PCC Health Insurance Cost Sheet - Part-Time Faculty*

October 1, 2025, to September 30, 2026

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 parttime 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.

At the time of printing, the Cap amount has not been determined by the current negotiations process. Until the agreements are final, the College will continue to make the current Cap contribution. The new Cap amount, as well as any other negotiated changes, will be communicated as soon as the agreements are finalized.

- \$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	\$730.92	\$1,608.03	\$1,388.75	\$2,265.86
Kaiser Plan 2B	\$623.00	\$1,371.45	\$1,183.62	\$1,932.21
Kaiser Plan 3 (HSA eligible)	\$483.08	\$1,063.41	\$917.46	\$1,497.83
Moda Plan 2	\$762.14	\$1,676.70	\$1,448.09	\$2,362.67
Moda Plan 3	\$715.01	\$1,573.04	\$1,358.56	\$2,216.61
Moda Plan 6 (HSA eligible)	\$636.16	\$1,399.56	\$1,208.74	\$1,972.14
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	\$75.76	\$166.70	\$143.97	\$234.88
Delta/Moda Plan 5 with orthodontia	\$61.35	\$121.52	\$135.13	\$200.13
DeltaModa Plan 6 without orthodontia	\$46.84	\$92.72	\$94.12	\$143.79
Willamette with orthodontia	\$48.17	\$96.34	\$102.62	\$153.93

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	=	
	÷	2
Bi-weekly payroll deduction**	=	

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.

^{*} 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.

Helpful Links and contact information

Benefits Team Member at PCCBenefits@pcc.edu

PCC Benefits website - https://www.pcc.edu/hr/benefits/

MyOEBB online enrollment – <u>OEBBenroll.com</u>

Oregon Educators Benefit Board (OEBB)

1-888-469-6322 https://www.oregon.gov/oha/OEBB/Pages/index.aspx

OEBB plan documents and enrollment guide – https://www.oregon.gov/oha/OEBB/Pages/Handbooks.aspx

OEBB <u>Enrollment Guide</u> – <u>https://www.oregon.gov/oha/OEBB/OpenEnrollment/2025-OEBB-Enrollment-Guide.pdf</u>

OEBB <u>Benefit Comparison</u> - <u>https://www.oregon.gov/oha/OEBB/Documents/OEBB-Benefit-Comparison-2026.pdf</u>

OEBB Wellness resources – https://www.oregon.gov/oha/OEBB/Pages/wellness.aspx

Optional Long-Term Care information & rates - https://www.pcc.edu/hr/benefits/long-term-care/

Health Savings Account (HSA) information - https://www.pcc.edu/hr/benefits/health-savings-account/

Required notices: www.oregon.gov/oha/OEBB/Pages/Required-Notices.aspx

Contacting the Carriers

Canopy Employee Assistance Program (EAP)

1-800-433-2320 https://my.canopywell.com/

Kaiser Permanente

1-866-223-2375 https://mybenefits.kaiserpermanente.org/oebb

Moda / Delta Dental

1-866-923-0409 www.modahealth.com/oebb

Optum (Health Savings Accounts)

1-877-470-1771 https://www.optum.com/en/sign-in.html

Unum (Long-Term Care)

1-800-227-4165 https://unuminfo.com/oebb/default.aspx

VSP

1-800-877-7195 https://oebb.vspforme.com/

Willamette Dental Group

1-800-460-7644 https://willamettedental.com/oebb/