

Classified Monthly Insurance Rates
October 1, 2021 - September 30, 2022

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$65.76	\$23.99	\$798.72	\$798.72	\$0.00
EE + Sp/Partner	\$1,559.72	\$130.29	\$52.73	\$1,742.74	\$1,742.74	\$0.00
EE + Child(ren)	\$1,347.06	\$144.89	\$45.50	\$1,537.45	\$1,537.45	\$0.00
Full Family	\$2,197.84	\$214.56	\$74.28	\$2,486.68	\$2,482.40	\$4.28

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$43.43	\$23.99	\$776.39	\$776.39	\$0.00
EE + Sp/Partner	\$1,559.72	\$85.96	\$52.73	\$1,698.41	\$1,698.41	\$0.00
EE + Child(ren)	\$1,347.06	\$87.26	\$45.50	\$1,479.82	\$1,479.82	\$0.00
Full Family	\$2,197.84	\$133.30	\$74.28	\$2,405.42	\$2,405.42	\$0.00

Moda Medical Plan 1, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$46.60	\$23.99	\$779.56	\$779.56	\$0.00
EE + Sp/Partner	\$1,559.72	\$93.20	\$52.73	\$1,705.65	\$1,705.65	\$0.00
EE + Child(ren)	\$1,347.06	\$99.27	\$45.50	\$1,491.83	\$1,491.83	\$0.00
Full Family	\$2,197.84	\$148.91	\$74.28	\$2,421.03	\$2,421.03	\$0.00

Moda Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$65.76	\$16.54	\$791.27	\$791.27	\$0.00
EE + Sp/Partner	\$1,559.72	\$130.29	\$36.41	\$1,726.42	\$1,726.42	\$0.00
EE + Child(ren)	\$1,347.06	\$144.89	\$31.44	\$1,523.39	\$1,523.39	\$0.00
Full Family	\$2,197.84	\$214.56	\$51.30	\$2,463.70	\$2,463.70	\$0.00

Moda Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$43.43	\$16.54	\$768.94	\$768.94	\$0.00
EE + Sp/Partner	\$1,559.72	\$85.96	\$36.41	\$1,682.09	\$1,682.09	\$0.00
EE + Child(ren)	\$1,347.06	\$87.26	\$31.44	\$1,465.76	\$1,465.76	\$0.00
Full Family	\$2,197.84	\$133.30	\$51.30	\$2,382.44	\$2,382.44	\$0.00

Moda Medical Plan 1, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$46.60	\$16.54	\$772.11	\$772.11	\$0.00
EE + Sp/Partner	\$1,559.72	\$93.20	\$36.41	\$1,689.33	\$1,689.33	\$0.00
EE + Child(ren)	\$1,347.06	\$99.27	\$31.44	\$1,477.77	\$1,477.77	\$0.00
Full Family	\$2,197.84	\$148.91	\$51.30	\$2,398.05	\$2,398.05	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2021 - 08/31/2022

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Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$65.76	\$23.99	\$749.31	\$749.31	\$0.00
EE + Sp/Partner	\$1,451.04	\$130.29	\$52.73	\$1,634.06	\$1,634.06	\$0.00
EE + Child(ren)	\$1,253.20	\$144.89	\$45.50	\$1,443.59	\$1,443.59	\$0.00
Full Family	\$2,044.69	\$214.56	\$74.28	\$2,333.53	\$2,333.53	\$0.00

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$43.43	\$23.99	\$726.98	\$726.98	\$0.00
EE + Sp/Partner	\$1,451.04	\$85.96	\$52.73	\$1,589.73	\$1,589.73	\$0.00
EE + Child(ren)	\$1,253.20	\$87.26	\$45.50	\$1,385.96	\$1,385.96	\$0.00
Full Family	\$2,044.69	\$133.30	\$74.28	\$2,252.27	\$2,252.27	\$0.00

Moda Medical Plan 2, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$46.60	\$23.99	\$730.15	\$730.15	\$0.00
EE + Sp/Partner	\$1,451.04	\$93.20	\$52.73	\$1,596.97	\$1,596.97	\$0.00
EE + Child(ren)	\$1,253.20	\$99.27	\$45.50	\$1,397.97	\$1,397.97	\$0.00
Full Family	\$2,044.69	\$148.91	\$74.28	\$2,267.88	\$2,267.88	\$0.00

Moda Medical Plan 2, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$65.76	\$16.54	\$741.86	\$741.86	\$0.00
EE + Sp/Partner	\$1,451.04	\$130.29	\$36.41	\$1,617.74	\$1,617.74	\$0.00
EE + Child(ren)	\$1,253.20	\$144.89	\$31.44	\$1,429.53	\$1,429.53	\$0.00
Full Family	\$2,044.69	\$214.56	\$51.30	\$2,310.55	\$2,310.55	\$0.00

Moda Medical Plan 2, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$43.43	\$16.54	\$719.53	\$719.53	\$0.00
EE + Sp/Partner	\$1,451.04	\$85.96	\$36.41	\$1,573.41	\$1,573.41	\$0.00
EE + Child(ren)	\$1,253.20	\$87.26	\$31.44	\$1,371.90	\$1,371.90	\$0.00
Full Family	\$2,044.69	\$133.30	\$51.30	\$2,229.29	\$2,229.29	\$0.00

Moda Medical Plan 2, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$46.60	\$16.54	\$722.70	\$722.70	\$0.00
EE + Sp/Partner	\$1,451.04	\$93.20	\$36.41	\$1,580.65	\$1,580.65	\$0.00
EE + Child(ren)	\$1,253.20	\$99.27	\$31.44	\$1,383.91	\$1,383.91	\$0.00
Full Family	\$2,044.69	\$148.91	\$51.30	\$2,244.90	\$2,244.90	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2021 - 08/31/2022

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Moda Medical Plan 6, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$557.18	\$65.76	\$23.99	\$646.93	\$646.93	\$0.00
EE + Sp/Partner	\$1,225.80	\$130.29	\$52.73	\$1,408.82	\$1,408.82	\$0.00
EE + Child(ren)	\$1,058.67	\$144.89	\$45.50	\$1,249.06	\$1,249.06	\$0.00
Full Family	\$1,727.30	\$214.56	\$74.28	\$2,016.14	\$2,016.14	\$0.00

Moda Medical Plan 6, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$557.18	\$43.43	\$23.99	\$624.60	\$624.60	\$0.00
EE + Sp/Partner	\$1,225.80	\$85.96	\$52.73	\$1,364.49	\$1,364.49	\$0.00
EE + Child(ren)	\$1,058.67	\$87.26	\$45.50	\$1,191.43	\$1,191.43	\$0.00
Full Family	\$1,727.30	\$133.30	\$74.28	\$1,934.88	\$1,934.88	\$0.00

Moda Medical Plan 6, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$557.18	\$46.60	\$23.99	\$627.77	\$627.77	\$0.00
EE + Sp/Partner	\$1,225.80	\$93.20	\$52.73	\$1,371.73	\$1,371.73	\$0.00
EE + Child(ren)	\$1,058.67	\$99.27	\$45.50	\$1,203.44	\$1,203.44	\$0.00
Full Family	\$1,727.30	\$148.91	\$74.28	\$1,950.49	\$1,950.49	\$0.00

Moda Medical Plan 6, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$557.18	\$65.76	\$16.54	\$639.48	\$639.48	\$0.00
EE + Sp/Partner	\$1,225.80	\$130.29	\$36.41	\$1,392.50	\$1,392.50	\$0.00
EE + Child(ren)	\$1,058.67	\$144.89	\$31.44	\$1,235.00	\$1,235.00	\$0.00
Full Family	\$1,727.30	\$214.56	\$51.30	\$1,993.16	\$1,993.16	\$0.00

Moda Medical Plan 6, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$557.18	\$43.43	\$16.54	\$617.15	\$617.15	\$0.00
EE + Sp/Partner	\$1,225.80	\$85.96	\$36.41	\$1,348.17	\$1,348.17	\$0.00
EE + Child(ren)	\$1,058.67	\$87.26	\$31.44	\$1,177.37	\$1,177.37	\$0.00
Full Family	\$1,727.30	\$133.30	\$51.30	\$1,911.90	\$1,911.90	\$0.00

Moda Medical Plan 6, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$557.18	\$46.60	\$16.54	\$620.32	\$620.32	\$0.00
EE + Sp/Partner	\$1,225.80	\$93.20	\$36.41	\$1,355.41	\$1,355.41	\$0.00
EE + Child(ren)	\$1,058.67	\$99.27	\$31.44	\$1,189.38	\$1,189.38	\$0.00
Full Family	\$1,727.30	\$148.91	\$51.30	\$1,927.51	\$1,927.51	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2021 - 08/31/2022

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Kaiser Medical Plan 1, Dental Premier Plan 1, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$634.87	\$65.76	\$23.99	\$724.62	\$724.62	\$0.00
EE + Sp/Partner	\$1,396.71	\$130.29	\$52.73	\$1,579.73	\$1,579.73	\$0.00
EE + Child(ren)	\$1,206.25	\$144.89	\$45.50	\$1,396.64	\$1,396.64	\$0.00
Full Family	\$1,968.10	\$214.56	\$74.28	\$2,256.94	\$2,256.94	\$0.00

Kaiser Medical Plan 1, Dental Premier Plan 6, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$634.87	\$43.43	\$23.99	\$702.29	\$702.29	\$0.00
EE + Sp/Partner	\$1,396.71	\$85.96	\$52.73	\$1,535.40	\$1,535.40	\$0.00
EE + Child(ren)	\$1,206.25	\$87.26	\$45.50	\$1,339.01	\$1,339.01	\$0.00
Full Family	\$1,968.10	\$133.30	\$74.28	\$2,175.68	\$2,175.68	\$0.00

Kaiser Medical Plan 1, Willamette Dental, Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$634.87	\$46.60	\$23.99	\$705.46	\$705.46	\$0.00
EE + Sp/Partner	\$1,396.71	\$93.20	\$52.73	\$1,542.64	\$1,542.64	\$0.00
EE + Child(ren)	\$1,206.25	\$99.27	\$45.50	\$1,351.02	\$1,351.02	\$0.00
Full Family	\$1,968.10	\$148.91	\$74.28	\$2,191.29	\$2,191.29	\$0.00

Kaiser Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$634.87	\$65.76	\$16.54	\$717.17	\$717.17	\$0.00
EE + Sp/Partner	\$1,396.71	\$130.29	\$36.41	\$1,563.41	\$1,563.41	\$0.00
EE + Child(ren)	\$1,206.25	\$144.89	\$31.44	\$1,382.58	\$1,382.58	\$0.00
Full Family	\$1,968.10	\$214.56	\$51.30	\$2,233.96	\$2,233.96	\$0.00

Kaiser Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$634.87	\$43.43	\$16.54	\$694.84	\$694.84	\$0.00
EE + Sp/Partner	\$1,396.71	\$85.96	\$36.41	\$1,519.08	\$1,519.08	\$0.00
EE + Child(ren)	\$1,206.25	\$87.26	\$31.44	\$1,324.95	\$1,324.95	\$0.00
Full Family	\$1,968.10	\$133.30	\$51.30	\$2,152.70	\$2,152.70	\$0.00

Kaiser Medical Plan 1, Willamette Dental, VSP Choice Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$634.87	\$46.60	\$16.54	\$698.01	\$698.01	\$0.00
EE + Sp/Partner	\$1,396.71	\$93.20	\$36.41	\$1,526.32	\$1,526.32	\$0.00
EE + Child(ren)	\$1,206.25	\$99.27	\$31.44	\$1,336.96	\$1,336.96	\$0.00
Full Family	\$1,968.10	\$148.91	\$51.30	\$2,168.31	\$2,168.31	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2021 - 08/31/2022