

## DISTRICT CAPS 2019 - 2020

### KFACE

				6-8 Hours	4-5.99 Hours	
TIER	12-MTH		TIER	10-MONTH	80% of Cap	55% of Cap
Employee Only	\$603.00		Employee Only	\$636.00	\$509.00	\$350.00
Emp + Spouse	\$1,315.00		Emp + Spouse	\$1,385.00	\$1,108.00	\$762.00
Emp + Child(ren)	\$1,151.00		Emp + Child(ren)	\$1,213.00	\$970.40	\$667.00
Family	\$1,868.00		Family	\$1,900.00	\$1,520.00	\$1,045.00

### 2019 - 2020 MONTHLY PREMIUMS

#### Medical & Pharmacy

TIER	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Employee Only	\$631.05	\$593.23	\$562.96	\$520.55	\$533.09	\$497.53
Emp + Spouse	\$1,388.30	\$1,305.10	\$1,238.52	\$1,145.21	\$1,172.79	\$1,094.57
Emp + Child(ren)	\$1,199.01	\$1,127.17	\$1,069.66	\$989.06	\$1,012.89	\$945.33
Family	\$1,956.28	\$1,839.05	\$1,745.23	\$1,613.73	\$1,652.61	\$1,542.38

#### Medical & Pharmacy - Select

Rates apply only to members whose enrollment in OEBC between June 2019 and September 2019 was in a Moda CCM Synergy/Summit plan.

TIER	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Employee Only	\$631.05	\$587.82	\$495.69	\$444.62	\$499.12	\$482.91
Emp + Spouse	\$1,388.30	\$1,293.22	\$1,090.51	\$978.14	\$1,098.04	\$1,062.39
Emp + Child(ren)	\$1,199.01	\$1,116.88	\$941.83	\$844.77	\$948.33	\$917.53
Family	\$1,956.28	\$1,822.31	\$1,536.66	\$1,378.31	\$1,547.27	\$1,497.03

TIER	DENT 5	DENT 6	DELTA DENT PPO	WILL DENT	V - OPAL	VSP - CP
Employee Only	\$58.67	\$43.89	\$39.22	\$47.39	\$24.26	\$18.80
Emp + Spouse	\$116.22	\$86.90	\$77.70	\$93.88	\$53.33	\$41.37
Emp + Child(ren)	\$129.25	\$88.20	\$86.40	\$99.90	\$46.03	\$35.73
Family	\$191.41	\$134.74	\$127.96	\$150.09	\$75.14	\$58.29