

Management Retiree Monthly Insurance Premiums

October 1, 2021 - September 30, 2022

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$708.97	\$65.76	\$23.99	\$0.52	\$799.24
EE + Sp/Partner	\$1,559.72	\$130.29	\$52.73	\$0.52	\$1,743.26
EE + Child(ren)	\$1,347.06	\$144.89	\$45.50	\$0.52	\$1,537.97
Full Family	\$2,197.84	\$214.56	\$74.28	\$0.52	\$2,487.20

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$708.97	\$43.43	\$23.99	\$0.52	\$776.91
EE + Sp/Partner	\$1,559.72	\$85.96	\$52.73	\$0.52	\$1,698.93
EE + Child(ren)	\$1,347.06	\$87.26	\$45.50	\$0.52	\$1,480.34
Full Family	\$2,197.84	\$133.30	\$74.28	\$0.52	\$2,405.94

Moda Medical Plan 1, Willamette Dental, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$708.97	\$46.60	\$23.99	\$0.52	\$780.08
EE + Sp/Partner	\$1,559.72	\$93.20	\$52.73	\$0.52	\$1,706.17
EE + Child(ren)	\$1,347.06	\$99.27	\$45.50	\$0.52	\$1,492.35
Full Family	\$2,197.84	\$148.91	\$74.28	\$0.52	\$2,421.55

Moda Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$708.97	\$65.76	\$16.54	\$0.52	\$791.79
EE + Sp/Partner	\$1,559.72	\$130.29	\$36.41	\$0.52	\$1,726.94
EE + Child(ren)	\$1,347.06	\$144.89	\$31.44	\$0.52	\$1,523.91
Full Family	\$2,197.84	\$214.56	\$51.30	\$0.52	\$2,464.22

Moda Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$708.97	\$43.43	\$16.54	\$0.52	\$769.46
EE + Sp/Partner	\$1,559.72	\$85.96	\$36.41	\$0.52	\$1,682.61
EE + Child(ren)	\$1,347.06	\$87.26	\$31.44	\$0.52	\$1,466.28
Full Family	\$2,197.84	\$133.30	\$51.30	\$0.52	\$2,382.96

Moda Medical Plan 1, Willamette Dental, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$708.97	\$46.60	\$16.54	\$0.52	\$772.63
EE + Sp/Partner	\$1,559.72	\$93.20	\$36.41	\$0.52	\$1,689.85
EE + Child(ren)	\$1,347.06	\$99.27	\$31.44	\$0.52	\$1,478.29
Full Family	\$2,197.84	\$148.91	\$51.30	\$0.52	\$2,398.57

To determine the per paycheck contribution, subtract the monthly College contribution from the total premium listed above.

Management Retiree Monthly Insurance Premiums

October 1, 2021 - September 30, 2022

Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$659.56	\$65.76	\$23.99	\$0.52	\$749.83
EE + Sp/Partner	\$1,451.04	\$130.29	\$52.73	\$0.52	\$1,634.58
EE + Child(ren)	\$1,253.20	\$144.89	\$45.50	\$0.52	\$1,444.11
Full Family	\$2,044.69	\$214.56	\$74.28	\$0.52	\$2,334.05

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$659.56	\$43.43	\$23.99	\$0.52	\$727.50
EE + Sp/Partner	\$1,451.04	\$85.96	\$52.73	\$0.52	\$1,590.25
EE + Child(ren)	\$1,253.20	\$87.26	\$45.50	\$0.52	\$1,386.48
Full Family	\$2,044.69	\$133.30	\$74.28	\$0.52	\$2,252.79

Moda Medical Plan 2, Willamette Dental, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$659.56	\$46.60	\$23.99	\$0.52	\$730.67
EE + Sp/Partner	\$1,451.04	\$93.20	\$52.73	\$0.52	\$1,597.49
EE + Child(ren)	\$1,253.20	\$99.27	\$45.50	\$0.52	\$1,398.49
Full Family	\$2,044.69	\$148.91	\$74.28	\$0.52	\$2,268.40

Moda Medical Plan 2, Dental Premier Plan 1, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$659.56	\$65.76	\$16.54	\$0.52	\$742.38
EE + Sp/Partner	\$1,451.04	\$130.29	\$36.41	\$0.52	\$1,618.26
EE + Child(ren)	\$1,253.20	\$144.89	\$31.44	\$0.52	\$1,430.05
Full Family	\$2,044.69	\$214.56	\$51.30	\$0.52	\$2,311.07

Moda Medical Plan 2, Dental Premier Plan 6, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$659.56	\$43.43	\$16.54	\$0.52	\$720.05
EE + Sp/Partner	\$1,451.04	\$85.96	\$36.41	\$0.52	\$1,573.93
EE + Child(ren)	\$1,253.20	\$87.26	\$31.44	\$0.52	\$1,372.42
Full Family	\$2,044.69	\$133.30	\$51.30	\$0.52	\$2,229.81

Moda Medical Plan 2, Willamette Dental, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$659.56	\$46.60	\$16.54	\$0.52	\$723.22
EE + Sp/Partner	\$1,451.04	\$93.20	\$36.41	\$0.52	\$1,581.17
EE + Child(ren)	\$1,253.20	\$99.27	\$31.44	\$0.52	\$1,384.43
Full Family	\$2,044.69	\$148.91	\$51.30	\$0.52	\$2,245.42

To determine the per paycheck contribution, subtract the monthly College contribution from the total premium listed above.

Management Retiree Monthly Insurance Premiums

October 1, 2021 - September 30, 2022

Moda Medical Plan 6, Dental Premier Plan 1, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$557.18	\$65.76	\$23.99	\$0.52	\$647.45
EE + Sp/Partner	\$1,225.80	\$130.29	\$52.73	\$0.52	\$1,409.34
EE + Child(ren)	\$1,058.67	\$144.89	\$45.50	\$0.52	\$1,249.58
Full Family	\$1,727.30	\$214.56	\$74.28	\$0.52	\$2,016.66

Moda Medical Plan 6, Dental Premier Plan 6, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$557.18	\$43.43	\$23.99	\$0.52	\$625.12
EE + Sp/Partner	\$1,225.80	\$85.96	\$52.73	\$0.52	\$1,365.01
EE + Child(ren)	\$1,058.67	\$87.26	\$45.50	\$0.52	\$1,191.95
Full Family	\$1,727.30	\$133.30	\$74.28	\$0.52	\$1,935.40

Moda Medical Plan 6, Willamette Dental, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$557.18	\$46.60	\$23.99	\$0.52	\$628.29
EE + Sp/Partner	\$1,225.80	\$93.20	\$52.73	\$0.52	\$1,372.25
EE + Child(ren)	\$1,058.67	\$99.27	\$45.50	\$0.52	\$1,203.96
Full Family	\$1,727.30	\$148.91	\$74.28	\$0.52	\$1,951.01

Moda Medical Plan 6, Dental Premier Plan 1, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$557.18	\$65.76	\$16.54	\$0.52	\$640.00
EE + Sp/Partner	\$1,225.80	\$130.29	\$36.41	\$0.52	\$1,393.02
EE + Child(ren)	\$1,058.67	\$144.89	\$31.44	\$0.52	\$1,235.52
Full Family	\$1,727.30	\$214.56	\$51.30	\$0.52	\$1,993.68

Moda Medical Plan 6, Dental Premier Plan 6, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$557.18	\$43.43	\$16.54	\$0.52	\$617.67
EE + Sp/Partner	\$1,225.80	\$85.96	\$36.41	\$0.52	\$1,348.69
EE + Child(ren)	\$1,058.67	\$87.26	\$31.44	\$0.52	\$1,177.89
Full Family	\$1,727.30	\$133.30	\$51.30	\$0.52	\$1,912.42

Moda Medical Plan 6, Willamette Dental, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$557.18	\$46.60	\$16.54	\$0.52	\$620.84
EE + Sp/Partner	\$1,225.80	\$93.20	\$36.41	\$0.52	\$1,355.93
EE + Child(ren)	\$1,058.67	\$99.27	\$31.44	\$0.52	\$1,189.90
Full Family	\$1,727.30	\$148.91	\$51.30	\$0.52	\$1,928.03

To determine the per paycheck contribution, subtract the monthly College contribution from the total premium listed above.

Management Retiree Monthly Insurance Premiums

October 1, 2021 - September 30, 2022

Moda Medical Plan 7, Dental Premier Plan 1, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$520.02	\$65.76	\$23.99	\$0.52	\$610.29
EE + Sp/Partner	\$1,144.03	\$130.29	\$52.73	\$0.52	\$1,327.57
EE + Child(ren)	\$988.06	\$144.89	\$45.50	\$0.52	\$1,178.97
Full Family	\$1,612.09	\$214.56	\$74.28	\$0.52	\$1,901.45

Moda Medical Plan 7, Dental Premier Plan 6, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$520.02	\$43.43	\$23.99	\$0.52	\$587.96
EE + Sp/Partner	\$1,144.03	\$85.96	\$52.73	\$0.52	\$1,283.24
EE + Child(ren)	\$988.06	\$87.26	\$45.50	\$0.52	\$1,121.34
Full Family	\$1,612.09	\$133.30	\$74.28	\$0.52	\$1,820.19

Moda Medical Plan 7, Willamette Dental, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$520.02	\$46.60	\$23.99	\$0.52	\$591.13
EE + Sp/Partner	\$1,144.03	\$93.20	\$52.73	\$0.52	\$1,290.48
EE + Child(ren)	\$988.06	\$99.27	\$45.50	\$0.52	\$1,133.35
Full Family	\$1,612.09	\$148.91	\$74.28	\$0.52	\$1,835.80

Moda Medical Plan 7, Dental Premier Plan 1, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$520.02	\$65.76	\$16.54	\$0.52	\$602.84
EE + Sp/Partner	\$1,144.03	\$130.29	\$36.41	\$0.52	\$1,311.25
EE + Child(ren)	\$988.06	\$144.89	\$31.44	\$0.52	\$1,164.91
Full Family	\$1,612.09	\$214.56	\$51.30	\$0.52	\$1,878.47

Moda Medical Plan 7, Dental Premier Plan 6, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$520.02	\$43.43	\$16.54	\$0.52	\$580.51
EE + Sp/Partner	\$1,144.03	\$85.96	\$36.41	\$0.52	\$1,266.92
EE + Child(ren)	\$988.06	\$87.26	\$31.44	\$0.52	\$1,107.28
Full Family	\$1,612.09	\$133.30	\$51.30	\$0.52	\$1,797.21

Moda Medical Plan 7, Willamette Dental, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$520.02	\$46.60	\$16.54	\$0.52	\$583.68
EE + Sp/Partner	\$1,144.03	\$93.20	\$36.41	\$0.52	\$1,274.16
EE + Child(ren)	\$988.06	\$99.27	\$31.44	\$0.52	\$1,119.29
Full Family	\$1,612.09	\$148.91	\$51.30	\$0.52	\$1,812.82

To determine the per paycheck contribution, subtract the monthly College contribution from the total premium listed above.

Management Retiree Monthly Insurance Premiums

October 1, 2021 - September 30, 2022

Kaiser Medical Plan 1, Dental Premier Plan 1, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$634.87	\$65.76	\$23.99	\$0.52	\$725.14
EE + Sp/Partner	\$1,396.71	\$130.29	\$52.73	\$0.52	\$1,580.25
EE + Child(ren)	\$1,206.25	\$144.89	\$45.50	\$0.52	\$1,397.16
Full Family	\$1,968.10	\$214.56	\$74.28	\$0.52	\$2,257.46

Kaiser Medical Plan 1, Dental Premier Plan 6, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$634.87	\$43.43	\$23.99	\$0.52	\$702.81
EE + Sp/Partner	\$1,396.71	\$85.96	\$52.73	\$0.52	\$1,535.92
EE + Child(ren)	\$1,206.25	\$87.26	\$45.50	\$0.52	\$1,339.53
Full Family	\$1,968.10	\$133.30	\$74.28	\$0.52	\$2,176.20

Kaiser Medical Plan 1, Willamette Dental, Opal Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$634.87	\$46.60	\$23.99	\$0.52	\$705.98
EE + Sp/Partner	\$1,396.71	\$93.20	\$52.73	\$0.52	\$1,543.16
EE + Child(ren)	\$1,206.25	\$99.27	\$45.50	\$0.52	\$1,351.54
Full Family	\$1,968.10	\$148.91	\$74.28	\$0.52	\$2,191.81

Kaiser Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$634.87	\$65.76	\$16.54	\$0.52	\$717.69
EE + Sp/Partner	\$1,396.71	\$130.29	\$36.41	\$0.52	\$1,563.93
EE + Child(ren)	\$1,206.25	\$144.89	\$31.44	\$0.52	\$1,383.10
Full Family	\$1,968.10	\$214.56	\$51.30	\$0.52	\$2,234.48

Kaiser Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$634.87	\$43.43	\$16.54	\$0.52	\$695.36
EE + Sp/Partner	\$1,396.71	\$85.96	\$36.41	\$0.52	\$1,519.60
EE + Child(ren)	\$1,206.25	\$87.26	\$31.44	\$0.52	\$1,325.47
Full Family	\$1,968.10	\$133.30	\$51.30	\$0.52	\$2,153.22

Kaiser Medical Plan 1, Willamette Dental, VSP Choice Plus Vision					
	Medical	Dental	Vision	\$5k Basic Life	Total
EE Only	\$634.87	\$46.60	\$16.54	\$0.52	\$698.53
EE + Sp/Partner	\$1,396.71	\$93.20	\$36.41	\$0.52	\$1,526.84
EE + Child(ren)	\$1,206.25	\$99.27	\$31.44	\$0.52	\$1,337.48
Full Family	\$1,968.10	\$148.91	\$51.30	\$0.52	\$2,168.83

To determine the per paycheck contribution, subtract the monthly College contribution from the total premium listed above.