

**Part-time Faculty 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	\$1,283.59	\$428.53
EE + Child(ren)	\$1,319.74	\$146.22	\$45.36	\$1,511.32	\$1,108.58	\$402.74
Full Family	\$2,153.26	\$216.54	\$74.05	\$2,443.85	\$1,442.68	\$1,001.17

Moda Medical Plan 1, Dental Premier Plan 5, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$694.59	\$58.58	\$23.91	\$777.08	\$777.08	\$0.00
EE + Sp/Partner	\$1,528.08	\$116.04	\$52.55	\$1,696.67	\$1,283.59	\$413.08
EE + Child(ren)	\$1,319.74	\$129.05	\$45.36	\$1,494.15	\$1,108.58	\$385.57
Full Family	\$2,153.26	\$191.10	\$74.05	\$2,418.41	\$1,442.68	\$975.73

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	\$1,283.59	\$383.79
EE + Child(ren)	\$1,319.74	\$88.06	\$45.36	\$1,453.16	\$1,108.58	\$344.58
Full Family	\$2,153.26	\$134.53	\$74.05	\$2,361.84	\$1,442.68	\$919.16

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	\$1,283.59	\$394.12
EE + Child(ren)	\$1,319.74	\$103.30	\$45.36	\$1,468.40	\$1,108.58	\$359.82
Full Family	\$2,153.26	\$155.19	\$74.05	\$2,382.50	\$1,442.68	\$939.82

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

**Part-time Faculty 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	\$1,283.59	\$322.06
EE + Child(ren)	\$1,227.79	\$146.22	\$45.36	\$1,419.37	\$1,108.58	\$310.79
Full Family	\$2,003.23	\$216.54	\$74.05	\$2,293.82	\$1,442.68	\$851.14

Moda Medical Plan 2, Dental Premier Plan 5, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$646.19	\$58.58	\$23.91	\$728.68	\$728.68	\$0.00
EE + Sp/Partner	\$1,421.61	\$116.04	\$52.55	\$1,590.20	\$1,283.59	\$306.61
EE + Child(ren)	\$1,227.79	\$129.05	\$45.36	\$1,402.20	\$1,108.58	\$293.62
Full Family	\$2,003.23	\$191.10	\$74.05	\$2,268.38	\$1,442.68	\$825.70

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	\$1,283.59	\$277.32
EE + Child(ren)	\$1,227.79	\$88.06	\$45.36	\$1,361.21	\$1,108.58	\$252.63
Full Family	\$2,003.23	\$134.53	\$74.05	\$2,211.81	\$1,442.68	\$769.13

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	\$1,283.59	\$287.65
EE + Child(ren)	\$1,227.79	\$103.30	\$45.36	\$1,376.45	\$1,108.58	\$267.87
Full Family	\$2,003.23	\$155.19	\$74.05	\$2,232.47	\$1,442.68	\$789.79

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

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

Moda Medical Plan 3, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$66.37	\$23.91	\$697.75	\$697.75	\$0.00
EE + Sp/Partner	\$1,336.42	\$131.49	\$52.55	\$1,520.46	\$1,283.59	\$236.87
EE + Child(ren)	\$1,154.21	\$146.22	\$45.36	\$1,345.79	\$1,108.58	\$237.21
Full Family	\$1,883.19	\$216.54	\$74.05	\$2,173.78	\$1,442.68	\$731.10

Moda Medical Plan 3, Dental Premier Plan 5, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$58.58	\$23.91	\$689.96	\$689.96	\$0.00
EE + Sp/Partner	\$1,336.42	\$116.04	\$52.55	\$1,505.01	\$1,283.59	\$221.42
EE + Child(ren)	\$1,154.21	\$129.05	\$45.36	\$1,328.62	\$1,108.58	\$220.04
Full Family	\$1,883.19	\$191.10	\$74.05	\$2,148.34	\$1,442.68	\$705.66

Moda Medical Plan 3, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$43.82	\$23.91	\$675.20	\$675.20	\$0.00
EE + Sp/Partner	\$1,336.42	\$86.75	\$52.55	\$1,475.72	\$1,283.59	\$192.13
EE + Child(ren)	\$1,154.21	\$88.06	\$45.36	\$1,287.63	\$1,108.58	\$179.05
Full Family	\$1,883.19	\$134.53	\$74.05	\$2,091.77	\$1,442.68	\$649.09

Moda Medical Plan 3, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$607.47	\$49.00	\$23.91	\$680.38	\$680.38	\$0.00
EE + Sp/Partner	\$1,336.42	\$97.08	\$52.55	\$1,486.05	\$1,283.59	\$202.46
EE + Child(ren)	\$1,154.21	\$103.30	\$45.36	\$1,302.87	\$1,108.58	\$194.29
Full Family	\$1,883.19	\$155.19	\$74.05	\$2,112.43	\$1,442.68	\$669.75

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

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

Moda Medical Plan 4, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$66.37	\$23.91	\$666.76	\$666.76	\$0.00
EE + Sp/Partner	\$1,268.25	\$131.49	\$52.55	\$1,452.29	\$1,283.59	\$168.70
EE + Child(ren)	\$1,095.33	\$146.22	\$45.36	\$1,286.91	\$1,108.58	\$178.33
Full Family	\$1,787.11	\$216.54	\$74.05	\$2,077.70	\$1,442.68	\$635.02

Moda Medical Plan 4, Dental Premier Plan 5, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$58.58	\$23.91	\$658.97	\$658.97	\$0.00
EE + Sp/Partner	\$1,268.25	\$116.04	\$52.55	\$1,436.84	\$1,283.59	\$153.25
EE + Child(ren)	\$1,095.33	\$129.05	\$45.36	\$1,269.74	\$1,108.58	\$161.16
Full Family	\$1,787.11	\$191.10	\$74.05	\$2,052.26	\$1,442.68	\$609.58

Moda Medical Plan 4, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$43.82	\$23.91	\$644.21	\$644.21	\$0.00
EE + Sp/Partner	\$1,268.25	\$86.75	\$52.55	\$1,407.55	\$1,283.59	\$123.96
EE + Child(ren)	\$1,095.33	\$88.06	\$45.36	\$1,228.75	\$1,108.58	\$120.17
Full Family	\$1,787.11	\$134.53	\$74.05	\$1,995.69	\$1,442.68	\$553.01

Moda Medical Plan 4, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$576.48	\$49.00	\$23.91	\$649.39	\$649.39	\$0.00
EE + Sp/Partner	\$1,268.25	\$97.08	\$52.55	\$1,417.88	\$1,283.59	\$134.29
EE + Child(ren)	\$1,095.33	\$103.30	\$45.36	\$1,243.99	\$1,108.58	\$135.41
Full Family	\$1,787.11	\$155.19	\$74.05	\$2,016.35	\$1,442.68	\$573.67

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

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

Moda Medical Plan 5, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$66.37	\$23.91	\$623.32	\$623.32	\$0.00
EE + Sp/Partner	\$1,172.69	\$131.49	\$52.55	\$1,356.73	\$1,283.59	\$73.14
EE + Child(ren)	\$1,012.80	\$146.22	\$45.36	\$1,204.38	\$1,108.58	\$95.80
Full Family	\$1,652.46	\$216.54	\$74.05	\$1,943.05	\$1,442.68	\$500.37

Moda Medical Plan 5, Dental Premier Plan 5, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$58.58	\$23.91	\$615.53	\$615.53	\$0.00
EE + Sp/Partner	\$1,172.69	\$116.04	\$52.55	\$1,341.28	\$1,283.59	\$57.69
EE + Child(ren)	\$1,012.80	\$129.05	\$45.36	\$1,187.21	\$1,108.58	\$78.63
Full Family	\$1,652.46	\$191.10	\$74.05	\$1,917.61	\$1,442.68	\$474.93

Moda Medical Plan 5, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$43.82	\$23.91	\$600.77	\$600.77	\$0.00
EE + Sp/Partner	\$1,172.69	\$86.75	\$52.55	\$1,311.99	\$1,283.59	\$28.40
EE + Child(ren)	\$1,012.80	\$88.06	\$45.36	\$1,146.22	\$1,108.58	\$37.64
Full Family	\$1,652.46	\$134.53	\$74.05	\$1,861.04	\$1,442.68	\$418.36

Moda Medical Plan 5, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.04	\$49.00	\$23.91	\$605.95	\$605.95	\$0.00
EE + Sp/Partner	\$1,172.69	\$97.08	\$52.55	\$1,322.32	\$1,283.59	\$38.73
EE + Child(ren)	\$1,012.80	\$103.30	\$45.36	\$1,161.46	\$1,108.58	\$52.88
Full Family	\$1,652.46	\$155.19	\$74.05	\$1,881.70	\$1,442.68	\$439.02

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