Central Curry School District #1

2024-25 Moda Health Plans & Rates for Administrative, Confidential, Licensed, Supervisory Staff and Retirees

MEDICAL MONTHLY PREMIUM BREAKDOWNS	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Moda Medical Plan 1	793.33	1,745.32	1,507.36	2,459.39
Moda Medical Plan 2	735.94	1,619.06	1,398.31	2,281.45
Moda Medical Plan 3	690.43	1,518.96	1,311.87	2,140.41
Moda Medical Plan 4	651.94	1,434.27	1,238.70	2,021.05
Moda Medical Plan 5	602.23	1,324.91	1,144.26	1,866.96
Moda Medical Plan 6*	614.29	1,351.45	1,167.19	1,904.35
Moda Medical Plan 7*	573.32	1,261.30	1,089.34	1,777.33

* This plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required. Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.

DENTAL MONTHLY PREMIUM BREAKDOWNS	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Premier Plan 1 - Delta Dental Premier Network (w/Ortho)	67.54	133.80	148.78	220.33
Premier Plan 5 - Delta Dental Premier Network (w/Ortho)	59.66	118.17	131.41	194.60
Premier Plan 6 - Delta Dental Premier Network (**NO Ortho**)	45.54	90.16	91.51	139.81
Exclusive PPO Incentive Plan ** Delta Dental PPO Network	58.55	115.98	128.97	190.99
Exclusive PPO Plan ** Delta Dental PPO Network	39.46	78.15	86.91	128.72
Willamette Dental (w/Ortho)	46.99	93.99	100.11	150.18

** This plan has **NO** out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are NOT covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.

VISION MONTHLY PREMIUM BREAKDOWNS	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Opal	21.83	47.99	41.40	67.60
Pearl	17.81	39.24	33.87	55.26
Quartz	12.58	27.71	23.91	38.99
VSP Choice Plus Plan	14.15	31.14	26.90	43.87
VSP Choice Plan	6.89	15.14	13.08	21.33

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Full-Time Employee District Cap	$821.32	$1,759.42	$1,565.53	$2,468.70
6 Hrs/Day Employee District Cap	$615.99	$1,319.57	$1,174.15	$1,851.53
4 Hrs/Day Employee District Cap	$410.66	$879.71	$782.77	$1,234.35