

LANE COMMUNITY COLLEGE
Classified Monthly Insurance Rates
October 1, 2016 - June 30, 2017

Rates if contract not settled

Plan A (\$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

Plan A (\$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

Plan B (\$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	\$819.08	\$116.85
E + One	\$1,978.31	\$118.17	\$31.01	\$2,127.49	\$1,760.13	\$367.36
Full Family	\$2,425.57	\$190.69	\$37.97	\$2,654.23	\$2,196.27	\$457.96

Plan B (\$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	\$819.08	\$105.63
E + One	\$1,978.31	\$97.44	\$31.01	\$2,106.76	\$1,760.13	\$346.63
Full Family	\$2,425.57	\$156.98	\$37.97	\$2,620.52	\$2,196.27	\$424.25

Plan C (\$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	\$788.92	\$112.25
E + One	\$1,898.34	\$118.17	\$31.01	\$2,047.52	\$1,751.98	\$295.54
Full Family	\$2,327.53	\$190.69	\$37.97	\$2,556.19	\$2,186.28	\$369.91

Plan C (\$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	\$788.92	\$101.03
E + One	\$1,898.34	\$97.44	\$31.01	\$2,026.79	\$1,751.98	\$274.81
Full Family	\$2,327.53	\$156.98	\$37.97	\$2,522.48	\$2,186.28	\$336.20

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
 payroll effective dates: 08/01/2016 - 05/31/2017