

Contracted Faculty Monthly Insurance Premiums

October 1, 2014 - September 30, 2015

Moda MEDICAL PLAN A w/ Pharmacy, Vision & Selected Dental Plan								Moda MEDICAL PLAN E w/ Pharmacy, Vision & Selected Dental Plan							
Moda Dental Plan 1 w/ Ortho							Monthly Contributions	Moda Dental Plan 1 w/ Ortho							Monthly Contributions
	Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee		Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee
EE Only	\$810.81	\$63.08	\$20.39	\$8.28	\$902.56	\$704.49	\$198.07	EE Only	\$470.91	\$63.08	\$20.39	\$8.28	\$562.66	\$562.66	\$0.00
EE + Spouse	\$1,783.82	\$124.96	\$44.84	\$8.28	\$1,961.90	\$1,509.22	\$452.68	EE + Spouse	\$1,036.01	\$124.96	\$44.84	\$8.28	\$1,214.09	\$1,214.09	\$0.00
EE + Child(ren)	\$1,540.60	\$138.97	\$38.72	\$8.28	\$1,726.57	\$1,337.54	\$389.03	EE + Child(ren)	\$894.75	\$138.97	\$38.72	\$8.28	\$1,080.72	\$1,080.72	\$0.00
Full Family	\$2,513.61	\$205.80	\$63.18	\$8.28	\$2,790.87	\$2,183.24	\$607.63	Full Family	\$1,459.86	\$205.80	\$63.18	\$8.28	\$1,737.12	\$1,737.12	\$0.00
Moda Dental Plan 4 w/ Ortho								Moda Dental Plan 4 w/ Ortho							
EE Only	\$810.81	\$51.83	\$20.39	\$8.28	\$891.31	\$704.49	\$186.82	EE Only	\$470.91	\$51.83	\$20.39	\$8.28	\$551.41	\$551.41	\$0.00
EE + Spouse	\$1,783.82	\$102.66	\$44.84	\$8.28	\$1,939.60	\$1,509.22	\$430.38	EE + Spouse	\$1,036.01	\$102.66	\$44.84	\$8.28	\$1,191.79	\$1,191.79	\$0.00
EE + Child(ren)	\$1,540.60	\$116.34	\$38.72	\$8.28	\$1,703.94	\$1,337.54	\$366.40	EE + Child(ren)	\$894.75	\$116.34	\$38.72	\$8.28	\$1,058.09	\$1,058.09	\$0.00
Full Family	\$2,513.61	\$171.22	\$63.18	\$8.28	\$2,756.29	\$2,183.24	\$573.05	Full Family	\$1,459.86	\$171.22	\$63.18	\$8.28	\$1,702.54	\$1,702.54	\$0.00
Willamette Dental Plan 8 w/ Ortho								Willamette Dental Plan 8 w/ Ortho							
EE Only	\$810.81	\$39.20	\$20.39	\$8.28	\$878.68	\$704.49	\$174.19	EE Only	\$470.91	\$39.20	\$20.39	\$8.28	\$538.78	\$538.78	\$0.00
EE + Spouse	\$1,783.82	\$77.61	\$44.84	\$8.28	\$1,914.55	\$1,509.22	\$405.33	EE + Spouse	\$1,036.01	\$77.61	\$44.84	\$8.28	\$1,166.74	\$1,166.74	\$0.00
EE + Child(ren)	\$1,540.60	\$82.59	\$38.72	\$8.28	\$1,670.19	\$1,337.54	\$332.65	EE + Child(ren)	\$894.75	\$82.59	\$38.72	\$8.28	\$1,024.34	\$1,024.34	\$0.00
Full Family	\$2,513.61	\$124.13	\$63.18	\$8.28	\$2,709.20	\$2,183.24	\$525.96	Full Family	\$1,459.86	\$124.13	\$63.18	\$8.28	\$1,655.45	\$1,655.45	\$0.00
Moda MEDICAL PLAN B w/ Pharmacy, Vision & Selected Dental Plan								Moda MEDICAL PLAN G w/ Pharmacy, Vision & Selected Dental Plan							
Moda Dental Plan 1 w/ Ortho							Monthly Contributions	Moda Dental Plan 1 w/ Ortho							Monthly Contributions
	Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee		Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee
EE Only	\$649.70	\$63.08	\$20.39	\$8.28	\$741.45	\$704.49	\$36.96	EE Only	\$392.97	\$63.08	\$20.39	\$8.28	\$484.72	\$484.72	\$0.00
EE + Spouse	\$1,429.33	\$124.96	\$44.84	\$8.28	\$1,607.41	\$1,509.22	\$98.19	EE + Spouse	\$864.53	\$124.96	\$44.84	\$8.28	\$1,042.61	\$1,042.61	\$0.00
EE + Child(ren)	\$1,234.44	\$138.97	\$38.72	\$8.28	\$1,420.41	\$1,337.54	\$82.87	EE + Child(ren)	\$746.66	\$138.97	\$38.72	\$8.28	\$932.63	\$932.63	\$0.00
Full Family	\$2,014.09	\$205.80	\$63.18	\$8.28	\$2,291.35	\$2,183.24	\$108.11	Full Family	\$1,218.24	\$205.80	\$63.18	\$8.28	\$1,495.50	\$1,495.50	\$0.00
Moda Dental Plan 4 w/ Ortho								Moda Dental Plan 4 w/ Ortho							
EE Only	\$649.70	\$51.83	\$20.39	\$8.28	\$730.20	\$704.49	\$25.71	EE Only	\$392.97	\$51.83	\$20.39	\$8.28	\$473.47	\$473.47	\$0.00
EE + Spouse	\$1,429.33	\$102.66	\$44.84	\$8.28	\$1,585.11	\$1,509.22	\$75.89	EE + Spouse	\$864.53	\$102.66	\$44.84	\$8.28	\$1,020.31	\$1,020.31	\$0.00
EE + Child(ren)	\$1,234.44	\$116.34	\$38.72	\$8.28	\$1,397.78	\$1,337.54	\$60.24	EE + Child(ren)	\$746.66	\$116.34	\$38.72	\$8.28	\$910.00	\$910.00	\$0.00
Full Family	\$2,014.09	\$171.22	\$63.18	\$8.28	\$2,256.77	\$2,183.24	\$73.53	Full Family	\$1,218.24	\$171.22	\$63.18	\$8.28	\$1,460.92	\$1,460.92	\$0.00
Willamette Dental Plan 8 w/ Ortho								Willamette Dental Plan 8 w/ Ortho							
EE Only	\$649.70	\$39.20	\$20.39	\$8.28	\$717.57	\$704.49	\$13.08	EE Only	\$392.97	\$39.20	\$20.39	\$8.28	\$460.84	\$460.84	\$0.00
EE + Spouse	\$1,429.33	\$77.61	\$44.84	\$8.28	\$1,560.06	\$1,509.22	\$50.84	EE + Spouse	\$864.53	\$77.61	\$44.84	\$8.28	\$995.26	\$995.26	\$0.00
EE + Child(ren)	\$1,234.44	\$82.59	\$38.72	\$8.28	\$1,364.03	\$1,337.54	\$26.49	EE + Child(ren)	\$746.66	\$82.59	\$38.72	\$8.28	\$876.25	\$876.25	\$0.00
Full Family	\$2,014.09	\$124.13	\$63.18	\$8.28	\$2,209.68	\$2,183.24	\$26.44	Full Family	\$1,218.24	\$124.13	\$63.18	\$8.28	\$1,413.83	\$1,413.83	\$0.00
Moda MEDICAL PLAN C w/ Pharmacy, Vision & Selected Dental Plan								Other Employer Paid Benefits							
Moda Dental Plan 1 w/ Ortho							Monthly Contributions	Long Term Disability (Plan 9)							\$20.32
	Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee	Life Insurance (Plan 11)							\$12.20
EE Only	\$542.23	\$63.08	\$20.39	\$8.28	\$633.98	\$633.98	\$0.00	Accidental Death & Dismemberment (Plan 10)							\$0.75
EE + Spouse	\$1,192.89	\$124.96	\$44.84	\$8.28	\$1,370.97	\$1,370.97	\$0.00	Employee Assistance Program (up to 6 visits)							\$1.16
EE + Child(ren)	\$1,030.24	\$138.97	\$38.72	\$8.28	\$1,216.21	\$1,216.21	\$0.00								
Full Family	\$1,680.91	\$205.80	\$63.18	\$8.28	\$1,958.17	\$1,958.17	\$0.00								
Moda Dental Plan 4 w/ Ortho															
EE Only	\$542.23	\$51.83	\$20.39	\$8.28	\$622.73	\$622.73	\$0.00								
EE + Spouse	\$1,192.89	\$102.66	\$44.84	\$8.28	\$1,348.67	\$1,348.67	\$0.00								
EE + Child(ren)	\$1,030.24	\$116.34	\$38.72	\$8.28	\$1,193.58	\$1,193.58	\$0.00								
Full Family	\$1,680.91	\$171.22	\$63.18	\$8.28	\$1,923.59	\$1,923.59	\$0.00								
Willamette Dental Plan 8 w/ Ortho															
EE Only	\$542.23	\$39.20	\$20.39	\$8.28	\$610.10	\$610.10	\$0.00								
EE + Spouse	\$1,192.89	\$77.61	\$44.84	\$8.28	\$1,323.62	\$1,323.62	\$0.00								
EE + Child(ren)	\$1,030.24	\$82.59	\$38.72	\$8.28	\$1,159.83	\$1,159.83	\$0.00								
Full Family	\$1,680.91	\$124.13	\$63.18	\$8.28	\$1,876.50	\$1,876.50	\$0.00								

payroll effective dates: 09/01/2014 - 08/31/2015

to determine your per paycheck deduction, divide the value in the "Monthly Employee Contribution" by 2

ALL AMOUNTS SUBJECT TO CHANGE BASED UPON CONTRACT NEGOTIATIONS