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	n 1 w/ Ortho					Monthly Co	ontributions	ODS Dental Plar	n 1 w/ Ortho					Monthly Co	ontributions	
	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 MEDIC	CAL PLAN 5	w/ Rx B, Se	elected D	ental Plan	and Employee	Only Life Ins	surance	PROVIDENC	E MED PLA	1 2 w/ Rx, S	Selected	Dental Pla	n and Employe	e Only Life Iı	nsurance	
ODS MEDIC		w/RxB,Se	elected D	ental Plan	and Employee		surance	PROVIDENC ODS Dental Plar		N 2 w/ Rx, S	Selected	Dental Pla	n and Employe		nsurance	
		w/ Rx B, So Dental			and Employee Total Premium					N 2 w/ Rx, S Dental			n and Employed			
	1 w/ Ortho	,			. ,	Monthly Co	ontributions Employee		n 1 w/ Ortho	,				Monthly Co	ontributions	
ODS Dental Plan	n 1 w/ Ortho Medical	Dental	Vision	Supp Ins	Total Premium	Monthly Co Employer	ontributions Employee \$1.51	ODS Dental Plar	n 1 w/ Ortho Medical	Dental	Vision	Supp Ins	Total Premium	Monthly Co Employer	ontributions Employee	
ODS Dental Plan EE Only	n 1 w/ Ortho Medical \$540.96	Dental \$60.46	Vision \$17.06	Supp Ins \$3.19	Total Premium \$621.67	Monthly Co Employer \$620.16	ontributions Employee \$1.51 \$27.44	ODS Dental Plar EE Only	n 1 w/ Ortho Medical \$647.50	Dental \$60.46	Vision \$17.06	Supp Ins \$3.19	Total Premium \$728.21	Monthly Co Employer \$620.16	ontributions Employee \$108.05	
ODS Dental Plan EE Only EE + Spouse	n 1 w/ Ortho Medical \$540.96 \$1,190.15	Dental \$60.46 \$119.75	Vision \$17.06 \$37.54	Supp Ins \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63	Monthly Co Employer \$620.16 \$1,323.19	ontributions Employee \$1.51 \$27.44 \$18.70	ODS Dental Plar EE Only EE + Spouse	n 1 w/ Ortho Medical \$647.50 \$1,424.50	Dental \$60.46 \$119.75	Vision \$17.06 \$37.54	Supp Ins \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98	Monthly Co Employer \$620.16 \$1,323.19	ontributions Employee \$108.05 \$261.79	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren)	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	Dental \$60.46 \$119.75 \$134.14	Vision \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91	ontributions Employee \$1.51 \$27.44 \$18.70	ODS Dental Plar EE Only EE + Spouse EE + Child(ren)	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	Dental \$60.46 \$119.75 \$134.14	Vision \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91	ontributions Employee \$108.05 \$261.79 \$221.08	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	Dental \$60.46 \$119.75 \$134.14	Vision \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91	ontributions Employee \$1.51 \$27.44 \$18.70 \$8.22	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	Dental \$60.46 \$119.75 \$134.14	Vision \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91	ontributions Employee \$108.05 \$261.79 \$221.08	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho	Dental \$60.46 \$119.75 \$134.14 \$198.17	Vision \$17.06 \$37.54 \$32.41 \$52.90	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho	Dental \$60.46 \$119.75 \$134.14 \$198.17	Vision \$17.06 \$37.54 \$32.41 \$52.90	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06	ontributions Employee \$108.05 \$261.79 \$221.08 \$338.45	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16	ontributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$97.28	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90 \$1,329.29	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90 \$1,323.19	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only EE + Spouse	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50 \$1,424.50	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44 \$1,563.64	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16 \$1,323.19	entributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$338.45 \$97.28 \$240.45	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren)	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90 \$1,329.29 \$1,175.95	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90 \$1,323.19 \$1,175.95	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only EE + Spouse EE + Child(ren)	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50 \$1,424.50 \$1,424.50 \$1,230.25 \$2,007.25	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44 \$1,563.64 \$1,378.33	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16 \$1,323.19 \$1,178.91	ontributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$338.45 \$97.28 \$240.45 \$199.42	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90 \$1,329.29 \$1,175.95	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90 \$1,323.19 \$1,175.95	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10 \$0.00 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50 \$1,424.50 \$1,424.50 \$1,230.25 \$2,007.25	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44 \$1,563.64 \$1,378.33	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16 \$1,323.19 \$1,178.91	ontributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$338.45 \$97.28 \$240.45 \$199.42	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Denta	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 al Plan 8 w/ C	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90 \$1,329.29 \$1,175.95 \$1,898.19	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90 \$1,323.19 \$1,175.95 \$1,898.19	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10 \$0.00 \$0.00 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family Willamette Denta	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 al Plan 8 w/ O	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44 \$1,563.64 \$1,378.33 \$2,228.42	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16 \$1,323.19 \$1,178.91 \$1,178.91 \$1,923.06	ontributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$338.45 \$97.28 \$240.45 \$199.42 \$305.36	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Denta EE Only	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 al Plan 8 w/ C \$540.96 \$1,190.15	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08 prtho \$40.49	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90 \$17.06	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90 \$1,329.29 \$1,175.95 \$1,898.19 \$601.70	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90 \$1,323.19 \$1,175.95 \$1,898.19 \$601.70	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family Willamette Denta EE Only	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 al Plan 8 w/ C \$647.50	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08 prtho \$40.49	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90 \$17.06	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44 \$1,563.64 \$1,378.33 \$2,228.42 \$708.24	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16	entributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$338.45 \$97.28 \$240.45 \$199.42 \$305.36 \$88.08	
ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Denta EE Only EE + Spouse	n 1 w/ Ortho Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 n 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 al Plan 8 w/ C \$540.96 \$1,190.15	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08 ortho \$40.49 \$80.18	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$52.90 \$17.06 \$37.54	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$621.67 \$1,350.63 \$1,197.61 \$1,931.28 \$610.90 \$1,329.29 \$1,175.95 \$1,898.19 \$601.70 \$1,311.06	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$610.90 \$1,323.19 \$1,323.19 \$1,175.95 \$1,898.19 \$601.70 \$1,311.06	entributions Employee \$1.51 \$27.44 \$18.70 \$8.22 \$0.00 \$6.10 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plar EE Only EE + Spouse EE + Child(ren) Full Family Willamette Denta EE Only EE + Spouse	n 1 w/ Ortho Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 n 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 al Plan 8 w/ C \$647.50 \$1,424.50	Dental \$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08 brtho \$40.49 \$80.18	Vision \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54	Supp Ins \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19 \$3.19	Total Premium \$728.21 \$1,584.98 \$1,399.99 \$2,261.51 \$717.44 \$1,563.64 \$1,378.33 \$2,228.42 \$708.24 \$1,545.41	Monthly Co Employer \$620.16 \$1,323.19 \$1,178.91 \$1,923.06 \$620.16 \$1,323.19 \$1,923.06 \$620.16 \$1,923.06	entributions Employee \$108.05 \$261.79 \$221.08 \$338.45 \$97.28 \$240.45 \$199.42 \$305.36 \$88.08 \$222.22	

Long Term Disability \$17.28

Life Insurance \$10.40 AD&D \$0.50