

LANE COMMUNITY COLLEGE

Classified Insurance Rates (10.48% increase + 1% State Increase)

October 1, 2009 - June 30, 2010

PACIFICSOURCE MEDICAL PLAN with ODS DENTAL PLAN

	Medical/Rx	Dental	Vision	Total	Employer	Employee
EE Only	\$543.78	\$56.06	\$9.02	\$608.86	\$600.23	\$8.63
E + One	\$1,250.65	\$106.91	\$20.74	\$1,378.30	\$1,256.96	\$121.34
Full Family	\$1,533.42	\$172.52	\$25.39	\$1,731.33	\$1,576.40	\$154.93

PACIFICSOURCE MEDICAL PLAN with WILLAMETTE DENTAL PLAN

	Medical/Rx	Dental	Vision	Total	Employer	Employee
EE Only	\$543.78	\$43.83	\$9.02	\$596.63	\$596.63	\$0.00
E + One	\$1,250.65	\$83.65	\$20.74	\$1,355.04	\$1,256.96	\$98.08
Full Family	\$1,533.42	\$134.73	\$25.39	\$1,693.54	\$1,576.40	\$117.14

LINCOLN NATIONAL INSURANCE

Life	LTD	Total	Employer	Employee	
	\$7.25	\$14.00	\$21.25	\$7.25	\$14.00

EMPLOYEE ASSISTANCE PROGRAM

Rate	Employer	Employee
\$2.35	\$2.35	\$0.00

LANE COMMUNITY COLLEGE
Classified Insurance COBRA Rates

October 1, 2009 - June 30, 2010

PACIFICSOURCE MEDICAL PLAN with ODS DENTAL PLAN-COBRA

	Medical/Rx	Dental	Vision	Total
EE Only	\$554.66	\$57.18	\$9.20	\$621.04
E + One	\$1,275.66	\$109.05	\$21.15	\$1,405.87
Full Family	\$1,564.09	\$175.97	\$25.90	\$1,765.96

PACIFICSOURCE MEDICAL PLAN with WILLAMETTE DENTAL PLAN-COBRA

	Medical/Rx	Dental	Vision	Total
EE Only	\$554.66	\$44.71	\$9.20	\$608.56
E + One	\$1,275.66	\$85.32	\$21.15	\$1,382.14
Full Family	\$1,564.09	\$137.42	\$25.90	\$1,727.41

COBRA RATES ARE BASED ON 102% OF THE NORMAL RATE