Management Monthly Insurance Rates September 1, 2016 - June 30, 2017

\$500 Deductible w/ MODA Dental			PSN Network
	Employer		Employee
	Total	Contribution	Contribution
EE Only	\$965.78	\$824.48	\$141.30
E + One	\$2,196.16	\$1,770.99	\$425.17
Full Family	\$2,738.45	\$2,209.60	\$528.85

\$500 Deductible w/ Willamette Dental			PSN Network
	Employer		Employee
	Total	Contribution	Contribution
EE Only	\$954.56	\$824.48	\$130.08
E + One	\$2,175.43	\$1,770.99	\$404.44
Full Family	\$2,704.74	\$2,209.60	\$495.14

\$750 Deductible w/ MODA Dental			PSN Network
	Employer		Employee
	Total	Contribution	Contribution
EE Only	\$921.28	\$824.48	\$96.80
E + One	\$2,093.81	\$1,770.99	\$322.82
Full Family	\$2,612.94	\$2,209.60	\$403.34

\$750 Deductible w/ Willamette Dental			PSN Network
	Employer		Employee
	Total	Contribution	Contribution
EE Only	\$910.06	\$824.48	\$85.58
E + One	\$2,073.08	\$1,770.99	\$302.09
Full Family	\$2,579.23	\$2,209.60	\$369.63

LIFE AND LTD		
Life	Employer	Employee
\$9.98	\$19.48	\$0.00

\$750 Deductible w/ MODA Dental		ental Smar	SmartChoice Network	
		Employer	Employee	
	Total	Contribution	Contribution	
EE Only	\$867.61	\$824.48	\$43.13	
E + One	\$1,970.36	\$1,770.99	\$199.37	
Full Family	\$2,461.58	\$2,209.60	\$251.98	

\$750 Deductible w/ Willamette Dental SmartChoice Network				
	Emplo		Employee	
	Total	Contribution	Contribution	
EE Only	\$856.39	\$824.48	\$31.91	
E + One	\$1,949.63	\$1,770.99	\$178.64	
Full Family	\$2,427.87	\$2,209.60	\$218.27	

\$1000 Deductible w/ MODA Dental		ental Smar	tChoice Network
		Employer	Employee
	Total	Contribution	Contribution
EE Only	\$832.81	\$824.48	\$8.33
E + One	\$1,890.30	\$1,770.99	\$119.31
Full Family	\$2,363.43	\$2,209.60	\$153.83

\$1000 Deductible w/ Willamette Dental SmartChoice Network			
	Employer Employe		
	Total	Contribution	Contribution
EE Only	\$821.59	\$821.59	\$0.00
E + One	\$1,869.57	\$1,770.99	\$98.58
Full Family	\$2,329.72	\$2,209.60	\$120.12

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