

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

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$65.76	\$23.99	\$12.82	\$811.54	\$798.72	\$12.82
EE + Sp/Partner	\$1,559.72	\$130.29	\$52.73	\$12.82	\$1,755.56	\$1,691.86	\$63.70
EE + Child(ren)	\$1,347.06	\$144.89	\$45.50	\$12.82	\$1,550.27	\$1,486.27	\$64.00
Full Family	\$2,197.84	\$214.56	\$74.28	\$12.82	\$2,499.50	\$2,433.76	\$65.74

Moda Medical Plan 1, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$58.04	\$23.99	\$12.82	\$803.82	\$791.00	\$12.82
EE + Sp/Partner	\$1,559.72	\$114.99	\$52.73	\$12.82	\$1,740.26	\$1,691.86	\$48.40
EE + Child(ren)	\$1,347.06	\$127.87	\$45.50	\$12.82	\$1,533.25	\$1,486.27	\$46.98
Full Family	\$2,197.84	\$189.36	\$74.28	\$12.82	\$2,474.30	\$2,433.76	\$40.54

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$43.43	\$23.99	\$12.82	\$789.21	\$776.39	\$12.82
EE + Sp/Partner	\$1,559.72	\$85.96	\$52.73	\$12.82	\$1,711.23	\$1,684.58	\$26.65
EE + Child(ren)	\$1,347.06	\$87.26	\$45.50	\$12.82	\$1,492.64	\$1,479.82	\$12.82
Full Family	\$2,197.84	\$133.30	\$74.28	\$12.82	\$2,418.24	\$2,405.42	\$12.82

Moda Medical Plan 1, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$708.97	\$46.60	\$23.99	\$12.82	\$792.38	\$779.56	\$12.82
EE + Sp/Partner	\$1,559.72	\$93.20	\$52.73	\$12.82	\$1,718.47	\$1,684.99	\$33.48
EE + Child(ren)	\$1,347.06	\$99.27	\$45.50	\$12.82	\$1,504.65	\$1,483.78	\$20.87
Full Family	\$2,197.84	\$148.91	\$74.28	\$12.82	\$2,433.85	\$2,421.03	\$12.82

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

**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	\$659.56	\$65.76	\$23.99	\$12.82	\$762.13	\$749.31	\$12.82
EE + Sp/Partner	\$1,451.04	\$130.29	\$52.73	\$12.82	\$1,646.88	\$1,634.06	\$12.82
EE + Child(ren)	\$1,253.20	\$144.89	\$45.50	\$12.82	\$1,456.41	\$1,443.59	\$12.82
Full Family	\$2,044.69	\$214.56	\$74.28	\$12.82	\$2,346.35	\$2,333.53	\$12.82

Moda Medical Plan 2, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$58.04	\$23.99	\$12.82	\$754.41	\$741.59	\$12.82
EE + Sp/Partner	\$1,451.04	\$114.99	\$52.73	\$12.82	\$1,631.58	\$1,618.76	\$12.82
EE + Child(ren)	\$1,253.20	\$127.87	\$45.50	\$12.82	\$1,439.39	\$1,426.57	\$12.82
Full Family	\$2,044.69	\$189.36	\$74.28	\$12.82	\$2,321.15	\$2,308.33	\$12.82

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$43.43	\$23.99	\$12.82	\$739.80	\$726.98	\$12.82
EE + Sp/Partner	\$1,451.04	\$85.96	\$52.73	\$12.82	\$1,602.55	\$1,589.73	\$12.82
EE + Child(ren)	\$1,253.20	\$87.26	\$45.50	\$12.82	\$1,398.78	\$1,385.96	\$12.82
Full Family	\$2,044.69	\$133.30	\$74.28	\$12.82	\$2,265.09	\$2,252.27	\$12.82

Moda Medical Plan 2, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$659.56	\$46.60	\$23.99	\$12.82	\$742.97	\$730.15	\$12.82
EE + Sp/Partner	\$1,451.04	\$93.20	\$52.73	\$12.82	\$1,609.79	\$1,596.97	\$12.82
EE + Child(ren)	\$1,253.20	\$99.27	\$45.50	\$12.82	\$1,410.79	\$1,397.97	\$12.82
Full Family	\$2,044.69	\$148.91	\$74.28	\$12.82	\$2,280.70	\$2,267.88	\$12.82

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

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	\$620.04	\$65.76	\$23.99	\$12.82	\$722.61	\$709.79	\$12.82
EE + Sp/Partner	\$1,364.09	\$130.29	\$52.73	\$12.82	\$1,559.93	\$1,547.11	\$12.82
EE + Child(ren)	\$1,178.11	\$144.89	\$45.50	\$12.82	\$1,381.32	\$1,368.50	\$12.82
Full Family	\$1,922.17	\$214.56	\$74.28	\$12.82	\$2,223.83	\$2,211.01	\$12.82

Moda Medical Plan 3, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$620.04	\$58.04	\$23.99	\$12.82	\$714.89	\$702.07	\$12.82
EE + Sp/Partner	\$1,364.09	\$114.99	\$52.73	\$12.82	\$1,544.63	\$1,531.81	\$12.82
EE + Child(ren)	\$1,178.11	\$127.87	\$45.50	\$12.82	\$1,364.30	\$1,351.48	\$12.82
Full Family	\$1,922.17	\$189.36	\$74.28	\$12.82	\$2,198.63	\$2,185.81	\$12.82

Moda Medical Plan 3, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$620.04	\$43.43	\$23.99	\$12.82	\$700.28	\$687.46	\$12.82
EE + Sp/Partner	\$1,364.09	\$85.96	\$52.73	\$12.82	\$1,515.60	\$1,502.78	\$12.82
EE + Child(ren)	\$1,178.11	\$87.26	\$45.50	\$12.82	\$1,323.69	\$1,310.87	\$12.82
Full Family	\$1,922.17	\$133.30	\$74.28	\$12.82	\$2,142.57	\$2,129.75	\$12.82

Moda Medical Plan 3, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$620.04	\$46.60	\$23.99	\$12.82	\$703.45	\$690.63	\$12.82
EE + Sp/Partner	\$1,364.09	\$93.20	\$52.73	\$12.82	\$1,522.84	\$1,510.02	\$12.82
EE + Child(ren)	\$1,178.11	\$99.27	\$45.50	\$12.82	\$1,335.70	\$1,322.88	\$12.82
Full Family	\$1,922.17	\$148.91	\$74.28	\$12.82	\$2,158.18	\$2,145.36	\$12.82

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 4, Dental Premier Plan 1, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$588.41	\$65.76	\$23.99	\$12.82	\$690.98	\$678.16	\$12.82
EE + Sp/Partner	\$1,294.50	\$130.29	\$52.73	\$12.82	\$1,490.34	\$1,477.52	\$12.82
EE + Child(ren)	\$1,118.00	\$144.89	\$45.50	\$12.82	\$1,321.21	\$1,308.39	\$12.82
Full Family	\$1,824.11	\$214.56	\$74.28	\$12.82	\$2,125.77	\$2,112.95	\$12.82

Moda Medical Plan 4, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$588.41	\$58.04	\$23.99	\$12.82	\$683.26	\$670.44	\$12.82
EE + Sp/Partner	\$1,294.50	\$114.99	\$52.73	\$12.82	\$1,475.04	\$1,462.22	\$12.82
EE + Child(ren)	\$1,118.00	\$127.87	\$45.50	\$12.82	\$1,304.19	\$1,291.37	\$12.82
Full Family	\$1,824.11	\$189.36	\$74.28	\$12.82	\$2,100.57	\$2,087.75	\$12.82

Moda Medical Plan 4, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$588.41	\$43.43	\$23.99	\$12.82	\$668.65	\$655.83	\$12.82
EE + Sp/Partner	\$1,294.50	\$85.96	\$52.73	\$12.82	\$1,446.01	\$1,433.19	\$12.82
EE + Child(ren)	\$1,118.00	\$87.26	\$45.50	\$12.82	\$1,263.58	\$1,250.76	\$12.82
Full Family	\$1,824.11	\$133.30	\$74.28	\$12.82	\$2,044.51	\$2,031.69	\$12.82

Moda Medical Plan 4, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$588.41	\$46.60	\$23.99	\$12.82	\$671.82	\$659.00	\$12.82
EE + Sp/Partner	\$1,294.50	\$93.20	\$52.73	\$12.82	\$1,453.25	\$1,440.43	\$12.82
EE + Child(ren)	\$1,118.00	\$99.27	\$45.50	\$12.82	\$1,275.59	\$1,262.77	\$12.82
Full Family	\$1,824.11	\$148.91	\$74.28	\$12.82	\$2,060.12	\$2,047.30	\$12.82

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

**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	\$544.07	\$65.76	\$23.99	\$12.82	\$646.64	\$633.82	\$12.82
EE + Sp/Partner	\$1,196.96	\$130.29	\$52.73	\$12.82	\$1,392.80	\$1,379.98	\$12.82
EE + Child(ren)	\$1,033.77	\$144.89	\$45.50	\$12.82	\$1,236.98	\$1,224.16	\$12.82
Full Family	\$1,686.67	\$214.56	\$74.28	\$12.82	\$1,988.33	\$1,975.51	\$12.82

Moda Medical Plan 5, Dental Premier Plan 5, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$544.07	\$58.04	\$23.99	\$12.82	\$638.92	\$626.10	\$12.82
EE + Sp/Partner	\$1,196.96	\$114.99	\$52.73	\$12.82	\$1,377.50	\$1,364.68	\$12.82
EE + Child(ren)	\$1,033.77	\$127.87	\$45.50	\$12.82	\$1,219.96	\$1,207.14	\$12.82
Full Family	\$1,686.67	\$189.36	\$74.28	\$12.82	\$1,963.13	\$1,950.31	\$12.82

Moda Medical Plan 5, Dental Premier Plan 6, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$544.07	\$43.43	\$23.99	\$12.82	\$624.31	\$611.49	\$12.82
EE + Sp/Partner	\$1,196.96	\$85.96	\$52.73	\$12.82	\$1,348.47	\$1,335.65	\$12.82
EE + Child(ren)	\$1,033.77	\$87.26	\$45.50	\$12.82	\$1,179.35	\$1,166.53	\$12.82
Full Family	\$1,686.67	\$133.30	\$74.28	\$12.82	\$1,907.07	\$1,894.25	\$12.82

Moda Medical Plan 5, Willamette Dental, Opal Vision							
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$544.07	\$46.60	\$23.99	\$12.82	\$627.48	\$614.66	\$12.82
EE + Sp/Partner	\$1,196.96	\$93.20	\$52.73	\$12.82	\$1,355.71	\$1,342.89	\$12.82
EE + Child(ren)	\$1,033.77	\$99.27	\$45.50	\$12.82	\$1,191.36	\$1,178.54	\$12.82
Full Family	\$1,686.67	\$148.91	\$74.28	\$12.82	\$1,922.68	\$1,909.86	\$12.82

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