Summit Learning Charter 2025 Benefit Costshare 7/1/25-9/30/25

MEDICAL	Moda Medical Plan 1	Moda Medical Plan 3	Moda Medical Plan 6	Kaiser Plan 1	Kaiser Plan 3	DENTAL	MODA DENTAL PLAN 1	MODA DENTAL PLAN 5	MODA DENTAL EXCLUSIVE	KAISER DENTAL	WILLAMETTE DENTAL	VISION	MODA VISION QUARTZ	MODA VISION PEARL	MODA VISION OPAL	KAISER VISION	VSP CHOICE PLAN	VSP VISION PLUS PLAN
			SLC HSA Contribution	In-Network	In-Network only. SLC HSA Contributio			Incentive								Must be enrolled in Kaiser plan		
EMPLOYEE PORTION						EMPLOYEE PORTION						EMPLOYEE PORTION						
Employee Only Employee + Spouse Employee+Children Family	\$0.00 \$190.40 \$142.81 \$333.21	\$0.00 \$165.71 \$124.29 \$290.00	\$0.00 \$147.43 \$110.58 \$258.01	\$0.00 \$173.13 \$129.90 \$303.10	\$105.65 \$79.09	Employee Only Employee + Spouse Employee+Children Family	\$0.00 \$13.25 \$16.25 \$30.56	\$0.00 \$11.70 \$14.35 \$26.99	\$0.00 \$7.74 \$9.35 \$17.85	\$0.00 \$17.64 \$13.23 \$30.87	\$9.40 \$10.62	Employee Only Employee + Spouse Employee+Children Family	\$0.00 \$3.03 \$2.27 \$5.28	\$0.00 \$4.29 \$3.21 \$7.49	\$0.00 \$5.23 \$3.91 \$9.15	\$2.04 \$1.53	\$0.00 \$1.65 \$1.24 \$1.92	\$0.00 \$3.40 \$2.55 \$5.94
EMPLOYER PORTION						EMPLOYER PORTION						EMPLOYER PORTION						
Employee Only Employee + Spouse Employee + Children Family	\$793.33 \$1,554.92 \$1,364.55 \$2,126.18	\$690.43 \$1,353.25 \$1,187.58 \$1,850.41	\$1,204.02 \$1,056.61	\$721.66 \$1,414.19 \$1,241.26 \$1,934.05	\$862.37 \$756.09	Employee Only Employee + Spouse Employee + Children Family	\$67.54 \$120.55 \$132.53 \$189.77	\$59.66 \$106.47 \$117.06 \$167.61	\$39.46 \$70.41 \$76.84 \$110.87	\$73.48 \$144.04 \$126.40 \$196.94	\$84.59 \$89.49	Employee Only Employee + Spouse Employee + Children Eamily	\$12.58 \$24.68 \$21.64 \$33.71	\$17.81 \$34.95 \$30.66 \$47.77	\$21.83 \$42.76 \$37.49 \$58.45	\$16.63 \$14.59	\$6.89 \$13.49 \$11.84 \$14.59	\$14.15 \$27.74 \$24.35 \$37.93