



Non-Represented Employees Monthly Costs for 10/1/23 to 9/30/24



2023 -
2024

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 \$400 per month. You must opt-out each year at open enrollment on MyOEbb. For more information, please visit: www.pps.net/page/1636

Moda Medical Plan 6 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	300	300

Active Full-Time Employees - 30+ hours per week

Medical and Vision	Dental	EE Only	EE+ Child(ren)	EE+ Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA eligible	Delta Dental Plan 6 No Ortho	58	108	121	163
	Delta Dental Plan 5 w/ Ortho	59	111	123	166
	Kaiser Dental Plan 8 w/ Ortho	60	111	126	168
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	58	110	126	180
	Delta Dental Plan 5 w/ Ortho	59	113	128	183
	Kaiser Dental Plan 8 w/ Ortho	60	113	131	185
Kaiser Medical Plan 3 & VSP Vision *HSA eligible	Delta Dental Plan 6 No Ortho	46	85	94	126
	Delta Dental Plan 5 w/ Ortho	47	88	96	129
	Kaiser Dental Plan 8 w/ Ortho	48	88	99	131
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	53	100	115	164
	Delta Dental Plan 5 w/ Ortho	54	103	117	167
	Kaiser Dental Plan 8 w/ Ortho	55	103	120	169

Active Part-Time Employees - 20 to 29 hours per week

Medical and Vision	Dental	EE Only	EE+ Child(ren)	EE+ Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	82	619	691	929
	Delta Dental Plan 5 w/ Ortho	84	634	702	951
	Kaiser Dental Plan 8 w/ Ortho	85	637	718	963
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	82	619	691	929
	Delta Dental Plan 5 w/ Ortho	84	634	702	951
	Kaiser Dental Plan 8 w/ Ortho	85	637	718	963
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	65	619	691	929
	Delta Dental Plan 5 w/ Ortho	67	634	702	951
	Kaiser Dental Plan 8 w/ Ortho	68	637	718	963
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	75	630	723	1023
	Delta Dental Plan 5 w/ Ortho	77	645	734	1045
	Kaiser Dental Plan 8 w/ Ortho	78	648	750	1057

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