

Moda Medical 1 / Moda Dental 1 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$678.31	\$66.48	\$24.26	\$769.05	\$769.05	\$0.00
EE + Sp/Partner	\$1,492.27	\$131.70	\$53.33	\$1,677.30	\$1,677.30	\$0.00
EE + Child(ren)	\$1,288.81	\$146.45	\$46.03	\$1,481.29	\$1,481.29	\$0.00
Full Family	\$2,102.80	\$216.88	\$75.14	\$2,394.82	\$2,390.89	\$3.93

Moda Medical 1 / Moda Dental 6 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$678.31	\$43.89	\$24.26	\$746.46	\$746.46	\$0.00
EE + Sp/Partner	\$1,492.27	\$86.90	\$53.33	\$1,632.50	\$1,632.50	\$0.00
EE + Child(ren)	\$1,288.81	\$88.20	\$46.03	\$1,423.04	\$1,423.04	\$0.00
Full Family	\$2,102.80	\$134.74	\$75.14	\$2,312.68	\$2,312.68	\$0.00

Moda Medical 1 / Willamette Dental / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$678.31	\$47.39	\$24.26	\$749.96	\$749.96	\$0.00
EE + Sp/Partner	\$1,492.27	\$93.88	\$53.33	\$1,639.48	\$1,639.48	\$0.00
EE + Child(ren)	\$1,288.81	\$99.90	\$46.03	\$1,434.74	\$1,434.74	\$0.00
Full Family	\$2,102.80	\$150.09	\$75.14	\$2,328.03	\$2,328.03	\$0.00

Moda Medical 1 / Moda Dental 1 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$678.31	\$66.48	\$18.80	\$763.59	\$763.59	\$0.00
EE + Sp/Partner	\$1,492.27	\$131.70	\$41.37	\$1,665.34	\$1,665.34	\$0.00
EE + Child(ren)	\$1,288.81	\$146.45	\$35.73	\$1,470.99	\$1,470.99	\$0.00
Full Family	\$2,102.80	\$216.88	\$58.29	\$2,377.97	\$2,377.97	\$0.00

Moda Medical 1 / Moda Dental 6 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$678.31	\$43.89	\$18.80	\$741.00	\$741.00	\$0.00
EE + Sp/Partner	\$1,492.27	\$86.90	\$41.37	\$1,620.54	\$1,620.54	\$0.00
EE + Child(ren)	\$1,288.81	\$88.20	\$35.73	\$1,412.74	\$1,412.74	\$0.00
Full Family	\$2,102.80	\$134.74	\$58.29	\$2,295.83	\$2,295.83	\$0.00

Moda Medical 1 / Willamette Dental / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$678.31	\$0.00	\$18.80	\$697.11	\$697.11	\$0.00
EE + Sp/Partner	\$1,492.27	\$0.00	\$41.37	\$1,533.64	\$1,533.64	\$0.00
EE + Child(ren)	\$1,288.81	\$0.00	\$35.73	\$1,324.54	\$1,324.54	\$0.00
Full Family	\$2,102.80	\$0.00	\$58.29	\$2,161.09	\$2,161.09	\$0.00

Monthly Insurance Rates
October 1, 2019 - September 30, 2020

Moda Medical 2 / Moda Dental 1 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$631.05	\$66.48	\$24.26	\$721.79	\$721.79	\$0.00
EE + Sp/Partner	\$1,388.30	\$131.70	\$53.33	\$1,573.33	\$1,573.33	\$0.00
EE + Child(ren)	\$1,199.01	\$146.45	\$46.03	\$1,391.49	\$1,391.49	\$0.00
Full Family	\$1,956.28	\$216.88	\$75.14	\$2,248.30	\$2,248.30	\$0.00

Moda Medical 2 / Moda Dental 6 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$631.05	\$43.89	\$24.26	\$699.20	\$699.20	\$0.00
EE + Sp/Partner	\$1,388.30	\$86.90	\$53.33	\$1,528.53	\$1,528.53	\$0.00
EE + Child(ren)	\$1,199.01	\$88.20	\$46.03	\$1,333.24	\$1,333.24	\$0.00
Full Family	\$1,956.28	\$134.74	\$75.14	\$2,166.16	\$2,166.16	\$0.00

Moda Medical 2 / Willamette Dental / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$631.05	\$47.39	\$24.26	\$702.70	\$702.70	\$0.00
EE + Sp/Partner	\$1,388.30	\$93.88	\$53.33	\$1,535.51	\$1,535.51	\$0.00
EE + Child(ren)	\$1,199.01	\$99.90	\$46.03	\$1,344.94	\$1,344.94	\$0.00
Full Family	\$1,956.28	\$150.09	\$75.14	\$2,181.51	\$2,181.51	\$0.00

Moda Medical 2 / Moda Dental 1 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$631.05	\$66.48	\$18.80	\$716.33	\$716.33	\$0.00
EE + Sp/Partner	\$1,388.30	\$131.70	\$41.37	\$1,561.37	\$1,561.37	\$0.00
EE + Child(ren)	\$1,199.01	\$146.45	\$35.73	\$1,381.19	\$1,381.19	\$0.00
Full Family	\$1,956.28	\$216.88	\$58.29	\$2,231.45	\$2,231.45	\$0.00

Moda Medical 2 / Moda Dental 6 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$631.05	\$43.89	\$18.80	\$693.74	\$693.74	\$0.00
EE + Sp/Partner	\$1,388.30	\$86.90	\$41.37	\$1,516.57	\$1,516.57	\$0.00
EE + Child(ren)	\$1,199.01	\$88.20	\$35.73	\$1,322.94	\$1,322.94	\$0.00
Full Family	\$1,956.28	\$134.74	\$58.29	\$2,149.31	\$2,149.31	\$0.00

Moda Medical 2 / Willamette Dental / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$631.05	\$0.00	\$18.80	\$649.85	\$649.85	\$0.00
EE + Sp/Partner	\$1,388.30	\$0.00	\$41.37	\$1,429.67	\$1,429.67	\$0.00
EE + Child(ren)	\$1,199.01	\$0.00	\$35.73	\$1,234.74	\$1,234.74	\$0.00
Full Family	\$1,956.28	\$0.00	\$58.29	\$2,014.57	\$2,014.57	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
 pay period effective dates: 09/01/2019 - 08/31/2020

Moda Medical 6 / Moda Dental 1 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.09	\$66.48	\$24.26	\$623.83	\$623.83	\$0.00
EE + Sp/Partner	\$1,172.79	\$131.70	\$53.33	\$1,357.82	\$1,357.82	\$0.00
EE + Child(ren)	\$1,012.89	\$146.45	\$46.03	\$1,205.37	\$1,205.37	\$0.00
Full Family	\$1,652.61	\$216.88	\$75.14	\$1,944.63	\$1,944.63	\$0.00

Moda Medical 6 / Moda Dental 6 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.09	\$43.89	\$24.26	\$601.24	\$601.24	\$0.00
EE + Sp/Partner	\$1,172.79	\$86.90	\$53.33	\$1,313.02	\$1,313.02	\$0.00
EE + Child(ren)	\$1,012.89	\$88.20	\$46.03	\$1,147.12	\$1,147.12	\$0.00
Full Family	\$1,652.61	\$134.74	\$75.14	\$1,862.49	\$1,862.49	\$0.00

Moda Medical 6 / Willamette Dental / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.09	\$47.39	\$24.26	\$604.74	\$604.74	\$0.00
EE + Sp/Partner	\$1,172.79	\$93.88	\$53.33	\$1,320.00	\$1,320.00	\$0.00
EE + Child(ren)	\$1,012.89	\$99.90	\$46.03	\$1,158.82	\$1,158.82	\$0.00
Full Family	\$1,652.61	\$150.09	\$75.14	\$1,877.84	\$1,877.84	\$0.00

Moda Medical 6 / Moda Dental 1 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.09	\$66.48	\$18.80	\$618.37	\$618.37	\$0.00
EE + Sp/Partner	\$1,172.79	\$131.70	\$41.37	\$1,345.86	\$1,345.86	\$0.00
EE + Child(ren)	\$1,012.89	\$146.45	\$35.73	\$1,195.07	\$1,195.07	\$0.00
Full Family	\$1,652.61	\$216.88	\$58.29	\$1,927.78	\$1,927.78	\$0.00

Moda Medical 6 / Moda Dental 6 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.09	\$43.89	\$18.80	\$595.78	\$595.78	\$0.00
EE + Sp/Partner	\$1,172.79	\$86.90	\$41.37	\$1,301.06	\$1,301.06	\$0.00
EE + Child(ren)	\$1,012.89	\$88.20	\$35.73	\$1,136.82	\$1,136.82	\$0.00
Full Family	\$1,652.61	\$134.74	\$58.29	\$1,845.64	\$1,845.64	\$0.00

Moda Medical 6 / Willamette Dental / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$533.09	\$47.39	\$18.80	\$599.28	\$599.28	\$0.00
EE + Sp/Partner	\$1,172.79	\$93.88	\$41.37	\$1,308.04	\$1,308.04	\$0.00
EE + Child(ren)	\$1,012.89	\$99.90	\$35.73	\$1,148.52	\$1,148.52	\$0.00
Full Family	\$1,652.61	\$150.09	\$58.29	\$1,860.99	\$1,860.99	\$0.00

Kaiser Medical 1 / Moda Dental 1 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$569.42	\$66.48	\$24.26	\$660.16	\$660.16	\$0.00
EE + Sp/Partner	\$1,450.73	\$131.70	\$53.33	\$1,635.76	\$1,635.76	\$0.00
EE + Child(ren)	\$1,252.90	\$146.45	\$46.03	\$1,445.38	\$1,445.38	\$0.00
Full Family	\$2,044.20	\$216.88	\$75.14	\$2,336.22	\$2,336.22	\$0.00

Kaiser Medical 1 / Moda Dental 6 / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$569.42	\$43.89	\$24.26	\$637.57	\$637.57	\$0.00
EE + Sp/Partner	\$1,450.73	\$86.90	\$53.33	\$1,590.96	\$1,590.96	\$0.00
EE + Child(ren)	\$1,252.90	\$88.20	\$46.03	\$1,387.13	\$1,387.13	\$0.00
Full Family	\$2,044.20	\$134.74	\$75.14	\$2,254.08	\$2,254.08	\$0.00

Kaiser Medical 1 / Willamette Dental / Moda Opal Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$569.42	\$47.39	\$24.26	\$641.07	\$641.07	\$0.00
EE + Sp/Partner	\$1,450.73	\$93.88	\$53.33	\$1,597.94	\$1,597.94	\$0.00
EE + Child(ren)	\$1,252.90	\$99.90	\$46.03	\$1,398.83	\$1,398.83	\$0.00
Full Family	\$2,044.20	\$150.09	\$75.14	\$2,269.43	\$2,269.43	\$0.00

Kaiser Medical 1 / Moda Dental 1 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$569.42	\$66.48	\$18.80	\$654.70	\$654.70	\$0.00
EE + Sp/Partner	\$1,450.73	\$131.70	\$41.37	\$1,623.80	\$1,623.80	\$0.00
EE + Child(ren)	\$1,252.90	\$146.45	\$35.73	\$1,435.08	\$1,435.08	\$0.00
Full Family	\$2,044.20	\$216.88	\$58.29	\$2,319.37	\$2,319.37	\$0.00

Kaiser Medical 1 / Moda Dental 6 / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$569.42	\$43.89	\$18.80	\$632.11	\$632.11	\$0.00
EE + Sp/Partner	\$1,450.73	\$86.90	\$41.37	\$1,579.00	\$1,579.00	\$0.00
EE + Child(ren)	\$1,252.90	\$88.20	\$35.73	\$1,376.83	\$1,376.83	\$0.00
Full Family	\$2,044.20	\$134.74	\$58.29	\$2,237.23	\$2,237.23	\$0.00

Kaiser Medical 1 / Willamette Dental / VSP Plus Vision						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$569.42	\$47.39	\$18.80	\$635.61	\$635.61	\$0.00
EE + Sp/Partner	\$1,450.73	\$93.88	\$41.37	\$1,585.98	\$1,585.98	\$0.00
EE + Child(ren)	\$1,252.90	\$99.90	\$35.73	\$1,388.53	\$1,388.53	\$0.00
Full Family	\$2,044.20	\$150.09	\$58.29	\$2,252.58	\$2,252.58	\$0.00