



MODA HEALTH COVERAGE



Tiered Insurance Rates 21-22

Licensed Retiree

Medical Plans - PPO plans with RX (Connexus Network)				
Plan Name	Employee Only	Employee/Spouse	Employee/Kids	Family
Moda - Plan 3	\$620.04	\$1,364.09	\$1,178.11	\$1,922.17
Moda - Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
Moda - Plan 6*	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
Moda - Plan 7*	\$520.02	\$1,144.03	\$988.06	\$1,612.09

Vision Plans				
Plan Name	Employee Only	Employee/Spouse	Employee/Kids	Family
Pearl Plan / \$400 Benefit	\$19.56	\$43.11	\$37.23	\$60.72
VSP Choice Plus Plan	\$16.54	\$36.41	\$31.44	\$51.30

Dental Plans				
Plan Name	Employee Only	Employee/Spouse	Employee/Kids	Family
Dental Plan 1 / \$2200 Benefit	\$65.76	\$130.29	\$144.89	\$214.56
Dental Plan 6 / \$1200 Benefit	\$43.43	\$85.96	\$87.26	\$133.30
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91

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.				
21-22 Rates	Employee Only	Employee/Spouse	Employee/Kids	Family
District Contribution	\$637.00	\$1,377.00	\$1,210.00	\$1,960.00