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 Pla	n 1 w/ Ortho)				Monthly C	ontribution	ODS Dental Pla	n 1 w/ Ortho)				Monthly C	ontribution
	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 Pla	n 5 w/ Ortho)						ODS Dental Pla	n 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 Den	tal Plan 7 w	Ortho						Willamette Den	tal 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 N	<mark>IEDICAL P</mark>	<mark>LAN 5 w</mark>	ith PHAF	RMACY PLA	N B			PROVIDEN	CE MEDIC	AL PLAN	l 2 with I	PHARMACY	PLAN 1	
ODS Dental Pla			<mark>PLAN 5 w</mark>	ith PHAF	RMACY PLA		ontribution	ODS Dental Pla			AL PLAN	N 2 with I	<mark>PHARMACY</mark>		ontribution
ODS Dental Pla)			RMACY PLA Total		ontribution Employee	•)	AL PLAN		PHARMACY Total	Monthly C	ontribution Employee
ODS Dental Pla	n 1 w/ Ortho)				Monthly C	Employee	•	n 1 w/ Ortho)				Monthly C	
	an 1 w/ Ortho Medical/Rx	Dental	Ortho \$1.05	Vision	Total	Monthly C Employer	Employee \$20.67	ODS Dental Pla	n 1 w/ Ortho Medical/Rx	Dental	Ortho	Vision \$14.96	Total	Monthly C Employer	Employee
EE Only	nn 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00	Dental \$57.09 \$113.04 \$114.75	Ortho \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35	Monthly C Employer \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41	ODS Dental Pla EE Only EE + Spouse EE + Child(ren)	nn 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25	Dental \$57.09 \$113.04 \$114.75	Ortho \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37	Employee \$32.69
EE Only EE + Spouse	an 1 w/ Ortho Medical/Rx \$426.32 \$937.89	Dental \$57.09 \$113.04 \$114.75	Ortho \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35	Monthly C Employer \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41	ODS Dental Pla EE Only EE + Spouse	nn 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25	Dental \$57.09 \$113.04 \$114.75	Ortho \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37	\$32.69 \$93.42
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla	nn 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35	Monthly C Employer \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41	ODS Dental Pla EE Only EE + Spouse EE + Child(ren)	nn 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37	\$32.69 \$93.42 \$81.23
EE Only EE + Spouse EE + Child(ren) Full Family	nn 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35	Monthly C Employer \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41 \$74.50	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family	nn 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37	\$32.69 \$93.42 \$81.23
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla	nn 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95	\$20.67 \$67.00 \$58.41 \$74.50	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla	m 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 an 5 w/ Ortho	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20	\$32.69 \$93.42 \$81.23 \$111.74
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla	n 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57 an 5 w/ Ortho \$426.32 \$937.89	Dental \$57.09 \$113.04 \$114.75 \$175.27	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95	\$20.67 \$67.00 \$58.41 \$74.50 \$5.44 \$36.85	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only	nn 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 an 5 w/ Ortho \$500.66 \$1,101.45	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20	\$32.69 \$93.42 \$81.23 \$111.74
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse	Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57 an 5 w/ Ortho \$426.32 \$937.89 \$810.00	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45 \$484.19 \$1,055.79	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95 \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41 \$74.50 \$5.44 \$36.85 \$27.80	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse	m 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 m 5 w/ Ortho \$500.66 \$1,101.45 \$951.25	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20 \$541.07 \$1,156.08 \$1,027.37	\$32.69 \$93.42 \$81.23 \$111.74 \$17.46 \$63.27
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren)	m 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57 m 5 w/ Ortho \$426.32 \$937.89 \$810.00 \$1,321.57	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45 \$484.19 \$1,055.79 \$936.74	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95 \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41 \$74.50 \$5.44 \$36.85 \$27.80	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren)	m 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 m 5 w/ Ortho \$500.66 \$1,101.45 \$951.25 \$1,552.06	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20 \$541.07 \$1,156.08 \$1,027.37	\$32.69 \$93.42 \$81.23 \$111.74 \$17.46 \$63.27 \$50.62
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family	m 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57 m 5 w/ Ortho \$426.32 \$937.89 \$810.00 \$1,321.57	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45 \$484.19 \$1,055.79 \$936.74	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95 \$478.75 \$1,018.95 \$908.94	\$20.67 \$67.00 \$58.41 \$74.50 \$5.44 \$36.85 \$27.80 \$27.75	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family	m 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 m 5 w/ Ortho \$500.66 \$1,101.45 \$951.25 \$1,552.06	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20 \$541.07 \$1,156.08 \$1,027.37	\$32.69 \$93.42 \$81.23 \$111.74 \$17.46 \$63.27 \$50.62
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plate Only EE + Spouse EE + Child(ren) Full Family Willamette Dental	Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57 an 5 w/ Ortho \$426.32 \$937.89 \$810.00 \$1,321.57 tal Plan 7 w/	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42 \$46.38	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45 \$484.19 \$1,055.79 \$936.74 \$1,511.70	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95 \$478.75 \$1,018.95 \$908.94 \$1,483.95	\$20.67 \$67.00 \$58.41 \$74.50 \$5.44 \$36.85 \$27.80 \$27.75	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family Willamette Den	m 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 m 5 w/ Ortho \$500.66 \$1,101.45 \$951.25 \$1,552.06 tal Plan 7 w/	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42 \$46.38	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99 \$1,742.19	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20 \$541.07 \$1,156.08 \$1,027.37 \$1,677.20	\$32.69 \$93.42 \$81.23 \$111.74 \$17.46 \$63.27 \$50.62 \$64.99
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family Willamette Dente	an 1 w/ Ortho Medical/Rx \$426.32 \$937.89 \$810.00 \$1,321.57 an 5 w/ Ortho \$426.32 \$937.89 \$10.00 \$1,321.57 tal Plan 7 w/ \$426.32 \$937.89	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52 Ortho \$42.90	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42 \$46.38	Total \$499.42 \$1,085.94 \$967.35 \$1,558.45 \$484.19 \$1,055.79 \$936.74 \$1,511.70	Monthly C Employer \$478.75 \$1,018.95 \$908.94 \$1,483.95 \$478.75 \$1,018.95 \$908.94 \$1,483.95	\$20.67 \$67.00 \$58.41 \$74.50 \$5.44 \$36.85 \$27.75 \$5.43 \$36.81	ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Pla EE Only EE + Spouse EE + Child(ren) Full Family Willamette Den EE Only	m 1 w/ Ortho Medical/Rx \$500.66 \$1,101.45 \$951.25 \$1,552.06 an 5 w/ Ortho \$500.66 \$1,101.45 \$951.25 \$1,552.06 tal Plan 7 w/ \$500.66 \$1,101.45	Dental \$57.09 \$113.04 \$114.75 \$175.27 \$41.86 \$82.89 \$84.14 \$128.52 Ortho \$42.90	Ortho \$1.05 \$2.10 \$14.18 \$15.23 \$1.05 \$2.10 \$14.18 \$15.23	Vision \$14.96 \$32.91 \$28.42 \$46.38 \$14.96 \$32.91 \$28.42 \$46.38	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99 \$1,742.19	Monthly C Employer \$541.07 \$1,156.08 \$1,027.37 \$1,677.20 \$541.07 \$1,027.37 \$1,677.20 \$541.07 \$1,156.08	\$32.69 \$93.42 \$81.23 \$111.74 \$17.46 \$63.27 \$50.62 \$64.99

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 M	IEDICAL PLAN 8	with PHAF	RMACY PLAI	N C		
ODS Dental Plan 1 w/ Ortho		Monthly Contribution	ODS Dental Plan 1 w/ Ortho)			Monthly C	ontribution	
Medical/Rx Denta	I Ortho Vision 1	otal Employer Employee	Medical/Rx	Dental Ort	ho 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 \$1.0	5 \$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 \$2.1	0 \$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 \$14.1	8 \$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 \$15.2	3 \$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 \$1.0	5 \$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 \$2.1	0 \$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 \$14.1	8 \$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 \$15.2	3 \$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 \$0.0	0 \$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 \$0.0	0 \$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 \$0.0	0 \$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 \$0.0	0 \$46.38	\$1,212.87	\$482.36	\$730.52	
			PROVIDENCE MEDICAL PLAN 2 with PHARMACY PLAN 1						
ODS MEDICAL	PLAN 5 with PHARMACY	PLAN B	PROVIDEN	CE MEDICAL PL	AN 2 with	PHARMACY	PLAN 1		
ODS MEDICAL ODS Dental Plan 1 w/ Ortho	PLAN 5 with PHARMACY		PROVIDEN ODS Dental Plan 1 w/ Ortho		AN 2 with	PHARMACY	PLAN 1 Monthly C	ontribution	
			ODS Dental Plan 1 w/ Ortho)					
ODS Dental Plan 1 w/ Ortho	I Ortho Vision 1	Monthly Contribution otal Employer Employee	ODS Dental Plan 1 w/ Ortho)	no Vision		Monthly C		
ODS Dental Plan 1 w/ Ortho Medical/Rx Denta	I Ortho Vision T \$1.05 \$14.96 \$499	Monthly Contribution otal Employer Employee .42 \$482.36 \$17.06	ODS Dental Plan 1 w/ Ortho Medical/Rx	Dental Ort \$57.09 \$1.0	no Vision 5 \$14.96	Total \$573.76	Monthly C Employer	Employee	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75	I Ortho Vision 7 \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085	Monthly Contribution otal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59	ODS Dental Plan 1 w/ Ortho Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45	Dental Ort \$57.09 \$1.0	no Vision 5 \$14.96 0 \$32.91	Total \$573.76	Monthly C Employer \$482.36	Employee \$91.41	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04	I Ortho Vision T \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967	Monthly Contribution otal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59 .35 \$482.36 \$485.00	ODS Dental Plan 1 w/ Ortho	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1	no Vision 5 \$14.96 0 \$32.91 8 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60	Monthly C Employer \$482.36 \$482.36	\$91.41 \$767.15	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75	I Ortho Vision T \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967	Monthly Contribution otal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59 .35 \$482.36 \$485.00	ODS Dental Plan 1 w/ Ortho	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2	no Vision 5 \$14.96 0 \$32.91 8 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60	Monthly C Employer \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75 Full Family \$1,321.57 \$175.27	I Ortho Vision 7 \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967 \$15.23 \$46.38 \$1,558	Monthly Contribution fotal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59 .35 \$482.36 \$485.00 .45 \$482.36 \$1,076.10	ODS Dental Plan 1 w/ Orthon Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2	ho Vision 5 \$14.96 0 \$32.91 8 \$28.42 3 \$46.38	Total \$573.76 \$1,249.50 \$1,108.60	Monthly C Employer \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75 Full Family \$1,321.57 \$175.27 ODS Dental Plan 5 w/ Ortho	I Ortho Vision T \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967 \$15.23 \$46.38 \$1,558 \$1.05 \$14.96 \$484	Monthly Contribution Otal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59 .35 \$482.36 \$485.00 .45 \$482.36 \$1,076.10	ODS Dental Plan 1 w/ Orthon Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06 ODS Dental Plan 5 w/ Orthon	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2	no Vision 5 \$14.96 0 \$32.91 8 \$28.42 3 \$46.38	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53	Monthly C Employer \$482.36 \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25 \$1,306.59	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75 Full Family \$1,321.57 \$175.27 ODS Dental Plan 5 w/ Ortho EE Only \$426.32 \$41.86	I Ortho Vision T \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967 \$15.23 \$46.38 \$1,558 \$1.05 \$14.96 \$484 \$2.10 \$32.91 \$1,055	Monthly Contribution Total Employer Employee 1.42 \$482.36 \$17.06 1.94 \$482.36 \$603.59 1.35 \$482.36 \$485.00 1.45 \$482.36 \$1,076.10 1.49 \$482.36 \$1.83 1.79 \$482.36 \$573.44	ODS Dental Plan 1 w/ Orthon Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06 ODS Dental Plan 5 w/ Orthon EE Only \$500.66	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2	no Vision 5 \$14.96 0 \$32.91 8 \$28.42 3 \$46.38 5 \$14.96 0 \$32.91	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35	Monthly C Employer \$482.36 \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25 \$1,306.59	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75 Full Family \$1,321.57 \$175.27 ODS Dental Plan 5 w/ Ortho EE Only \$426.32 \$41.86 EE + Spouse \$937.89 \$82.89 EE + Child(ren) \$810.00 \$84.14	I Ortho Vision T \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967 \$15.23 \$46.38 \$1,558 \$1.05 \$14.96 \$484 \$2.10 \$32.91 \$1,055	Monthly Contribution Otal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59 .35 \$482.36 \$485.00 .45 \$482.36 \$1,076.10 .19 \$482.36 \$1.83 .79 \$482.36 \$573.44 .74 \$482.36 \$454.39	ODS Dental Plan 1 w/ Orthon Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06 ODS Dental Plan 5 w/ Orthon EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2 \$41.86 \$1.0 \$82.89 \$2.1	ho Vision 5 \$14.96 0 \$32.91 8 \$28.42 3 \$46.38 5 \$14.96 0 \$32.91 8 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99	Monthly C Employer \$482.36 \$482.36 \$482.36 \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25 \$1,306.59 \$76.18 \$737.00	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75 Full Family \$1,321.57 \$175.27 ODS Dental Plan 5 w/ Ortho EE Only \$426.32 \$41.86 EE + Spouse \$937.89 \$82.89 EE + Child(ren) \$810.00 \$84.14	I Ortho Vision T \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967 \$15.23 \$46.38 \$1,558 \$1.05 \$14.96 \$484 \$2.10 \$32.91 \$1,055 \$14.18 \$28.42 \$936	Monthly Contribution Otal Employer Employee .42 \$482.36 \$17.06 .94 \$482.36 \$603.59 .35 \$482.36 \$485.00 .45 \$482.36 \$1,076.10 .19 \$482.36 \$1.83 .79 \$482.36 \$573.44 .74 \$482.36 \$454.39	ODS Dental Plan 1 w/ Orthon Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06 ODS Dental Plan 5 w/ Orthon EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2 \$41.86 \$1.0 \$82.89 \$2.1 \$84.14 \$14.1 \$128.52 \$15.2	ho Vision 5 \$14.96 0 \$32.91 8 \$28.42 3 \$46.38 5 \$14.96 0 \$32.91 8 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99	Monthly C Employer \$482.36 \$482.36 \$482.36 \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25 \$1,306.59 \$76.18 \$737.00 \$595.64	
ODS Dental Plan 1 w/ Ortho Medical/Rx Dental EE Only \$426.32 \$57.09 EE + Spouse \$937.89 \$113.04 EE + Child(ren) \$810.00 \$114.75 Full Family \$1,321.57 \$175.27 ODS Dental Plan 5 w/ Ortho EE Only \$426.32 \$41.86 EE + Spouse \$937.89 \$82.89 EE + Child(ren) \$810.00 \$84.14 Full Family \$1,321.57 \$128.52	I Ortho Vision 7 \$1.05 \$14.96 \$499 \$2.10 \$32.91 \$1,085 \$14.18 \$28.42 \$967 \$15.23 \$46.38 \$1,558 \$1.05 \$14.96 \$484 \$2.10 \$32.91 \$1,055 \$14.18 \$28.42 \$936 \$15.23 \$46.38 \$1,511	Monthly Contribution Total Employer Employee 1.42 \$482.36 \$17.06 1.94 \$482.36 \$603.59 1.35 \$482.36 \$485.00 1.45 \$482.36 \$1,076.10 1.49 \$482.36 \$1.83 1.79 \$482.36 \$573.44 1.74 \$482.36 \$454.39 1.70 \$482.36 \$1,029.35	ODS Dental Plan 1 w/ Orthon Medical/Rx EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06 ODS Dental Plan 5 w/ Orthon EE Only \$500.66 EE + Spouse \$1,101.45 EE + Child(ren) \$951.25 Full Family \$1,552.06	Dental Ort \$57.09 \$1.0 \$113.04 \$2.1 \$114.75 \$14.1 \$175.27 \$15.2 \$41.86 \$1.0 \$82.89 \$2.1 \$84.14 \$14.1 \$128.52 \$15.2	ho Vision 5 \$14.96 0 \$32.91 8 \$28.42 3 \$46.38 5 \$14.96 0 \$32.91 8 \$28.42	Total \$573.76 \$1,249.50 \$1,108.60 \$1,788.94 \$558.53 \$1,219.35 \$1,077.99	Monthly C Employer \$482.36 \$482.36 \$482.36 \$482.36 \$482.36 \$482.36	\$91.41 \$767.15 \$626.25 \$1,306.59 \$76.18 \$737.00 \$595.64	
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