium</u>		<u>Family Premium</u>	
		Employee	District	Employee	District	Employee	District
Medical							
NC Plan V - HMA - Deductible							
Network: Regence Preferred	.8 to 1.0	\$112.79	\$1,015.09	\$225.80	\$2,032.18	\$316.69	\$2,850.17
(Vision not included)	.6 to .79	\$338.36	\$789.52	\$677.39	\$1,580.59	\$950.06	\$2,216.80
	.5 to .59	\$507.54	\$620.34	\$1,016.09	\$1,241.89	\$1,425.09	\$1,741.77
Kaiser - Traditional "TRAD"							
(Vision Included)	.8 to 1.0	\$112.93	\$1,016.36	\$225.86	\$2,032.72	\$304.91	\$2,744.17
	.6 to .79	\$338.79	\$790.50	\$677.57	\$1,581.01	\$914.72	\$2,134.36
	.5 to .59	\$508.18	\$621.11	\$1,016.36	\$1,242.22	\$1,372.09	\$1,676.99
Kaiser High-Deductible "HDHP"							
(Vision not included)	.8 to 1.0	\$56.60	\$509.40	\$113.20	\$1,018.80	\$152.82	\$1,375.38
	.6 to .79	\$169.80	\$396.20	\$339.60	\$792.40	\$458.46	\$1,069.74
	.5 to .59	\$254.70	\$311.30	\$509.40	\$622.60	\$687.69	\$840.51
Dental							
North Clackamas - HMA							
	.8 to 1.0	\$5.92	\$53.30	\$11.29	\$101.56	\$18.18	\$163.60
	.6 to .79	\$17.77	\$41.45	\$33.86	\$78.99	\$54.53	\$127.25
	.5 to .59	\$26.65	\$32.57	\$50.78	\$62.07	\$81.80	\$99.98
Kaiser							
	.8 to 1.0	\$17.97	\$161.77	\$17.97	\$161.77	\$17.97	\$161.77
	.6 to .79	\$53.92	\$125.82	\$53.92	\$125.82	\$53.92	\$125.82
	.5 to .59	\$80.88	\$98.86	\$80.88	\$98.86	\$80.88	\$98.86
Vision							
North Clackamas - HMA							
	.8 to 1.0	\$1.34	\$12.01	\$2.67	\$24.03	\$3.86	\$34.74
	.6 to .79	\$4.01	\$9.34	\$8.01	\$18.69	\$11.58	\$27.02
	.5 to .59	\$6.01	\$7.34	\$12.02	\$14.68	\$17.37	\$21.23