

**Hood River County Group Medical, Dental, Vision Plans October 1, 2024-September 30, 2025**

**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	\$ 97.79	\$ 554.15	\$ 651.94	\$ 215.14	\$ 1,219.13	\$ 1,434.27	\$ 185.81	\$ 1,052.90	\$ 1,238.70	\$ 303.16	\$ 1,717.89	\$ 2,021.05
Plan 5	\$ 90.33	\$ 511.90	\$ 602.23	\$ 198.74	\$ 1,126.17	\$ 1,324.91	\$ 171.64	\$ 972.62	\$ 1,144.26	\$ 280.04	\$ 1,586.92	\$ 1,866.96

**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
	\$ 1.03	\$ 5.86	\$ 6.89	\$ 2.27	\$ 12.87	\$ 15.14	\$ 1.96	\$ 11.12	\$ 13.08	\$ 3.20	\$ 18.13	\$ 21.33

**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		
	\$	59.66		\$	118.17		\$	131.41		\$	194.60	

**Dental Caps**

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