



Non-Represented Employees Monthly Costs for 10/1/22 to 9/30/23



**2022 -
2023**

OPT-OUT - Full-time employees with other employer sponsored health coverage, Tricare, or Medicare may opt out

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	300	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	57	105	118	158
	Delta Dental Plan 5 w/ Ortho	58	108	120	162
	Kaiser Dental Plan 8 w/ Ortho	59	109	123	165
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	56	107	123	173
	Delta Dental Plan 5 w/ Ortho	57	110	125	177
	Kaiser Dental Plan 8 w/ Ortho	58	111	128	180
Kaiser Medical Plan 3 & VSP Vision *HSA eligible	Delta Dental Plan 6 No Ortho	45	83	92	121
	Delta Dental Plan 5 w/ Ortho	46	86	94	125
	Kaiser Dental Plan 8 w/ Ortho	47	87	97	128
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	51	96	111	157
	Delta Dental Plan 5 w/ Ortho	52	99	113	161
	Kaiser Dental Plan 8 w/ Ortho	53	100	116	164

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	80	603	674	905
	Delta Dental Plan 5 w/ Ortho	82	618	684	926
	Kaiser Dental Plan 8 w/ Ortho	83	624	703	942
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	80	603	674	905
	Delta Dental Plan 5 w/ Ortho	82	618	684	926
	Kaiser Dental Plan 8 w/ Ortho	83	624	703	942
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	64	603	674	905
	Delta Dental Plan 5 w/ Ortho	66	618	684	926
	Kaiser Dental Plan 8 w/ Ortho	67	624	703	942
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	72	610	701	993
	Delta Dental Plan 5 w/ Ortho	74	625	711	1014
	Kaiser Dental Plan 8 w/ Ortho	75	631	730	1030

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