



Confidential 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 "pick-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 (Vision not included)</i>	\$70.73	\$2,286.87	\$188.61	\$2,168.99	\$282.91	\$2,074.69
Kaiser Traditional <i>(Vision Included)</i>	\$67.27	\$2,174.93	\$179.38	\$2,062.82	\$269.06	\$1,973.14
Kaiser High-Deductible <i>(Vision not included)</i>	\$18.33	\$592.60	\$97.75	\$1,124.11	\$197.94	\$1,451.57
Dental						
North Clackamas - HMA	\$4.33	\$139.87	\$11.54	\$132.66	\$17.30	\$126.90
Kaiser	\$5.39	\$174.35	\$14.38	\$165.36	\$21.57	\$158.17
Vision						
North Clackamas - HMA	\$0.85	\$27.37	\$2.26	\$25.96	\$3.39	\$24.83