



Classified 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, find the row that reflects the daily number of hours you work, then track over 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 "pick-up" and 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

			Single Premium		Two-Party Premium		Family Premium	
	Hours	FTE	Employee	District	Employee	District	Employee	District
Medical								
NC Plan V - HMA - Deductible								
Network: Regence Preferred	7.50 - 8.00	0.9375 - 1.00	\$70.73	\$2,286.87	\$188.61	\$2,168.99	\$282.91	\$2,074.69
(Vision not included)	6.00 - 7.49	0.75 - 0.9362	\$117.88	\$2,239.72	\$235.76	\$2,121.84	\$872.31	\$1,485.29
	4.00 - 5.99	0.50 - 0.7487	\$117.88	\$2,239.72	\$612.98	\$1,744.62	\$1,721.05	\$636.55
NC Plan 1x - HMA - No Deductible								
Network: Regence Preferred	7.50 - 8.00	0.9375 - 1.00	\$770.64	\$2,411.87	\$763.52	\$2,418.99	\$857.82	\$2,324.69
(Vision not included)	6.00 - 7.49	0.75 - 0.9362	\$817.79	\$2,364.72	\$810.67	\$2,371.84	\$1,447.22	\$1,735.29
	4.00 - 5.99	0.50 - 0.7487	\$817.79	\$2,364.72	\$1,187.89	\$1,994.62	\$2,295.96	\$886.55
Kaiser - Traditional "TRAD"								
(Vision Included)	7.50 - 8.00	0.9375 - 1.00	\$67.27	\$1,151.66	\$179.38	\$2,258.48	\$269.06	\$3,022.05
	6.00 - 7.49	0.75 - 0.9362	\$112.11	\$1,106.82	\$224.22	\$2,213.64	\$829.61	\$2,461.50
	4.00 - 5.99	0.50 - 0.7487	\$112.11	\$1,106.82	\$582.97	\$1,854.89	\$1,636.81	\$1,654.30
Kaiser High-Deductible "HDHP"								
(Vision not included)	7.50 - 8.00	0.9375 - 1.00	\$18.33	\$592.60	\$97.75	\$1,124.11	\$197.94	\$1,451.57
	6.00 - 7.49	0.75 - 0.9362	\$30.55	\$580.38	\$122.19	\$1,099.67	\$610.32	\$1,039.19
	4.00 - 5.99	0.50 - 0.7487	\$30.55	\$580.38	\$317.68	\$904.18	\$1,204.14	\$445.37
Dental								
North Clackamas - HMA								
	7.50 - 8.00	0.9375 - 1.00	\$4.33	\$139.87	\$11.54	\$132.66	\$17.30	\$126.90
	6.00 - 7.49	0.75 - 0.9362	\$7.21	\$136.99	\$14.42	\$129.78	\$53.35	\$90.85
	4.00 - 5.99	0.50 - 0.7487	\$7.21	\$136.99	\$37.49	\$106.71	\$105.27	\$38.93
Kaiser								
	7.50 - 8.00	0.9375 - 1.00	\$5.39	\$174.35	\$14.38	\$165.36	\$21.57	\$158.17
	6.00 - 7.49	0.75 - 0.9362	\$8.99	\$170.75	\$17.97	\$161.77	\$66.50	\$113.24
	4.00 - 5.99	0.50 - 0.7487	\$8.99	\$170.75	\$46.73	\$133.01	\$131.21	\$48.53
Vision								
North Clackamas - HMA								
	7.50 - 8.00	0.9375 - 1.00	\$0.85	\$27.37	\$2.26	\$25.96	\$3.39	\$24.83
	6.00 - 7.49	0.75 - 0.9362	\$1.41	\$26.81	\$2.82	\$25.40	\$10.44	\$17.78
	4.00 - 5.99	0.50 - 0.7487	\$1.41	\$26.81	\$7.34	\$20.88	\$20.60	\$7.62