

LANE COMMUNITY COLLEGE
Classified Monthly Insurance Rates
July 1, 2015 - June 30, 2016

2015-16 Rates

PLAN A (\$500 Deductible) - PACIFICSOURCE MEDICAL with MODA DENTAL PLAN						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$832.12	\$60.39	\$12.86	\$905.37	\$824.48	\$80.89
E + One	\$1,913.85	\$114.56	\$29.56	\$2,057.97	\$1,770.99	\$286.98
Full Family	\$2,346.55	\$184.87	\$36.20	\$2,567.62	\$2,209.60	\$358.02
PLAN A (\$500 Deductible) - PACIFICSOURCE MEDICAL with WILLAMETTE DENTAL PLAN						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$832.12	\$48.74	\$12.86	\$893.72	\$824.48	\$69.24
E + One	\$1,913.85	\$93.03	\$29.56	\$2,036.44	\$1,770.99	\$265.45
Full Family	\$2,346.55	\$149.87	\$36.20	\$2,532.62	\$2,209.60	\$323.02

PLAN B (\$750 Deductible) - PACIFICSOURCE MEDICAL with MODA DENTAL PLAN						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$789.57	\$60.39	\$12.86	\$862.82	\$819.08	\$43.74
E + One	\$1,815.98	\$114.56	\$29.56	\$1,960.10	\$1,760.13	\$199.97
Full Family	\$2,226.54	\$184.87	\$36.20	\$2,447.61	\$2,196.27	\$251.34
PLAN B (\$750 Deductible) - PACIFICSOURCE MEDICAL with WILLAMETTE DENTAL PLAN						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$789.57	\$48.74	\$12.86	\$851.17	\$819.08	\$32.09
E + One	\$1,815.98	\$93.03	\$29.56	\$1,938.57	\$1,760.13	\$178.44
Full Family	\$2,226.54	\$149.87	\$36.20	\$2,412.61	\$2,196.27	\$216.34

PLAN C (\$1,000 Deductible) - PACIFICSOURCE MEDICAL with MODA DENTAL PLAN						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$757.66	\$60.39	\$12.86	\$830.91	\$788.92	\$41.99
E + One	\$1,742.57	\$114.56	\$29.56	\$1,886.69	\$1,751.98	\$134.71
Full Family	\$2,136.54	\$184.87	\$36.20	\$2,357.61	\$2,186.28	\$171.33
PLAN C (\$1,000 Deductible) - PACIFICSOURCE MEDICAL with WILLAMETTE DENTAL PLAN						
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$757.66	\$48.74	\$12.86	\$819.26	\$788.92	\$30.34
E + One	\$1,742.57	\$93.03	\$29.56	\$1,865.16	\$1,751.98	\$113.18
Full Family	\$2,136.54	\$149.87	\$36.20	\$2,322.61	\$2,186.28	\$136.33

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

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

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
payroll effective dates: 06/01/2015 - 05/31/2016

LANE COMMUNITY COLLEGE
Classified Monthly Insurance Rates
July 1, 2015 - June 30, 2016

2015-16 Rates

****DRAFT**** Subject to change based upon bargaining. ****DRAFT****