

# Faculty Benefit Plans and Monthly Premiums 2023-2024

<b>MEDICAL</b>	<b>Moda Plan 2</b>	<b>Moda Plan 6*</b>	<b>Kaiser 1</b>	<b>Kaiser 3*</b>
<b>Employee Only</b>				
Full Premium	\$711.74	\$594.09	\$693.73	\$423.09
Employer Paid	\$711.74	\$594.09	\$603.55	\$423.09
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$90.18</b>	<b>\$0.00</b>
<b>Employee &amp; Spouse/Domestic</b>				
Full Premium	\$1,565.82	\$1,307.01	\$1,526.21	\$931.34
Employer Paid	\$1,565.82	\$1,307.01	\$1,327.80	\$931.34
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$198.41</b>	<b>\$0.00</b>
<b>Employee &amp; Child</b>				
Full Premium	\$1,352.33	\$1,128.81	\$1,318.09	\$803.53
Employer Paid	\$1,352.33	\$1,128.81	\$1,146.74	\$803.53
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$171.35</b>	<b>\$0.00</b>
<b>Family</b>				
Full Premium	\$2,206.43	\$1,841.73	\$2,150.57	\$1,311.82
Employer Paid	\$2,206.43	\$1,841.73	\$1,871.00	\$1,311.82
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$279.57</b>	<b>\$0.00</b>

\*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**

<b>DENTAL</b>	<b>Moda Plan #5</b>	<b>Willamette Plan #8</b>	<b>Kaiser Plan #8</b>
<b>Employee Only</b>			
Full Premium	\$57.95	\$46.99	\$70.88
Employer Paid	\$50.42	\$40.88	\$61.67
<b>Employee Paid</b>	<b>\$7.53</b>	<b>\$6.11</b>	<b>\$9.21</b>
<b>Employee &amp; Spouse/Domestic</b>			
Full Premium	\$114.80	\$93.99	\$155.96
Employer Paid	\$99.88	\$81.77	\$135.69
<b>Employee Paid</b>	<b>\$14.92</b>	<b>\$12.22</b>	<b>\$20.27</b>
<b>Employee &amp; Child</b>			
Full Premium	\$127.67	\$100.11	\$134.69
Employer Paid	\$111.07	\$87.10	\$117.18
<b>Employee Paid</b>	<b>\$16.60</b>	<b>\$13.01</b>	<b>\$17.51</b>
<b>Family</b>			
Full Premium	\$189.06	\$150.18	\$219.74
Employer Paid	\$164.48	\$130.66	\$191.17
<b>Employee Paid</b>	<b>\$24.58</b>	<b>\$19.52</b>	<b>\$28.57</b>

<b>VISION</b>	<b>Moda Quartz</b>	<b>Kaiser Plan #5</b>
<b>Employee Only</b>		
Full Premium	\$12.67	\$8.49
Employer Paid	\$12.67	\$8.49
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Employee &amp; Spouse/Domestic</b>		
Full Premium	\$27.92	\$18.67
Employer Paid	\$27.92	\$18.67
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Employee &amp; Child</b>		
Full Premium	\$24.09	\$16.12
Employer Paid	\$24.09	\$16.12
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Family</b>		
Full Premium	\$39.28	\$26.31
Employer Paid	\$39.28	\$26.31
<b>Employee Paid</b>	<b>\$0.00</b>	<b>\$0.00</b>