



**Medford School District
Medical/Dental Payroll Deductions
Effective October 1, 2020**

The following are the monthly employee pre-tax deductions which will be payroll deducted depending on your plan selection:

**District contributions will be pro-rated for less than full-time employees.
Contact Human Resources (ext. 1019) for premium amounts.

	\$800	\$1,200	\$1,600	\$1,600 Deductible
<u>Medical/RX/Vision</u>	<u>Deductible</u>	<u>Deductible</u>	<u>Deductible</u>	<u>With HSA</u>
Employee Only	\$59.60	\$53.71	\$0.00	\$0.00
Employee + Spouse	\$131.00	\$118.02	\$0.00	\$0.00
Employee + Child(ren)	113.39	\$102.19	\$0.00	\$0.00
Employee + Family	190.86	\$171.99	\$0.00	\$0.00
<u>Regence Dental</u>				
Employee Only	\$5.57	\$5.57	\$0.00	\$0.00
Employee + Spouse	\$11.13	\$11.13	\$0.00	\$0.00
Employee + Child(ren)	\$9.46	\$9.46	\$0.00	\$0.00
Employee + Family	\$15.59	\$15.59	\$0.00	\$0.00
<u>Willamette Dental</u>				
Employee Only	\$15.80	\$15.80	\$15.80	\$15.80
Employee + Spouse	\$27.76	\$27.76	\$27.76	\$27.76
Employee + Child(ren)	\$52.86	\$52.86	\$52.86	\$52.86
Employee + Family	\$58.98	\$58.98	\$58.98	\$58.98

Insurance Waiver Option: Employees have an option to opt out of the MSD Insurance Program if the employee is covered by another group insurance plan. Employees must provide evidence of other group coverage. Employees may be eligible for a \$200 stipend when waiving coverage.