

## **LICENSED INSURANCE COSTS – 2007-08**

### **Insurance cost for Licensed Employees @ .8 to 1.0 FTE:**

**With Preferred Dental Option / licensed that work this FTE will receive the District's maximum contribution towards health insurance.**

<b>RBCBSO PPO Plan Medical Plan</b>		\$893.90	
OEA CHOICE Preferred Dental+Vision		\$99.39	
	Less District contribution	-\$850.00	
	<b>Payroll Deduction</b>	<b>\$143.29</b>	
<b>RBCBSO Plan C-500</b>		\$731.75	
OEA CHOICE Preferred Dental+Vision		\$99.39	
	Less District contribution	-\$850.00	
	<b>Payroll Deduction</b>	<b>\$ 0.00</b>	
<b>KAISER PERMANENTE</b>		<u><b>\$5/\$5</b></u> \$791.96	<u><b>\$10/\$10</b></u> \$747.27
OEA CHOICE Preferred Dental+Vision		\$99.39	\$99.39
	Less District contribution	-\$850.00	-\$850.00
	<b>Payroll Deduction</b>	<b>\$41.35</b>	<b>\$ 0.00</b>

### **Insurance cost for Licensed Employees @ .6 to .79 FTE:**

**With Preferred Dental Option / licensed that work this FTE will receive ¾ of the District's maximum contribution towards health insurance.**

<b>RBCBSO PPO Plan Medical Plan</b>		\$893.90	
OEA CHOICE Preferred Dental+Vision		\$99.39	
	Less District contribution	-\$637.50	
	<b>Payroll Deduction</b>	<b>\$355.79</b>	
<b>RBCBSO Plan C-500</b>		\$731.75	
OEA CHOICE Preferred Dental+Vision		\$99.39	
	Less District contribution	-\$637.50	
	<b>Payroll Deduction</b>	<b>\$193.64</b>	
<b>KAISER PERMANENTE</b>		<u><b>\$5/\$5</b></u> \$791.96	<u><b>\$10/\$10</b></u> \$747.27
OEA CHOICE Preferred Dental+Vision		\$99.39	\$99.39
	Less District contribution	-\$637.50	-\$637.50
	<b>Payroll Deduction</b>	<b>\$253.85</b>	<b>\$209.16</b>

**Continue on next page for licensed employees working less than .6 FTE with Preferred dental**

## **LICENSED INSURANCE COSTS – 2007-08**

### **Insurance Cost for Part-time Licensed Employees @ .375 to .59 FTE:**

**With Preferred Dental Option / licensed that work this FTE will receive ½ of the District's maximum contribution towards health insurance.**

<b>RBCBS PPO Plan</b>		<b>OEA CHOICE Preferred Dental</b>	<b>Dist. Contribution</b>	<b>Payroll Deduction</b>
Single	\$377.25	\$32.64	-\$425.00	\$ 0.00
2-party	\$875.85	\$ 62.30	-\$425.00	\$513.15
Family	\$1034.45	\$111.81	-\$425.00	\$721.26
<b>RBCBS Plan C-500</b>				
Single	\$308.20	\$ 32.64	-\$425.00	\$ 0.00
2-party	\$710.15	\$ 62.30	-\$425.00	\$347.45
Family	\$838.65	\$111.81	-\$425.00	\$525.46
<b>KAISER \$5/\$5</b>				
Single	\$396.40	\$ 32.64	-\$425.00	\$ 4.04
2-party	\$792.80	\$ 62.30	-\$425.00	\$430.10
Family	\$1070.28	\$111.81	-\$425.00	\$757.09
<b>KAISER \$10/\$10</b>				
Single	\$374.03	\$ 32.64	-\$425.00	\$ 0.00
2-party	\$748.06	\$ 62.30	-\$425.00	\$385.36
Family	\$1009.88	\$111.81	-\$425.00	\$696.69