

David Douglas School District

2024-2025 BENEFIT PREMIUMS

Medical Plan Premiums

KAISER Plans				
Tiered Rates				
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)
Kaiser Plan 1	\$721.66	\$1,587.65	\$1,371.16	\$2,237.15
<i>Kaiser Plan 1: No Deductible per person</i>				
Kaiser Plan 2A	\$595.37	\$1,310.65	\$1,131.15	\$1,845.54
<i>Kaiser Plan 2: \$800 Deduct per person/ \$2,400 max per Family (In Network)</i>				
Kaiser Plan 3*	\$439.75	\$968.02	\$835.18	\$1,363.49
<i>Kaiser Plan 3: \$1,600 Deduct per person (individual only) / \$3,200 max per Family (two or more individuals) In Network</i>				
* 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.				

MODA Health Plans				
Tiered Rates				
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)
Moda- Plan 1	\$793.33	\$1,745.32	\$1,507.36	\$2,459.39
<i>Plan 1: \$400 Deduct per person/ \$1,500 max per Family (In Network, Coordinated Care), \$500 Deduct per person/ \$1,500 max per Family (In Network, Non-Coordinated Care)</i>				
Moda-Plan 2	\$735.94	\$1,619.06	\$1,398.31	\$2,281.45
<i>Plan 2: \$800 Deduct per person/ \$2,700 max per Family (In Network, Coordinated Care), \$900 Deduct per person/ \$2,700 max per Family (In Network, Non-Coordinated Care)</i>				
Moda- Plan 3	\$690.43	\$1,518.96	\$1,311.87	\$2,140.41
<i>Plan 3: \$1200 Deduct per person/ \$3,900 max per Family (In Network, Coordinated Care), \$1300 Deduct per person/ \$3,900 max per Family (In Network, Non-Coordinated Care)</i>				
Moda- Plan 6*	\$614.29	\$1,351.45	\$1,167.19	\$1,904.35
<i>Plan 6: \$1600 Deduct (single coverage only) / \$3,400 max per Family - two or more individuals (Coordinated), \$1700 Deduct per person/ \$3,400 max per Family (Non-Coordinated Care)</i>				
* 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.				