

**2024-2025 Classified Insurance Rate Worksheet**

<b>Medical Plans</b>		<b>MONTHLY DEDUCTION WORKSHEET</b>			
MODA Plan 2 w/Pharmacy (Moda network; \$800-\$900 deductible)	\$1,752.00	Choose <b>ONE</b> Medical Plan			\$
MODA Plan 3 w/Pharmacy (Moda network; \$1200-\$1300 deductible)	\$1,643.00	Choose <b>ONE</b> Dental Plan			\$
MODA Plan 4 w/Pharmacy (Moda network; \$1600-\$1700 deductible)	\$1,552.00	Choose <b>ONE</b> Vision Plan			\$
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 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	Hours per Day	District Contribution		OSEA Reserve Contribution
Delta Dental Plan 6 no ortho (\$1200 annual max benefit)	\$105.00	4.00-4.99	\$819.00		\$697.00
Kaiser Dental (Kaiser facility only; \$4000 annual max benefit; Ortho copays)	\$175.00	5.00-5.99	\$1,024.00		\$632.00
Willamette Dental w/ortho (WDG facility only; no max benefit; Ortho copays)	\$121.00	6.00-6.99	\$1,160.00		\$697.00
		7.00-8.00	\$1,365.00		\$500.00
<b>Vision Plans</b>					
MODA opal (\$600 annual max benefit)	\$50.00				
VSP Choice Plan (Co-pay for exam, lenses; \$150 frame allowance)	\$17.00	** All rates are composite; Same premium for Employee Only or with dependents.			
VSP Choice Plus Plan (Co-pay for exam, lenses; \$300 frame allowance)	\$34.00				
Kaiser Vision (Kaiser facility only; \$250 annual max benefit)	\$20.00				