



Licensed 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 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	\$122.94	\$1,106.45	\$246.12	\$2,215.08	\$345.19	\$3,106.68
(Vision not included)	.6 to .79	\$368.82	\$860.57	\$738.36	\$1,722.84	\$1,035.56	\$2,416.31
	.5 to .59	\$553.22	\$676.17	\$1,107.54	\$1,353.66	\$1,553.34	\$1,898.53
Kaiser - Traditional "TRAD"							
(Vision Included)	.8 to 1.0	\$121.89	\$1,097.04	\$243.79	\$2,194.07	\$329.11	\$2,962.00
	.6 to .79	\$365.68	\$853.25	\$731.36	\$1,706.50	\$987.33	\$2,303.78
	.5 to .59	\$548.52	\$670.41	\$1,097.04	\$1,340.82	\$1,481.00	\$1,810.11
Kaiser High-Deductible "HDHP"							
(Vision not included)	.8 to 1.0	\$61.09	\$549.84	\$122.19	\$1,099.67	\$164.95	\$1,484.56
	.6 to .79	\$183.28	\$427.65	\$366.56	\$855.30	\$494.85	\$1,154.66
	.5 to .59	\$274.92	\$336.01	\$549.84	\$672.02	\$742.28	\$907.23
Dental							
North Clackamas - HMA							
	.8 to 1.0	\$6.37	\$57.29	\$12.13	\$109.18	\$19.54	\$175.87
	.6 to .79	\$19.10	\$44.56	\$36.39	\$84.92	\$58.62	\$136.79
	.5 to .59	\$28.65	\$35.01	\$54.59	\$66.72	\$87.94	\$107.47
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
\$179.74	.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