## Classified Benefit Plans and Monthly Premiums 2023-2024

Plan 2	Plan 6*	Kaiser 1	Kaiser 3 *
	Employ	ee Only	
\$711.74	\$594.09	\$693.73	\$423.09
\$693.73	\$594.09	\$693.73	\$423.09
\$18.01	\$0.00	\$0.00	\$0.00
	\$711.74 \$693.73	<b>Employ</b> \$711.74 \$594.09 \$693.73 \$594.09	<b>Employee Only</b> \$711.74 \$594.09 \$693.73 \$693.73 \$594.09 \$693.73

	Employee & Spouse/Domestic			
Full Premium	\$1,565.82	\$1,307.01	\$1,526.21	\$931.34
Employer Paid	\$1,526.21	\$1,307.01	\$1,526.21	\$931.34
Employee Paid	\$39.61	\$0.00	\$0.00	\$0.00
Employee Paid	\$39.61	\$0.00	\$0.00	)

	Employee & Child			
Full Premium	\$1,352.33	\$1,128.81	\$1,318.09	\$803.53
Employer Paid	\$1,318.09	\$1,128.81	\$1,318.09	\$803.53
Employee Paid	\$34.24	\$0.00	\$0.00	\$0.00

	Family			
Full Premium	\$2,206.43	\$1,841.73	\$2,150.57	\$1,311.82
Employer Paid	\$2,150.57	\$1,841.73	\$2,150.57	\$1,311.82
Employee Paid	\$55.86	\$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.

2023 HSA Maximum Single:	\$3,850	Family:	\$7,750
2024 HSA Maximum Single:	\$4,150	Family:	\$8,300

DENTAL	Moda	Willamette	Kaiser
	Plan #5	Plan #8	Plan #8
	Em	ployee Only	
Full Premium	\$57.95	\$46.99	\$70.88
Employer Paid	\$50.42	\$40.88	\$61.67
Employee Paid	\$7.53	\$6.11	\$9.21

	Employee & Spouse/Domestic			
Full Premium	\$114.80	\$93.99	\$155.96	
Employer Paid	\$99.88	\$81.77	\$135.69	
Employee Paid	\$14.92	\$12.22	\$20.27	

	Employee & Child			
Full Premium	\$127.67	\$100.11	\$134.69	
Employer Paid	\$111.07	\$87.10	\$117.18	
Employee Paid	\$16.60	\$13.01	\$17.51	

		Family	
Full Premium	\$189.06	\$150.18	\$219.74
Employer Paid	\$164.48	\$130.66	\$191.17
Employee Paid	\$24.58	\$19.52	\$28.57

Emp	loyee Only	
Full Premium	\$12.67	\$8.49
Employer Paid	\$12.67	\$8.49
Employee Paid	\$0.00	\$0.00

Moda

Quartz

Kaiser

Plan #5

VISION

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