

Classified Monthly Insurance Rates (draft)
November 1, 2016 - June 30, 2017

\$500 Deductible w/ MODA Dental					PSN Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$906.50	\$62.29	\$13.49	\$982.28	\$824.48	\$157.80
E + One	\$2,084.93	\$118.17	\$31.01	\$2,234.11	\$1,770.99	\$463.12
Full Family	\$2,556.31	\$190.69	\$37.97	\$2,784.97	\$2,209.60	\$575.37

\$500 Deductible w/ Willamette Dental					PSN Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$906.50	\$51.07	\$13.49	\$971.06	\$824.48	\$146.58
E + One	\$2,084.93	\$97.44	\$31.01	\$2,213.38	\$1,770.99	\$442.39
Full Family	\$2,556.31	\$156.98	\$37.97	\$2,751.26	\$2,209.60	\$541.66

\$750 Deductible w/ MODA Dental					PSN Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$860.15	\$62.29	\$13.49	\$935.93	\$824.48	\$111.45
E + One	\$1,978.31	\$118.17	\$31.01	\$2,127.49	\$1,770.99	\$356.50
Full Family	\$2,425.57	\$190.69	\$37.97	\$2,654.23	\$2,209.60	\$444.63

\$750 Deductible w/ Willamette Dental					PSN Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$860.15	\$51.07	\$13.49	\$924.71	\$824.48	\$100.23
E + One	\$1,978.31	\$97.44	\$31.01	\$2,106.76	\$1,770.99	\$335.77
Full Family	\$2,425.57	\$156.98	\$37.97	\$2,620.52	\$2,209.60	\$410.92

\$1000 Deductible w/ MODA Dental					PSN Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$825.39	\$62.29	\$13.49	\$901.17	\$824.48	\$76.69
E + One	\$1,898.34	\$118.17	\$31.01	\$2,047.52	\$1,770.99	\$276.53
Full Family	\$2,327.53	\$190.69	\$37.97	\$2,556.19	\$2,209.60	\$346.59

\$1000 Deductible w/ Willamette Dental					PSN Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$825.39	\$51.07	\$13.49	\$889.95	\$824.48	\$65.47
E + One	\$1,898.34	\$97.44	\$31.01	\$2,026.79	\$1,770.99	\$255.80
Full Family	\$2,327.53	\$156.98	\$37.97	\$2,522.48	\$2,209.60	\$312.88

LIFE AND LTD					
	Life	LTD	Total	Employer	Employee
	\$8.46	\$11.90	\$20.36	\$8.46	\$11.90

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
 payroll effective dates: 10/01/2016 - 05/31/2017

\$500 Deductible w/ MODA Dental					SmartChoice Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$847.58	\$62.29	\$13.49	\$923.36	\$824.48	\$98.88
E + One	\$1,949.41	\$118.17	\$31.01	\$2,098.59	\$1,770.99	\$327.60
Full Family	\$2,390.15	\$190.69	\$37.97	\$2,618.81	\$2,209.60	\$409.21

\$500 Deductible w/ Willamette Dental					SmartChoice Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$847.58	\$51.07	\$13.49	\$912.14	\$824.48	\$87.66
E + One	\$1,949.41	\$97.44	\$31.01	\$2,077.86	\$1,770.99	\$306.87
Full Family	\$2,390.15	\$156.98	\$37.97	\$2,585.10	\$2,209.60	\$375.50

\$750 Deductible w/ MODA Dental					SmartChoice Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$804.24	\$62.29	\$13.49	\$880.02	\$824.48	\$55.54
E + One	\$1,849.72	\$118.17	\$31.01	\$1,998.90	\$1,770.99	\$227.91
Full Family	\$2,267.91	\$190.69	\$37.97	\$2,496.57	\$2,209.60	\$286.97

\$750 Deductible w/ Willamette Dental					SmartChoice Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$804.24	\$51.07	\$13.49	\$868.80	\$824.48	\$44.32
E + One	\$1,849.72	\$97.44	\$31.01	\$1,978.17	\$1,770.99	\$207.18
Full Family	\$2,267.91	\$156.98	\$37.97	\$2,462.86	\$2,209.60	\$253.26

\$1000 Deductible w/ MODA Dental					SmartChoice Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$771.74	\$62.29	\$13.49	\$847.52	\$824.48	\$23.04
E + One	\$1,774.95	\$118.17	\$31.01	\$1,924.13	\$1,770.99	\$153.14
Full Family	\$2,176.24	\$190.69	\$37.97	\$2,404.90	\$2,209.60	\$195.30

\$1000 Deductible w/ Willamette Dental					SmartChoice Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$771.74	\$51.07	\$13.49	\$836.30	\$824.48	\$11.82
E + One	\$1,774.95	\$97.44	\$31.01	\$1,903.40	\$1,770.99	\$132.41
Full Family	\$2,176.24	\$156.98	\$37.97	\$2,371.19	\$2,209.60	\$161.59

EMPLOYEE ASSISTANCE PROGRAM					
	Rate			Employer	Employee
	\$2.35			\$2.35	\$0.00