

Certified Employee Insurance Premium Contribution Schedule 2009-10

12 Check (Employee Cost Each Month by Option)

PacificSource Preferred 90 +100			
If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
0.500	465	76	617
0.600	358	60	508
0.670	282	50	434
0.700	250	45	401
0.750	197	38	348
0.800	143	30	294
0.830	111	26	262
0.900	35	15	186
1.000	-	-	79
Medical w/RX			1,017 *
DVL/LTD			151
Full Package			1,168
<u>District - Full-time Contribution</u>			
Medical			923
DVL/LTD			151
CEA Reserve			15

PacificSource Preferred 80 +500			
If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
0.500	280	76	432
0.600	173	60	323
0.670	97	50	249
0.700	65	45	216
0.750	12	38	163
0.800	-	30	109
0.830	-	26	77
0.900	-	15	15
1.000	-	-	-
Medical w/RX			832 *
DVL/LTD			151
Full Package			983
<u>District - Full-time Contribution</u>			
Medical			923
DVL/LTD			151
CEA Reserve			15

* Includes 1% Oregon State Legislature tax

** Medical Only Premium subtracts pro-rated (by FTE) district contribution of both Medical and dental/vision/life (\$923 + \$151)

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10 Check (Employee Cost Each Month by Option)

Pacific Source 90 +100			
If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
0.500	558	91	739
0.600	429	72	609
0.670	338	60	520
0.700	300	54	480
0.750	235	45	416
0.800	171	36	352
0.830	132	31	313
0.900	42	18	223
1.000	-	-	94
Medical			1,220 *
DVL/LTD			181
Full Package			1,401
District - Full-time Contribution			
Medical			1,108
DVL/LTD			181
CEA Reserve			18

Pacific Source 80 +500			
If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
0.500	336	91	517
0.600	207	72	387
0.670	116	60	298
0.700	78	54	258
0.750	13	45	194
0.800	-	36	130
0.830	-	31	91
0.900	-	18	18
1.000	-	-	-
Medical			998 *
DVL/LTD			181
Full Package			1,179
District - Full-time Contribution			
Medical			1,108
DVL/LTD			181
CEA Reserve			18

* Includes 1% Oregon State Legislature tax

** Medical Only Premium subtracts pro-rated (by FTE) district contribution of both Medical and dental/vision/life (\$1108 + \$181)