Part-time Faculty Monthly Insurance Premiums

October 1, 2011 - September 30, 2012

ODS MEDICAL PLAN 3 w/ Rx B, Selected Dental Plan							ODS MEDICAL PLAN 8 w/ Rx B, Selected Dental Plan						
ODS Dental Plan 1 w/ Ortho Monthly Contributions							ODS Dental Plan 1 w/ Ortho					Monthly Contributions	
	Medical	Dental	Vision	Total Premium	Employer	Employee		Medical	Dental	Vision	Total Premium	Employer	Employee
EE Only	\$652.10	\$60.46	\$17.06	\$729.62	\$620.16	\$109.46	EE Only	\$392.32	\$60.46	\$17.06	\$469.84	\$469.84	\$0.00
EE + Spouse	\$1,434.61	\$119.75	\$37.54	\$1,591.90	\$620.16	\$971.74	EE + Spouse	\$863.12	\$119.75	\$37.54	\$1,020.41	\$620.16	\$400.25
EE + Child(ren)	\$1,239.01	\$134.14	\$32.41	\$1,405.56	\$620.16	\$785.40	EE + Child(ren)	\$745.42	\$134.14	\$32.41	\$911.97	\$620.16	\$291.81
Full Family	\$2,021.52	\$198.17	\$52.90	\$2,272.59	\$620.16	\$1,652.43	Full Family	\$1,216.19	\$198.17	\$52.90	\$1,467.26	\$620.16	\$847.10
ODS Dental Plan 4 w/ Ortho							ODS Dental Plan 4 w/ Ortho						
EE Only	\$652.10	\$49.69	\$17.06	\$718.85	\$620.16	\$98.69	EE Only	\$392.32	\$49.69	\$17.06	\$459.07	\$459.07	\$0.00
EE + Spouse	\$1,434.61	\$98.41	\$37.54	\$1,570.56	\$620.16	\$950.40	EE + Spouse	\$863.12	\$98.41	\$37.54	\$999.07	\$620.16	\$378.91
EE + Child(ren)	\$1,239.01	\$112.48	\$32.41	\$1,383.90	\$620.16	\$763.74	EE + Child(ren)	\$745.42	\$112.48	\$32.41	\$890.31	\$620.16	\$270.15
Full Family	\$2,021.52	\$165.08	\$52.90	\$2,239.50	\$620.16	\$1,619.34	Full Family	\$1,216.19	\$165.08	\$52.90	\$1,434.17	\$620.16	\$814.01
Willamette Dental Plan 8 w/ Ortho							Willamette Dental Plan 8 w/ Ortho						
EE Only	\$652.10	\$40.49	\$17.06	\$709.65	\$620.16	\$89.49	EE Only	\$392.32	\$40.49	\$17.06	\$449.87	\$449.87	\$0.00
EE + Spouse	\$1,434.61	\$80.18	\$37.54	\$1,552.33	\$620.16	\$932.17	EE + Spouse	\$863.12	\$80.18	\$37.54	\$980.84	\$620.16	\$360.68
EE + Child(ren)	\$1,239.01	\$85.32	\$32.41	\$1,356.74	\$620.16	\$736.58	EE + Child(ren)	\$745.42	\$85.32	\$32.41	\$863.15	\$620.16	\$242.99
Full Family	\$2,021.52	\$128.23	\$52.90	\$2,202.65	\$620.16	\$1,582.49	Full Family	\$1,216.19	\$128.23	\$52.90	\$1,397.32	\$620.16	\$777.16
ODS MEDICAL PLAN 5 w/ Rx B, Selected Dental Plan							PROVIDENCE MED PLAN 2 w/ Rx, Selected Dental Plan						
ODS Dental Plan 1 w/ Ortho Monthly Contributions						ODS Dental Plan 1 w/ Ortho							
DOO DEIIIAI FIAII	i w/ Ortho				Worthing Co	i iti ibutions	ODS Dental Plan	1 W/ Ortho				Monthly Co	ontributions
ODO Delital Fiall	Medical	Dental	Vision	Total Premium	Employer	Employee	ODS Delital Plair	1 w/ Ortho Medical	Dental	Vision	Total Premium	Monthly Co Employer	ontributions Employee
EE Only		Dental \$60.46	Vision \$17.06	Total Premium \$618.48	-	Employee	EE Only		Dental \$60.46	Vision \$17.06	Total Premium \$725.02	-	
	Medical				Employer	Employee \$0.00		Medical				Employer	Employee
EE Only	Medical \$540.96	\$60.46	\$17.06	\$618.48	Employer \$618.48	\$0.00 \$727.28	EE Only	Medical \$647.50	\$60.46	\$17.06	\$725.02	Employer \$620.16	Employee \$104.86
EE Only EE + Spouse	Medical \$540.96 \$1,190.15	\$60.46 \$119.75	\$17.06 \$37.54	\$618.48 \$1,347.44	\$618.48 \$620.16	\$0.00 \$727.28 \$574.26	EE Only EE + Spouse	Medical \$647.50 \$1,424.50	\$60.46 \$119.75	\$17.06 \$37.54	\$725.02 \$1,581.79	\$620.16 \$620.16	Employee \$104.86 \$961.63
EE Only EE + Spouse EE + Child(ren)	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	\$60.46 \$119.75 \$134.14	\$17.06 \$37.54 \$32.41	\$618.48 \$1,347.44 \$1,194.42	\$618.48 \$620.16 \$620.16	\$0.00 \$727.28 \$574.26	EE Only EE + Spouse EE + Child(ren)	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	\$60.46 \$119.75 \$134.14	\$17.06 \$37.54 \$32.41	\$725.02 \$1,581.79 \$1,396.80	\$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64
EE Only EE + Spouse EE + Child(ren) Full Family	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	\$60.46 \$119.75 \$134.14	\$17.06 \$37.54 \$32.41	\$618.48 \$1,347.44 \$1,194.42	\$618.48 \$620.16 \$620.16	\$0.00 \$727.28 \$574.26 \$1,307.93	EE Only EE + Spouse EE + Child(ren) Full Family	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	\$60.46 \$119.75 \$134.14	\$17.06 \$37.54 \$32.41	\$725.02 \$1,581.79 \$1,396.80	\$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho	\$60.46 \$119.75 \$134.14 \$198.17	\$17.06 \$37.54 \$32.41 \$52.90	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09	Employer \$618.48 \$620.16 \$620.16 \$620.16	\$0.00 \$727.28 \$574.26 \$1,307.93	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho	\$60.46 \$119.75 \$134.14 \$198.17	\$17.06 \$37.54 \$32.41 \$52.90	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32	Employer \$620.16 \$620.16 \$620.16 \$620.16	Employee \$104.86 \$961.63 \$776.64 \$1,638.16
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho \$540.96	\$60.46 \$119.75 \$134.14 \$198.17	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09 \$607.71	\$618.48 \$620.16 \$620.16 \$620.16 \$607.71	\$0.00 \$727.28 \$574.26 \$1,307.93 \$0.00 \$705.94	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho \$647.50	\$60.46 \$119.75 \$134.14 \$198.17	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32 \$714.25	Employer \$620.16 \$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64 \$1,638.16
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho \$540.96 \$1,190.15	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09 \$607.71 \$1,326.10	Employer \$618.48 \$620.16 \$620.16 \$620.16 \$607.71 \$620.16	\$0.00 \$727.28 \$574.26 \$1,307.93 \$0.00 \$705.94 \$552.60	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren)	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho \$647.50 \$1,424.50	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32 \$714.25 \$1,560.45	Employer \$620.16 \$620.16 \$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64 \$1,638.16 \$94.09 \$940.29
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren)	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09 \$607.71 \$1,326.10 \$1,172.76	\$618.48 \$620.16 \$620.16 \$620.16 \$607.71 \$620.16 \$620.16	\$0.00 \$727.28 \$574.26 \$1,307.93 \$0.00 \$705.94 \$552.60 \$1,274.84	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren)	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32 \$714.25 \$1,560.45 \$1,375.14	Employer \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64 \$1,638.16 \$94.09 \$940.29 \$754.98
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09 \$607.71 \$1,326.10 \$1,172.76	\$618.48 \$620.16 \$620.16 \$620.16 \$607.71 \$620.16 \$620.16	\$0.00 \$727.28 \$574.26 \$1,307.93 \$0.00 \$705.94 \$552.60 \$1,274.84	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32 \$714.25 \$1,560.45 \$1,375.14	Employer \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64 \$1,638.16 \$94.09 \$940.29 \$754.98
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Dental	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09 \$607.71 \$1,326.10 \$1,172.76 \$1,895.00	\$618.48 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16	\$0.00 \$727.28 \$574.26 \$1,307.93 \$0.00 \$705.94 \$552.60 \$1,274.84	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Dental	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32 \$714.25 \$1,560.45 \$1,375.14 \$2,225.23	Employer \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64 \$1,638.16 \$94.09 \$940.29 \$754.98 \$1,605.07
EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Dental EE Only	Medical \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 4 w/ Ortho \$540.96 \$1,190.15 \$1,027.87 \$1,677.02 Plan 8 w/ Ort	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90	\$618.48 \$1,347.44 \$1,194.42 \$1,928.09 \$607.71 \$1,326.10 \$1,172.76 \$1,895.00	Employer \$618.48 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$598.51	\$0.00 \$727.28 \$574.26 \$1,307.93 \$0.00 \$705.94 \$552.60 \$1,274.84 \$0.00 \$687.71	EE Only EE + Spouse EE + Child(ren) Full Family ODS Dental Plan EE Only EE + Spouse EE + Child(ren) Full Family Willamette Dental	Medical \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 4 w/ Ortho \$647.50 \$1,424.50 \$1,230.25 \$2,007.25 Plan 8 w/ Ort \$647.50	\$60.46 \$119.75 \$134.14 \$198.17 \$49.69 \$98.41 \$112.48 \$165.08	\$17.06 \$37.54 \$32.41 \$52.90 \$17.06 \$37.54 \$32.41 \$52.90	\$725.02 \$1,581.79 \$1,396.80 \$2,258.32 \$714.25 \$1,560.45 \$1,375.14 \$2,225.23	Employer \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16 \$620.16	\$104.86 \$961.63 \$776.64 \$1,638.16 \$94.09 \$940.29 \$754.98 \$1,605.07

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