

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

Kaiser Medical Plan 1, Dental Premier Plan 1, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$639.76	\$66.37	\$23.91	\$17.16	\$747.20	\$730.04	\$17.16
EE + Sp/Partner	\$1,407.48	\$131.49	\$52.55	\$17.16	\$1,608.68	\$1,591.52	\$17.16
EE + Child(ren)	\$1,215.55	\$146.22	\$45.36	\$17.16	\$1,424.29	\$1,407.13	\$17.16
Full Family	\$1,983.26	\$216.54	\$74.05	\$17.16	\$2,291.01	\$2,273.85	\$17.16

Kaiser Medical Plan 1, Dental Premier Plan 6, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$639.76	\$43.82	\$23.91	\$17.16	\$724.65	\$707.49	\$17.16
EE + Sp/Partner	\$1,407.48	\$86.75	\$52.55	\$17.16	\$1,563.94	\$1,546.78	\$17.16
EE + Child(ren)	\$1,215.55	\$88.06	\$45.36	\$17.16	\$1,366.13	\$1,348.97	\$17.16
Full Family	\$1,983.26	\$134.53	\$74.05	\$17.16	\$2,209.00	\$2,191.84	\$17.16

Kaiser Medical Plan 1, Willamette Dental, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$639.76	\$49.00	\$23.91	\$17.16	\$729.83	\$712.67	\$17.16
EE + Sp/Partner	\$1,407.48	\$97.08	\$52.55	\$17.16	\$1,574.27	\$1,557.11	\$17.16
EE + Child(ren)	\$1,215.55	\$103.30	\$45.36	\$17.16	\$1,381.37	\$1,364.21	\$17.16
Full Family	\$1,983.26	\$155.19	\$74.05	\$17.16	\$2,229.66	\$2,212.50	\$17.16

Kaiser Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$639.76	\$66.37	\$18.80	\$17.16	\$742.09	\$724.93	\$17.16
EE + Sp/Partner	\$1,407.48	\$131.49	\$41.37	\$17.16	\$1,597.50	\$1,580.34	\$17.16
EE + Child(ren)	\$1,215.55	\$146.22	\$35.73	\$17.16	\$1,414.66	\$1,397.50	\$17.16
Full Family	\$1,983.26	\$216.54	\$58.29	\$17.16	\$2,275.25	\$2,258.09	\$17.16

Kaiser Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$639.76	\$43.82	\$18.80	\$17.16	\$719.54	\$702.38	\$17.16
EE + Sp/Partner	\$1,407.48	\$86.75	\$41.37	\$17.16	\$1,552.76	\$1,535.60	\$17.16
EE + Child(ren)	\$1,215.55	\$88.06	\$35.73	\$17.16	\$1,356.50	\$1,339.34	\$17.16
Full Family	\$1,983.26	\$134.53	\$58.29	\$17.16	\$2,193.24	\$2,176.08	\$17.16

Kaiser Medical Plan 1, Willamette Dental, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$639.76	\$49.00	\$18.80	\$17.16	\$724.72	\$707.56	\$17.16
EE + Sp/Partner	\$1,407.48	\$97.08	\$41.37	\$17.16	\$1,563.09	\$1,545.93	\$17.16
EE + Child(ren)	\$1,215.55	\$103.30	\$35.73	\$17.16	\$1,371.74	\$1,354.58	\$17.16
Full Family	\$1,983.26	\$155.19	\$58.29	\$17.16	\$2,213.90	\$2,196.74	\$17.16

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

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

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$694.59	\$66.37	\$23.91	\$17.16	\$802.03	\$784.87	\$17.16
EE + Sp/Partner	\$1,528.08	\$131.49	\$52.55	\$17.16	\$1,729.28	\$1,712.12	\$17.16
EE + Child(ren)	\$1,319.74	\$146.22	\$45.36	\$17.16	\$1,528.48	\$1,511.32	\$17.16
Full Family	\$2,153.26	\$216.54	\$74.05	\$17.16	\$2,461.01	\$2,435.02	\$25.99

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$694.59	\$43.82	\$23.91	\$17.16	\$779.48	\$762.32	\$17.16
EE + Sp/Partner	\$1,528.08	\$86.75	\$52.55	\$17.16	\$1,684.54	\$1,667.38	\$17.16
EE + Child(ren)	\$1,319.74	\$88.06	\$45.36	\$17.16	\$1,470.32	\$1,453.16	\$17.16
Full Family	\$2,153.26	\$134.53	\$74.05	\$17.16	\$2,379.00	\$2,361.84	\$17.16

Moda Medical Plan 1, Willamette Dental, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$694.59	\$49.00	\$23.91	\$17.16	\$784.66	\$767.50	\$17.16
EE + Sp/Partner	\$1,528.08	\$97.08	\$52.55	\$17.16	\$1,694.87	\$1,677.71	\$17.16
EE + Child(ren)	\$1,319.74	\$103.30	\$45.36	\$17.16	\$1,485.56	\$1,468.40	\$17.16
Full Family	\$2,153.26	\$155.19	\$74.05	\$17.16	\$2,399.66	\$2,382.50	\$17.16

Moda Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$694.59	\$66.37	\$18.80	\$17.16	\$796.92	\$779.76	\$17.16
EE + Sp/Partner	\$1,528.08	\$131.49	\$41.37	\$17.16	\$1,718.10	\$1,700.94	\$17.16
EE + Child(ren)	\$1,319.74	\$146.22	\$35.73	\$17.16	\$1,518.85	\$1,501.69	\$17.16
Full Family	\$2,153.26	\$216.54	\$58.29	\$17.16	\$2,445.25	\$2,428.09	\$17.16

Moda Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$694.59	\$43.82	\$18.80	\$17.16	\$774.37	\$757.21	\$17.16
EE + Sp/Partner	\$1,528.08	\$86.75	\$41.37	\$17.16	\$1,673.36	\$1,656.20	\$17.16
EE + Child(ren)	\$1,319.74	\$88.06	\$35.73	\$17.16	\$1,460.69	\$1,443.53	\$17.16
Full Family	\$2,153.26	\$134.53	\$58.29	\$17.16	\$2,363.24	\$2,346.08	\$17.16

Moda Medical Plan 1, Willamette Dental, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$694.59	\$49.00	\$18.80	\$17.16	\$779.55	\$762.39	\$17.16
EE + Sp/Partner	\$1,528.08	\$97.08	\$41.37	\$17.16	\$1,683.69	\$1,666.53	\$17.16
EE + Child(ren)	\$1,319.74	\$103.30	\$35.73	\$17.16	\$1,475.93	\$1,458.77	\$17.16
Full Family	\$2,153.26	\$155.19	\$58.29	\$17.16	\$2,383.90	\$2,366.74	\$17.16

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

Management Monthly Insurance Rates

October 1, 2020 - September 30, 2021

Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$646.19	\$66.37	\$23.91	\$17.16	\$753.63	\$736.47	\$17.16
EE + Sp/Partner	\$1,421.61	\$131.49	\$52.55	\$17.16	\$1,622.81	\$1,605.65	\$17.16
EE + Child(ren)	\$1,227.79	\$146.22	\$45.36	\$17.16	\$1,436.53	\$1,419.37	\$17.16
Full Family	\$2,003.23	\$216.54	\$74.05	\$17.16	\$2,310.98	\$2,293.82	\$17.16

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$646.19	\$43.82	\$23.91	\$17.16	\$731.08	\$713.92	\$17.16
EE + Sp/Partner	\$1,421.61	\$86.75	\$52.55	\$17.16	\$1,578.07	\$1,560.91	\$17.16
EE + Child(ren)	\$1,227.79	\$88.06	\$45.36	\$17.16	\$1,378.37	\$1,361.21	\$17.16
Full Family	\$2,003.23	\$134.53	\$74.05	\$17.16	\$2,228.97	\$2,211.81	\$17.16

Moda Medical Plan 2, Willamette Dental, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$646.19	\$49.00	\$23.91	\$17.16	\$736.26	\$719.10	\$17.16
EE + Sp/Partner	\$1,421.61	\$97.08	\$52.55	\$17.16	\$1,588.40	\$1,571.24	\$17.16
EE + Child(ren)	\$1,227.79	\$103.30	\$45.36	\$17.16	\$1,393.61	\$1,376.45	\$17.16
Full Family	\$2,003.23	\$155.19	\$74.05	\$17.16	\$2,249.63	\$2,232.47	\$17.16

Moda Medical Plan 2, Dental Premier Plan 1, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$646.19	\$66.37	\$18.80	\$17.16	\$748.52	\$731.36	\$17.16
EE + Sp/Partner	\$1,421.61	\$131.49	\$41.37	\$17.16	\$1,611.63	\$1,594.47	\$17.16
EE + Child(ren)	\$1,227.79	\$146.22	\$35.73	\$17.16	\$1,426.90	\$1,409.74	\$17.16
Full Family	\$2,003.23	\$216.54	\$58.29	\$17.16	\$2,295.22	\$2,278.06	\$17.16

Moda Medical Plan 2, Dental Premier Plan 6, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$646.19	\$43.82	\$18.80	\$17.16	\$725.97	\$708.81	\$17.16
EE + Sp/Partner	\$1,421.61	\$86.75	\$41.37	\$17.16	\$1,566.89	\$1,549.73	\$17.16
EE + Child(ren)	\$1,227.79	\$88.06	\$35.73	\$17.16	\$1,368.74	\$1,351.58	\$17.16
Full Family	\$2,003.23	\$134.53	\$58.29	\$17.16	\$2,213.21	\$2,196.05	\$17.16

Moda Medical Plan 2, Willamette Dental, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$646.19	\$49.00	\$18.80	\$17.16	\$731.15	\$713.99	\$17.16
EE + Sp/Partner	\$1,421.61	\$97.08	\$41.37	\$17.16	\$1,577.22	\$1,560.06	\$17.16
EE + Child(ren)	\$1,227.79	\$103.30	\$35.73	\$17.16	\$1,383.98	\$1,366.82	\$17.16
Full Family	\$2,003.23	\$155.19	\$58.29	\$17.16	\$2,233.87	\$2,216.71	\$17.16

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

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

Moda Medical Plan 6, Dental Premier Plan 1, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$545.89	\$66.37	\$23.91	\$17.16	\$653.33	\$636.17	\$17.16
EE + Sp/Partner	\$1,200.94	\$131.49	\$52.55	\$17.16	\$1,402.14	\$1,384.98	\$17.16
EE + Child(ren)	\$1,037.20	\$146.22	\$45.36	\$17.16	\$1,245.94	\$1,228.78	\$17.16
Full Family	\$1,692.27	\$216.54	\$74.05	\$17.16	\$2,000.02	\$1,982.86	\$17.16

Moda Medical Plan 6, Dental Premier Plan 6, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$545.89	\$43.82	\$23.91	\$17.16	\$630.78	\$613.62	\$17.16
EE + Sp/Partner	\$1,200.94	\$86.75	\$52.55	\$17.16	\$1,357.40	\$1,340.24	\$17.16
EE + Child(ren)	\$1,037.20	\$88.06	\$45.36	\$17.16	\$1,187.78	\$1,170.62	\$17.16
Full Family	\$1,692.27	\$134.53	\$74.05	\$17.16	\$1,918.01	\$1,900.85	\$17.16

Moda Medical Plan 6, Willamette Dental, Opal Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$545.89	\$49.00	\$23.91	\$17.16	\$635.96	\$618.80	\$17.16
EE + Sp/Partner	\$1,200.94	\$97.08	\$52.55	\$17.16	\$1,367.73	\$1,350.57	\$17.16
EE + Child(ren)	\$1,037.20	\$103.30	\$45.36	\$17.16	\$1,203.02	\$1,185.86	\$17.16
Full Family	\$1,692.27	\$155.19	\$74.05	\$17.16	\$1,938.67	\$1,921.51	\$17.16

Moda Medical Plan 6, Dental Premier Plan 1, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$545.89	\$66.37	\$18.80	\$17.16	\$648.22	\$631.06	\$17.16
EE + Sp/Partner	\$1,200.94	\$131.49	\$41.37	\$17.16	\$1,390.96	\$1,373.80	\$17.16
EE + Child(ren)	\$1,037.20	\$146.22	\$35.73	\$17.16	\$1,236.31	\$1,219.15	\$17.16
Full Family	\$1,692.27	\$216.54	\$58.29	\$17.16	\$1,984.26	\$1,967.10	\$17.16

Moda Medical Plan 6, Dental Premier Plan 6, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$545.89	\$43.82	\$18.80	\$17.16	\$625.67	\$608.51	\$17.16
EE + Sp/Partner	\$1,200.94	\$86.75	\$41.37	\$17.16	\$1,346.22	\$1,329.06	\$17.16
EE + Child(ren)	\$1,037.20	\$88.06	\$35.73	\$17.16	\$1,178.15	\$1,160.99	\$17.16
Full Family	\$1,692.27	\$134.53	\$58.29	\$17.16	\$1,902.25	\$1,885.09	\$17.16

Moda Medical Plan 6, Willamette Dental, VSP Choice Plus Vision							
						Employer	Employee
	Medical	Dental	Vision	Supp Ins	Total	Contribution	Contribution
EE Only	\$545.89	\$49.00	\$18.80	\$17.16	\$630.85	\$613.69	\$17.16
EE + Sp/Partner	\$1,200.94	\$97.08	\$41.37	\$17.16	\$1,356.55	\$1,339.39	\$17.16
EE + Child(ren)	\$1,037.20	\$103.30	\$35.73	\$17.16	\$1,193.39	\$1,176.23	\$17.16
Full Family	\$1,692.27	\$155.19	\$58.29	\$17.16	\$1,922.91	\$1,905.75	\$17.16

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