

**Monthly Active Group Insurance Rates 10/01/26 to 9/30/27**  
**Medical, Dental, Vision, Basic Life, and Accidental Death and Dismemberment**

| MEDICAL                              | Monthly Premium |
|--------------------------------------|-----------------|
| Moda Medical Plan 1                  | \$ 2,024.36     |
| Moda Medical Plan 2                  | \$ 1,877.89     |
| Moda Medical Plan 3                  | \$ 1,761.81     |
| Moda Medical Plan 4                  | \$ 1,663.57     |
| Moda Medical Plan 5                  | \$ 1,536.70     |
| Moda Medical Plan 6 (HSA eligible)   | \$ 1,567.51     |
| Moda Medical Plan 7 (HSA eligible)   | \$ 1,462.94     |
| Kaiser Medical Plan 1                | \$ 1,796.37     |
| Kaiser Medical Plan 2A               | \$ 1,577.79     |
| Kaiser Medical Plan 2B               | \$ 1,544.71     |
| Kaiser Medical Plan 3 (HSA eligible) | \$ 1,198.09     |

| DENTAL                                  | Monthly Premium |
|-----------------------------------------|-----------------|
| Delta Dental Premier Plan 1/Ortho       | \$ 173.86       |
| Delta Dental Premier Plan 5/Ortho       | \$ 153.56       |
| Delta Dental Premier Plan 6 (no ortho)  | \$ 110.82       |
| Delta Dental Exclsv PPO Incentive/Ortho | \$ 150.70       |
| Delta Dental Exclusive PPO/Ortho        | \$ 101.56       |
| Kaiser Dental/Ortho                     | \$ 186.42       |
| Willamette Dental/Ortho                 | \$ 127.79       |

| VISION                                 | Monthly Premium |
|----------------------------------------|-----------------|
| Moda Vision Opal                       | \$ 49.80        |
| Moda Vision Pearl                      | \$ 40.71        |
| Moda Vision Quartz                     | \$ 28.74        |
| VSP Choice Plus                        | \$ 33.97        |
| VSP Choice                             | \$ 16.51        |
| Kaiser Vision (only w/ Kaiser Medical) | \$ 20.19        |

| Monthly District Contribution                                               |             |
|-----------------------------------------------------------------------------|-------------|
| Full-Time Classified/Confid/Pro-Tech                                        | \$ 1,605.00 |
| <i>Full-Time = .75 - 1.0 FTE</i>                                            |             |
| Part-Time Classified/Conf/Pro-Tech                                          | \$ 1,123.50 |
| <i>Part-Time = .50 - .749 FTE</i>                                           |             |
| <i>Less than .50 FTE are not benefit-eligible</i>                           |             |
| Full-Time Licensed and Admin                                                | \$ 1,615.00 |
| Part-Time Licensed/Admin is prorated by FTE                                 |             |
| <i>Example: Part-time LIC/Admin Dist. Contribution</i>                      |             |
| Lic/Admin Employee works .50 FTE                                            | \$807.50    |
| Lic/Admin Employee works .25 FTE                                            | \$403.75    |
| <b>Monthly District Contribution toward Health Savings Acct (HSA)*</b>      |             |
|                                                                             | \$125.00    |
| <i>*Moda Plan 6, 7 and Kaiser 3 ONLY. MUST complete HSA form to enroll.</i> |             |

| Basic Life/AD&D Coverage<br>(Cost Deducted from District Contribution) |                     |
|------------------------------------------------------------------------|---------------------|
| <b>Classified</b>                                                      | <i>Monthly Cost</i> |
| Basic Life Ins, plan 3 (\$10,000)                                      | \$0.88              |
| Basic AD&D, plan 3 (\$10,000)                                          | \$0.10              |
| <b>Licensed</b>                                                        |                     |
| Basic Life Ins, plan 8 (\$35,000)                                      | \$3.08              |
| Basic AD&D, plan 8 (\$35,000)                                          | \$0.35              |
| <b>Confidential/Pro-Tech</b>                                           |                     |
| Basic Life Ins, plan 11 (\$100,000)                                    | \$8.80              |
| Basic AD&D, plan 11 (\$100,000)                                        | \$1.00              |
| <b>Administrator</b>                                                   |                     |
| Basic Life Ins, plan 11 (\$100,000)                                    | \$8.80              |
| Basic AD&D, plan 11 (\$100,000)                                        | \$1.00              |

| How much will you owe? (monthly)                        |  |
|---------------------------------------------------------|--|
| <b>Add the following monthly costs:</b>                 |  |
| Medical premium                                         |  |
| Dental premium                                          |  |
| Vision premium                                          |  |
| Basic Life/AD&D                                         |  |
| SubTotal                                                |  |
| Subtract district contribution<br>(Licensed EE add LTD) |  |
| Total employee monthly cost                             |  |

| IMPORTANT NOTES                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. The district contribution only applies toward medical, dental, vision and basic life/AD&amp;D. Any additional plans are paid for by the employee.</b>                                                                                      |
| <b>B. LTD is mandatory for Licensed group.</b>                                                                                                                                                                                                   |
| <b>C. All optional coverages cost extra.</b>                                                                                                                                                                                                     |
| <b>D. All monthly premium rates are COMPOSITE. This means everyone pays the family rate. The monthly premium remains the same whether you are covering just yourself; yourself plus a spouse; or yourself, a spouse, and dependent children.</b> |

Information is effective as of revision date on this page.  
Please see Benefits InSight24J website for most current info.

## Monthly Optional Rate Sheet

**10/01/26 to 09/30/27**

### Optional Disability Insurance

#### Classified

Short Term Disability (STD) - Plan 11 - 66.66%  
Premium = your average month wage x 0.00076  
Long Term Disability (LTD) - Plan 6 - 66.66%  
Premium = your average month wage x 0.00415

#### Licensed

Short Term Disability (STD) - Plan 11 - 66.66%  
Premium = your average month wage x 0.00076  
Long Term Disability (LTD) - Plan 17 - **60%**  
**MANDATORY** - Automatically enrolled  
Premium = your average month wage x 0.00265

#### Confidential

Short Term Disability (STD) - Plan 11 - 66.66%  
Premium = your average month wage x 0.00076  
Long Term Disability (LTD) - Plan 6 - 66.66%  
Premium = your average month wage x 0.00415

#### Professional Technical

Short Term Disability (STD) - Plan 11 - 66.66%  
Premium = your average month wage x 0.00076  
Long Term Disability (LTD) - Plan 6 - 66.66%  
Premium = your average month wage x 0.00415

#### Administrator

Short Term Disability (STD) - Plan 11 - 66.66%  
Premium = your average month wage x 0.00076  
Long Term Disability (LTD) - Plan 6 - 66.66%  
Premium = your average month wage x 0.00415

*All Short Term Disability plans have a seven (7) day benefit waiting period*  
*All Long Term Disability plans have a 90 day benefit waiting period*

### Optional Life Insurance Plans

#### Optional Employee Life Plans and Rates

\$10,000 - \$500,000 Max Benefit

#### Monthly Rate Per Each \$10,000 of Benefit

| Age as of October 1st | Tobacco Usage<br>Last 12 months |         |
|-----------------------|---------------------------------|---------|
|                       | No                              | Yes     |
| Under 25              | \$0.15                          | \$0.23  |
| 25-29                 | \$0.17                          | \$0.27  |
| 30-34                 | \$0.19                          | \$0.36  |
| 35-39                 | \$0.27                          | \$0.41  |
| 40-44                 | \$0.38                          | \$0.55  |
| 45-49                 | \$0.58                          | \$0.81  |
| 50-54                 | \$0.88                          | \$1.24  |
| 55-59                 | \$1.65                          | \$2.27  |
| 60-64                 | \$2.52                          | \$3.46  |
| 65-69                 | \$4.86                          | \$6.51  |
| 70-74                 | \$5.66                          | \$9.27  |
| 75+                   | \$7.88                          | \$10.10 |

**Example :** \$50,000 plan for 40 year old employee who does **not** use tobacco  
(50,000/10,000) x \$.38 = **\$1.90** per month

#### Optional Child Life/AD&D

\$2,000 - \$10,000 Max Benefit  
Rate per \$2000 of benefit (Life) = \$0.10  
Rate per \$2000 of benefit (AD&D) = \$0.04

#### Optional Spouse Life Plan

\$10,000 - \$500,000 Max Benefit

#### Monthly Rate Per Each \$10,000 of Benefit

| Age as of October 1st | Tobacco Usage<br>Last 12 months |         |
|-----------------------|---------------------------------|---------|
|                       | No                              | Yes     |
| Under 25              | \$0.32                          | \$0.46  |
| 25-29                 | \$0.38                          | \$0.54  |
| 30-34                 | \$0.51                          | \$0.73  |
| 35-39                 | \$0.58                          | \$0.83  |
| 40-44                 | \$0.68                          | \$1.01  |
| 45-49                 | \$1.02                          | \$1.55  |
| 50-54                 | \$1.56                          | \$2.27  |
| 55-59                 | \$2.89                          | \$4.00  |
| 60-64                 | \$4.37                          | \$5.98  |
| 65-69                 | \$8.35                          | \$11.19 |
| 70-74                 | \$10.00                         | \$14.01 |
| 75+                   | \$14.01                         | \$29.61 |

**Example :** \$70,000 plan for 30 year old spouse who **does** use tobacco  
(70,000/10,000) x \$.86 = **\$6.02** per month

#### Optional Employee and Spouse AD&D

\$10,000 - \$500,000 Max Benefit  
Rate per \$10,000 of Benefit = \$0.15

**PLEASE NOTE: District Contribution does not pay for any optional insurances. All optional insurances are employee paid.**