Management & Confidential Benefit Plans and Monthly Premiums 2023-2024

NAFRICAL	Moda	Moda	Moda	Moda							
MEDICAL	Plan 1	Plan 2	Plan 3	Plan 6*	Kaiser 1	Kaiser 3 *					
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			Employ	ee Only							
Full Premium	\$767.25	\$711.74	\$667.73	\$594.09	\$693.73	\$423.09					
Employer Paid	\$693.73	\$693.73	\$667.73	\$693.73	\$693.73	\$693.73					
Employee Paid	\$73.52	\$18.01	\$0.00	(\$99.64)	\$0.00	(\$256.67)					
	Employee & Spouse/Domestic										
Full Premium	\$1,687.93	\$1,565.82	\$1,469.01	\$1,307.01	\$1,526.21	\$931.34					
Employer Paid	\$1,526.21	\$1,526.21	\$1,469.01	\$1,526.21	\$1,526.21	\$1,526.21					
Employee Paid	\$161.72	\$39.61	\$0.00	(\$219.20)	\$0.00	(\$516.67)					
			Employe	ee & Child							
Full Premium	\$1,457.80	\$1,352.33	\$1,268.73	\$1,128.81	\$1,318.09	\$803.53					
Employer Paid	\$1,318.09	\$1,318.09	\$1,268.73	\$1,318.09	\$1,318.09	\$1,318.09					
Employee Paid	\$139.71	\$34.24	\$0.00	(\$189.28)	\$0.00	(\$514.56)					
	Family										
				,							
Full Premium	\$2,378.52	\$2,206.43	\$2,070.02	\$1,841.73	\$2,150.57	\$1,311.82					
Full Premium Employer Paid	\$2,378.52 \$2,150.57	\$2,206.43 \$2,151.00		•	\$2,150.57 \$2,150.57	\$1,311.82 \$2,150.57					

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.

 2023 HSA Maximum Single:
 \$3,850
 Family:
 \$7,750

 2024 HSA Maximum Single:
 \$4,150
 Family:
 \$8,300

DENTAL	Delta	Willamette	Kaiser	
_	Plan #5	Plan #8	Plan #8	
		Employee Only		
Full Premium	\$57.95	\$46.99	\$70.88	
Employer Paid	\$57.95	\$46.99	\$57.95	
Employee Paid	\$0.00	\$0.00	\$12.93	
	Employ	ee & Spouse/Do	omestic	
Full Premium	\$114.80	\$93.99	\$155.96	
Employer Paid	\$114.80	\$93.99	\$114.80	
Employee Paid	\$0.00	\$0.00	\$41.16	
	Employee & Child			
Full Premium	\$127.67	\$100.11	\$134.69	
Employer Paid	\$127.67	\$100.11	\$127.67	
Employee Paid	\$0.00	\$0.00	\$7.02	
	70.00	70.00	*****	
		Family		
Full Premium	\$189.06	\$150.18	\$219.74	
Employer Paid	\$189.06	\$150.18	\$189.06	
Employee Paid	\$0.00	\$0.00	\$30.68	