2024 Premium Cost estimation for Faculty and Professional Faculty Employees working 50% to 100% FTE

For Counties: Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington, Yamhill								
Select a Medical Plan		Select a Vision Plan: Employees enrolled in the Plus Plan pay both the basic, and the plus premiums.		Select a Dental Plan				
Medical Plan Options	Premium Cost	VSP Basic Vision	VSP Plus Vision	Delta Dental Premier	Delta Dental PPO	Kaiser Dental: Uses Kaiser Dental network/providers. May have a limited network.	Willamette Dental: Uses Willamette Dental offices/providers. May have a limited network.	
MODA Health								
Employee Only	\$43.05	\$0.42	\$7.18	\$3.18	\$2.94	\$3.20	\$2.76	
Employee + Spouse/Partner	\$86.10	\$0.83	\$14.38	\$6.37	\$5.88	\$6.40	\$5.52	
Employee + Child(ren)	\$73.18	\$0.71	\$12.20	\$5.41	\$5.00	\$5.44	\$4.69	
Employee + Family Kaiser Deductible	\$116.23	\$1.13	\$19.39	\$8.59	\$7.94	\$8.64	\$7.45	
Employee Only	\$42.60	n/a	n/a	\$3.18	\$2.94	\$3.20	\$2.76	
Employee + Spouse/Partner	\$85.20	n/a	n/a	\$6.37	\$5.88	\$6.40	\$5.52	
Employee + Child(ren)	\$72.42	n/a	n/a	\$5. <b>41</b>	\$5.00	\$5.44	\$4.69	
Employee + Family Kaiser HMO	\$115.01	n/a	n/a	\$8.59	\$7.94	\$8.64	\$7.45	
Employee Only	\$49.16	n/a	n/a	\$3.18	\$2.94	\$3.20	\$2.76	
' '	\$49.10 \$98.32	n/a	n/a	\$6.37	\$5.88	\$6.40	\$2.76 \$5.52	
Employee + Spouse/Partner Employee + Child(ren)	\$98.52 \$83.57	n/a	n/a	\$6.57 \$5.41	\$5.00	\$6.40 \$5.44	\$3.52 \$4.69	
Employee + Family	\$63.57 \$132.73	n/a	n/a	\$8.59	\$5.00 \$7.94	\$3.44 \$8.64	\$4.69 \$7.45	
Providence Statewide Plan	\$132.73	li/a	ii/a	\$6.55	\$7.54	Ş6.0 <del>4</del>	Ş7. <del>4</del> 5	
Employee Only	\$47.83	\$0.42	\$7.18	\$3.18	\$2.94	\$3.20	\$2.76	
Employee + Spouse/Partner	\$95.66	\$0.83	\$14.38	\$6.37	\$5.88	\$6.40	\$5.52	
Employee + Child(ren)	\$81.31	\$0.71	\$12.20	\$5.41	\$5.00	\$5.44	\$4.69	
Employee + Family	\$129.18	\$1.13	\$19.39	\$8.59	\$7.94	\$8.64	\$7.45	
Providence Choice	,		,	,			,	
Employee Only	\$42.61	\$0.42	\$7.18	\$3.18	\$2.94	\$3.20	\$2.76	
Employee + Spouse/Partner	\$85.22	\$0.83	\$14.38	\$6.37	\$5.88	\$6.40	\$5.52	
Employee + Child(ren)	\$ <b>72.44</b>	\$0.71	\$12.20	\$ <b>5.41</b>	\$5.00	\$5.44	\$4.69	
Employee + Family	\$115.05	\$1.13	\$19.39	\$8.59	\$7.94	\$8.64	\$7.45	
*VSP isn't available for those w	ho enroll in a Ka	l iser medical plan. K	aiser has a vision b	enefit contained w	l ithin the medical (	coverage.		
**n/a = not available								

		For Count	ies: Gilliar	n, Lake, Sh	erman			
Select a Medical Plan		Select a Vision Plan: Employees enrolled in the Plus Plan pay both the basic, and the plus premiums.		Select a Dental Plan				
Medical Plan Options	Premium Cost	VSP Basic Vision	VSP Plus Vision	Delta Dental Premier	Delta Dental PPO: May have limited network/providers	Kaiser Dental: Uses Kaiser Dental network/providers. May have a limited network.	Willamette Dental: Uses Willamette Dental offices/providers. May have a limited network.	
MODA Health	\$43.05	\$0.42	\$7.18	\$3.18	\$2.94	n/2	n/2	
Employee Only Employee + Spouse/Partner	\$45.05 \$86.10	\$0.42	\$14.38	\$6.37	\$2.94 \$5.88	n/a n/a	n/a n/a	
Employee + Child(ren)	\$73.18	\$0.83	\$14.38 \$12.20	\$5.41	\$5.00	n/a	n/a	
Employee + Family	\$116.23	\$1.13	\$12.20 \$19.39	\$8.59	\$3.00 \$7.94	n/a	n/a	
Kaiser Deductible	ÿ110.23	71.13	<b>713.3</b> 3	70.33	\$7.54	11/4	11/ 0	
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Kaiser HMO	.,, -	.,, .	., .		.,,	.,, .	.,,	
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Providence Statewide Plan								
<b>Employee Only</b>	\$47.83	\$0.42	\$7.18	\$3.18	\$2.94	n/a	n/a	
Employee + Spouse/Partner	\$95.66	\$0.83	\$14.38	\$6.37	\$5.88	n/a	n/a	
Employee + Child(ren)	\$81.31	\$0.71	\$12.20	\$5.41	\$5.00	n/a	n/a	
Employee + Family	\$129.18	\$1.13	\$19.39	\$8.59	\$7.94	n/a	n/a	
<b>Providence Choice</b>								
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
**n/a = not available								

For Counties: Baker, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephone, Klamath, Lincoln, Malheur, Morrow, Tillamok, Umatilla, Union, Wallowa, Wasco, Wheeler

Select a Medical Plan		Select a Vision Plan: Employees enrolled in the Plus Plan pay both the basic, and the plus premiums.		Select a Dental Plan				
Medical Plan Options	Premium Cost	VSP Basic Vision	VSP Plus Vision	Delta Dental Premier	Delta Dental PPO: May have limited network/providers in some areas	Kaiser Dental: Uses Kaiser Dental network/providers. May have a limited network.	Willamette Dental: Uses Willamette Dental offices/providers. May have a limited network.	
MODA Health Employee Only Employee + Spouse/Partner Employee + Child(ren) Employee + Family Kaiser Deductible	\$43.05	\$0.42	\$7.18	\$3.18	\$2.94	n/a	\$2.76	
	\$86.10	\$0.83	\$14.38	\$6.37	\$5.88	n/a	\$5.52	
	\$73.18	\$0.71	\$12.20	\$5.41	\$5.00	n/a	\$4.69	
	\$116.23	\$1.13	\$19.39	\$8.59	\$7.94	n/a	\$7.45	
Employee Only Employee + Spouse/Partner Employee + Child(ren) Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Kaiser HMO Employee Only Employee + Spouse/Partner Employee + Child(ren) Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Providence Statewide Plan Employee Only Employee + Spouse/Partner Employee + Child(ren) Employee + Family Providence Choice	\$47.83	\$0.42	\$7.18	\$3.18	\$2.94	n/a	\$2.76	
	\$95.66	\$0.83	\$14.38	\$6.37	\$5.88	n/a	\$5.52	
	\$81.31	\$0.71	\$12.20	\$5.41	\$5.00	n/a	\$4.69	
	\$129.18	\$1.13	\$19.39	\$8.59	\$7.94	n/a	\$7.45	
Employee Only Employee + Spouse/Partner Employee + Child(ren) Employee + Family  **n/a = not available	\$42.61	\$0.42	\$7.18	\$3.18	\$2.94	n/a	\$2.76	
	\$85.22	\$0.83	\$14.38	\$6.37	\$5.88	n/a	\$5.52	
	\$72.44	\$0.71	\$12.20	\$5.41	\$5.00	n/a	\$4.69	
	\$115.05	\$1.13	\$19.39	\$8.59	\$7.94	n/a	\$7.45	