

**Hood River County School District
Classified Retirees
Health Insurance Premiums for Plan Year October 1, 2023 to September 30, 2024**

Retiree Name: _____

The monthly amount you will pay is the monthly premium shown below for the plan and coverage level you choose. As a retiree, you may elect to drop Dental and/or Vision coverage, however, if you drop those coverages you will not be able to re-enroll in Dental and/or Vision at any future time per OEGB rules.

Monthly Premiums by Plan & Coverage Tier - OEGB Plans	1-Party	EE+Spouse	EE+Children	Family
Medical Plan Options (Moda Health)				
Moda Medical Plan 1 (In-network Coordinated Care)	\$ 767.25	\$ 1,687.93	\$ 1,457.80	\$ 2,378.52
Moda Medical Plan 2 (In-network Coordinated Care)	\$ 711.74	\$ 1,565.82	\$ 1,352.33	\$ 2,206.43
Moda Medical Plan 3 (In-network Coordinated Care)	\$ 667.73	\$ 1,469.01	\$ 1,268.73	\$ 2,070.02
Moda Medical Plan 4 (In-network Coordinated Care)	\$ 630.50	\$ 1,387.10	\$ 1,197.96	\$ 1,954.59
Moda Medical Plan 5 (In-network Coordinated Care)	\$ 582.42	\$ 1,281.34	\$ 1,106.64	\$ 1,805.57
Dental Plan Options (Moda Health)				
Delta Dental Premier Plan 5 w/Ortho	\$ 57.95	\$ 114.80	\$ 127.67	\$ 189.06
Delta Dental Premier Plan 6	\$ 44.25	\$ 87.59	\$ 88.91	\$ 135.83
Delta Dental Exclusive PPO Plan	\$ 38.33	\$ 75.92	\$ 84.43	\$ 125.05
Vision Plan Options				
Quartz Vision Plan (Moda Health)	\$ 12.67	\$ 27.92	\$ 24.09	\$ 39.28
VSP Choice Plan (VSP is not a Moda Health Plan)	\$ 7.09	\$ 15.58	\$ 13.45	\$ 21.95