

2020-2021 DISTRICT CAPS

KFACE

				6-8 Hours	4-5.99 Hours	
Tier	12 Month		Tier	10-MONTH	80% of Cap	55% of Cap
Employee Only	\$612.00		Employee Only	\$645.00	\$516.00	\$354.75
Employee + Spouse	\$1,335.00		Employee + Spouse	\$1,406.00	\$1,124.80	\$773.30
Employee + Child(ren)	\$1,168.00		Employee + Child(ren)	\$1,231.00	\$984.80	\$677.05
Family	\$1,896.00		Family	\$1,929.00	\$1,543.20	\$1,060.95

2020-2021 Monthly Premiums

Medical & Pharmacy

Moda Connexus

Tier	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Employee Only	\$646.19	\$607.47	\$576.48	\$533.04	\$545.89	\$509.48
Employee + Spouse	\$1,421.61	\$1,336.42	\$1,268.25	\$1,172.69	\$1,200.94	\$1,120.83
Employee + Child(ren)	\$1,227.79	\$1,154.21	\$1,095.33	\$1,012.80	\$1,037.20	\$968.02
Family	\$2,003.23	\$1,883.19	\$1,787.11	\$1,652.46	\$1,692.27	\$1,579.40

Dental & Vision

Tier	Dental Plan 1 (New)	Dental Plan 5	Dental Plan 6	Delta Dental PPO	Willamette Dental	Moda Opal	VSP - Choice Plus
Employee Only	\$66.37	\$58.58	\$43.82	\$39.16	\$49.00	\$23.91	\$18.80
Employee + Spouse	\$131.49	\$116.04	\$86.75	\$77.58	\$97.08	\$52.55	\$41.37
Employee + Child(ren)	\$146.22	\$129.05	\$88.06	\$86.26	\$103.30	\$45.36	\$35.73
Family	\$216.54	\$191.10	\$134.53	\$127.76	\$155.19	\$74.05	\$58.29