

PCC Health Insurance Cost Sheet

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

October 1, 2025, to September 30, 2026

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.

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.

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	\$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
Delta/Moda Plan 6 without orthodontia	\$46.84	\$92.72	\$94.12	\$143.79
Willamette with orthodontia	\$48.17	\$96.34	\$102.62	\$153.93

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.