

Part-time Faculty Monthly Insurance Premiums

October 1, 2015 - September 30, 2016

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	Total Premium	Employer	Employee		Medical	Dental	Vision	Total Premium	Employer	Employee
EE Only	\$876.95	\$63.15	\$21.17	\$961.27	\$771.48	\$189.79	EE Only	\$509.32	\$63.15	\$21.17	\$593.64	\$593.64	\$0.00
EE + Spouse	\$1,929.33	\$125.09	\$46.54	\$2,100.96	\$1,017.59	\$1,083.37	EE + Spouse	\$1,120.51	\$125.09	\$46.54	\$1,292.14	\$956.58	\$335.56
EE + Child(ren)	\$1,666.27	\$139.11	\$40.19	\$1,845.57	\$878.87	\$966.70	EE + Child(ren)	\$967.73	\$139.11	\$40.19	\$1,147.03	\$826.18	\$320.85
Full Family	\$2,718.65	\$206.00	\$65.59	\$2,990.24	\$1,185.76	\$1,804.48	Full Family	\$1,578.94	\$206.00	\$65.59	\$1,850.53	\$1,099.80	\$750.73
MODA Dental Plan 4 w/ Ortho							MODA Dental Plan 4 w/ Ortho						
EE Only	\$876.95	\$51.88	\$21.17	\$950.00	\$771.46	\$178.54	EE Only	\$509.32	\$51.88	\$21.17	\$582.37	\$582.37	\$0.00
EE + Spouse	\$1,929.33	\$102.76	\$46.54	\$2,078.63	\$1,017.56	\$1,061.07	EE + Spouse	\$1,120.51	\$102.76	\$46.54	\$1,269.81	\$956.55	\$313.26
EE + Child(ren)	\$1,666.27	\$116.45	\$40.19	\$1,822.91	\$878.84	\$944.07	EE + Child(ren)	\$967.73	\$116.45	\$40.19	\$1,124.37	\$826.15	\$298.22
Full Family	\$2,718.65	\$171.39	\$65.59	\$2,955.63	\$1,185.73	\$1,769.90	Full Family	\$1,578.94	\$171.39	\$65.59	\$1,815.92	\$1,099.77	\$716.15
Willamette Dental Plan 8 w/ Ortho							Willamette Dental Plan 8 w/ Ortho						
EE Only	\$876.95	\$40.14	\$21.17	\$938.26	\$772.35	\$165.91	EE Only	\$509.32	\$40.14	\$21.17	\$570.63	\$570.63	\$0.00
EE + Spouse	\$1,929.33	\$79.48	\$46.54	\$2,055.35	\$1,019.33	\$1,036.02	EE + Spouse	\$1,120.51	\$79.48	\$46.54	\$1,246.53	\$958.32	\$288.21
EE + Child(ren)	\$1,666.27	\$84.57	\$40.19	\$1,791.03	\$880.71	\$910.32	EE + Child(ren)	\$967.73	\$84.57	\$40.19	\$1,092.49	\$828.02	\$264.47
Full Family	\$2,718.65	\$127.11	\$65.59	\$2,911.35	\$1,188.54	\$1,722.81	Full Family	\$1,578.94	\$127.11	\$65.59	\$1,771.64	\$1,102.58	\$669.06
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	Total Premium	Employer	Employee		Medical	Dental	Vision	Total Premium	Employer	Employee
EE Only	\$702.69	\$63.15	\$21.17	\$787.01	\$758.33	\$28.68	EE Only	\$425.02	\$63.15	\$21.17	\$509.34	\$509.34	\$0.00
EE + Spouse	\$1,545.92	\$125.09	\$46.54	\$1,717.55	\$988.67	\$728.88	EE + Spouse	\$935.05	\$125.09	\$46.54	\$1,106.68	\$942.60	\$164.08
EE + Child(ren)	\$1,335.14	\$139.11	\$40.19	\$1,514.44	\$853.90	\$660.54	EE + Child(ren)	\$807.57	\$139.11	\$40.19	\$986.87	\$814.11	\$172.76
Full Family	\$2,178.38	\$206.00	\$65.59	\$2,449.97	\$1,145.01	\$1,304.96	Full Family	\$1,317.61	\$206.00	\$65.59	\$1,589.20	\$1,080.09	\$509.11
MODA Dental Plan 4 w/ Ortho							MODA Dental Plan 4 w/ Ortho						
EE Only	\$702.69	\$51.88	\$21.17	\$775.74	\$758.31	\$17.43	EE Only	\$425.02	\$51.88	\$21.17	\$498.07	\$498.07	\$0.00
EE + Spouse	\$1,545.92	\$102.76	\$46.54	\$1,695.22	\$988.64	\$706.58	EE + Spouse	\$935.05	\$102.76	\$46.54	\$1,084.35	\$942.57	\$141.78
EE + Child(ren)	\$1,335.14	\$116.45	\$40.19	\$1,491.78	\$853.87	\$637.91	EE + Child(ren)	\$807.57	\$116.45	\$40.19	\$964.21	\$814.08	\$150.13
Full Family	\$2,178.38	\$171.39	\$65.59	\$2,415.36	\$1,144.98	\$1,270.38	Full Family	\$1,317.61	\$171.39	\$65.59	\$1,554.59	\$1,080.06	\$474.53
Willamette Dental Plan 8 w/ Ortho							Willamette Dental Plan 8 w/ Ortho						
EE Only	\$702.69	\$40.14	\$21.17	\$764.00	\$759.20	\$4.80	EE Only	\$425.02	\$40.14	\$21.17	\$486.33	\$486.33	\$0.00
EE + Spouse	\$1,545.92	\$79.48	\$46.54	\$1,671.94	\$990.41	\$681.53	EE + Spouse	\$935.05	\$79.48	\$46.54	\$1,061.07	\$944.34	\$116.73
EE + Child(ren)	\$1,335.14	\$84.57	\$40.19	\$1,459.90	\$855.74	\$604.16	EE + Child(ren)	\$807.57	\$84.57	\$40.19	\$932.33	\$815.95	\$116.38
Full Family	\$2,178.38	\$127.11	\$65.59	\$2,371.08	\$1,147.79	\$1,223.29	Full Family	\$1,317.61	\$127.11	\$65.59	\$1,510.31	\$1,082.87	\$427.44
MODA MEDICAL PLAN C w/ Pharmacy, Vision & Selected Dental Plan							Other Employer Paid Benefits						
MODA Dental Plan 1 w/ Ortho				Monthly Contributions									
	Medical	Dental	Vision	Total Premium	Employer	Employee							
EE Only	\$586.46	\$63.15	\$21.17	\$670.78	\$670.78	\$0.00	Employee Assistance Program (up to 6 visits)						
EE + Spouse	\$1,290.19	\$125.09	\$46.54	\$1,461.82	\$969.38	\$492.44							
EE + Child(ren)	\$1,114.27	\$139.11	\$40.19	\$1,293.57	\$837.23	\$456.34							
Full Family	\$1,818.03	\$206.00	\$65.59	\$2,089.62	\$1,117.84	\$971.78							
MODA Dental Plan 4 w/ Ortho													
EE Only	\$586.46	\$51.88	\$21.17	\$659.51	\$659.51	\$0.00							
EE + Spouse	\$1,290.19	\$102.76	\$46.54	\$1,439.49	\$969.35	\$470.14							
EE + Child(ren)	\$1,114.27	\$116.45	\$40.19	\$1,270.91	\$837.20	\$433.71							
Full Family	\$1,818.03	\$171.39	\$65.59	\$2,055.01	\$1,117.81	\$937.20							
Willamette Dental Plan 8 w/ Ortho													
EE Only	\$586.46	\$40.14	\$21.17	\$647.77	\$647.77	\$0.00							
EE + Spouse	\$1,290.19	\$79.48	\$46.54	\$1,416.21	\$971.12	\$445.09							
EE + Child(ren)	\$1,114.27	\$84.57	\$40.19	\$1,239.03	\$839.07	\$399.96							
Full Family	\$1,818.03	\$127.11	\$65.59	\$2,010.73	\$1,120.62	\$890.11							

payroll effective dates: 09/01/2015 - 08/31/2016

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