

Classified Employee Insurance Premium Contribution Schedule 2009-10 - 12 Check Option

Employee Cost Each Month by Option

ODS: PPO Plan 3 (\$100 ded) - RX Option B				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	534	70	673
4.500	0.560	467	61	606
5.000	0.630	390	51	529
5.500	0.690	324	43	463
6.000	0.750	258	35	397
6.500	0.810	192	26	330
7.000	0.880	114	17	254
7.500	1.000	-	-	121
8.000	1.000	-	-	121
Medical				1,119 *
DVL/LTD				139
Full Package				1,258
District - Full-time Contribution				
Medical				964
DVL/LTD				139
OSEA Reserve				34

ODS: PPO Plan 7 (\$500 ded) - Rx Option B				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	316	70	455
4.500	0.560	249	61	388
5.000	0.630	172	51	311
5.500	0.690	106	43	245
6.000	0.750	40	35	179
6.500	0.810	-	26	112
7.000	0.880	-	17	36
7.500	1.000	-	-	-
8.000	1.000	-	-	-
Medical				901 *
DVL/LTD				139
Full Package				1,040
District - Full-time Contribution				
Medical				964
DVL/LTD				139
OSEA Reserve				34

** Medical Only Premium subtracts pro-rated (by FTE) district contribution of both Medical and dental/vision/life (\$964 + \$139)

* Includes 1% Oregon State Legislature Tax

Classified Employee Insurance Premium Contribution Schedule 2009-10 - 10 Check Option
 Employee Cost Each Month by Option

ODS: PPO Plan 3 (\$100 ded) - RX Option B				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	640	84	808
4.500	0.560	561	73	727
5.000	0.630	468	62	635
5.500	0.690	388	52	556
6.000	0.750	309	42	476
6.500	0.810	230	32	397
7.000	0.880	137	20	304
7.500	1.000	-	-	145
8.000	1.000	-	-	145
Medical				1,343 *
DVL/LTD				167
Full Package				1,510
District - Full-time Contribution				
Medical				1,157
DVL/LTD				167
OSEA Reserve				41

ODS: PPO Plan 7 (\$500 ded) - Rx Option B				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	378	84	546
4.500	0.560	299	73	465
5.000	0.630	206	62	373
5.500	0.690	126	52	294
6.000	0.750	47	42	214
6.500	0.810	-	32	135
7.000	0.880	-	20	42
7.500	1.000	-	-	-
8.000	1.000	-	-	-
Medical				1,081 *
DVL/LTD				167
Full Package				1,248
District - Full-time Contribution				
Medical				1,157
DVL/LTD				167
OSEA Reserve				41

** Medical Only Premium subtracts pro-rated (by FTE) district contribution of both Medical and dental/vision/life (\$1157 + 167)

* Includes 1% Oregon State Legislature Tax

Classified Employee Insurance Premium Contribution Schedule 2009-10 - 12 Check Option

Employee Cost Each Month by Option

ODS: PPO Plan 8 (\$1000 ded)- RX Option B (New '09 - '10)				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	230	70	369
4.500	0.560	163	61	302
5.000	0.630	86	51	225
5.500	0.690	20	43	159
6.000	0.750	-	35	93
6.500	0.810	-	26	26
7.000	0.880	-	17	17
7.500	1.000	-	-	-
8.000	1.000	-	-	-
Medical				815 *
DVL/LTD				139
Full Package				954
District - Full-time Contribution				
Medical				964
DVL/LTD				139
OSEA Reserve				34

Providence: POS Plan 1A with RX (New '09 - '10)				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	563	70	702
4.500	0.560	496	61	635
5.000	0.630	419	51	558
5.500	0.690	353	43	492
6.000	0.750	287	35	426
6.500	0.810	221	26	359
7.000	0.880	143	17	283
7.500	1.000	11	-	150
8.000	1.000	11	-	150
Medical				1,148 *
DVL/LTD				139
Full Package				1,287
District - Full-time Contribution				
Medical				964
DVL/LTD				139
OSEA Reserve				34

** Medical Only Premium subtracts pro-rated (by FTE) district contribution of both Medical and dental/vision/life (\$964 + \$139)

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Classified Employee Insurance Premium Contribution Schedule 2009-10 - 10 Check Option
 Employee Cost Each Month by Option

ODS: PPO Plan 8 (\$1000 ded)- RX Option B (New '09 - '10)				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	275	84	443
4.500	0.560	196	73	362
5.000	0.630	103	62	270
5.500	0.690	23	52	191
6.000	0.750	-	42	111
6.500	0.810	-	32	32
7.000	0.880	-	20	20
7.500	1.000	-	-	-
8.000	1.000	-	-	-
Medical				978 *
DVL/LTD				167
Full Package				1,145
District - Full-time Contribution				
Medical				1,157
DVL/LTD				167
OSEA Reserve				41

Providence: POS Plan 1A with RX (New '09 - '10)				
If you work at least - Hours	If you work at least FTE	Medical Only**	Dental Vision Life/LTD Only	Complete Package: Medical/ Dental/ Vision/ Life
4.000	0.500	675	84	843
4.500	0.560	596	73	762
5.000	0.630	503	62	670
5.500	0.690	423	52	591
6.000	0.750	344	42	511
6.500	0.810	265	32	432
7.000	0.880	172	20	339
7.500	1.000	13	-	180
8.000	1.000	13	-	180
Medical				1,378 *
DVL/LTD				167
Full Package				1,545
District - Full-time Contribution				
Medical				1,157
DVL/LTD				167
OSEA Reserve				41

** Medical Only Premium subtracts pro-rated (by FTE) district contribution of both Medical and dental/vision/life (\$1157 + 167)

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