

Non-Represented Employees Monthly Costs for 10/1/20 to 9/30/21

OPT-OUT - Full-time employees with other employer sponsored health coverage, Tricare, or Medicare may opt out of health benefits and receive a taxable amount of \$300 per month. You must opt-out each year at open enrollment on MyOEBB. For more info, go to: **www.pps.net/page/1636** - select Non-Represented Employees

2020

2021

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Moda Medical 6 Plan and Kaiser Medical Plan 3 and Health Savings Account (HSA)							
Full-time employees enrolling in Moda Medical Plan 6 or Kaiser Medical Plan 3 are eligible for an optional district contribution (shown on the right) to their HSA. If you are dual covered under another medical plan, including Medicare, please email benefits@pps.net as you may not be eligible for the HSA.	Monthly District Contribution to HSA						
	EE Only	EE+ Child(ren)					
	175		• •				

Active	Full-Time Employees - 30+	hours pe	er week		
	Dental (Note: Delta		EE+	EE+	
Medical and Vision	Dental=Moda/ODS)	EE Only	Child(ren)	Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA eligible	Delta Dental Plan 6 No Ortho	75	125	165	230
	Delta Dental Plan 5 w/ Ortho	90	166	194	287
	Kaiser Dental Plan 8 w/ Ortho	104	176	239	322
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	70	130	205	285
	Delta Dental Plan 5 w/ Ortho	85	171	234	342
	Kaiser Dental Plan 8 w/ Ortho	99	181	279	377
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	95	165	240	360
	Delta Dental Plan 5 w/ Ortho	110	206	269	417
	Kaiser Dental Plan 8 w/ Ortho	124	216	314	452
Kaiser Medical Plan 3 & VSP Vision	Delta Dental Plan 6 No Ortho	25	45	65	85
	Delta Dental Plan 5 w/ Ortho	40	86	94	142
*HSA eligible	Kaiser Dental Plan 8 w/ Ortho	54	96	139	177
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	70	125	185	260
	Delta Dental Plan 5 w/ Ortho	85	166	214	317
	Kaiser Dental Plan 8 w/ Ortho	99	176	259	352
Active Pa	rt-Time Employees - 20 to	29 hours	per week		
	Dental (Note: Delta		EE+	EE+	
Medical and Vision	Dental=Moda Health/ODS)	EE Only	Child(ren)	Spouse	Family
Moda Medical Plan 6 & VSP Vision	Delta Dental Plan 6 No Ortho	75	466	596	858
	Delta Dental Plan 5 w/ Ortho			000	000
*USA compatible	Dena Deniari riari 5 W/ Ortilo	90	551	669	982
*HSA compatible	Kaiser Dental Plan 8 w/ Ortho	90 104	551 561		
*HSA compatible				669	982
*HSA compatible Moda Medical Plan 2 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho	104	561	669 713	982 1,017
	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho	104 70	561 564	669 713 726	982 1,017 1,014
	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho	104 70 85	561 564 649	669 713 726 799	982 1,017 1,014 1,165
	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho	104 70 85 99	561 564 649 659	669 713 726 799 843	982 1,017 1,014 1,165 1,200
Moda Medical Plan 2 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho	104 70 85 99 95	561 564 649 659 628	669 713 726 799 843 797	982 1,017 1,014 1,165 1,200 1,153
Moda Medical Plan 2 & VSP Vision Moda Medical Plan 1 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho	104 70 85 99 95 110	561 564 649 659 628 713	669 713 726 799 843 797 870	982 1,017 1,014 1,165 1,200 1,153 1,277
Moda Medical Plan 2 & VSP Vision Moda Medical Plan 1 & VSP Vision Kaiser Medical Plan 3 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho	104 70 85 99 95 110 124	561 564 649 659 628 713 723	669 713 726 799 843 797 870 914	982 1,017 1,014 1,165 1,200 1,153 1,277 1,312
Moda Medical Plan 2 & VSP Vision Moda Medical Plan 1 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho	104 70 85 99 95 110 124 25	561 564 649 659 628 713 723 278	669 713 726 799 843 797 870 914 375	982 1,017 1,014 1,165 1,200 1,153 1,277 1,312 544
Moda Medical Plan 2 & VSP Vision Moda Medical Plan 1 & VSP Vision Kaiser Medical Plan 3 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho	104 70 85 99 95 110 124 25 40	561 564 649 659 628 713 723 278 363	669 713 726 799 843 797 870 914 375 448	982 1,017 1,014 1,165 1,200 1,153 1,277 1,312 544 668
Moda Medical Plan 2 & VSP Vision Moda Medical Plan 1 & VSP Vision Kaiser Medical Plan 3 & VSP Vision	Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho Delta Dental Plan 6 No Ortho Delta Dental Plan 5 w/ Ortho Kaiser Dental Plan 8 w/ Ortho	104 70 85 99 95 110 124 25 40 54	561 564 649 659 628 713 723 278 363 373	669 713 726 799 843 797 870 914 375 448 492	982 1,017 1,014 1,165 1,200 1,153 1,277 1,312 544 668 703

All plans include district paid life insurance (2x your annual salary) and Long Term Disability coverage.