

PCC Health Insurance Cost Sheet - Part-Time Faculty*

October 1, 2024, to September 30, 2025

Please see SB 551 cost sheet for more information on the SB 551 subsidy for employee only medical, vision and dental.

Under the Faculty and Academic Professional Agreement, the following Premiums and Caps apply for eligible part-time faculty members who qualify. The Cap applies to medical and vision only and is based on your medical tier of enrollment. See the contract for eligibility criteria.

- **\$511 for self only medical**, or if enrolling in vision only
- \$800 for self plus spouse/domestic partner (DP)
- \$800 for self plus child(ren)
- \$1,000 for self plus family (includes spouse/DP and children)

Monthly Premiums

Medical Plans	Self Only	Self + Spouse/DP	Self + Child(ren)	Self + Spouse/DP + Child(ren)
Kaiser Plan 1	\$721.66	\$1,587.65	\$1,371.16	\$2,237.15
Kaiser Plan 2B	\$576.47	\$1,269.05	\$1,095.24	\$1,787.92
Kaiser Plan 3 (HSA eligible)	\$439.75	\$968.02	\$835.18	\$1,363.49
Moda Plan 2	\$735.94	\$1,619.06	\$1,398.31	\$2,281.45
Moda Plan 3	\$690.43	\$1,518.96	\$1,311.87	\$2,140.41
Moda Plan 6 (HSA eligible)	\$614.29	\$1,351.45	\$1,167.19	\$1,904.35
Vision Plans				
Kaiser	\$8.49	\$18.67	\$16.12	\$26.31
Moda Quartz	\$12.58	\$27.71	\$23.91	\$38.99
VSP Choice Plus	\$14.15	\$31.14	\$26.90	\$43.87
Dental Plans				
Kaiser with orthodontia	\$73.48	\$161.68	\$139.63	\$227.81
Delta/Moda Plan 5 with orthodontia	\$59.66	\$118.17	\$131.41	\$194.60
Delta/Moda Plan 6 without orthodontia	\$45.54	\$90.16	\$91.51	\$139.81
Willamette with orthodontia	\$46.99	\$93.99	\$100.11	\$150.18

The worksheet below and the worksheet on the SB 551 cost sheet will help you determine your premium costs and give you a better picture of how the SB 551 Subsidy compares to the PCC Cap.

To determine your costs with the PCC Cap, please complete the worksheets below. Use the SB 551 worksheet to determine your costs with the SB 551 subsidy.

Your Premium Costs with the PCC Cap

Any cost over the amount paid by the College is your responsibility to pay and will be deducted from your paychecks* on a pre-tax basis. See the Part-time Faculty Payment Instructions sheet for additional details.

Medical Premium		_____
Vision Premium	+	_____
PCC Cap	-	_____
Sub Total (enter zero if negative number)	=	_____
Dental Premium	+	_____
Your share of the monthly premiums	=	_____
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Bi-weekly payroll deduction**	=	_____

* For part-time faculty who qualify under the PCC Faculty and Academic Professional contract criteria.

PCC will bill you under the Paying for College tab of MyPCC if you are not working one term (bridge term). **Your insurance will be cancelled if you fail to pay your portion of premiums in a timely manner.

See the Part-time Faculty Payment Instructions for additional details, including the payroll deduction schedule and information on what happens if you do not have a paycheck from which to deduct your portion of the premiums.

PCC Health Insurance Cost Sheet - Part-Time Faculty under SB 551

October 1, 2024, to September 30, 2025

Oregon Senate Bill 551 was passed in 2021 to expand healthcare to part-time faculty. Part-faculty who meet the eligibility requirements are able to purchase individual* medical, vision and dental benefits with a 90% subsidy. If you qualify, you are eligible to enroll in individual* medical, vision and dental insurance at a 90% subsidized rate.

To be eligible you must:

1. Be actively working for PCC in the term for which you are applying; and
2. Designate PCC as your home institution on the Part-Time Faculty Declaration of Home Institution and Attestation of Eligibility form (attached); and
3. Have worked at least 30% of a full-time equivalency during at least three (3) of the last four (4) academic terms at one or more Oregon public higher education institutions, cumulatively. (For Fall 2024, the last four terms considered are Summer 2024, Spring 2024, Winter 2024, and Fall 2023.)

PCC Monthly and Bi-weekly Premiums, Subsidy, and Employee Cost

Medical Plans	Employee Only Premium	Monthly SB 551 Subsidy	Monthly Employee cost	Bi-weely Employee Only Premium	Bi-weekly SB 551 Subsidy	Bi-weekly Employee cost
Kaiser Plan 1	\$721.66	\$649.49	\$72.17	\$360.83	\$324.75	\$36.09
Kaiser Plan 2B	\$576.47	\$518.82	\$57.65	\$288.24	\$259.41	\$28.83
Kaiser Plan 3	\$439.75	\$395.78	\$43.98	\$219.88	\$197.89	\$21.99
Moda Plan 2	\$735.94	\$662.35	\$73.59	\$367.97	\$331.18	\$36.80
Moda Plan 3	\$690.43	\$621.39	\$69.04	\$345.22	\$310.70	\$34.52
Moda Plan 6	\$614.29	\$552.86	\$61.43	\$307.15	\$276.43	\$30.72
Vision Plans						
Kaiser	\$8.49	\$7.64	\$0.85	\$4.25	\$3.82	\$0.43
Moda Quartz	\$12.58	\$11.32	\$1.26	\$6.29	\$5.66	\$0.63
VSP Choice Plus	\$14.15	\$12.74	\$1.42	\$7.08	\$6.37	\$0.71
Dental Plans						
Kaiser	\$73.48	\$66.13	\$7.35	\$36.74	\$33.07	\$3.68
Delta/Moda Plan 5	\$59.66	\$53.69	\$5.97	\$29.83	\$26.85	\$2.99
DeltaModa Plan 6	\$45.54	\$40.99	\$4.55	\$22.77	\$20.50	\$2.28
Willamette	\$46.99	\$42.29	\$4.70	\$23.50	\$21.15	\$2.35

Your Premium Costs with the SB 551 Subsidy

Any cost over the amount paid by the College is your responsibility to pay and will be deducted from your paychecks* on a pre-tax basis. See the Part-time Faculty Payment Instructions sheet for additional details.

Medical Premium		_____
Vision Premium	+	_____
Dental Premium	+	_____
Premium Total	=	_____
SB 551 Subsidy	-	_____
Your share of the premiums	=	_____

See the Part-time Faculty Payment Instructions for additional details, including the payroll deduction schedule and information on what happens if you do not have a paycheck from which to deduct your portion of the premiums.

Your insurance will be cancelled if you fail to pay your portion of premiums in a timely manner.

*The SB 551 90% subsidy only applies to the individual employee only premiums.