

Contracted Faculty Monthly Insurance Premiums

October 1, 2011 - September 30, 2012

ODS MEDICAL PLAN 3 w/ Rx B, Selected Dental Plan and Employee Only Life Insurance								ODS MEDICAL PLAN 8 w/ Rx B, Selected Dental Plan and Employee Only Life Insurance							
ODS Dental Plan 1 w/ Ortho						Monthly Contributions		ODS Dental Plan 1 w/ Ortho						Monthly Contributions	
	Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee		Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee
EE Only	\$652.10	\$60.46	\$17.06	\$3.19	\$732.81	\$620.16	\$112.65	EE Only	\$392.32	\$60.46	\$17.06	\$3.19	\$473.03	\$473.03	\$0.00
EE + Spouse	\$1,434.61	\$119.75	\$37.54	\$3.19	\$1,595.09	\$1,323.19	\$271.90	EE + Spouse	\$863.12	\$119.75	\$37.54	\$3.19	\$1,023.60	\$1,023.60	\$0.00
EE + Child(ren)	\$1,239.01	\$134.14	\$32.41	\$3.19	\$1,408.75	\$1,178.91	\$229.84	EE + Child(ren)	\$745.42	\$134.14	\$32.41	\$3.19	\$915.16	\$915.16	\$0.00
Full Family	\$2,021.52	\$198.17	\$52.90	\$3.19	\$2,275.78	\$1,923.06	\$352.72	Full Family	\$1,216.19	\$198.17	\$52.90	\$3.19	\$1,470.45	\$1,470.45	\$0.00
ODS Dental Plan 4 w/ Ortho								ODS Dental Plan 4 w/ Ortho							
EE Only	\$652.10	\$49.69	\$17.06	\$3.19	\$722.04	\$620.16	\$101.88	EE Only	\$392.32	\$49.69	\$17.06	\$3.19	\$462.26	\$462.26	\$0.00
EE + Spouse	\$1,434.61	\$98.41	\$37.54	\$3.19	\$1,573.75	\$1,323.19	\$250.56	EE + Spouse	\$863.12	\$98.41	\$37.54	\$3.19	\$1,002.26	\$1,002.26	\$0.00
EE + Child(ren)	\$1,239.01	\$112.48	\$32.41	\$3.19	\$1,387.09	\$1,178.91	\$208.18	EE + Child(ren)	\$745.42	\$112.48	\$32.41	\$3.19	\$893.50	\$893.50	\$0.00
Full Family	\$2,021.52	\$165.08	\$52.90	\$3.19	\$2,242.69	\$1,923.06	\$319.63	Full Family	\$1,216.19	\$165.08	\$52.90	\$3.19	\$1,437.36	\$1,437.36	\$0.00
Willamette Dental Plan 8 w/ Ortho								Willamette Dental Plan 8 w/ Ortho							
EE Only	\$652.10	\$40.49	\$17.06	\$3.19	\$712.84	\$620.16	\$92.68	EE Only	\$392.32	\$40.49	\$17.06	\$3.19	\$453.06	\$453.06	\$0.00
EE + Spouse	\$1,434.61	\$80.18	\$37.54	\$3.19	\$1,555.52	\$1,323.19	\$232.33	EE + Spouse	\$863.12	\$80.18	\$37.54	\$3.19	\$984.03	\$984.03	\$0.00
EE + Child(ren)	\$1,239.01	\$85.32	\$32.41	\$3.19	\$1,359.93	\$1,178.91	\$181.02	EE + Child(ren)	\$745.42	\$85.32	\$32.41	\$3.19	\$866.34	\$866.34	\$0.00
Full Family	\$2,021.52	\$128.23	\$52.90	\$3.19	\$2,205.84	\$1,923.06	\$282.78	Full Family	\$1,216.19	\$128.23	\$52.90	\$3.19	\$1,400.51	\$1,400.51	\$0.00
ODS MEDICAL PLAN 5 w/ Rx B, Selected Dental Plan and Employee Only Life Insurance								PROVIDENCE MED PLAN 2 w/ Rx, Selected Dental Plan and Employee Only Life Insurance							
ODS Dental Plan 1 w/ Ortho						Monthly Contributions		ODS Dental Plan 1 w/ Ortho						Monthly Contributions	
	Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee		Medical	Dental	Vision	Supp Ins	Total Premium	Employer	Employee
EE Only	\$540.96	\$60.46	\$17.06	\$3.19	\$621.67	\$620.16	\$1.51	EE Only	\$647.50	\$60.46	\$17.06	\$3.19	\$728.21	\$620.16	\$108.05
EE + Spouse	\$1,190.15	\$119.75	\$37.54	\$3.19	\$1,350.63	\$1,323.19	\$27.44	EE + Spouse	\$1,424.50	\$119.75	\$37.54	\$3.19	\$1,584.98	\$1,323.19	\$261.79
EE + Child(ren)	\$1,027.87	\$134.14	\$32.41	\$3.19	\$1,197.61	\$1,178.91	\$18.70	EE + Child(ren)	\$1,230.25	\$134.14	\$32.41	\$3.19	\$1,399.99	\$1,178.91	\$221.08
Full Family	\$1,677.02	\$198.17	\$52.90	\$3.19	\$1,931.28	\$1,923.06	\$8.22	Full Family	\$2,007.25	\$198.17	\$52.90	\$3.19	\$2,261.51	\$1,923.06	\$338.45
ODS Dental Plan 4 w/ Ortho								ODS Dental Plan 4 w/ Ortho							
EE Only	\$540.96	\$49.69	\$17.06	\$3.19	\$610.90	\$610.90	\$0.00	EE Only	\$647.50	\$49.69	\$17.06	\$3.19	\$717.44	\$620.16	\$97.28
EE + Spouse	\$1,190.15	\$98.41	\$37.54	\$3.19	\$1,329.29	\$1,323.19	\$6.10	EE + Spouse	\$1,424.50	\$98.41	\$37.54	\$3.19	\$1,563.64	\$1,323.19	\$240.45
EE + Child(ren)	\$1,027.87	\$112.48	\$32.41	\$3.19	\$1,175.95	\$1,175.95	\$0.00	EE + Child(ren)	\$1,230.25	\$112.48	\$32.41	\$3.19	\$1,378.33	\$1,178.91	\$199.42
Full Family	\$1,677.02	\$165.08	\$52.90	\$3.19	\$1,898.19	\$1,898.19	\$0.00	Full Family	\$2,007.25	\$165.08	\$52.90	\$3.19	\$2,228.42	\$1,923.06	\$305.36
Willamette Dental Plan 8 w/ Ortho								Willamette Dental Plan 8 w/ Ortho							
EE Only	\$540.96	\$40.49	\$17.06	\$3.19	\$601.70	\$601.70	\$0.00	EE Only	\$647.50	\$40.49	\$17.06	\$3.19	\$708.24	\$620.16	\$88.08
EE + Spouse	\$1,190.15	\$80.18	\$37.54	\$3.19	\$1,311.06	\$1,311.06	\$0.00	EE + Spouse	\$1,424.50	\$80.18	\$37.54	\$3.19	\$1,545.41	\$1,323.19	\$222.22
EE + Child(ren)	\$1,027.87	\$85.32	\$32.41	\$3.19	\$1,148.79	\$1,148.79	\$0.00	EE + Child(ren)	\$1,230.25	\$85.32	\$32.41	\$3.19	\$1,351.17	\$1,178.91	\$172.26
Full Family	\$1,677.02	\$128.23	\$52.90	\$3.19	\$1,861.34	\$1,861.34	\$0.00	Full Family	\$2,007.25	\$128.23	\$52.90	\$3.19	\$2,191.57	\$1,923.06	\$268.51

payroll effective dates: 09/01/2011 - 08/31/2012

to determine your per paycheck deduction, divide the value in the "Monthly Employee Contribution" by 2

Long Term Disability \$17.28

Life Insurance \$10.40

AD&D \$0.50