

CDFS - OSEA Benefit Plans and Monthly Premiums 2022-2023

MEDICAL **Moda Plan 2** **Moda Plan 3** **Moda Plan 6*** **Kaiser 1** **Kaiser 3***

Employee Only

| | | | | | |
|----------------------|-----------------|-----------------|----------------|-----------------|------------------|
| Full Premium | \$686.74 | \$644.28 | \$573.23 | \$663.25 | \$404.50 |
| Employer Paid | \$530.00 | \$530.00 | \$495.00 | \$530.00 | \$495.00 |
| Employee Paid | \$156.74 | \$114.28 | \$78.23 | \$133.25 | (\$90.50) |

Employee & Spouse/Domestic

| | | | | | |
|----------------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| Full Premium | \$1,510.83 | \$1,417.42 | \$1,261.10 | \$1,459.17 | \$890.43 |
| Employer Paid | \$1,135.00 | \$1,135.00 | \$1,061.00 | \$1,135.00 | \$1,061.00 |
| Employee Paid | \$375.83 | \$282.42 | \$200.10 | \$324.17 | (\$170.57) |

Employee & Child

| | | | | | |
|----------------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| Full Premium | \$1,304.84 | \$1,224.17 | \$1,089.16 | \$1,260.18 | \$768.23 |
| Employer Paid | \$985.00 | \$985.00 | \$919.00 | \$985.00 | \$919.00 |
| Employee Paid | \$319.84 | \$239.17 | \$170.16 | \$275.18 | (\$150.77) |

Family

| | | | | | |
|----------------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| Full Premium | \$2,128.93 | \$1,997.32 | \$1,777.05 | \$2,056.10 | \$1,254.20 |
| Employer Paid | \$1,590.00 | \$1,590.00 | \$1,484.00 | \$1,590.00 | \$1,484.00 |
| Employee Paid | \$538.93 | \$407.32 | \$293.05 | \$466.10 | (\$229.80) |

* Moda Plan 6 & Kaiser 3 - High Deductible Health Plans

The "(Negative \$\$)" values above will be the per month HSA contribution. Total calendar year contribution cannot exceed the IRS maximum. Your end of year contributions may be adjusted to keep your total contribution from exceeding the maximum.

DENTAL

Moda Plan #5 **Willamette Plan #8** **Kaiser Plan #8**

Employee Only

| | | | |
|----------------------|---------------|---------------|----------------|
| Full Premium | \$57.23 | \$46.60 | \$73.07 |
| Employer Paid | \$47.91 | \$46.60 | \$47.91 |
| Employee Paid | \$9.32 | \$0.00 | \$25.16 |

Employee & Spouse/Domestic

| | | | |
|----------------------|----------------|---------------|----------------|
| Full Premium | \$113.37 | \$93.20 | \$160.77 |
| Employer Paid | \$94.87 | \$93.20 | \$94.87 |
| Employee Paid | \$18.50 | \$0.00 | \$65.90 |

Employee & Child

| | | | |
|----------------------|----------------|---------------|----------------|
| Full Premium | \$126.08 | \$99.27 | \$138.84 |
| Employer Paid | \$106.86 | \$99.27 | \$106.86 |
| Employee Paid | \$19.22 | \$0.00 | \$31.98 |

Family

| | | | |
|----------------------|----------------|---------------|----------------|
| Full Premium | \$186.71 | \$148.91 | \$226.53 |
| Employer Paid | \$157.60 | \$148.91 | \$157.60 |
| Employee Paid | \$29.11 | \$0.00 | \$68.93 |

VISION

Moda Quartz **Kaiser Plan #5**

Employee Only

| | | |
|----------------------|---------------|---------------|
| Full Premium | \$13.05 | \$8.28 |
| Employer Paid | \$13.05 | \$8.28 |
| Employee Paid | \$0.00 | \$0.00 |

Employee & Spouse/Domestic

| | | |
|----------------------|---------------|---------------|
| Full Premium | \$28.74 | \$18.20 |
| Employer Paid | \$28.74 | \$18.20 |
| Employee Paid | \$0.00 | \$0.00 |

Employee & Child

| | | |
|----------------------|---------------|---------------|
| Full Premium | \$24.80 | \$15.72 |
| Employer Paid | \$24.80 | \$15.72 |
| Employee Paid | \$0.00 | \$0.00 |

Family

| | | |
|----------------------|---------------|---------------|
| Full Premium | \$40.45 | \$25.66 |
| Employer Paid | \$40.45 | \$25.66 |
| Employee Paid | \$0.00 | \$0.00 |