

**2024-2025 Certified Insurance Rate Worksheet**

<b>Medical Plans</b>		Rate**	<b>MONTHLY DEDUCTION WORKSHEET</b>			
MODA Plan 1 w/Pharmacy (Moda network; \$400-\$500 deductible)	\$1,888.00		Choose <b>ONE</b> Medical Plan		\$	
MODA Plan 2 w/Pharmacy (Moda network; \$800-\$900 deductible)	\$1,752.00		Choose <b>ONE</b> Dental Plan		\$	
MODA Plan 3 w/Pharmacy (Moda network; \$1200-\$1300 deductible)	\$1,643.00		Choose <b>ONE</b> Vision Plan		\$	
MODA Plan 4 w/Pharmacy (Moda network; \$1600-\$1700 deductible)	\$1,552.00					
MODA Plan 5 w/Pharmacy (Moda network; \$2000-\$2100 deductible)	\$1,433.00		<b>Total of Selected plans</b>		\$	
MODA Plan 7 Optional HSA (Moda network; \$2000-\$2100 deductible)	\$1,364.00					
Kaiser Plan 1 (Kaiser network only; \$0 deductible, no out of network benefits)	\$1,715.00		<b>Subtract District Contribution (see below)</b>		\$	
Kaiser Plan 2b (Kaiser network only; \$1200 deductible, no out of network benefits)	\$1,383.00		<b>Subtract CEA Reserve Contribution (see below)</b>		\$	
Kaiser Plan 3 optional HSA (Kaiser network only; \$1600 deductible, no out of network benefits)	\$1,055.00		<b>Employee Paycheck Deduction (MONTHLY)</b>		\$	
<b>Dental Plans</b>						
Delta Dental Plan 1 w/ortho (\$2200 annual max benefit;\$1800 ortho lifetime max)	\$164.00		FTE	District Contribution		CEA Reserve Contribution
Delta Dental Plan 6 no ortho (\$1200 annual max benefit)	\$105.00		0.5	\$738.00		\$112.00
Kaiser Dental (Kaiser facility only; \$4000 annual max benefit; Ortho copays)	\$175.00		0.6	\$885.00		\$112.00
Willamette Dental w/ortho (WDG facility only; no max benefit; ortho copays)	\$121.00		0.67	\$988.00		\$112.00
			0.7	\$1,033.00		\$112.00
			0.75	\$1,106.00		\$112.00
<b>Vision Plans</b>			0.8	\$1,180.00		\$112.00
MODA opal (\$600 annual max benefit)	\$50.00		0.83	\$1,224.00		\$112.00
VSP Choice Plan (Co-pay for exam, lenses; \$150 frame allowance)	\$17.00		0.9	\$1,328.00		\$112.00
VSP Choice Plus Plan (Co-pay for exam, lenses; \$300 frame allowance)	\$34.00		1	\$1,475.00		\$112.00
Kaiser Vision (Kaiser facility only; \$250 annual max benefit)	\$20.00					
* IF you are enrolling in Plan 7 or Kaiser 3, AND the district contribution is greater than your total of selected plans, the district will deposit the remainder of your contribution into your personal H S A account. This does not include funds from the CEA reserve.						
** All rates are composite; Same premium for Employee Only or with dependents.						