

**LANE COMMUNITY COLLEGE**  
**Classified Monthly Insurance Rates**  
**July 1, 2016 - September 30, 2016**

<b>PLAN A (\$500 Deductible) - PACIFICSOURCE MEDICAL with MODA DENTAL PLAN</b>						
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
<b>EE Only</b>	\$906.50	\$60.39	\$13.49	\$980.38	\$899.49	\$80.89
<b>E + One</b>	\$2,084.93	\$114.56	\$31.01	\$2,230.50	\$1,943.52	\$286.98
<b>Full Family</b>	\$2,556.31	\$184.87	\$37.97	\$2,779.15	\$2,421.13	\$358.02

  

<b>PLAN A (\$500 Deductible) - PACIFICSOURCE MEDICAL with WILLAMETTE DENTAL PLAN</b>						
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
<b>EE Only</b>	\$906.50	\$48.74	\$13.49	\$968.73	\$899.49	\$69.24
<b>E + One</b>	\$2,084.93	\$93.03	\$31.01	\$2,208.97	\$1,943.52	\$265.45
<b>Full Family</b>	\$2,556.31	\$149.87	\$37.97	\$2,744.15	\$2,421.13	\$323.02

<b>PLAN B (\$750 Deductible) - PACIFICSOURCE MEDICAL with MODA DENTAL PLAN</b>						
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
<b>EE Only</b>	\$860.15	\$60.39	\$13.49	\$934.03	\$890.29	\$43.74
<b>E + One</b>	\$1,978.31	\$114.56	\$31.01	\$2,123.88	\$1,923.91	\$199.97
<b>Full Family</b>	\$2,425.57	\$184.87	\$37.97	\$2,648.41	\$2,397.07	\$251.34

  

<b>PLAN B (\$750 Deductible) - PACIFICSOURCE MEDICAL with WILLAMETTE DENTAL PLAN</b>						
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
<b>EE Only</b>	\$860.15	\$48.74	\$13.49	\$922.38	\$890.29	\$32.09
<b>E + One</b>	\$1,978.31	\$93.03	\$31.01	\$2,102.35	\$1,923.91	\$178.44
<b>Full Family</b>	\$2,425.57	\$149.87	\$37.97	\$2,613.41	\$2,397.07	\$216.34

<b>PLAN C (\$1,000 Deductible) - PACIFICSOURCE MEDICAL with MODA DENTAL PLAN</b>						
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
<b>EE Only</b>	\$825.39	\$60.39	\$13.49	\$899.27	\$857.28	\$41.99
<b>E + One</b>	\$1,898.34	\$114.56	\$31.01	\$2,043.91	\$1,909.20	\$134.71
<b>Full Family</b>	\$2,327.53	\$184.87	\$37.97	\$2,550.37	\$2,379.04	\$171.33

  

<b>PLAN C (\$1,000 Deductible) - PACIFICSOURCE MEDICAL with WILLAMETTE DENTAL PLAN</b>						
	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
<b>EE Only</b>	\$825.39	\$48.74	\$13.49	\$887.62	\$857.28	\$30.34
<b>E + One</b>	\$1,898.34	\$93.03	\$31.01	\$2,022.38	\$1,909.20	\$113.18
<b>Full Family</b>	\$2,327.53	\$149.87	\$37.97	\$2,515.37	\$2,379.04	\$136.33

<b>LIFE AND LTD</b>					
<b>Life</b>	<b>LTD</b>	<b>Total</b>		<b>Employer</b>	<b>Employee</b>
\$8.46	\$11.90	\$20.36		\$8.46	\$11.90

<b>EMPLOYEE ASSISTANCE PROGRAM</b>			
<b>Rate</b>		<b>Employer</b>	<b>Employee</b>
\$2.35		\$2.35	\$0.00

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2  
pay period effective dates: 06/01/2016 - 08/31/2016