

CDFS - OSEA Benefit Plans and Monthly Premiums 2023-2024

MEDICAL

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

Employee Only

Full Premium	\$711.74	\$667.73	\$594.09	\$693.73	\$423.09
Employer Paid	\$530.00	\$530.00	\$495.00	\$530.00	\$495.00
Employee Paid	\$181.74	\$137.73	\$99.09	\$163.73	(\$71.91)

Employee & Spouse/Domestic

Full Premium	\$1,565.82	\$1,469.01	\$1,307.01	\$1,526.21	\$931.34
Employer Paid	\$1,135.00	\$1,135.00	\$1,061.00	\$1,135.00	\$1,061.00
Employee Paid	\$430.82	\$334.01	\$246.01	\$391.21	(\$129.66)

Employee & Child

Full Premium	\$1,352.33	\$1,268.73	\$1,128.81	\$1,318.09	\$803.53
Employer Paid	\$985.00	\$985.00	\$919.00	\$985.00	\$919.00
Employee Paid	\$367.33	\$283.73	\$209.81	\$333.09	(\$115.47)

Family

Full Premium	\$2,206.43	\$2,070.02	\$1,841.73	\$2,150.57	\$1,311.82
Employer Paid	\$1,590.00	\$1,590.00	\$1,484.00	\$1,590.00	\$1,484.00
Employee Paid	\$616.43	\$480.02	\$357.73	\$560.57	(\$172.18)

* 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	\$57.95	\$46.99	\$70.88
Employer Paid	\$47.91	\$46.99	\$47.91
Employee Paid	\$10.04	\$0.00	\$22.97

Employee & Spouse/Domestic

Full Premium	\$114.80	\$93.99	\$155.96
Employer Paid	\$94.87	\$93.99	\$94.87
Employee Paid	\$19.93	\$0.00	\$61.09

Employee & Child

Full Premium	\$127.67	\$100.11	\$134.69
Employer Paid	\$106.86	\$100.11	\$106.86
Employee Paid	\$20.81	\$0.00	\$27.83

Family

Full Premium	\$189.06	\$150.18	\$219.74
Employer Paid	\$157.60	\$150.18	\$157.60
Employee Paid	\$31.46	\$0.00	\$62.14

VISION

Moda Quartz Kaiser Plan #5

Employee Only

Full Premium	\$12.67	\$8.49
Employer Paid	\$12.67	\$8.49
Employee Paid	\$0.00	\$0.00

Employee & Spouse/Domestic

Full Premium	\$27.92	\$18.67
Employer Paid	\$27.92	\$18.67
Employee Paid	\$0.00	\$0.00

Employee & Child

Full Premium	\$24.09	\$16.12
Employer Paid	\$24.09	\$16.12
Employee Paid	\$0.00	\$0.00

Family

Full Premium	\$39.28	\$26.31
Employer Paid	\$39.28	\$26.31
Employee Paid	\$0.00	\$0.00