

**Management Retiree Monthly Insurance Premiums**

**October 1, 2022 - September 30, 2023**

**Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$740.30	\$64.79	\$22.64	\$0.44	\$828.17
<b>EE + Sp/Partner</b>	\$1,628.65	\$128.37	\$49.78	\$0.44	\$1,807.24
<b>EE + Child(ren)</b>	\$1,406.60	\$142.74	\$42.95	\$0.44	\$1,592.73
<b>Full Family</b>	\$2,294.98	\$211.39	\$70.12	\$0.44	\$2,576.93

**Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$740.30	\$43.70	\$22.64	\$0.44	\$807.08
<b>EE + Sp/Partner</b>	\$1,628.65	\$86.50	\$49.78	\$0.44	\$1,765.37
<b>EE + Child(ren)</b>	\$1,406.60	\$87.81	\$42.95	\$0.44	\$1,537.80
<b>Full Family</b>	\$2,294.98	\$134.14	\$70.12	\$0.44	\$2,499.68

**Moda Medical Plan 1, Willamette Dental, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$740.30	\$46.60	\$22.64	\$0.44	\$809.98
<b>EE + Sp/Partner</b>	\$1,628.65	\$93.20	\$49.78	\$0.44	\$1,772.07
<b>EE + Child(ren)</b>	\$1,406.60	\$99.27	\$42.95	\$0.44	\$1,549.26
<b>Full Family</b>	\$2,294.98	\$148.91	\$70.12	\$0.44	\$2,514.45

**Moda Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$740.30	\$64.79	\$16.54	\$0.44	\$822.07
<b>EE + Sp/Partner</b>	\$1,628.65	\$128.37	\$36.41	\$0.44	\$1,793.87
<b>EE + Child(ren)</b>	\$1,406.60	\$142.74	\$31.44	\$0.44	\$1,581.22
<b>Full Family</b>	\$2,294.98	\$211.39	\$51.30	\$0.44	\$2,558.11

**Moda Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$740.30	\$43.70	\$16.54	\$0.44	\$800.98
<b>EE + Sp/Partner</b>	\$1,628.65	\$86.50	\$36.41	\$0.44	\$1,752.00
<b>EE + Child(ren)</b>	\$1,406.60	\$87.81	\$31.44	\$0.44	\$1,526.29
<b>Full Family</b>	\$2,294.98	\$134.14	\$51.30	\$0.44	\$2,480.86

**Moda Medical Plan 1, Willamette Dental, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$740.30	\$46.60	\$16.54	\$0.44	\$803.88
<b>EE + Sp/Partner</b>	\$1,628.65	\$93.20	\$36.41	\$0.44	\$1,758.70
<b>EE + Child(ren)</b>	\$1,406.60	\$99.27	\$31.44	\$0.44	\$1,537.75
<b>Full Family</b>	\$2,294.98	\$148.91	\$51.30	\$0.44	\$2,495.63

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

**Management Retiree Monthly Insurance Premiums**

**October 1, 2022 - September 30, 2023**

**Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$686.74	\$64.79	\$22.64	\$0.44	\$774.61
<b>EE + Sp/Partner</b>	\$1,510.83	\$128.37	\$49.78	\$0.44	\$1,689.42
<b>EE + Child(ren)</b>	\$1,304.84	\$142.74	\$42.95	\$0.44	\$1,490.97
<b>Full Family</b>	\$2,128.93	\$211.39	\$70.12	\$0.44	\$2,410.88

**Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$686.74	\$43.70	\$22.64	\$0.44	\$753.52
<b>EE + Sp/Partner</b>	\$1,510.83	\$86.50	\$49.78	\$0.44	\$1,647.55
<b>EE + Child(ren)</b>	\$1,304.84	\$87.81	\$42.95	\$0.44	\$1,436.04
<b>Full Family</b>	\$2,128.93	\$134.14	\$70.12	\$0.44	\$2,333.63

**Moda Medical Plan 2, Willamette Dental, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$686.74	\$46.60	\$22.64	\$0.44	\$756.42
<b>EE + Sp/Partner</b>	\$1,510.83	\$93.20	\$49.78	\$0.44	\$1,654.25
<b>EE + Child(ren)</b>	\$1,304.84	\$99.27	\$42.95	\$0.44	\$1,447.50
<b>Full Family</b>	\$2,128.93	\$148.91	\$70.12	\$0.44	\$2,348.40

**Moda Medical Plan 2, Dental Premier Plan 1, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$686.74	\$64.79	\$16.54	\$0.44	\$768.51
<b>EE + Sp/Partner</b>	\$1,510.83	\$128.37	\$36.41	\$0.44	\$1,676.05
<b>EE + Child(ren)</b>	\$1,304.84	\$142.74	\$31.44	\$0.44	\$1,479.46
<b>Full Family</b>	\$2,128.93	\$211.39	\$51.30	\$0.44	\$2,392.06

**Moda Medical Plan 2, Dental Premier Plan 6, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$686.74	\$43.70	\$16.54	\$0.44	\$747.42
<b>EE + Sp/Partner</b>	\$1,510.83	\$86.50	\$36.41	\$0.44	\$1,634.18
<b>EE + Child(ren)</b>	\$1,304.84	\$87.81	\$31.44	\$0.44	\$1,424.53
<b>Full Family</b>	\$2,128.93	\$134.14	\$51.30	\$0.44	\$2,314.81

**Moda Medical Plan 2, Willamette Dental, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$686.74	\$46.60	\$16.54	\$0.44	\$750.32
<b>EE + Sp/Partner</b>	\$1,510.83	\$93.20	\$36.41	\$0.44	\$1,640.88
<b>EE + Child(ren)</b>	\$1,304.84	\$99.27	\$31.44	\$0.44	\$1,435.99
<b>Full Family</b>	\$2,128.93	\$148.91	\$51.30	\$0.44	\$2,329.58

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

**Management Retiree Monthly Insurance Premiums**

**October 1, 2022 - September 30, 2023**

**Moda Medical Plan 6, Dental Premier Plan 1, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$573.23	\$64.79	\$22.64	\$0.44	\$661.10
<b>EE + Sp/Partner</b>	\$1,261.10	\$128.37	\$49.78	\$0.44	\$1,439.69
<b>EE + Child(ren)</b>	\$1,089.16	\$142.74	\$42.95	\$0.44	\$1,275.29
<b>Full Family</b>	\$1,777.05	\$211.39	\$70.12	\$0.44	\$2,059.00

**Moda Medical Plan 6, Dental Premier Plan 6, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$573.23	\$43.70	\$22.64	\$0.44	\$640.01
<b>EE + Sp/Partner</b>	\$1,261.10	\$86.50	\$49.78	\$0.44	\$1,397.82
<b>EE + Child(ren)</b>	\$1,089.16	\$87.81	\$42.95	\$0.44	\$1,220.36
<b>Full Family</b>	\$1,777.05	\$134.14	\$70.12	\$0.44	\$1,981.75

**Moda Medical Plan 6, Willamette Dental, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$573.23	\$46.60	\$22.64	\$0.44	\$642.91
<b>EE + Sp/Partner</b>	\$1,261.10	\$93.20	\$49.78	\$0.44	\$1,404.52
<b>EE + Child(ren)</b>	\$1,089.16	\$99.27	\$42.95	\$0.44	\$1,231.82
<b>Full Family</b>	\$1,777.05	\$148.91	\$70.12	\$0.44	\$1,996.52

**Moda Medical Plan 6, Dental Premier Plan 1, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$573.23	\$64.79	\$16.54	\$0.44	\$655.00
<b>EE + Sp/Partner</b>	\$1,261.10	\$128.37	\$36.41	\$0.44	\$1,426.32
<b>EE + Child(ren)</b>	\$1,089.16	\$142.74	\$31.44	\$0.44	\$1,263.78
<b>Full Family</b>	\$1,777.05	\$211.39	\$51.30	\$0.44	\$2,040.18

**Moda Medical Plan 6, Dental Premier Plan 6, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$573.23	\$43.70	\$16.54	\$0.44	\$633.91
<b>EE + Sp/Partner</b>	\$1,261.10	\$86.50	\$36.41	\$0.44	\$1,384.45
<b>EE + Child(ren)</b>	\$1,089.16	\$87.81	\$31.44	\$0.44	\$1,208.85
<b>Full Family</b>	\$1,777.05	\$134.14	\$51.30	\$0.44	\$1,962.93

**Moda Medical Plan 6, Willamette Dental, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$573.23	\$46.60	\$16.54	\$0.44	\$636.81
<b>EE + Sp/Partner</b>	\$1,261.10	\$93.20	\$36.41	\$0.44	\$1,391.15
<b>EE + Child(ren)</b>	\$1,089.16	\$99.27	\$31.44	\$0.44	\$1,220.31
<b>Full Family</b>	\$1,777.05	\$148.91	\$51.30	\$0.44	\$1,977.70

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

**Management Retiree Monthly Insurance Premiums**

**October 1, 2022 - September 30, 2023**

**Moda Medical Plan 7, Dental Premier Plan 1, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$535.00	\$64.79	\$22.64	\$0.44	\$622.87
<b>EE + Sp/Partner</b>	\$1,176.98	\$128.37	\$49.78	\$0.44	\$1,355.57
<b>EE + Child(ren)</b>	\$1,016.52	\$142.74	\$42.95	\$0.44	\$1,202.65
<b>Full Family</b>	\$1,658.51	\$211.39	\$70.12	\$0.44	\$1,940.46

**Moda Medical Plan 7, Dental Premier Plan 6, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$535.00	\$43.70	\$22.64	\$0.44	\$601.78
<b>EE + Sp/Partner</b>	\$1,176.98	\$86.50	\$49.78	\$0.44	\$1,313.70
<b>EE + Child(ren)</b>	\$1,016.52	\$87.81	\$42.95	\$0.44	\$1,147.72
<b>Full Family</b>	\$1,658.51	\$134.14	\$70.12	\$0.44	\$1,863.21

**Moda Medical Plan 7, Willamette Dental, Opal Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$535.00	\$46.60	\$22.64	\$0.44	\$604.68
<b>EE + Sp/Partner</b>	\$1,176.98	\$93.20	\$49.78	\$0.44	\$1,320.40
<b>EE + Child(ren)</b>	\$1,016.52	\$99.27	\$42.95	\$0.44	\$1,159.18
<b>Full Family</b>	\$1,658.51	\$148.91	\$70.12	\$0.44	\$1,877.98

**Moda Medical Plan 7, Dental Premier Plan 1, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$535.00	\$64.79	\$16.54	\$0.44	\$616.77
<b>EE + Sp/Partner</b>	\$1,176.98	\$128.37	\$36.41	\$0.44	\$1,342.20
<b>EE + Child(ren)</b>	\$1,016.52	\$142.74	\$31.44	\$0.44	\$1,191.14
<b>Full Family</b>	\$1,658.51	\$211.39	\$51.30	\$0.44	\$1,921.64

**Moda Medical Plan 7, Dental Premier Plan 6, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$535.00	\$43.70	\$16.54	\$0.44	\$595.68
<b>EE + Sp/Partner</b>	\$1,176.98	\$86.50	\$36.41	\$0.44	\$1,300.33
<b>EE + Child(ren)</b>	\$1,016.52	\$87.81	\$31.44	\$0.44	\$1,136.21
<b>Full Family</b>	\$1,658.51	\$134.14	\$51.30	\$0.44	\$1,844.39

**Moda Medical Plan 7, Willamette Dental, VSP Choice Plus Vision**

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$535.00	\$46.60	\$16.54	\$0.44	\$598.58
<b>EE + Sp/Partner</b>	\$1,176.98	\$93.20	\$36.41	\$0.44	\$1,307.03
<b>EE + Child(ren)</b>	\$1,016.52	\$99.27	\$31.44	\$0.44	\$1,147.67
<b>Full Family</b>	\$1,658.51	\$148.91	\$51.30	\$0.44	\$1,859.16

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

**Management Retiree Monthly Insurance Premiums**

**October 1, 2022 - September 30, 2023**

<b>Kaiser Medical Plan 1, Dental Premier Plan 1, Opal Vision</b>					
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$663.25	\$64.79	\$22.64	\$0.44	\$751.12
<b>EE + Sp/Partner</b>	\$1,459.17	\$128.37	\$49.78	\$0.44	\$1,637.76
<b>EE + Child(ren)</b>	\$1,260.18	\$142.74	\$42.95	\$0.44	\$1,446.31
<b>Full Family</b>	\$2,056.10	\$211.39	\$70.12	\$0.44	\$2,338.05

<b>Kaiser Medical Plan 1, Dental Premier Plan 6, Opal Vision</b>					
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$663.25	\$43.70	\$22.64	\$0.44	\$730.03
<b>EE + Sp/Partner</b>	\$1,459.17	\$86.50	\$49.78	\$0.44	\$1,595.89
<b>EE + Child(ren)</b>	\$1,260.18	\$87.81	\$42.95	\$0.44	\$1,391.38
<b>Full Family</b>	\$2,056.10	\$134.14	\$70.12	\$0.44	\$2,260.80

<b>Kaiser Medical Plan 1, Willamette Dental, Opal Vision</b>					
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$663.25	\$46.60	\$22.64	\$0.44	\$732.93
<b>EE + Sp/Partner</b>	\$1,459.17	\$93.20	\$49.78	\$0.44	\$1,602.59
<b>EE + Child(ren)</b>	\$1,260.18	\$99.27	\$42.95	\$0.44	\$1,402.84
<b>Full Family</b>	\$2,056.10	\$148.91	\$70.12	\$0.44	\$2,275.57

<b>Kaiser Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision</b>					
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$663.25	\$64.79	\$16.54	\$0.44	\$745.02
<b>EE + Sp/Partner</b>	\$1,459.17	\$128.37	\$36.41	\$0.44	\$1,624.39
<b>EE + Child(ren)</b>	\$1,260.18	\$142.74	\$31.44	\$0.44	\$1,434.80
<b>Full Family</b>	\$2,056.10	\$211.39	\$51.30	\$0.44	\$2,319.23

<b>Kaiser Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision</b>					
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$663.25	\$43.70	\$16.54	\$0.44	\$723.93
<b>EE + Sp/Partner</b>	\$1,459.17	\$86.50	\$36.41	\$0.44	\$1,582.52
<b>EE + Child(ren)</b>	\$1,260.18	\$87.81	\$31.44	\$0.44	\$1,379.87
<b>Full Family</b>	\$2,056.10	\$134.14	\$51.30	\$0.44	\$2,241.98

<b>Kaiser Medical Plan 1, Willamette Dental, VSP Choice Plus Vision</b>					
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>\$5k Basic Life</b>	<b>Total</b>
<b>EE Only</b>	\$663.25	\$46.60	\$16.54	\$0.44	\$726.83
<b>EE + Sp/Partner</b>	\$1,459.17	\$93.20	\$36.41	\$0.44	\$1,589.22
<b>EE + Child(ren)</b>	\$1,260.18	\$99.27	\$31.44	\$0.44	\$1,391.33
<b>Full Family</b>	\$2,056.10	\$148.91	\$51.30	\$0.44	\$2,256.75

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