

Classified Monthly Insurance Rates
October 1, 2020 - September 30, 2021

Kaiser Medical Plan 1, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$639.76	\$66.37	\$23.91	\$730.04	\$730.04	\$0.00
EE + Sp/Partner	\$1,407.48	\$131.49	\$52.55	\$1,591.52	\$1,591.52	\$0.00
EE + Child(ren)	\$1,215.55	\$146.22	\$45.36	\$1,407.13	\$1,407.13	\$0.00
Full Family	\$1,983.26	\$216.54	\$74.05	\$2,273.85	\$2,273.85	\$0.00

Kaiser Medical Plan 1, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$639.76	\$43.82	\$23.91	\$707.49	\$707.49	\$0.00
EE + Sp/Partner	\$1,407.48	\$86.75	\$52.55	\$1,546.78	\$1,546.78	\$0.00
EE + Child(ren)	\$1,215.55	\$88.06	\$45.36	\$1,348.97	\$1,348.97	\$0.00
Full Family	\$1,983.26	\$134.53	\$74.05	\$2,191.84	\$2,191.84	\$0.00

Kaiser Medical Plan 1, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$639.76	\$49.00	\$23.91	\$712.67	\$712.67	\$0.00
EE + Sp/Partner	\$1,407.48	\$97.08	\$52.55	\$1,557.11	\$1,557.11	\$0.00
EE + Child(ren)	\$1,215.55	\$103.30	\$45.36	\$1,364.21	\$1,364.21	\$0.00
Full Family	\$1,983.26	\$155.19	\$74.05	\$2,212.50	\$2,212.50	\$0.00

Kaiser Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$639.76	\$66.37	\$18.80	\$724.93	\$724.93	\$0.00
EE + Sp/Partner	\$1,407.48	\$131.49	\$41.37	\$1,580.34	\$1,580.34	\$0.00
EE + Child(ren)	\$1,215.55	\$146.22	\$35.73	\$1,397.50	\$1,397.50	\$0.00
Full Family	\$1,983.26	\$216.54	\$58.29	\$2,258.09	\$2,258.09	\$0.00

Kaiser Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$639.76	\$43.82	\$18.80	\$702.38	\$702.38	\$0.00
EE + Sp/Partner	\$1,407.48	\$86.75	\$41.37	\$1,535.60	\$1,535.60	\$0.00
EE + Child(ren)	\$1,215.55	\$88.06	\$35.73	\$1,339.34	\$1,339.34	\$0.00
Full Family	\$1,983.26	\$134.53	\$58.29	\$2,176.08	\$2,176.08	\$0.00

Kaiser Medical Plan 1, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$639.76	\$49.00	\$18.80	\$707.56	\$707.56	\$0.00
EE + Sp/Partner	\$1,407.48	\$97.08	\$41.37	\$1,545.93	\$1,545.93	\$0.00
EE + Child(ren)	\$1,215.55	\$103.30	\$35.73	\$1,354.58	\$1,354.58	\$0.00
Full Family	\$1,983.26	\$155.19	\$58.29	\$2,196.74	\$2,196.74	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2020 - 08/31/2021

Classified Monthly Insurance Rates
October 1, 2020 - September 30, 2021

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$66.37	\$23.91	\$784.87	\$784.87	\$0.00
EE + Sp/Partner	\$1,528.08	\$131.49	\$52.55	\$1,712.12	\$1,712.12	\$0.00
EE + Child(ren)	\$1,319.74	\$146.22	\$45.36	\$1,511.32	\$1,511.32	\$0.00
Full Family	\$2,153.26	\$216.54	\$74.05	\$2,443.85	\$2,438.95	\$4.90

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$43.82	\$23.91	\$762.32	\$762.32	\$0.00
EE + Sp/Partner	\$1,528.08	\$86.75	\$52.55	\$1,667.38	\$1,667.38	\$0.00
EE + Child(ren)	\$1,319.74	\$88.06	\$45.36	\$1,453.16	\$1,453.16	\$0.00
Full Family	\$2,153.26	\$134.53	\$74.05	\$2,361.84	\$2,361.84	\$0.00

Moda Medical Plan 1, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$49.00	\$23.91	\$767.50	\$767.50	\$0.00
EE + Sp/Partner	\$1,528.08	\$97.08	\$52.55	\$1,677.71	\$1,677.71	\$0.00
EE + Child(ren)	\$1,319.74	\$103.30	\$45.36	\$1,468.40	\$1,468.40	\$0.00
Full Family	\$2,153.26	\$155.19	\$74.05	\$2,382.50	\$2,382.50	\$0.00

Moda Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$66.37	\$18.80	\$779.76	\$779.76	\$0.00
EE + Sp/Partner	\$1,528.08	\$131.49	\$41.37	\$1,700.94	\$1,700.94	\$0.00
EE + Child(ren)	\$1,319.74	\$146.22	\$35.73	\$1,501.69	\$1,501.69	\$0.00
Full Family	\$2,153.26	\$216.54	\$58.29	\$2,428.09	\$2,428.09	\$0.00

Moda Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$43.82	\$18.80	\$757.21	\$757.21	\$0.00
EE + Sp/Partner	\$1,528.08	\$86.75	\$41.37	\$1,656.20	\$1,656.20	\$0.00
EE + Child(ren)	\$1,319.74	\$88.06	\$35.73	\$1,443.53	\$1,443.53	\$0.00
Full Family	\$2,153.26	\$134.53	\$58.29	\$2,346.08	\$2,346.08	\$0.00

Moda Medical Plan 1, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$49.00	\$18.80	\$762.39	\$762.39	\$0.00
EE + Sp/Partner	\$1,528.08	\$97.08	\$41.37	\$1,666.53	\$1,666.53	\$0.00
EE + Child(ren)	\$1,319.74	\$103.30	\$35.73	\$1,458.77	\$1,458.77	\$0.00
Full Family	\$2,153.26	\$155.19	\$58.29	\$2,366.74	\$2,366.74	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2020 - 08/31/2021

Classified Monthly Insurance Rates
October 1, 2020 - September 30, 2021

Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$66.37	\$23.91	\$736.47	\$736.47	\$0.00
EE + Sp/Partner	\$1,421.61	\$131.49	\$52.55	\$1,605.65	\$1,605.65	\$0.00
EE + Child(ren)	\$1,227.79	\$146.22	\$45.36	\$1,419.37	\$1,419.37	\$0.00
Full Family	\$2,003.23	\$216.54	\$74.05	\$2,293.82	\$2,293.82	\$0.00

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$43.82	\$23.91	\$713.92	\$713.92	\$0.00
EE + Sp/Partner	\$1,421.61	\$86.75	\$52.55	\$1,560.91	\$1,560.91	\$0.00
EE + Child(ren)	\$1,227.79	\$88.06	\$45.36	\$1,361.21	\$1,361.21	\$0.00
Full Family	\$2,003.23	\$134.53	\$74.05	\$2,211.81	\$2,211.81	\$0.00

Moda Medical Plan 2, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$49.00	\$23.91	\$719.10	\$719.10	\$0.00
EE + Sp/Partner	\$1,421.61	\$97.08	\$52.55	\$1,571.24	\$1,571.24	\$0.00
EE + Child(ren)	\$1,227.79	\$103.30	\$45.36	\$1,376.45	\$1,376.45	\$0.00
Full Family	\$2,003.23	\$155.19	\$74.05	\$2,232.47	\$2,232.47	\$0.00

Moda Medical Plan 2, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$66.37	\$18.80	\$731.36	\$731.36	\$0.00
EE + Sp/Partner	\$1,421.61	\$131.49	\$41.37	\$1,594.47	\$1,594.47	\$0.00
EE + Child(ren)	\$1,227.79	\$146.22	\$35.73	\$1,409.74	\$1,409.74	\$0.00
Full Family	\$2,003.23	\$216.54	\$58.29	\$2,278.06	\$2,278.06	\$0.00

Moda Medical Plan 2, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$43.82	\$18.80	\$708.81	\$708.81	\$0.00
EE + Sp/Partner	\$1,421.61	\$86.75	\$41.37	\$1,549.73	\$1,549.73	\$0.00
EE + Child(ren)	\$1,227.79	\$88.06	\$35.73	\$1,351.58	\$1,351.58	\$0.00
Full Family	\$2,003.23	\$134.53	\$58.29	\$2,196.05	\$2,196.05	\$0.00

Moda Medical Plan 2, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$49.00	\$18.80	\$713.99	\$713.99	\$0.00
EE + Sp/Partner	\$1,421.61	\$97.08	\$41.37	\$1,560.06	\$1,560.06	\$0.00
EE + Child(ren)	\$1,227.79	\$103.30	\$35.73	\$1,366.82	\$1,366.82	\$0.00
Full Family	\$2,003.23	\$155.19	\$58.29	\$2,216.71	\$2,216.71	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2020 - 08/31/2021

Classified Monthly Insurance Rates
October 1, 2020 - September 30, 2021

Moda Medical Plan 6, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$545.89	\$66.37	\$23.91	\$636.17	\$636.17	\$0.00
EE + Sp/Partner	\$1,200.94	\$131.49	\$52.55	\$1,384.98	\$1,384.98	\$0.00
EE + Child(ren)	\$1,037.20	\$146.22	\$45.36	\$1,228.78	\$1,228.78	\$0.00
Full Family	\$1,692.27	\$216.54	\$74.05	\$1,982.86	\$1,982.86	\$0.00

Moda Medical Plan 6, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$545.89	\$43.82	\$23.91	\$613.62	\$613.62	\$0.00
EE + Sp/Partner	\$1,200.94	\$86.75	\$52.55	\$1,340.24	\$1,340.24	\$0.00
EE + Child(ren)	\$1,037.20	\$88.06	\$45.36	\$1,170.62	\$1,170.62	\$0.00
Full Family	\$1,692.27	\$134.53	\$74.05	\$1,900.85	\$1,900.85	\$0.00

Moda Medical Plan 6, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$545.89	\$49.00	\$23.91	\$618.80	\$618.80	\$0.00
EE + Sp/Partner	\$1,200.94	\$97.08	\$52.55	\$1,350.57	\$1,350.57	\$0.00
EE + Child(ren)	\$1,037.20	\$103.30	\$45.36	\$1,185.86	\$1,185.86	\$0.00
Full Family	\$1,692.27	\$155.19	\$74.05	\$1,921.51	\$1,921.51	\$0.00

Moda Medical Plan 6, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$545.89	\$66.37	\$18.80	\$631.06	\$631.06	\$0.00
EE + Sp/Partner	\$1,200.94	\$131.49	\$41.37	\$1,373.80	\$1,373.80	\$0.00
EE + Child(ren)	\$1,037.20	\$146.22	\$35.73	\$1,219.15	\$1,219.15	\$0.00
Full Family	\$1,692.27	\$216.54	\$58.29	\$1,967.10	\$1,967.10	\$0.00

Moda Medical Plan 6, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$545.89	\$43.82	\$18.80	\$608.51	\$608.51	\$0.00
EE + Sp/Partner	\$1,200.94	\$86.75	\$41.37	\$1,329.06	\$1,329.06	\$0.00
EE + Child(ren)	\$1,037.20	\$88.06	\$35.73	\$1,160.99	\$1,160.99	\$0.00
Full Family	\$1,692.27	\$134.53	\$58.29	\$1,885.09	\$1,885.09	\$0.00

Moda Medical Plan 6, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$545.89	\$49.00	\$18.80	\$613.69	\$613.69	\$0.00
EE + Sp/Partner	\$1,200.94	\$97.08	\$41.37	\$1,339.39	\$1,339.39	\$0.00
EE + Child(ren)	\$1,037.20	\$103.30	\$35.73	\$1,176.23	\$1,176.23	\$0.00
Full Family	\$1,692.27	\$155.19	\$58.29	\$1,905.75	\$1,905.75	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2020 - 08/31/2021