

**Administrators**

Please refer to the OEBS letter for each carriers web site & the plan information.

	<b>Payroll Deduction</b>
<u>Providence Plan #2</u>	<b>183.98</b>
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	<b>Payroll Deduction</b>
<u>Providence Plan #2</u>	<b>152.90</b>
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

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	<b>Payroll Deduction</b>
<u>ODS Plan #3 Rx Plan B</u>	<b>215.75</b>
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	<b>Payroll Deduction</b>
<u>ODS Plan #3 Rx Plan B</u>	<b>184.67</b>
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

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	<b>Payroll Deduction</b>
<u>ODS Plan #6 Rx Plan B</u>	<b>91.65</b>
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	<b>Payroll Deduction</b>
<u>ODS Plan #6 Rx Plan B</u>	<b>60.57</b>
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

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	<b>Payroll Deduction</b>
<u>ODS Plan #7 Rx Plan B</u>	<b>27.70</b>
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	<b>Payroll Deduction</b>
<u>ODS Plan #7 Rx Plan B</u>	<b>0.00</b>
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

Confidential

Please refer to the OEGB letter for each carriers web site & the plan information.

	Payroll Deduction
<u>Providence Plan #2</u>	192.52
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	Payroll Deduction
<u>Providence Plan #2</u>	161.44
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

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	Payroll Deduction
<u>ODS Plan #3 Rx Plan B</u>	224.29
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	Payroll Deduction
<u>ODS Plan #3 Rx Plan B</u>	193.21
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

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	Payroll Deduction
<u>ODS Plan #6 Rx Plan B</u>	100.19
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	Payroll Deduction
<u>ODS Plan #6 Rx Plan B</u>	69.11
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

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	Payroll Deduction
<u>ODS Plan #7 Rx Plan B</u>	36.24
ODS Dental Plan #2	
ODS Vision Plan #2	
Hartford Life/Disab	

	Payroll Deduction
<u>ODS Plan #7 Rx Plan B</u>	5.16
ODS Dental Plan #6	
ODS Vision Plan #2	
Hartford Life/Disab	

Please refer to the OEGB letter for each carriers web site & the plan information.

Note: If you have other Medical coverage or you want to waive the Medical coverage, you can enroll in the Vision - Dental - Life coverage with no payroll deduction.

Licensed .75 FTE or more per day

	Payroll Deduction	Payroll Deduction	Payroll Deduction		
<u>Kaiser Plan #1</u>	93.73	<u>Kaiser Plan #1</u>	87.44	<u>Kaiser Plan #1</u>	75.48
Kaiser Dental Plan #8		ODS Dental Plan #1 + ortho		ODS Dental Plan #2 + ortho	
w/ortho #1		ODS Vision Plan #3		ODS Vision Plan #3	
Kaiser Vision		Hartford Life/Disab		Hartford Life/Disab	
Hartford Life/Disab					

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	Payroll Deduction	Payroll Deduction	
<u>Providence Plan #2</u>	209.62	<u>Providence Plan #2</u>	197.66
ODS Dental Plan #1 + ortho		ODS Dental Plan #2 + ortho	
ODS Vision Plan #3		ODS Vision Plan #3	
Hartford Life/Disab		Hartford Life/Disab	

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	Payroll Deduction	Payroll Deduction	
<u>ODS Plan #6 Rx Plan B</u>	117.29	<u>ODS Plan #6 Rx Plan B</u>	105.33
ODS Dental Plan #1 + ortho		ODS Dental Plan #2 + ortho	
ODS Vision Plan #3		ODS Vision Plan #3	
Hartford Life/Disab		Hartford Life/Disab	

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	Payroll Deduction	Payroll Deduction	
<u>ODS Plan #8 Rx Plan B</u>	0.00	<u>ODS Plan #8 Rx Plan B</u>	0.00
ODS Dental Plan #1 + ortho		ODS Dental Plan #2 + ortho	
ODS Vision Plan #3		ODS Vision Plan #3	
Hartford Life/Disab		Hartford Life/Disab	

**Licensed .5 to .749 FTE per day**

Please refer to the OEGB letter for each carrier's web site & the plan information.

**Please email [carol.swank@albany.k12.or.us](mailto:carol.swank@albany.k12.or.us)  
with your FTE, and I'll email you the rates.**

Please refer to the OEGB letter for each carriers web site & the plan information.

Note: If you have other Medical coverage or you want to waive the Medical coverage, you can enroll in the Vision - Dental - Life coverage with no payroll deduction.

**Classified 6.0 hrs or more per day**

<u>Payroll Deduction</u>	<u>Payroll Deduction</u>	<u>Payroll Deduction</u>
<u>Kaiser #1</u> 27.58	<u>Kaiser #1</u> 27.58	<u>Kaiser #1</u> 27.58
Kaiser Dental #8 w/ortho #2	ODS Dental #1 w/ortho	Willamette Dental #8 w/ortho #2
Kaiser Vision	ODS Vision Plan #3	ODS Vision Plan #3
Hartford Life/Disab	Hartford Life/Disab	Hartford Life/Disab

Kaiser Dental

add 68.90 to payroll deduction for employee + spouse  
add 50.32 to payroll deduction for employee + child(ren)  
add 80.04 to payroll deduction for employee + family

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<u>Payroll Deduction</u>	<u>Payroll Deduction</u>
<u>Providence #2</u> 134.74	<u>Providence #2</u> 124.76
ODS Dental #1 w/ortho	Willamette Dental #8 w/ortho #2
ODS Vision Plan #3	ODS Vision Plan #3
Hartford Life/Disab	Hartford Life/Disab

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<u>Payroll Deduction</u>	<u>Payroll Deduction</u>
<u>ODS Plan #4 Rx Plan B</u> 127.07	<u>ODS Plan #4 Rx Plan B</u> 117.09
ODS Dental Plan #1 w/ortho	Willamette Dental #8 w/ortho #2
ODS Vision Plan #3	ODS Vision Plan #3
Hartford Life/Disab	Hartford Life/Disab

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<u>Payroll Deduction</u>	<u>Payroll Deduction</u>
<u>ODS Plan #6 Rx Plan B</u> 42.41	<u>ODS Plan #6 Rx Plan B</u> 32.43
ODS Dental Plan #1 w/ortho	Willamette Dental #8 w/ortho #2
ODS Vision Plan #3	ODS Vision Plan #3
Hartford Life/Disab	Hartford Life/Disab

ODS Dental

add 51.93 to payroll deduction for employee + spouse  
add 64.65 to payroll deduction for employee + child(ren)  
add 76.49 to payroll deduction for employee + family

Willamette Dental

add 42.14 to payroll deduction for employee + spouse  
add 47.59 to payroll deduction for employee + child(ren)  
add 66.35 to payroll deduction for employee + family

Please refer to the OEGB letter for each carriers web site & the plan information.

**Greater Albany Public School**  
**10-1-2008**  
**Classified**  
**Part time 4.0 hrs to 5.99 hrs per day**  
**Willamette Dental**

DO pd Cap                      892.41 x 50% = 446.21

Kaiser                                  Providence #2                                  ODS #4                                  ODS #6

**Medical/Rx only**

Total	841.50	963.68	956.01	871.35
DO pd	-446.21	-446.21	-446.21	-446.21
<b>Payroll Ded</b>	<b>395.29</b>	<b>517.47</b>	<b>509.80</b>	<b>425.14</b>

**Medical/Rx + Life/Disability**

Medical	841.50	963.68	956.01	871.35
Life	10.02	10.02	10.02	10.02
DO pd	-446.21	-446.21	-446.21	-446.21
EE pd	405.31	527.49	519.82	435.16
EE/Disab	27.58	27.58	27.58	27.58
<b>Payroll Ded</b>	<b>432.89</b>	<b>555.07</b>	<b>547.40</b>	<b>462.74</b>

**Life/Disability Only**

DO pd	10.02 Life
<b>Payroll Ded</b>	<b>27.58 Disab</b>

**Full Package = Medical/Rx + Vision + Dental + Life/Disability**

(employee only)

Kaiser Medical				
ODS Vision & Willamette Dental		Providence #2	ODS #4	ODS #6
Total Pkg	949.00	1,071.18	1,063.51	978.85
DO pd	-446.21	-446.21	-446.21	-446.21
<b>Payroll Ded</b>	<b>502.79</b>	<b>624.97</b>	<b>617.30</b>	<b>532.64</b>

Willamette Dental

- add 42.14 to above EE pd amount for EE + spouse
- add 47.59 to above EE pd amount for EE + Child(ren)
- add 66.35 to above EE pd amount for EE + family

Please refer to the OEGB letter for each carriers web site & the plan information.

**Greater Albany Public School**  
**10-1-2008**  
**Classified**  
**Part time 4.0 hrs to 5.99 hrs per day**  
**Kaiser Dental**

DO pd Cap                      892.41 x 50% = 446.21

Kaiser                                  Providence #2                                  ODS #4                                  ODS #6

**Medical/Rx only**

Total	841.50	963.68	956.01	871.35
DO pd	-446.21	-446.21	-446.21	-446.21
<b>Payroll Ded</b>	<b>395.29</b>	<b>517.47</b>	<b>509.80</b>	<b>425.14</b>

**Medical/Rx + Life/Disability**

Medical	841.50	963.68	956.01	871.35
Life	10.02	10.02	10.02	10.02
DO pd	-446.21	-446.21	-446.21	-446.21
EE pd	405.31	527.49	519.82	435.16
EE/Disab	27.58	27.58	27.58	27.58
<b>Payroll Ded</b>	<b>432.89</b>	<b>555.07</b>	<b>547.40</b>	<b>462.74</b>

**Life/Disability Only**

DO pd	10.02 Life
<b>Payroll Ded</b>	<b>27.58 Disab</b>

**Full Package = Medical/Rx + Vision + Dental + Life/Disability**  
 (employee only)

Kaiser Medical  
 Kaiser Vision & Kaiser Dental

Total Pkg	964.45
DO pd	-446.21
<b>Payroll Ded</b>	<b>518.24</b>

Kaiser Dental

- add 68.90 to above EE pd amount for EE + spouse
- add 50.32 to above EE pd amount for EE + child(ren)
- add 80.04 to above EE pd amount for EE + family

Please refer to the OEGB letter for each carriers web site & the plan information.

**Greater Albany Public School**  
**10-1-2008**  
**Classified**  
**Part time 4.0 hrs to 5.99 hrs per day**  
**ODS Dental**

DO pd Cap                      892.41 x 50% = 446.21

Kaiser                                  Providence #2                                  ODS #4                                  ODS #6

**Medical/Rx only**

Total	841.50	963.68	956.01	871.35
DO pd	-446.21	-446.21	-446.21	-446.21
<b>Payroll Ded</b>	<b>395.29</b>	<b>517.47</b>	<b>509.80</b>	<b>425.14</b>

**Medical/Rx + Life/Disability**

Medical	841.50	963.68	956.01	871.35
Life	10.02	10.02	10.02	10.02
DO pd	-446.21	-446.21	-446.21	-446.21
EE pd	405.31	527.49	519.82	435.16
EE/Disab	27.58	27.58	27.58	27.58
<b>Payroll Ded</b>	<b>432.89</b>	<b>555.07</b>	<b>547.40</b>	<b>462.74</b>

**Life/Disability Only**

DO pd	10.02 Life
<b>Payroll Ded</b>	<b>27.58 Disab</b>

**Full Package = Medical/Rx + Vision + Dental + Life/Disability**

(employee only)

Kaiser Medical				
ODS Vision & ODS Dental				
Total Pkg	958.98	1,081.16	1,073.49	988.83
DO pd	-446.21	-446.21	-446.21	-446.21
<b>Payroll Ded</b>	<b>512.77</b>	<b>634.95</b>	<b>627.28</b>	<b>542.62</b>

ODS Dental

add 51.93 to above EE pd amount for EE + spouse  
 add 64.65 to above EE pd amount for EE + Child(ren)  
 add 76.49 to above EE pd amount for EE + family

Please refer to the OEBC letter for each carriers web site & the plan information.

Retired Administrators & Confidential

	Medical Providence #2	Medical ODS #3 Rx Plan B	Medical ODS #6 Rx Plan B	Medical ODS #7 Rx Plan B	Vision ODS #2	Dental ODS #2	Dental ODS #6
Single Party	403.21	418.25	366.11	339.24	10.45	46.80	33.27
2 party	887.06	920.17	805.46	746.34	23.00	92.66	65.88
Family	1,249.96	1,296.59	1,134.97	1,051.65	32.41	143.67	102.15

Retired Licensed

**Kaiser Medical Plans**

	Medical Kaiser #1	Vision Kaiser #5 only with Kaiser Med	Vision ODS #3	Dental Kaiser #8 w/ortho #1 only with Kaiser Med	Dental ODS #1 w/ortho	Dental ODS #2 w/ortho
Single Party	353.56	7.56	11.79	60.77	52.97	47.77
2 party	777.86	16.64	25.93	133.73	104.90	94.60
Family	1096.07	23.45	36.54	185.08	173.71	157.74

**Providence & ODS Medical Plans**

	Medical Providence #2 Rx	Medical ODS #6 Rx Plan B	Medical ODS #8 Rx Plan B	Vision ODS #3	Dental ODS #1 w/ortho	Dental ODS #2 w/ortho
Single party	403.21	366.11	306.83	11.79	52.97	47.77
2 Party	887.06	805.46	675.04	25.93	104.90	94.60
Family	1249.96	1134.97	951.18	36.54	173.71	157.74

Retired Classified

**Kaiser Medical Plans**

	Medical Kaiser #1	Vision Kaiser #5 only with Kaiser Med	Vision ODS #3	Dental Kaiser #8 w/ortho only with Kaiser Med	Dental ODS #1 w/ortho	Dental Willamette #8 w/ortho #2
Single party	353.56	7.56	11.79	60.77	52.97	42.99
2 party	777.86	16.64	25.93	133.73	104.9	85.13
Family	1096.07	23.45	36.54	185.08	173.71	136.12

**Providence & ODS Medical Plans**

	Medical Providence #2 Rx	Medical ODS #4 Rx Plan B	Medical ODS #6	Vision ODS #3	Dental ODS #1 w/ortho	Dental Willamette #8 w/ortho #2
Single party	403.21	401.68	366.11	11.79	52.97	42.99
2 party	887.06	883.71	805.46	25.93	104.9	85.13
Family	1249.96	1245.23	1134.97	36.54	173.71	136.12

Please refer to the OEBC letter for each carriers web site & the plan information.