

Hood River County Group Buy up-Optional Choice Plans October 1, 2024-September 30, 2025

Buy Up Moda Medical Plan 1, 2, 3

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium
Plan 1	\$ 239.18	\$ 554.15	\$ 793.33	\$ 526.19	\$ 1,219.13	\$ 1,745.32	\$ 454.46	\$ 1,052.90	\$ 1,507.36	\$ 741.50	\$ 1,717.89	\$ 2,459.39
Plan 2	\$ 181.79	\$ 554.15	\$ 735.94	\$ 399.93	\$ 1,219.13	\$ 1,619.06	\$ 345.41	\$ 1,052.90	\$ 1,398.31	\$ 563.56	\$ 1,717.89	\$ 2,281.45
Plan 3	\$ 136.28	\$ 554.15	\$ 690.43	\$ 299.83	\$ 1,219.13	\$ 1,518.96	\$ 258.97	\$ 1,052.90	\$ 1,311.87	\$ 422.52	\$ 1,717.89	\$ 2,140.41

Moda Medical Buy Up Plans 1, 2, 3 will be covered by Hood River County at the same value as County Group Moda Medical Plan 4. Hood River County covers Moda Medical Plan 4, Employee only rate at \$554.15; Employee + Spouse/Partner \$1,219.13; Employee + Child (ren) \$1,052.90 and Employee + Family at \$1,717.89. An Employee choosing a buy up plan will pay the difference between the Total Premium Cost and the Hood River County supported value for the selected specific program choice.

VSP Vision Choice Plus Plan

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium
	\$ 8.29	\$ 5.86	\$ 14.15	\$ 18.27	\$ 12.87	\$ 31.14	\$ 15.78	\$ 11.12	\$ 26.90	\$ 25.74	\$ 18.13	\$ 43.87

VSP Choice Plus Buy Up Plan will be covered at the same value as the County Group VSP Vision Choice Plan. Hood River County covers VSP Vision Choice Plan Employee only rate \$5.86; Employee + Spouse/Partner \$12.87; Employee + Child (ren) \$11.12; Employee + Family \$18.13. An Employee choosing the buy up VSP Vision Choice Plus plan will pay the difference between the Total Premium Cost and the Hood River County supported value for the selected specific program choice.

Moda Health Delta Dental

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Total Cost			Total Cost			Total Cost			Total Cost		
Premier Plan 1	\$67.54*			\$ 133.80			\$ 148.78			\$ 220.33		
Premier Plan 6**	\$ 45.54			\$ 90.16			\$ 91.51			\$ 139.81		

*Premier Plan 1 rate will be covered at the same value as the County Group Moda Delta Dental Premier Plan 5 - \$59.66. Employee portion is \$7.88

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

**Moda Health Delta Dental Premier Plan 6 has no orthodontia coverage.