



Administrative Employee

NCSD Monthly Contribution Rates

1/1/2027-12/31/2027

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

	<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 <i>Network: Regence Preferred</i> <i>(Vision not included)</i>	\$122.94	\$1,106.45	\$246.12	\$2,215.08	\$345.19	\$3,106.68
Kaiser Traditional <i>(Vision Included)</i>	\$121.89	\$1,097.04	\$243.79	\$2,194.07	\$329.11	\$2,962.00
Kaiser High-Deductible <i>(Vision not included)</i>	\$61.09	\$549.84	\$122.19	\$1,099.67	\$164.95	\$1,484.56
Dental						
North Clackamas - HMA	\$6.37	\$57.29	\$12.13	\$109.18	\$19.54	\$175.87
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