

Management & Confidential Benefit Plans and Monthly Premiums 2022-2023

MEDICAL

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

Employee Only

Full Premium	\$740.30	\$686.74	\$644.28	\$573.23	\$663.25	\$404.50
Employer Paid	\$663.25	\$663.25	\$644.28	\$663.25	\$663.25	\$663.25
Employee Paid	\$77.05	\$23.49	\$0.00	(\$90.02)	\$0.00	(\$256.67)

Employee & Spouse/Domestic

Full Premium	\$1,628.65	\$1,510.83	\$1,417.42	\$1,261.10	\$1,459.17	\$890.43
Employer Paid	\$1,459.17	\$1,459.17	\$1,417.42	\$1,459.17	\$1,459.17	\$1,459.17
Employee Paid	\$169.48	\$51.66	\$0.00	(\$198.07)	\$0.00	(\$516.67)

Employee & Child

Full Premium	\$1,406.60	\$1,304.84	\$1,224.17	\$1,089.16	\$1,260.18	\$768.23
Employer Paid	\$1,260.18	\$1,260.18	\$1,224.17	\$1,260.18	\$1,260.18	\$1,260.18
Employee Paid	\$146.42	\$44.66	\$0.00	(\$171.02)	\$0.00	(\$491.95)

Family

Full Premium	\$2,294.98	\$2,128.93	\$1,997.32	\$1,777.05	\$2,056.10	\$1,254.20
Employer Paid	\$2,056.10	\$2,056.00	\$1,997.32	\$2,056.10	\$2,056.10	\$2,056.10
Employee Paid	\$238.88	\$72.93	\$0.00	(\$279.05)	\$0.00	(\$516.67)

The "(Negative \$\$)" values above will be the per month HSA contribution. The College's contribution will not exceed 80% of the IRS maximum and total calendar year contribution cannot exceed the IRS maximum and excludes any catch-up values. Your end of year contributions may be adjusted to keep your total contribution from exceeding the maximum.

2022 Maximum Single \$3,650 & Family \$7,300

2023 Maximum Single \$3,850 & Family \$7,750

DENTAL

Delta Plan #5 Willamette Plan #8 Kaiser Plan #8

Employee Only

Full Premium	\$57.23	\$46.60	\$73.07
Employer Paid	\$57.23	\$46.60	\$57.23
Employee Paid	\$0.00	\$0.00	\$15.84

Employee & Spouse/Domestic

Full Premium	\$113.37	\$93.20	\$160.77
Employer Paid	\$113.37	\$93.20	\$113.37
Employee Paid	\$0.00	\$0.00	\$47.40

Employee & Child

Full Premium	\$126.08	\$99.27	\$138.84
Employer Paid	\$126.08	\$99.27	\$126.08
Employee Paid	\$0.00	\$0.00	\$12.76

Family

Full Premium	\$186.71	\$148.91	\$226.53
Employer Paid	\$186.71	\$148.91	\$186.71
Employee Paid	\$0.00	\$0.00	\$39.82

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