



**Non-Represented Employees
Monthly Costs for 10/1/19 to 9/30/20**



**2019 -
2020**

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

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	70	115	150	200
	Delta Dental Plan 5 w/ Ortho	85	156	179	257
	Kaiser Dental Plan 8 w/ Ortho	99	166	224	292
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	65	120	195	270
	Delta Dental Plan 5 w/ Ortho	80	161	224	327
	Kaiser Dental Plan 8 w/ Ortho	94	171	269	362
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	85	150	225	325
	Delta Dental Plan 5 w/ Ortho	100	191	254	382
	Kaiser Dental Plan 8 w/ Ortho	114	201	299	417
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	70	493	618	890
	Delta Dental Plan 5 w/ Ortho	85	534	648	947
	Kaiser Dental Plan 8 w/ Ortho	99	544	692	982
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	65	589	748	1,077
	Delta Dental Plan 5 w/ Ortho	80	630	778	1,134
	Kaiser Dental Plan 8 w/ Ortho	94	640	822	1,169
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	85	649	815	1,178
	Delta Dental Plan 5 w/ Ortho	100	690	845	1,235
	Kaiser Dental Plan 8 w/ Ortho	114	700	889	1,270
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	25	330	427	623
	Delta Dental Plan 5 w/ Ortho	40	371	457	680
	Kaiser Dental Plan 8 w/ Ortho	54	381	501	715
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	70	618	774	1,116
	Delta Dental Plan 5 w/ Ortho	85	659	804	1,173
	Kaiser Dental Plan 8 w/ Ortho	99	669	848	1,208

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

*** Employee premium increase is a result of an increase in OEBB plan costs.***