

# 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					Monthly Contributions	
	Medical	Dental	Vision	Total Premium	Employer	Employee		Medical	Dental	Vision	Total Premium	Employer	Employee
EE Only	\$540.96	\$60.46	\$17.06	\$618.48	\$618.48	\$0.00	EE Only	\$647.50	\$60.46	\$17.06	\$725.02	\$620.16	\$104.86
EE + Spouse	\$1,190.15	\$119.75	\$37.54	\$1,347.44	\$620.16	\$727.28	EE + Spouse	\$1,424.50	\$119.75	\$37.54	\$1,581.79	\$620.16	\$961.63
EE + Child(ren)	\$1,027.87	\$134.14	\$32.41	\$1,194.42	\$620.16	\$574.26	EE + Child(ren)	\$1,230.25	\$134.14	\$32.41	\$1,396.80	\$620.16	\$776.64
Full Family	\$1,677.02	\$198.17	\$52.90	\$1,928.09	\$620.16	\$1,307.93	Full Family	\$2,007.25	\$198.17	\$52.90	\$2,258.32	\$620.16	\$1,638.16
ODS Dental Plan 4 w/ Ortho							ODS Dental Plan 4 w/ Ortho						
EE Only	\$540.96	\$49.69	\$17.06	\$607.71	\$607.71	\$0.00	EE Only	\$647.50	\$49.69	\$17.06	\$714.25	\$620.16	\$94.09
EE + Spouse	\$1,190.15	\$98.41	\$37.54	\$1,326.10	\$620.16	\$705.94	EE + Spouse	\$1,424.50	\$98.41	\$37.54	\$1,560.45	\$620.16	\$940.29
EE + Child(ren)	\$1,027.87	\$112.48	\$32.41	\$1,172.76	\$620.16	\$552.60	EE + Child(ren)	\$1,230.25	\$112.48	\$32.41	\$1,375.14	\$620.16	\$754.98
Full Family	\$1,677.02	\$165.08	\$52.90	\$1,895.00	\$620.16	\$1,274.84	Full Family	\$2,007.25	\$165.08	\$52.90	\$2,225.23	\$620.16	\$1,605.07
Willamette Dental Plan 8 w/ Ortho							Willamette Dental Plan 8 w/ Ortho						
EE Only	\$540.96	\$40.49	\$17.06	\$598.51	\$598.51	\$0.00	EE Only	\$647.50	\$40.49	\$17.06	\$705.05	\$620.16	\$84.89
EE + Spouse	\$1,190.15	\$80.18	\$37.54	\$1,307.87	\$620.16	\$687.71	EE + Spouse	\$1,424.50	\$80.18	\$37.54	\$1,542.22	\$620.16	\$922.06
EE + Child(ren)	\$1,027.87	\$85.32	\$32.41	\$1,145.60	\$620.16	\$525.44	EE + Child(ren)	\$1,230.25	\$85.32	\$32.41	\$1,347.98	\$620.16	\$727.82
Full Family	\$1,677.02	\$128.23	\$52.90	\$1,858.15	\$620.16	\$1,237.99	Full Family	\$2,007.25	\$128.23	\$52.90	\$2,188.38	\$620.16	\$1,568.22

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