

Contracted Faculty Insurance Rates

October 1, 2009 - September 30, 2010

DRAFT - The respective employer and employee contributions toward the total cost of OEBB premiums may be subject to minor changes prior to October 1, 2009.

ODS MEDICAL PLAN 3 with PHARMACY PLAN B and Employee Only Life Insurance								ODS MEDICAL PLAN 8 with PHARMACY PLAN C and Employee Only Life Insurance							
ODS Dental Plan 1 w/ Ortho								ODS Dental Plan 1 w/ Ortho							
Monthly Contribution								Monthly Contribution							
	Medical	Dental	Vision	Supp Ins	Total	Employer	Employee		Medical	Dental	Vision	Supp Ins	Total	Employer	Employee
EE Only	\$470.16	\$58.14	\$14.96	2.73	\$545.99	\$482.36	\$63.64	EE Only	\$332.49	\$58.14	\$14.96	2.73	\$408.32	\$408.32	\$0.00
EE + Spouse	\$1,034.32	\$115.14	\$32.91	2.73	\$1,185.10	\$1,026.89	\$158.21	EE + Spouse	\$731.48	\$115.14	\$32.91	2.73	\$882.26	\$882.26	\$0.00
EE + Child(ren)	\$893.28	\$128.93	\$28.42	2.73	\$1,053.36	\$915.80	\$137.56	EE + Child(ren)	\$631.72	\$128.93	\$28.42	2.73	\$791.80	\$791.80	\$0.00
Full Family	\$1,457.47	\$190.50	\$46.38	2.73	\$1,697.08	\$1,495.14	\$201.94	Full Family	\$1,030.71	\$190.50	\$46.38	2.73	\$1,270.32	\$1,270.32	\$0.00
ODS Dental Plan 5 w/ Ortho								ODS Dental Plan 5 w/ Ortho							
EE Only	\$470.16	\$42.91	\$14.96	2.73	\$530.76	\$482.36	\$48.41	EE Only	\$332.49	\$42.91	\$14.96	2.73	\$393.09	\$393.09	\$0.00
EE + Spouse	\$1,034.32	\$84.99	\$32.91	2.73	\$1,154.95	\$1,026.89	\$128.06	EE + Spouse	\$731.48	\$84.99	\$32.91	2.73	\$852.11	\$852.11	\$0.00
EE + Child(ren)	\$893.28	\$98.32	\$28.42	2.73	\$1,022.75	\$915.80	\$106.95	EE + Child(ren)	\$631.72	\$98.32	\$28.42	2.73	\$761.19	\$761.19	\$0.00
Full Family	\$1,457.47	\$143.75	\$46.38	2.73	\$1,650.33	\$1,495.14	\$155.19	Full Family	\$1,030.71	\$143.75	\$46.38	2.73	\$1,223.57	\$1,223.57	\$0.00
Willamette Dental Plan 7 w/ Ortho								Willamette Dental Plan 7 w/ Ortho							
EE Only	\$470.16	\$42.90	\$14.96	2.73	\$530.75	\$482.36	\$48.40	EE Only	\$332.49	\$42.90	\$14.96	2.73	\$393.08	\$393.08	\$0.00
EE + Spouse	\$1,034.32	\$84.95	\$32.91	2.73	\$1,154.91	\$1,026.89	\$128.02	EE + Spouse	\$731.48	\$84.95	\$32.91	2.73	\$852.07	\$852.07	\$0.00
EE + Child(ren)	\$893.28	\$90.30	\$28.42	2.73	\$1,014.73	\$915.80	\$98.93	EE + Child(ren)	\$631.72	\$90.30	\$28.42	2.73	\$753.17	\$753.17	\$0.00
Full Family	\$1,457.47	\$135.78	\$46.38	2.73	\$1,642.36	\$1,495.14	\$147.22	Full Family	\$1,030.71	\$135.78	\$46.38	2.73	\$1,215.60	\$1,215.60	\$0.00
ODS MEDICAL PLAN 5 with PHARMACY PLAN B and Employee Only Life Insurance								PROVIDENCE MED PLAN 2 with PHARMACY PLAN 1 and Employee Only Life Insurance							
ODS Dental Plan 1 w/ Ortho								ODS Dental Plan 1 w/ Ortho							
Monthly Contribution								Monthly Contribution							
	Medical	Dental	Vision	Supp Ins	Total	Employer	Employee		Medical	Dental	Vision	Supp Ins	Total	Employer	Employee
EE Only	\$426.32	\$58.14	\$14.96	2.73	\$502.15	\$478.75	\$23.40	EE Only	\$500.66	\$58.14	\$14.96	2.73	\$576.49	\$541.07	\$35.42
EE + Spouse	\$937.89	\$115.14	\$32.91	2.73	\$1,088.67	\$1,018.95	\$69.73	EE + Spouse	\$1,101.45	\$115.14	\$32.91	2.73	\$1,252.23	\$1,156.08	\$96.15
EE + Child(ren)	\$810.00	\$128.93	\$28.42	2.73	\$970.08	\$908.94	\$61.14	EE + Child(ren)	\$951.25	\$128.93	\$28.42	2.73	\$1,111.33	\$1,027.37	\$83.96
Full Family	\$1,321.57	\$190.50	\$46.38	2.73	\$1,561.18	\$1,483.95	\$77.23	Full Family	\$1,552.06	\$190.50	\$46.38	2.73	\$1,791.67	\$1,677.20	\$114.47
ODS Dental Plan 5 w/ Ortho								ODS Dental Plan 5 w/ Ortho							
EE Only	\$426.32	\$42.91	\$14.96	2.73	\$486.92	\$478.75	\$8.17	EE Only	\$500.66	\$42.91	\$14.96	2.73	\$561.26	\$541.07	\$20.19
EE + Spouse	\$937.89	\$84.99	\$32.91	2.73	\$1,058.52	\$1,018.95	\$39.58	EE + Spouse	\$1,101.45	\$84.99	\$32.91	2.73	\$1,222.08	\$1,156.08	\$66.00
EE + Child(ren)	\$810.00	\$98.32	\$28.42	2.73	\$939.47	\$908.94	\$30.53	EE + Child(ren)	\$951.25	\$98.32	\$28.42	2.73	\$1,080.72	\$1,027.37	\$53.35
Full Family	\$1,321.57	\$143.75	\$46.38	2.73	\$1,514.43	\$1,483.95	\$30.48	Full Family	\$1,552.06	\$143.75	\$46.38	2.73	\$1,744.92	\$1,677.20	\$67.72
Willamette Dental Plan 7 w/ Ortho								Willamette Dental Plan 7 w/ Ortho							
EE Only	\$426.32	\$42.90	\$14.96	2.73	\$486.91	\$478.75	\$8.16	EE Only	\$500.66	\$42.90	\$14.96	2.73	\$561.25	\$541.07	\$20.18
EE + Spouse	\$937.89	\$84.95	\$32.91	2.73	\$1,058.48	\$1,018.95	\$39.54	EE + Spouse	\$1,101.45	\$84.95	\$32.91	2.73	\$1,222.04	\$1,156.08	\$65.96
EE + Child(ren)	\$810.00	\$90.30	\$28.42	2.73	\$931.45	\$908.94	\$22.51	EE + Child(ren)	\$951.25	\$90.30	\$28.42	2.73	\$1,072.70	\$1,027.37	\$45.33
Full Family	\$1,321.57	\$135.78	\$46.38	2.73	\$1,506.46	\$1,483.95	\$22.51	Full Family	\$1,552.06	\$135.78	\$46.38	2.73	\$1,736.95	\$1,677.20	\$59.75