



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



**2020 -
2021**

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 MyOEGB. For more info, go to: www.pps.net/page/1636 - select Non-Represented Employees

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)	EE+ Spouse	Family
	175	300	250	300

Active Full-Time Employees - 30+ hours per week					
Medical and Vision	Dental (Note: Delta Dental=Moda/ODS)	EE Only	EE+ Child(ren)	EE+ 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 *HSA eligible	Delta Dental Plan 6 No Ortho	25	45	65	85
	Delta Dental Plan 5 w/ Ortho	40	86	94	142
	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 Part-Time Employees - 20 to 29 hours per week					
Medical and Vision	Dental (Note: Delta Dental=Moda Health/ODS)	EE Only	EE+ Child(ren)	EE+ Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	75	466	596	858
	Delta Dental Plan 5 w/ Ortho	90	551	669	982
	Kaiser Dental Plan 8 w/ Ortho	104	561	713	1,017
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	70	564	726	1,014
	Delta Dental Plan 5 w/ Ortho	85	649	799	1,165
	Kaiser Dental Plan 8 w/ Ortho	99	659	843	1,200
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	95	628	797	1,153
	Delta Dental Plan 5 w/ Ortho	110	713	870	1,277
	Kaiser Dental Plan 8 w/ Ortho	124	723	914	1,312
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	25	278	375	544
	Delta Dental Plan 5 w/ Ortho	40	363	448	668
	Kaiser Dental Plan 8 w/ Ortho	54	373	492	703
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	70	556	709	1,018
	Delta Dental Plan 5 w/ Ortho	85	641	782	1,142
	Kaiser Dental Plan 8 w/ Ortho	99	651	826	1,177

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