

LICENSED INSURANCE COSTS – 2007-08

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

With Premier Dental Option / licensed working this FTE will receive the District's maximum contribution towards health insurance

RBCBSO PPO Medical Plan		\$893.90	
OEA CHOICE Dental/Vision		\$112.18	
	Less District contribution	-\$850.00	
	Payroll Deduction	\$156.08	
RBCBSO Plan C-500		\$731.75	
OEA CHOICE Dental/Vision		\$112.18	
	Less District contribution	-\$850.00	
	Payroll Deduction	\$ 0.00	
KAISER PERMANENTE		<u>\$5/\$5</u> \$791.96	<u>\$10/\$10</u> \$747.27
OEA CHOICE Dental/Vision		\$112.18	\$112.18
	Less District contribution	-\$850.00	-\$850.00
	Payroll Deduction	\$ 54.14	\$ 9.45

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

With Premier Dental Option / licensed who work this FTE will receive $\frac{3}{4}$ of the District's maximum contribution towards health insurance.

RBCBSO PPO Medical Plan		\$893.90	
OEA CHOICE Dental/Vision		\$112.18	
	Less District contribution	-\$637.50	
	Payroll Deduction	\$368.58	
RBCBSO Plan C-500		\$731.75	
OEA CHOICE Dental/Vision		\$112.18	
	Less District contribution	-\$637.50	
	Payroll Deduction	\$206.43	
KAISER PERMANENTE		<u>\$5/\$5</u> \$791.96	<u>\$10/\$10</u> \$747.27
OEA CHOICE Dental & Vision		\$112.18	\$112.18
	Less District contribution	-\$637.50	-\$637.50
	Payroll Deduction	\$266.64	\$221.95

Continue on next page for part-time employees working less than .6 fte with premier dental Plan.

LICENSED INSURANCE COSTS – 2007-08

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

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

MEDICAL / DENTAL ONLY - NO VISION OPTION

RBCBS PPO Plan		OEA CHOICE Dental	Dist. Contribution	Payroll Deduction
Single	\$377.25	\$ 38.22	-\$425.00	\$ 0.00
2-party	\$875.85	\$ 72.93	-\$425.00	\$523.78
Family	\$1034.45	\$128.94	-\$425.00	\$738.39
Plan C-500				
Single	\$308.20	\$ 38.22	-\$425.00	\$ 0.00
2-party	\$710.15	\$ 72.93	-\$425.00	\$358.08
Family	\$838.65	\$128.94	-\$425.00	\$542.59
KAISER \$5/\$5				
Single	\$396.40	\$ 38.22	-\$425.00	\$ 9.62
2-party	\$792.80	\$ 72.93	-\$425.00	\$440.73
Family	\$1,070.28	\$128.94	-\$425.00	\$774.22
KAISER \$10/\$10				
Single	\$374.03	\$ 38.22	-\$425.00	\$ 0.00
2-party	\$748.06	\$ 72.93	-\$425.00	\$395.99
Family	\$1,009.88	\$128.94	-\$425.00	\$713.82

Continue on next page for rates that have Preferred dental