

Hood River County Group Medical, Dental, Vision Plans October 1, 2023-September 30, 2024

Moda Medical Plan 4 and 5

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Employee 15%	County 85%	Total Cost Premium	Employee 15%	County 85%	Total Cost Premium	Employee 15%	County 85%	Total Cost Premium	Employee 15%	County 85%	Total Cost Premium
Plan 4	\$ 94.58	\$ 535.93	\$ 630.50	\$ 208.07	\$ 1,179.04	\$ 1,387.10	\$ 179.69	\$ 1,018.27	\$ 1,197.96	\$ 293.19	\$ 1,661.40	\$ 1,954.59
Plan 5	\$ 87.36	\$ 495.06	\$ 582.42	\$ 192.20	\$ 1,089.14	\$ 1,281.34	\$ 166.00	\$ 940.64	\$ 1,106.64	\$ 270.84	\$ 1,534.73	\$ 1,805.57

VSP Vision Choice Plan

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Employee 15%	County 85%	Total Cost Premium	Employee 15%	County 85%	Total Cost Premium	Employee 15%	County 85%	Total Cost Premium	Employee 15%	County 85%	Total Cost Premium
	\$ 1.06	\$ 6.03	\$ 7.09	\$ 2.34	\$ 13.24	\$ 15.58	\$ 2.02	\$ 11.43	\$ 13.45	\$ 3.29	\$ 18.66	\$ 21.95

Moda Health Delta Dental Premier Plan 5

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Total Cost			Total Cost			Total Cost			Total Cost		
	\$	57.95		\$	114.80		\$	127.67		\$	189.06	

Dental Caps

Non-Rep & General Employees	\$	105.00
2503 PW & Forestry	\$	150.00
LEA & FOPPO	\$	100.00