



Non-Represented Employees Monthly Costs for 10/1/21 to 9/30/22



**2021 -
2022**

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 Evergreen 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	65	115	155	220
	Delta Dental Plan 5 w/ Ortho	80	156	184	276
	Kaiser Dental Plan 8 w/ Ortho	95	167	230	313
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	60	120	195	275
	Delta Dental Plan 5 w/ Ortho	75	161	224	331
	Kaiser Dental Plan 8 w/ Ortho	90	172	270	368
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	85	155	230	350
	Delta Dental Plan 5 w/ Ortho	100	196	259	406
	Kaiser Dental Plan 8 w/ Ortho	115	207	305	443
Kaiser Medical Plan 3 & VSP Vision *HSA eligible	Delta Dental Plan 6 No Ortho	10	25	50	65
	Delta Dental Plan 5 w/ Ortho	25	66	79	121
	Kaiser Dental Plan 8 w/ Ortho	40	77	125	158
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	55	105	165	235
	Delta Dental Plan 5 w/ Ortho	70	146	194	291
	Kaiser Dental Plan 8 w/ Ortho	85	157	240	328

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	65	514	644	934
	Delta Dental Plan 5 w/ Ortho	80	554	673	990
	Kaiser Dental Plan 8 w/ Ortho	95	565	719	1,027
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	60	614	777	1,120
	Delta Dental Plan 5 w/ Ortho	75	654	806	1,176
	Kaiser Dental Plan 8 w/ Ortho	90	665	852	1,213
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	60	570	734	1,053
	Delta Dental Plan 5 w/ Ortho	100	718	878	1,290
	Kaiser Dental Plan 8 w/ Ortho	115	729	924	1,327
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	10	307	405	593
	Delta Dental Plan 5 w/ Ortho	25	347	434	649
	Kaiser Dental Plan 8 w/ Ortho	40	358	480	686
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	55	583	735	1,062
	Delta Dental Plan 5 w/ Ortho	70	623	764	1,118
	Kaiser Dental Plan 8 w/ Ortho	85	634	810	1,155

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