



MODA HEALTH COVERAGE



Tiered Insurance Rates 20-21

Licensed Retiree

Medical Plans - PPO plans with RX (Connexus Network)

Plan Name	Employee Only	Employee/Spouse	Employee/Kids	Family
Moda - Plan 3	\$607.47	\$1,336.42	\$1,154.21	\$1,883.19
Moda - Plan 4	\$576.48	\$1,268.25	\$1,095.33	\$1,787.11
Moda - Plan 6*	\$545.89	\$1,200.94	\$1,037.20	\$1,692.27
Moda - Plan 7*	\$509.48	\$1,120.86	\$968.02	\$1,579.40

Vision Plans

Plan Name	Employee Only	Employee/Spouse	Employee/Kids	Family
Pearl Plan / \$400 Benefit	\$19.50	\$42.97	\$37.11	\$60.53
VSP Choice Plus Plan	\$18.80	\$41.37	\$35.73	\$58.29

Dental Plans

Plan Name	Employee Only	Employee/Spouse	Employee/Kids	Family
Dental Plan 1 / \$2200 Benefit	\$66.37	\$131.49	\$146.22	\$216.54
Dental Plan 6 / \$1200 Benefit	\$43.82	\$86.75	\$88.06	\$134.53
Willamette Dental	\$49.00	\$97.08	\$103.30	\$155.19

If you are a retiree who receives an insurance benefit,
you will get the following amounts contributed towards your insurance package

*Moda Plan 6 & 7 requires Health Savings Account contribution to be made.

Licensed 20-21 Rates	Employee Only	Employee/Spouse	Employee/Kids	Family
District Contribution	\$590.00	\$1,275.00	\$1,120.00	\$1,815.00