



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



**2019 -
2020**

Health Savings Account (HSA)

Moda Plan 6 and Kaiser Plan 3 is HSA compatible. You may be eligible, but not required, to open an HSA to take advantage of the tax savings. You can open an HSA at an institution of your choice. There are restrictions to an HSA. For more information, please visit :IRS.gov and search for PUB 969.

Non-Represented Retirees - District Paid (formerly Full-Time Employees*)

Medical and Vision	Dental (Note: Delta Dental=Moda/ODS)	Retiree Only	Spouse Only	Retiree+ Child(ren)	Retiree+ Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	70	333	611	425	1,008
	Delta Dental Plan 5 w/ Ortho	85	348	652	492	1,065
	Kaiser Dental Plan 8 w/ Ortho	99	362	662	536	1,099
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	65	379	694	541	1,182
	Delta Dental Plan 5 w/ Ortho	80	394	735	571	1,239
	Kaiser Dental Plan 8 w/ Ortho	94	408	745	615	1,274
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	85	413	757	595	1,286
	Delta Dental Plan 5 w/ Ortho	100	428	798	624	1,343
	Kaiser Dental Plan 8 w/ Ortho	114	442	807	669	1,377
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	25	330	569	354	863
	Delta Dental Plan 5 w/ Ortho	40	345	610	384	920
	Kaiser Dental Plan 8 w/ Ortho	54	359	620	428	954
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	70	396	725	556	1,222
	Delta Dental Plan 5 w/ Ortho	85	411	766	585	1,280
	Kaiser Dental Plan 8 w/ Ortho	99	425	775	630	1,314

Non-Represented & SEIU Self-Pay Rates

Medical and Vision	Dental (Note: Delta Dental=Moda Health/ODS)	Retiree Only	Spouse Only	Retiree+ Child(ren)	Retiree+ Spouse	Family
Moda Medical Plan 6 & VSP Vision	Delta Dental Plan 6 No Ortho	595.78	595.78	1,136.82	1,301.06	1,845.64
	Delta Dental Plan 5 w/ Ortho	610.56	610.56	1,177.87	1,330.38	1,902.31
	Kaiser Dental Plan 8 w/ Ortho	624.96	624.96	1,187.46	1,374.93	1,937.43
Moda Medical Plan 2 and VSP Vision	Delta Dental Plan 6 No Ortho	693.74	693.74	1,322.94	1,516.57	2,149.31
	Delta Dental Plan 5 w/ Ortho	708.52	708.52	1,363.99	1,545.89	2,205.98
	Kaiser Dental Plan 8 w/ Ortho	722.92	722.92	1,373.58	1,590.44	2,241.10
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	741.00	741.00	1,412.74	1,620.54	2,295.83
	Delta Dental Plan 5 w/ Ortho	755.78	755.78	1,453.79	1,649.86	2,352.50
	Kaiser Dental Plan 8 w/ Ortho	770.18	770.18	1,463.38	1,694.41	2,387.62
Kaiser Medical Plan 3 & VSP Vision	Delta Dental Plan 6 No Ortho	635.62	635.62	1,179.68	1,254.23	1,726.85
	Delta Dental Plan 5 w/ Ortho	650.40	650.40	1,220.73	1,283.55	1,783.52
	Kaiser Dental Plan 8 w/ Ortho	664.80	664.80	1,230.32	1,328.10	1,818.64
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	722.11	722.11	1,376.83	1,579.00	2,237.23
	Delta Dental Plan 5 w/ Ortho	736.89	736.89	1,417.88	1,608.32	2,293.90
	Kaiser Dental Plan 8 w/ Ortho	751.29	751.29	1,427.47	1,652.87	2,329.02

*** Retiree premium increase is a result of an increase in OEBS plan costs.***