

Contracted Faculty Insurance Rates

October 1, 2009 - September 30, 2010

DRAFT - The respective employer and employee contributions toward the total cost of OEBB premiums may be subject to minor changes prior to October 1, 2009.

ODS MEDICAL PLAN 3 with PHARMACY PLAN B								ODS MEDICAL PLAN 8 with PHARMACY PLAN C							
ODS Dental Plan 1 w/ Ortho							Monthly Contribution	ODS Dental Plan 1 w/ Ortho							Monthly Contribution
	Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee		Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee
EE Only	\$470.16	\$57.09	\$1.05	\$14.96	\$543.26	\$482.36	\$60.91	EE Only	\$332.49	\$57.09	\$1.05	\$14.96	\$405.59	\$405.59	\$0.00
EE + Spouse	\$1,034.32	\$113.04	\$2.10	\$32.91	\$1,182.37	\$1,026.89	\$155.48	EE + Spouse	\$731.48	\$113.04	\$2.10	\$32.91	\$879.53	\$879.53	\$0.00
EE + Child(ren)	\$893.28	\$114.75	\$14.18	\$28.42	\$1,050.63	\$915.80	\$134.83	EE + Child(ren)	\$631.72	\$114.75	\$14.18	\$28.42	\$789.07	\$789.07	\$0.00
Full Family	\$1,457.47	\$175.27	\$15.23	\$46.38	\$1,694.35	\$1,495.14	\$199.21	Full Family	\$1,030.71	\$175.27	\$15.23	\$46.38	\$1,267.59	\$1,267.59	\$0.00
ODS Dental Plan 5 w/ Ortho								ODS Dental Plan 5 w/ Ortho							
EE Only	\$470.16	\$41.86	\$1.05	\$14.96	\$528.03	\$482.36	\$45.68	EE Only	\$332.49	\$41.86	\$1.05	\$14.96	\$390.36	\$390.36	\$0.00
EE + Spouse	\$1,034.32	\$82.89	\$2.10	\$32.91	\$1,152.22	\$1,026.89	\$125.33	EE + Spouse	\$731.48	\$82.89	\$2.10	\$32.91	\$849.38	\$849.38	\$0.00
EE + Child(ren)	\$893.28	\$84.14	\$14.18	\$28.42	\$1,020.02	\$915.80	\$104.22	EE + Child(ren)	\$631.72	\$84.14	\$14.18	\$28.42	\$758.46	\$758.46	\$0.00
Full Family	\$1,457.47	\$128.52	\$15.23	\$46.38	\$1,647.60	\$1,495.14	\$152.46	Full Family	\$1,030.71	\$128.52	\$15.23	\$46.38	\$1,220.84	\$1,220.84	\$0.00
Willamette Dental Plan 7 w/ Ortho								Willamette Dental Plan 7 w/ Ortho							
EE Only	\$470.16	\$42.90	\$0.00	\$14.96	\$543.26	\$482.36	\$45.68	EE Only	\$332.49	\$42.90	\$0.00	\$14.96	\$390.35	\$390.35	\$0.00
EE + Spouse	\$1,034.32	\$84.95	\$0.00	\$32.91	\$1,182.37	\$1,026.89	\$125.33	EE + Spouse	\$731.48	\$84.95	\$0.00	\$32.91	\$849.34	\$849.34	\$0.00
EE + Child(ren)	\$893.28	\$90.30	\$0.00	\$28.42	\$1,050.63	\$915.80	\$104.22	EE + Child(ren)	\$631.72	\$90.30	\$0.00	\$28.42	\$750.44	\$750.44	\$0.00
Full Family	\$1,457.47	\$135.78	\$0.00	\$46.38	\$1,694.35	\$1,495.14	\$152.46	Full Family	\$1,030.71	\$135.78	\$0.00	\$46.38	\$1,212.87	\$1,212.87	\$0.00
ODS MEDICAL PLAN 5 with PHARMACY PLAN B								PROVIDENCE MEDICAL PLAN 2 with PHARMACY PLAN 1							
ODS Dental Plan 1 w/ Ortho							Monthly Contribution	ODS Dental Plan 1 w/ Ortho							Monthly Contribution
	Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee		Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee
EE Only	\$426.32	\$57.09	\$1.05	\$14.96	\$499.42	\$478.75	\$20.67	EE Only	\$500.66	\$57.09	\$1.05	\$14.96	\$573.76	\$541.07	\$32.69
EE + Spouse	\$937.89	\$113.04	\$2.10	\$32.91	\$1,085.94	\$1,018.95	\$67.00	EE + Spouse	\$1,101.45	\$113.04	\$2.10	\$32.91	\$1,249.50	\$1,156.08	\$93.42
EE + Child(ren)	\$810.00	\$114.75	\$14.18	\$28.42	\$967.35	\$908.94	\$58.41	EE + Child(ren)	\$951.25	\$114.75	\$14.18	\$28.42	\$1,108.60	\$1,027.37	\$81.23
Full Family	\$1,321.57	\$175.27	\$15.23	\$46.38	\$1,558.45	\$1,483.95	\$74.50	Full Family	\$1,552.06	\$175.27	\$15.23	\$46.38	\$1,788.94	\$1,677.20	\$111.74
ODS Dental Plan 5 w/ Ortho								ODS Dental Plan 5 w/ Ortho							
EE Only	\$426.32	\$41.86	\$1.05	\$14.96	\$484.19	\$478.75	\$5.44	EE Only	\$500.66	\$41.86	\$1.05	\$14.96	\$558.53	\$541.07	\$17.46
EE + Spouse	\$937.89	\$82.89	\$2.10	\$32.91	\$1,055.79	\$1,018.95	\$36.85	EE + Spouse	\$1,101.45	\$82.89	\$2.10	\$32.91	\$1,219.35	\$1,156.08	\$63.27
EE + Child(ren)	\$810.00	\$84.14	\$14.18	\$28.42	\$936.74	\$908.94	\$27.80	EE + Child(ren)	\$951.25	\$84.14	\$14.18	\$28.42	\$1,077.99	\$1,027.37	\$50.62
Full Family	\$1,321.57	\$128.52	\$15.23	\$46.38	\$1,511.70	\$1,483.95	\$27.75	Full Family	\$1,552.06	\$128.52	\$15.23	\$46.38	\$1,742.19	\$1,677.20	\$64.99
Willamette Dental Plan 7 w/ Ortho								Willamette Dental Plan 7 w/ Ortho							
EE Only	\$426.32	\$42.90	\$0.00	\$14.96	\$484.18	\$478.75	\$5.43	EE Only	\$500.66	\$42.90	\$0.00	\$14.96	\$558.52	\$541.07	\$17.45
EE + Spouse	\$937.89	\$84.95	\$0.00	\$32.91	\$1,055.75	\$1,018.95	\$36.81	EE + Spouse	\$1,101.45	\$84.95	\$0.00	\$32.91	\$1,219.31	\$1,156.08	\$63.23
EE + Child(ren)	\$810.00	\$90.30	\$0.00	\$28.42	\$928.72	\$908.94	\$19.78	EE + Child(ren)	\$951.25	\$90.30	\$0.00	\$28.42	\$1,069.97	\$1,027.37	\$42.60
Full Family	\$1,321.57	\$135.78	\$0.00	\$46.38	\$1,503.73	\$1,483.95	\$19.78	Full Family	\$1,552.06	\$135.78	\$0.00	\$46.38	\$1,734.22	\$1,677.20	\$57.02

Part-time Faculty Insurance Rates

October 1, 2009 - September 30, 2010

DRAFT - The respective employer and employee contributions toward the total cost of OEBB premiums may be subject to minor changes prior to October 1, 2009.

ODS MEDICAL PLAN 3 with PHARMACY PLAN B								ODS MEDICAL PLAN 8 with PHARMACY PLAN C							
ODS Dental Plan 1 w/ Ortho						Monthly Contribution		ODS Dental Plan 1 w/ Ortho						Monthly Contribution	
	Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee		Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee
EE Only	\$470.16	\$57.09	\$1.05	\$14.96	\$543.26	\$482.36	\$60.91	EE Only	\$332.49	\$57.09	\$1.05	\$14.96	\$405.59	\$405.59	\$0.00
EE + Spouse	\$1,034.32	\$113.04	\$2.10	\$32.91	\$1,182.37	\$482.36	\$700.02	EE + Spouse	\$731.48	\$113.04	\$2.10	\$32.91	\$879.53	\$482.36	\$397.18
EE + Child(ren)	\$893.28	\$114.75	\$14.18	\$28.42	\$1,050.63	\$482.36	\$568.28	EE + Child(ren)	\$631.72	\$114.75	\$14.18	\$28.42	\$789.07	\$482.36	\$306.72
Full Family	\$1,457.47	\$175.27	\$15.23	\$46.38	\$1,694.35	\$482.36	\$1,212.00	Full Family	\$1,030.71	\$175.27	\$15.23	\$46.38	\$1,267.59	\$482.36	\$785.24
ODS Dental Plan 5 w/ Ortho								ODS Dental Plan 5 w/ Ortho							
EE Only	\$470.16	\$41.86	\$1.05	\$14.96	\$528.03	\$482.36	\$45.68	EE Only	\$332.49	\$41.86	\$1.05	\$14.96	\$390.36	\$390.36	\$0.00
EE + Spouse	\$1,034.32	\$82.89	\$2.10	\$32.91	\$1,152.22	\$482.36	\$669.87	EE + Spouse	\$731.48	\$82.89	\$2.10	\$32.91	\$849.38	\$482.36	\$367.03
EE + Child(ren)	\$893.28	\$84.14	\$14.18	\$28.42	\$1,020.02	\$482.36	\$537.67	EE + Child(ren)	\$631.72	\$84.14	\$14.18	\$28.42	\$758.46	\$482.36	\$276.11
Full Family	\$1,457.47	\$128.52	\$15.23	\$46.38	\$1,647.60	\$482.36	\$1,165.25	Full Family	\$1,030.71	\$128.52	\$15.23	\$46.38	\$1,220.84	\$482.36	\$738.49
Willamette Dental Plan 7 w/ Ortho								Willamette Dental Plan 7 w/ Ortho							
EE Only	\$470.16	\$42.90	\$0.00	\$14.96	\$543.26	\$482.36	\$45.68	EE Only	\$332.49	\$42.90	\$0.00	\$14.96	\$390.35	\$390.35	\$0.00
EE + Spouse	\$1,034.32	\$84.95	\$0.00	\$32.91	\$1,182.37	\$482.36	\$669.87	EE + Spouse	\$731.48	\$84.95	\$0.00	\$32.91	\$849.34	\$482.36	\$366.99
EE + Child(ren)	\$893.28	\$90.30	\$0.00	\$28.42	\$1,050.63	\$482.36	\$537.67	EE + Child(ren)	\$631.72	\$90.30	\$0.00	\$28.42	\$750.44	\$482.36	\$268.09
Full Family	\$1,457.47	\$135.78	\$0.00	\$46.38	\$1,694.35	\$482.36	\$1,165.25	Full Family	\$1,030.71	\$135.78	\$0.00	\$46.38	\$1,212.87	\$482.36	\$730.52
ODS MEDICAL PLAN 5 with PHARMACY PLAN B								PROVIDENCE MEDICAL PLAN 2 with PHARMACY PLAN 1							
ODS Dental Plan 1 w/ Ortho						Monthly Contribution		ODS Dental Plan 1 w/ Ortho						Monthly Contribution	
	Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee		Medical/Rx	Dental	Ortho	Vision	Total	Employer	Employee
EE Only	\$426.32	\$57.09	\$1.05	\$14.96	\$499.42	\$482.36	\$17.06	EE Only	\$500.66	\$57.09	\$1.05	\$14.96	\$573.76	\$482.36	\$91.41
EE + Spouse	\$937.89	\$113.04	\$2.10	\$32.91	\$1,085.94	\$482.36	\$603.59	EE + Spouse	\$1,101.45	\$113.04	\$2.10	\$32.91	\$1,249.50	\$482.36	\$767.15
EE + Child(ren)	\$810.00	\$114.75	\$14.18	\$28.42	\$967.35	\$482.36	\$485.00	EE + Child(ren)	\$951.25	\$114.75	\$14.18	\$28.42	\$1,108.60	\$482.36	\$626.25
Full Family	\$1,321.57	\$175.27	\$15.23	\$46.38	\$1,558.45	\$482.36	\$1,076.10	Full Family	\$1,552.06	\$175.27	\$15.23	\$46.38	\$1,788.94	\$482.36	\$1,306.59
ODS Dental Plan 5 w/ Ortho								ODS Dental Plan 5 w/ Ortho							
EE Only	\$426.32	\$41.86	\$1.05	\$14.96	\$484.19	\$482.36	\$1.83	EE Only	\$500.66	\$41.86	\$1.05	\$14.96	\$558.53	\$482.36	\$76.18
EE + Spouse	\$937.89	\$82.89	\$2.10	\$32.91	\$1,055.79	\$482.36	\$573.44	EE + Spouse	\$1,101.45	\$82.89	\$2.10	\$32.91	\$1,219.35	\$482.36	\$737.00
EE + Child(ren)	\$810.00	\$84.14	\$14.18	\$28.42	\$936.74	\$482.36	\$454.39	EE + Child(ren)	\$951.25	\$84.14	\$14.18	\$28.42	\$1,077.99	\$482.36	\$595.64
Full Family	\$1,321.57	\$128.52	\$15.23	\$46.38	\$1,511.70	\$482.36	\$1,029.35	Full Family	\$1,552.06	\$128.52	\$15.23	\$46.38	\$1,742.19	\$482.36	\$1,259.84
Willamette Dental Plan 7 w/ Ortho								Willamette Dental Plan 7 w/ Ortho							
EE Only	\$426.32	\$42.90	\$0.00	\$14.96	\$484.18	\$482.36	\$1.82	EE Only	\$500.66	\$42.90	\$0.00	\$14.96	\$558.52	\$482.36	\$76.17
EE + Spouse	\$937.89	\$84.95	\$0.00	\$32.91	\$1,055.75	\$482.36	\$573.40	EE + Spouse	\$1,101.45	\$84.95	\$0.00	\$32.91	\$1,219.31	\$482.36	\$736.96
EE + Child(ren)	\$810.00	\$90.30	\$0.00	\$28.42	\$928.72	\$482.36	\$446.37	EE + Child(ren)	\$951.25	\$90.30	\$0.00	\$28.42	\$1,069.97	\$482.36	\$587.62
Full Family	\$1,321.57	\$135.78	\$0.00	\$46.38	\$1,503.73	\$482.36	\$1,021.38	Full Family	\$1,552.06	\$135.78	\$0.00	\$46.38	\$1,734.22	\$482.36	\$1,251.87