

PCC Health Insurance Cost Sheet

Full and Part-time benefits eligible employees other than Part-time Faculty

October 1, 2024, to September 30, 2025

PCC Contribution

The College makes a monthly contribution (the “Cap”) toward medical, vision and dental premiums. The Cap is determined by the tier of coverage you are enrolled in for your **medical** plan. If you enroll in self-only medical, you will get the self-only Cap whether or not you are covering dependents on vision and dental.

The following Caps are for full-time employees (prorated by FTE for part-time employees).

- \$785 for self only
- \$1,416 for self plus spouse or domestic partner (DP)
- \$1,315 for self plus child or children
- \$1,953 for self plus spouse or DP and child or children
- \$785 if enrolling in vision and/or dental only (no medical) regardless of tier of coverage.

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 |
| DeltaModa Plan 6 without orthodontia | \$45.54 | \$90.16 | \$91.51 | \$139.81 |
| Willamette with orthodontia | \$46.99 | \$93.99 | \$100.11 | \$150.18 |

Your Premium Costs

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.

| | | |
|-----------------------------------|---|-------|
| Medical Premium | | _____ |
| Vision Premium | + | _____ |
| Dental Premium | + | _____ |
| Total Monthly Premium | = | _____ |
| Cap | - | _____ |
| Monthly Pre-tax Payroll Deduction | = | _____ |

Cap may be used toward the OEBB/PEBB \$5 surcharge for double medical coverage, if applicable.

Opt Out Incentive – Benefits eligible employees, other than part-time faculty, are eligible for an opt out incentive of \$200 per month, prorated by FTE, if they opt out of medical (must have other **GROUP** medical coverage) **and** decline vision and dental.