

**Part-time Faculty Monthly Insurance Rates  
October 1, 2021 - September 30, 2022**

| <b>Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$708.97       | \$65.76       | \$23.99       | \$798.72     | \$798.72                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,559.72     | \$130.29      | \$52.73       | \$1,742.74   | \$1,310.16                   | \$432.58                     |
| <b>EE + Child(ren)</b>   | \$1,347.06     | \$144.89      | \$45.50       | \$1,537.45   | \$1,131.53                   | \$405.92                     |
| <b>Full Family</b>   | \$2,197.84     | \$214.56      | \$74.28       | \$2,486.68   | \$1,472.55                   | \$1,014.13                   |

| <b>Moda Medical Plan 1, Dental Premier Plan 5, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$708.97       | \$58.04       | \$23.99       | \$791.00     | \$791.00                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,559.72     | \$114.99      | \$52.73       | \$1,727.44   | \$1,310.16                   | \$417.28                     |
| <b>EE + Child(ren)</b>   | \$1,347.06     | \$127.87      | \$45.50       | \$1,520.43   | \$1,131.53                   | \$388.90                     |
| <b>Full Family</b>   | \$2,197.84     | \$189.36      | \$74.28       | \$2,461.48   | \$1,472.55                   | \$988.93                     |

| <b>Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$708.97       | \$43.43       | \$23.99       | \$776.39     | \$776.39                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,559.72     | \$85.96       | \$52.73       | \$1,698.41   | \$1,310.16                   | \$388.25                     |
| <b>EE + Child(ren)</b>   | \$1,347.06     | \$87.26       | \$45.50       | \$1,479.82   | \$1,131.53                   | \$348.29                     |
| <b>Full Family</b>   | \$2,197.84     | \$133.30      | \$74.28       | \$2,405.42   | \$1,472.55                   | \$932.87                     |

| <b>Moda Medical Plan 1, Willamette Dental, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$708.97       | \$46.60       | \$23.99       | \$779.56     | \$779.56                     | \$0.00                       |
| <b>EE + Sp/Partner</b>                                     | \$1,559.72     | \$93.20       | \$52.73       | \$1,705.65   | \$1,310.16                   | \$395.49                     |
| <b>EE + Child(ren)</b>                                     | \$1,347.06     | \$99.27       | \$45.50       | \$1,491.83   | \$1,131.53                   | \$360.30                     |
| <b>Full Family</b>   | \$2,197.84     | \$148.91      | \$74.28       | \$2,421.03   | \$1,472.55                   | \$948.48                     |

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

**Part-time Faculty Monthly Insurance Rates**  
**October 1, 2021 - September 30, 2022**

| <b>Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$659.56       | \$65.76       | \$23.99       | \$749.31     | \$749.31                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,451.04     | \$130.29      | \$52.73       | \$1,634.06   | \$1,310.16                   | \$323.90                     |
| <b>EE + Child(ren)</b>   | \$1,253.20     | \$144.89      | \$45.50       | \$1,443.59   | \$1,131.53                   | \$312.06                     |
| <b>Full Family</b>   | \$2,044.69     | \$214.56      | \$74.28       | \$2,333.53   | \$1,472.55                   | \$860.98                     |

| <b>Moda Medical Plan 2, Dental Premier Plan 5, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$659.56       | \$58.04       | \$23.99       | \$741.59     | \$741.59                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,451.04     | \$114.99      | \$52.73       | \$1,618.76   | \$1,310.16                   | \$308.60                     |
| <b>EE + Child(ren)</b>   | \$1,253.20     | \$127.87      | \$45.50       | \$1,426.57   | \$1,131.53                   | \$295.04                     |
| <b>Full Family</b>   | \$2,044.69     | \$189.36      | \$74.28       | \$2,308.33   | \$1,472.55                   | \$835.78                     |

| <b>Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$659.56       | \$43.43       | \$23.99       | \$726.98     | \$726.98                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,451.04     | \$85.96       | \$52.73       | \$1,589.73   | \$1,310.16                   | \$279.57                     |
| <b>EE + Child(ren)</b>   | \$1,253.20     | \$87.26       | \$45.50       | \$1,385.96   | \$1,131.53                   | \$254.43                     |
| <b>Full Family</b>   | \$2,044.69     | \$133.30      | \$74.28       | \$2,252.27   | \$1,472.55                   | \$779.72                     |

| <b>Moda Medical Plan 2, Willamette Dental, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$659.56       | \$46.60       | \$23.99       | \$730.15     | \$730.15                     | \$0.00                       |
| <b>EE + Sp/Partner</b>                                     | \$1,451.04     | \$93.20       | \$52.73       | \$1,596.97   | \$1,310.16                   | \$286.81                     |
| <b>EE + Child(ren)</b>                                     | \$1,253.20     | \$99.27       | \$45.50       | \$1,397.97   | \$1,131.53                   | \$266.44                     |
| <b>Full Family</b>   | \$2,044.69     | \$148.91      | \$74.28       | \$2,267.88   | \$1,472.55                   | \$795.33                     |

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

**Part-time Faculty Monthly Insurance Rates  
October 1, 2021 - September 30, 2022**

| <b>Moda Medical Plan 3, Dental Premier Plan 1, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$620.04       | \$65.76       | \$23.99       | \$709.79     | \$709.79                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,364.09     | \$130.29      | \$52.73       | \$1,547.11   | \$1,310.16                   | \$236.95                     |
| <b>EE + Child(ren)</b>   | \$1,178.11     | \$144.89      | \$45.50       | \$1,368.50   | \$1,131.53                   | \$236.97                     |
| <b>Full Family</b>   | \$1,922.17     | \$214.56      | \$74.28       | \$2,211.01   | \$1,472.55                   | \$738.46                     |

| <b>Moda Medical Plan 3, Dental Premier Plan 5, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$620.04       | \$58.04       | \$23.99       | \$702.07     | \$702.07                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,364.09     | \$114.99      | \$52.73       | \$1,531.81   | \$1,310.16                   | \$221.65                     |
| <b>EE + Child(ren)</b>   | \$1,178.11     | \$127.87      | \$45.50       | \$1,351.48   | \$1,131.53                   | \$219.95                     |
| <b>Full Family</b>   | \$1,922.17     | \$189.36      | \$74.28       | \$2,185.81   | \$1,472.55                   | \$713.26                     |

| <b>Moda Medical Plan 3, Dental Premier Plan 6, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$620.04       | \$43.43       | \$23.99       | \$687.46     | \$687.46                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,364.09     | \$85.96       | \$52.73       | \$1,502.78   | \$1,310.16                   | \$192.62                     |
| <b>EE + Child(ren)</b>   | \$1,178.11     | \$87.26       | \$45.50       | \$1,310.87   | \$1,131.53                   | \$179.34                     |
| <b>Full Family</b>   | \$1,922.17     | \$133.30      | \$74.28       | \$2,129.75   | \$1,472.55                   | \$657.20                     |

| <b>Moda Medical Plan 3, Willamette Dental, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$620.04       | \$46.60       | \$23.99       | \$690.63     | \$690.63                     | \$0.00                       |
| <b>EE + Sp/Partner</b>                                     | \$1,364.09     | \$93.20       | \$52.73       | \$1,510.02   | \$1,310.16                   | \$199.86                     |
| <b>EE + Child(ren)</b>                                     | \$1,178.11     | \$99.27       | \$45.50       | \$1,322.88   | \$1,131.53                   | \$191.35                     |
| <b>Full Family</b>   | \$1,922.17     | \$148.91      | \$74.28       | \$2,145.36   | \$1,472.55                   | \$672.81                     |

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

**Part-time Faculty Monthly Insurance Rates  
October 1, 2021 - September 30, 2022**

| <b>Moda Medical Plan 4, Dental Premier Plan 1, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$588.41       | \$65.76       | \$23.99       | \$678.16     | \$678.16                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,294.50     | \$130.29      | \$52.73       | \$1,477.52   | \$1,310.16                   | \$167.36                     |
| <b>EE + Child(ren)</b>   | \$1,118.00     | \$144.89      | \$45.50       | \$1,308.39   | \$1,131.53                   | \$176.86                     |
| <b>Full Family</b>   | \$1,824.11     | \$214.56      | \$74.28       | \$2,112.95   | \$1,472.55                   | \$640.40                     |

| <b>Moda Medical Plan 4, Dental Premier Plan 5, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$588.41       | \$58.04       | \$23.99       | \$670.44     | \$670.44                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,294.50     | \$114.99      | \$52.73       | \$1,462.22   | \$1,310.16                   | \$152.06                     |
| <b>EE + Child(ren)</b>   | \$1,118.00     | \$127.87      | \$45.50       | \$1,291.37   | \$1,131.53                   | \$159.84                     |
| <b>Full Family</b>   | \$1,824.11     | \$189.36      | \$74.28       | \$2,087.75   | \$1,472.55                   | \$615.20                     |

| <b>Moda Medical Plan 4, Dental Premier Plan 6, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$588.41       | \$43.43       | \$23.99       | \$655.83     | \$655.83                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,294.50     | \$85.96       | \$52.73       | \$1,433.19   | \$1,310.16                   | \$123.03                     |
| <b>EE + Child(ren)</b>   | \$1,118.00     | \$87.26       | \$45.50       | \$1,250.76   | \$1,131.53                   | \$119.23                     |
| <b>Full Family</b>   | \$1,824.11     | \$133.30      | \$74.28       | \$2,031.69   | \$1,472.55                   | \$559.14                     |

| <b>Moda Medical Plan 4, Willamette Dental, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$588.41       | \$46.60       | \$23.99       | \$659.00     | \$659.00                     | \$0.00                       |
| <b>EE + Sp/Partner</b>                                     | \$1,294.50     | \$93.20       | \$52.73       | \$1,440.43   | \$1,310.16                   | \$130.27                     |
| <b>EE + Child(ren)</b>                                     | \$1,118.00     | \$99.27       | \$45.50       | \$1,262.77   | \$1,131.53                   | \$131.24                     |
| <b>Full Family</b>   | \$1,824.11     | \$148.91      | \$74.28       | \$2,047.30   | \$1,472.55                   | \$574.75                     |

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

**Part-time Faculty Monthly Insurance Rates  
October 1, 2021 - September 30, 2022**

| <b>Moda Medical Plan 5, Dental Premier Plan 1, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$544.07       | \$65.76       | \$23.99       | \$633.82     | \$633.82                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,196.96     | \$130.29      | \$52.73       | \$1,379.98   | \$1,310.16                   | \$69.82                      |
| <b>EE + Child(ren)</b>   | \$1,033.77     | \$144.89      | \$45.50       | \$1,224.16   | \$1,131.53                   | \$92.63                      |
| <b>Full Family</b>   | \$1,686.67     | \$214.56      | \$74.28       | \$1,975.51   | \$1,472.55                   | \$502.96                     |

| <b>Moda Medical Plan 5, Dental Premier Plan 5, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$544.07       | \$58.04       | \$23.99       | \$626.10     | \$626.10                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,196.96     | \$114.99      | \$52.73       | \$1,364.68   | \$1,310.16                   | \$54.52                      |
| <b>EE + Child(ren)</b>   | \$1,033.77     | \$127.87      | \$45.50       | \$1,207.14   | \$1,131.53                   | \$75.61                      |
| <b>Full Family</b>   | \$1,686.67     | \$189.36      | \$74.28       | \$1,950.31   | \$1,472.55                   | \$477.76                     |

| <b>Moda Medical Plan 5, Dental Premier Plan 6, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$544.07       | \$43.43       | \$23.99       | \$611.49     | \$611.49                     | \$0.00                       |
| <b>EE + Sp/Partner</b>   | \$1,196.96     | \$85.96       | \$52.73       | \$1,335.65   | \$1,310.16                   | \$25.49                      |
| <b>EE + Child(ren)</b>   | \$1,033.77     | \$87.26       | \$45.50       | \$1,166.53   | \$1,131.53                   | \$35.00                      |
| <b>Full Family</b>   | \$1,686.67     | \$133.30      | \$74.28       | \$1,894.25   | \$1,472.55                   | \$421.70                     |

| <b>Moda Medical Plan 5, Willamette Dental, Opal Vision</b> |                |               |               |              |                              |                              |
|--|----------------|---------------|---------------|--------------|------------------------------|------------------------------|
|  | <b>Medical</b> | <b>Dental</b> | <b>Vision</b> | <b>Total</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
| <b>EE Only</b>   | \$544.07       | \$46.60       | \$23.99       | \$614.66     | \$614.66                     | \$0.00                       |
| <b>EE + Sp/Partner</b>                                     | \$1,196.96     | \$93.20       | \$52.73       | \$1,342.89   | \$1,310.16                   | \$32.73                      |
| <b>EE + Child(ren)</b>                                     | \$1,033.77     | \$99.27       | \$45.50       | \$1,178.54   | \$1,131.53                   | \$47.01                      |
| <b>Full Family</b>   | \$1,686.67     | \$148.91      | \$74.28       | \$1,909.86   | \$1,472.55                   | \$437.31                     |

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