

Classified Benefit Plans and Monthly Premiums 2022-2023

MEDICAL

	Moda Plan 2	Moda Plan 6*	Kaiser 1	Kaiser 3 *
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Employee Only

Full Premium	\$686.74	\$573.23	\$663.25	\$404.50
Employer Paid	\$663.25	\$573.23	\$663.25	\$404.50
Employee Paid	\$23.49	\$0.00	\$0.00	\$0.00

Employee & Spouse/Domestic

Full Premium	\$1,510.83	\$1,261.10	\$1,459.17	\$890.43
Employer Paid	\$1,459.17	\$1,261.10	\$1,459.17	\$890.43
Employee Paid	\$51.66	\$0.00	\$0.00	\$0.00

Employee & Child

Full Premium	\$1,304.84	\$1,089.16	\$1,260.18	\$768.23
Employer Paid	\$1,260.18	\$1,089.16	\$1,260.18	\$768.23
Employee Paid	\$44.66	\$0.00	\$0.00	\$0.00

Family

Full Premium	\$2,128.93	\$1,777.05	\$2,056.10	\$1,254.20
Employer Paid	\$2,056.10	\$1,777.05	\$2,056.10	\$1,254.20
Employee Paid	\$72.83	\$0.00	\$0.00	\$0.00

*Moda Plan 6/Kaiser 3 - the College will contribute 80% of the maximum allowed per IRS towards HSA Account.

2022 HSA Maximum Single: \$3,650 Family: \$7,300
 2023 HSA Maximum Single: \$3,850 Family: \$7,750

DENTAL

	Moda Plan #5	Willamette Plan #8	Kaiser Plan #8
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Employee Only

Full Premium	\$57.23	\$46.60	\$73.07
Employer Paid	\$49.79	\$40.54	\$63.57
Employee Paid	\$7.44	\$6.06	\$9.50

Employee & Spouse/Domestic

Full Premium	\$113.37	\$93.20	\$160.77
Employer Paid	\$98.63	\$81.08	\$139.87
Employee Paid	\$14.74	\$12.12	\$20.90

Employee & Child

Full Premium	\$126.08	\$99.27	\$138.84
Employer Paid	\$109.69	\$86.36	\$120.79
Employee Paid	\$16.39	\$12.91	\$18.05

Family

Full Premium	\$186.71	\$148.91	\$226.53
Employer Paid	\$162.44	\$129.55	\$197.08
Employee Paid	\$24.27	\$19.36	\$29.45

VISION

	Moda Quartz	Kaiser Plan #5
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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