

LANE COMMUNITY COLLEGE
Classified Monthly Insurance Rates
July 1, 2011 - June 30, 2012

PACIFICSOURCE MEDICAL PLAN with ODS DENTAL PLAN

	Medical/Rx Premium	ODS Dental Premium	Vision Premium	Total Premium	Employer Contribution	Employee Pre-tax Contribution
EE Only	\$623.98	\$60.39	\$10.49	\$694.86	\$685.99	\$8.87
E + One	\$1,435.12	\$114.56	\$24.12	\$1,573.80	\$1,452.46	\$121.34
Full Family	\$1,759.58	\$184.87	\$29.53	\$1,973.98	\$1,819.05	\$154.93

PACIFICSOURCE MEDICAL PLAN with WILLAMETTE DENTAL PLAN

	Medical/Rx Premium	Willamette Dental Premium	Vision Premium	Total Premium	Employer Contribution	Employee Pre-tax Contribution
EE Only	\$623.98	\$48.74	\$10.49	\$683.21	\$683.21	\$0.00
E + One	\$1,435.12	\$93.03	\$24.12	\$1,552.27	\$1,452.46	\$99.81
Full Family	\$1,759.58	\$149.87	\$29.53	\$1,938.98	\$1,819.05	\$119.93

LINCOLN NATIONAL INSURANCE

Life	LTD	Total	Employer	Employee
\$9.48	\$14.00	\$23.48	\$9.48	\$14.00

LTD buy-up: .0030 x salary (Employee Paid)

EMPLOYEE ASSISTANCE PROGRAM

Rate	Employer	Employee
\$2.35	\$2.35	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Pre-tax Contribution" column by 2

payroll effective dates: 06/01/2011 - 05/31/2012

7.4% rate renewal

LANE COMMUNITY COLLEGE
COBRA - Classified Monthly Insurance Rates
July 1, 2011 - June 30, 2012

PACIFICSOURCE MEDICAL PLAN with ODS DENTAL PLAN

		ODS		Total
	Medical/Rx	Dental	Vision	Premium
EE Only	\$636.46	\$61.60	\$10.70	\$708.76
E + One	\$1,463.82	\$116.85	\$24.60	\$1,605.28
Full Family	\$1,794.77	\$188.57	\$30.12	\$2,013.46

PACIFICSOURCE MEDICAL PLAN with WILLAMETTE DENTAL PLAN

		Willamette		Total
	Medical/Rx	Dental	Vision	Premium
EE Only	\$636.46	\$49.71	\$10.70	\$696.87
E + One	\$1,463.82	\$94.89	\$24.60	\$1,583.32
Full Family	\$1,794.77	\$152.87	\$30.12	\$1,977.76

COBRA rates are based upon 102% of normal rates