Confidential Employee

NCSD Annualized Contribution Rates

1/1/2026-12/31/2026

	Single Premiums		Two-Party Premiums		Family Premiums	
	Employee Pays	District Pays	Employee Pays	District Pays	Employee Pays	District Pays
Medical						
NC Plan V - HMA - Deductible *Network: Regence Preferred* ***(Vision not included)***	$778.68	$25,176.60	$2,076.48	$23,878.80	$3,114.60	$22,840.68
Kaiser Traditional ***(Vision Included)***	$744.00	$24,057.48	$1,984.08	$22,817.40	$2,976.12	$21,825.36
Kaiser High-Deductible ***(Vision not included)***	$203.76	$6,588.24	$1,086.72	$12,497.28	$2,200.56	$16,137.84
Dental						
North Clackamas - HMA	$48.24	$1,561.44	$128.76	$1,480.92	$193.20	$1,416.48
Kaiser	$64.68	$2,092.20	$172.56	$1,984.32	$258.84	$1,898.04
Vision						
North Clackamas - HMA	$10.20	$328.44	$27.12	$311.52	$40.68	$297.96

Revised 9/15/2025