

**Faculty Monthly Insurance Rates
October 1, 2020 - September 30, 2021**

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$66.37	\$23.91	\$11.02	\$795.89	\$784.87	\$11.02
EE + Sp/Partner	\$1,528.08	\$131.49	\$52.55	\$11.02	\$1,723.14	\$1,677.30	\$45.84
EE + Child(ren)	\$1,319.74	\$146.22	\$45.36	\$11.02	\$1,522.34	\$1,481.29	\$41.05
Full Family	\$2,153.26	\$216.54	\$74.05	\$11.02	\$2,454.87	\$2,407.14	\$47.73

Moda Medical Plan 1, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$58.58	\$23.91	\$11.02	\$788.10	\$777.08	\$11.02
EE + Sp/Partner	\$1,528.08	\$116.04	\$52.55	\$11.02	\$1,707.69	\$1,677.30	\$30.39
EE + Child(ren)	\$1,319.74	\$129.05	\$45.36	\$11.02	\$1,505.17	\$1,481.29	\$23.88
Full Family	\$2,153.26	\$191.10	\$74.05	\$11.02	\$2,429.43	\$2,407.14	\$22.29

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$43.82	\$23.91	\$11.02	\$773.34	\$762.32	\$11.02
EE + Sp/Partner	\$1,528.08	\$86.75	\$52.55	\$11.02	\$1,678.40	\$1,667.38	\$11.02
EE + Child(ren)	\$1,319.74	\$88.06	\$45.36	\$11.02	\$1,464.18	\$1,453.16	\$11.02
Full Family	\$2,153.26	\$134.53	\$74.05	\$11.02	\$2,372.86	\$2,361.84	\$11.02

Moda Medical Plan 1, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$49.00	\$23.91	\$11.02	\$778.52	\$767.50	\$11.02
EE + Sp/Partner	\$1,528.08	\$97.08	\$52.55	\$11.02	\$1,688.73	\$1,677.30	\$11.43
EE + Child(ren)	\$1,319.74	\$103.30	\$45.36	\$11.02	\$1,479.42	\$1,468.40	\$11.02
Full Family	\$2,153.26	\$155.19	\$74.05	\$11.02	\$2,393.52	\$2,382.50	\$11.02

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

**Faculty Monthly Insurance Rates
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Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$66.37	\$23.91	\$11.02	\$747.49	\$736.47	\$11.02
EE + Sp/Partner	\$1,421.61	\$131.49	\$52.55	\$11.02	\$1,616.67	\$1,605.65	\$11.02
EE + Child(ren)	\$1,227.79	\$146.22	\$45.36	\$11.02	\$1,430.39	\$1,419.37	\$11.02
Full Family	\$2,003.23	\$216.54	\$74.05	\$11.02	\$2,304.84	\$2,293.82	\$11.02

Moda Medical Plan 2, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$58.58	\$23.91	\$11.02	\$739.70	\$728.68	\$11.02
EE + Sp/Partner	\$1,421.61	\$116.04	\$52.55	\$11.02	\$1,601.22	\$1,590.20	\$11.02
EE + Child(ren)	\$1,227.79	\$129.05	\$45.36	\$11.02	\$1,413.22	\$1,402.20	\$11.02
Full Family	\$2,003.23	\$191.10	\$74.05	\$11.02	\$2,279.40	\$2,268.38	\$11.02

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$43.82	\$23.91	\$11.02	\$724.94	\$713.92	\$11.02
EE + Sp/Partner	\$1,421.61	\$86.75	\$52.55	\$11.02	\$1,571.93	\$1,560.91	\$11.02
EE + Child(ren)	\$1,227.79	\$88.06	\$45.36	\$11.02	\$1,372.23	\$1,361.21	\$11.02
Full Family	\$2,003.23	\$134.53	\$74.05	\$11.02	\$2,222.83	\$2,211.81	\$11.02

Moda Medical Plan 2, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$49.00	\$23.91	\$11.02	\$730.12	\$719.10	\$11.02
EE + Sp/Partner	\$1,421.61	\$97.08	\$52.55	\$11.02	\$1,582.26	\$1,571.24	\$11.02
EE + Child(ren)	\$1,227.79	\$103.30	\$45.36	\$11.02	\$1,387.47	\$1,376.45	\$11.02
Full Family	\$2,003.23	\$155.19	\$74.05	\$11.02	\$2,243.49	\$2,232.47	\$11.02

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

Faculty Monthly Insurance Rates
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Moda Medical Plan 3, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$66.37	\$23.91	\$11.02	\$708.77	\$697.75	\$11.02
EE + Sp/Partner	\$1,336.42	\$131.49	\$52.55	\$11.02	\$1,531.48	\$1,520.46	\$11.02
EE + Child(ren)	\$1,154.21	\$146.22	\$45.36	\$11.02	\$1,356.81	\$1,345.79	\$11.02
Full Family	\$1,883.19	\$216.54	\$74.05	\$11.02	\$2,184.80	\$2,173.78	\$11.02

Moda Medical Plan 3, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$58.58	\$23.91	\$11.02	\$700.98	\$689.96	\$11.02
EE + Sp/Partner	\$1,336.42	\$116.04	\$52.55	\$11.02	\$1,516.03	\$1,505.01	\$11.02
EE + Child(ren)	\$1,154.21	\$129.05	\$45.36	\$11.02	\$1,339.64	\$1,328.62	\$11.02
Full Family	\$1,883.19	\$191.10	\$74.05	\$11.02	\$2,159.36	\$2,148.34	\$11.02

Moda Medical Plan 3, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$43.82	\$23.91	\$11.02	\$686.22	\$675.20	\$11.02
EE + Sp/Partner	\$1,336.42	\$86.75	\$52.55	\$11.02	\$1,486.74	\$1,475.72	\$11.02
EE + Child(ren)	\$1,154.21	\$88.06	\$45.36	\$11.02	\$1,298.65	\$1,287.63	\$11.02
Full Family	\$1,883.19	\$134.53	\$74.05	\$11.02	\$2,102.79	\$2,091.77	\$11.02

Moda Medical Plan 3, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$49.00	\$23.91	\$11.02	\$691.40	\$680.38	\$11.02
EE + Sp/Partner	\$1,336.42	\$97.08	\$52.55	\$11.02	\$1,497.07	\$1,486.05	\$11.02
EE + Child(ren)	\$1,154.21	\$103.30	\$45.36	\$11.02	\$1,313.89	\$1,302.87	\$11.02
Full Family	\$1,883.19	\$155.19	\$74.05	\$11.02	\$2,123.45	\$2,112.43	\$11.02

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

**Faculty Monthly Insurance Rates
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Moda Medical Plan 4, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$66.37	\$23.91	\$11.02	\$677.78	\$666.76	\$11.02
EE + Sp/Partner	\$1,268.25	\$131.49	\$52.55	\$11.02	\$1,463.31	\$1,452.29	\$11.02
EE + Child(ren)	\$1,095.33	\$146.22	\$45.36	\$11.02	\$1,297.93	\$1,286.91	\$11.02
Full Family	\$1,787.11	\$216.54	\$74.05	\$11.02	\$2,088.72	\$2,077.70	\$11.02

Moda Medical Plan 4, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$58.58	\$23.91	\$11.02	\$669.99	\$658.97	\$11.02
EE + Sp/Partner	\$1,268.25	\$116.04	\$52.55	\$11.02	\$1,447.86	\$1,436.84	\$11.02
EE + Child(ren)	\$1,095.33	\$129.05	\$45.36	\$11.02	\$1,280.76	\$1,269.74	\$11.02
Full Family	\$1,787.11	\$191.10	\$74.05	\$11.02	\$2,063.28	\$2,052.26	\$11.02

Moda Medical Plan 4, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$43.82	\$23.91	\$11.02	\$655.23	\$644.21	\$11.02
EE + Sp/Partner	\$1,268.25	\$86.75	\$52.55	\$11.02	\$1,418.57	\$1,407.55	\$11.02
EE + Child(ren)	\$1,095.33	\$88.06	\$45.36	\$11.02	\$1,239.77	\$1,228.75	\$11.02
Full Family	\$1,787.11	\$134.53	\$74.05	\$11.02	\$2,006.71	\$1,995.69	\$11.02

Moda Medical Plan 4, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$49.00	\$23.91	\$11.02	\$660.41	\$649.39	\$11.02
EE + Sp/Partner	\$1,268.25	\$97.08	\$52.55	\$11.02	\$1,428.90	\$1,417.88	\$11.02
EE + Child(ren)	\$1,095.33	\$103.30	\$45.36	\$11.02	\$1,255.01	\$1,243.99	\$11.02
Full Family	\$1,787.11	\$155.19	\$74.05	\$11.02	\$2,027.37	\$2,016.35	\$11.02

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

**Faculty Monthly Insurance Rates
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Moda Medical Plan 5, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$66.37	\$23.91	\$11.02	\$634.34	\$623.32	\$11.02
EE + Sp/Partner	\$1,172.69	\$131.49	\$52.55	\$11.02	\$1,367.75	\$1,356.73	\$11.02
EE + Child(ren)	\$1,012.80	\$146.22	\$45.36	\$11.02	\$1,215.40	\$1,204.38	\$11.02
Full Family	\$1,652.46	\$216.54	\$74.05	\$11.02	\$1,954.07	\$1,943.05	\$11.02

Moda Medical Plan 5, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$58.58	\$23.91	\$11.02	\$626.55	\$615.53	\$11.02
EE + Sp/Partner	\$1,172.69	\$116.04	\$52.55	\$11.02	\$1,352.30	\$1,341.28	\$11.02
EE + Child(ren)	\$1,012.80	\$129.05	\$45.36	\$11.02	\$1,198.23	\$1,187.21	\$11.02
Full Family	\$1,652.46	\$191.10	\$74.05	\$11.02	\$1,928.63	\$1,917.61	\$11.02

Moda Medical Plan 5, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$43.82	\$23.91	\$11.02	\$611.79	\$600.77	\$11.02
EE + Sp/Partner	\$1,172.69	\$86.75	\$52.55	\$11.02	\$1,323.01	\$1,311.99	\$11.02
EE + Child(ren)	\$1,012.80	\$88.06	\$45.36	\$11.02	\$1,157.24	\$1,146.22	\$11.02
Full Family	\$1,652.46	\$134.53	\$74.05	\$11.02	\$1,872.06	\$1,861.04	\$11.02

Moda Medical Plan 5, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$49.00	\$23.91	\$11.02	\$616.97	\$605.95	\$11.02
EE + Sp/Partner	\$1,172.69	\$97.08	\$52.55	\$11.02	\$1,333.34	\$1,322.32	\$11.02
EE + Child(ren)	\$1,012.80	\$103.30	\$45.36	\$11.02	\$1,172.48	\$1,161.46	\$11.02
Full Family	\$1,652.46	\$155.19	\$74.05	\$11.02	\$1,892.72	\$1,881.70	\$11.02

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