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

PACIFICSOURCE MEDICAL PLAN with ODS DENTAL PLAN								
						Employee		
	Medical/Rx	ODS Dental	Vision	Total	Employer	Pre-tax		
	Premium	Premium	Premium	Premium	Contribution	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		
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PACIFICSOURCE MEDICAL PLAN with WILLAMETTE DENTAL PLAN								
	Willamette Em							
	Medical/Rx	Dental	Vision	Total	Employer	Pre-tax		
	Premium	Premium	Premium	Premium	Contribution	Contribution		
	i i C iiiiuiii	FIEIIIIIIII	Fieimum	FIEIIIIIIII	Continuation	Contribution		
EE Only	\$623.98		\$10.49	\$683.21	\$683.21	\$0.00		
EE Only E + One		\$48.74	\$10.49	\$683.21	\$683.21	\$0.00		
•	\$623.98	\$48.74 \$93.03	\$10.49	\$683.21 \$1,552.27	\$683.21 \$1,452.46	\$0.00 \$99.81		
E + One	\$623.98 \$1,435.12	\$48.74 \$93.03	\$10.49 \$24.12	\$683.21 \$1,552.27	\$683.21 \$1,452.46	\$0.00 \$99.81		
E + One	\$623.98 \$1,435.12	\$48.74 \$93.03	\$10.49 \$24.12 \$29.53	\$683.21 \$1,552.27 \$1,938.98	\$683.21 \$1,452.46 \$1,819.05	\$0.00 \$99.81		
E + One	\$623.98 \$1,435.12 \$1,759.58	\$48.74 \$93.03 \$149.87	\$10.49 \$24.12 \$29.53	\$683.21 \$1,552.27 \$1,938.98	\$683.21 \$1,452.46 \$1,819.05	\$0.00 \$99.81		
E + One Full Family	\$623.98 \$1,435.12 \$1,759.58	\$48.74 \$93.03 \$149.87	\$10.49 \$24.12 \$29.53	\$683.21 \$1,552.27 \$1,938.98	\$683.21 \$1,452.46 \$1,819.05	\$0.00 \$99.81 \$119.93		
E + One Full Family Life	\$623.98 \$1,435.12 \$1,759.58	\$48.74 \$93.03 \$149.87 LINCOLN N. Total	\$10.49 \$24.12 \$29.53	\$683.21 \$1,552.27 \$1,938.98	\$683.21 \$1,452.46 \$1,819.05 Employer	\$0.00 \$99.81 \$119.93 Employee		
E + One Full Family Life	\$623.98 \$1,435.12 \$1,759.58 LTD \$11.18	\$48.74 \$93.03 \$149.87 LINCOLN N. Total	\$10.49 \$24.12 \$29.53 ATIONAL IN	\$683.21 \$1,552.27 \$1,938.98 ISURANCE	\$683.21 \$1,452.46 \$1,819.05 Employer \$22.52	\$0.00 \$99.81 \$119.93 Employee		

\$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

\$2.35

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

PACIFICSOURCE MEDICAL PLAN with ODS DENTAL PLAN

		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

	V	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