

Part-time 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							ODS MEDICAL PLAN 8 with PHARMACY PLAN C								
ODS Dental Plan 1 w/ Ortho						Monthly Contribution		ODS Dental Plan 1 w/ Ortho						Monthly Contribution	
	Medical	Dental	Vision	Total	Employer	Employee		Medical	Dental	Vision	Total	Employer	Employee		
EE Only	\$470.16	\$58.14	\$14.96	\$543.26	\$482.36	\$60.91	EE Only	\$332.49	\$58.14	\$14.96	\$405.59	\$405.59	\$0.00		
EE + Spouse	\$1,034.32	\$115.14	\$32.91	\$1,182.37	\$482.36	\$700.02	EE + Spouse	\$731.48	\$115.14	\$32.91	\$879.53	\$482.36	\$397.18		
EE + Child(ren)	\$893.28	\$128.93	\$28.42	\$1,050.63	\$482.36	\$568.28	EE + Child(ren)	\$631.72	\$128.93	\$28.42	\$789.07	\$482.36	\$306.72		
Full Family	\$1,457.47	\$190.50	\$46.38	\$1,694.35	\$482.36	\$1,212.00	Full Family	\$1,030.71	\$190.50	\$46.38	\$1,267.59	\$482.36	\$785.24		
ODS Dental Plan 5 w/ Ortho							ODS Dental Plan 5 w/ Ortho								
EE Only	\$470.16	\$42.91	\$14.96	\$528.03	\$482.36	\$45.68	EE Only	\$332.49	\$42.91	\$14.96	\$390.36	\$390.36	\$0.00		
EE + Spouse	\$1,034.32	\$84.99	\$32.91	\$1,152.22	\$482.36	\$669.87	EE + Spouse	\$731.48	\$84.99	\$32.91	\$849.38	\$482.36	\$367.03		
EE + Child(ren)	\$893.28	\$98.32	\$28.42	\$1,020.02	\$482.36	\$537.67	EE + Child(ren)	\$631.72	\$98.32	\$28.42	\$758.46	\$482.36	\$276.11		
Full Family	\$1,457.47	\$143.75	\$46.38	\$1,647.60	\$482.36	\$1,165.25	Full Family	\$1,030.71	\$143.75	\$46.38	\$1,220.84	\$482.36	\$738.49		
Willamette Dental Plan 7 w/ Ortho							Willamette Dental Plan 7 w/ Ortho								
EE Only	\$470.16	\$42.90	\$14.96	\$528.02	\$482.36	\$45.68	EE Only	\$332.49	\$42.90	\$14.96	\$390.35	\$390.35	\$0.00		
EE + Spouse	\$1,034.32	\$84.95	\$32.91	\$1,152.18	\$482.36	\$669.87	EE + Spouse	\$731.48	\$84.95	\$32.91	\$849.34	\$482.36	\$366.99		
EE + Child(ren)	\$893.28	\$90.30	\$28.42	\$1,012.00	\$482.36	\$537.67	EE + Child(ren)	\$631.72	\$90.30	\$28.42	\$750.44	\$482.36	\$268.09		
Full Family	\$1,457.47	\$135.78	\$46.38	\$1,639.63	\$482.36	\$1,165.25	Full Family	\$1,030.71	\$135.78	\$46.38	\$1,212.87	\$482.36	\$730.52		
ODS MEDICAL PLAN 5 with PHARMACY PLAN B							PROVIDENCE MEDICAL PLAN 2 with PHARMACY PLAN 1								
ODS Dental Plan 1 w/ Ortho						Monthly Contribution		ODS Dental Plan 1 w/ Ortho						Monthly Contribution	
	Medical	Dental	Vision	Total	Employer	Employee		Medical	Dental	Vision	Total	Employer	Employee		
EE Only	\$426.32	\$58.14	\$14.96	\$499.42	\$482.36	\$17.06	EE Only	\$500.66	\$58.14	\$14.96	\$573.76	\$482.36	\$91.41		
EE + Spouse	\$937.89	\$115.14	\$32.91	\$1,085.94	\$482.36	\$603.59	EE + Spouse	\$1,101.45	\$115.14	\$32.91	\$1,249.50	\$482.36	\$767.15		
EE + Child(ren)	\$810.00	\$128.93	\$28.42	\$967.35	\$482.36	\$485.00	EE + Child(ren)	\$951.25	\$128.93	\$28.42	\$1,108.60	\$482.36	\$626.25		
Full Family	\$1,321.57	\$190.50	\$46.38	\$1,558.45	\$482.36	\$1,076.10	Full Family	\$1,552.06	\$190.50	\$46.38	\$1,788.94	\$482.36	\$1,306.59		
ODS Dental Plan 5 w/ Ortho							ODS Dental Plan 5 w/ Ortho								
EE Only	\$426.32	\$42.91	\$14.96	\$484.19	\$482.36	\$1.83	EE Only	\$500.66	\$42.91	\$14.96	\$558.53	\$482.36	\$76.18		
EE + Spouse	\$937.89	\$84.99	\$32.91	\$1,055.79	\$482.36	\$573.44	EE + Spouse	\$1,101.45	\$84.99	\$32.91	\$1,219.35	\$482.36	\$737.00		
EE + Child(ren)	\$810.00	\$98.32	\$28.42	\$936.74	\$482.36	\$454.39	EE + Child(ren)	\$951.25	\$98.32	\$28.42	\$1,077.99	\$482.36	\$595.64		
Full Family	\$1,321.57	\$143.75	\$46.38	\$1,511.70	\$482.36	\$1,029.35	Full Family	\$1,552.06	\$143.75	\$46.38	\$1,742.19	\$482.36	\$1,259.84		
Willamette Dental Plan 7 w/ Ortho							Willamette Dental Plan 7 w/ Ortho								
EE Only	\$426.32	\$42.90	\$14.96	\$484.18	\$482.36	\$1.82	EE Only	\$500.66	\$42.90	\$14.96	\$558.52	\$482.36	\$76.17		
EE + Spouse	\$937.89	\$84.95	\$32.91	\$1,055.75	\$482.36	\$573.40	EE + Spouse	\$1,101.45	\$84.95	\$32.91	\$1,219.31	\$482.36	\$736.96		
EE + Child(ren)	\$810.00	\$90.30	\$28.42	\$928.72	\$482.36	\$446.37	EE + Child(ren)	\$951.25	\$90.30	\$28.42	\$1,069.97	\$482.36	\$587.62		
Full Family	\$1,321.57	\$135.78	\$46.38	\$1,503.73	\$482.36	\$1,021.38	Full Family	\$1,552.06	\$135.78	\$46.38	\$1,734.22	\$482.36	\$1,251.87		