

HEALTH/DENTAL INSURANCE PREMIUMS

2017

DEDUCTIONS FROM PAYROLL CHECK EFFECTIVE 12/15/2016

HEALTH

Position	Coverage	Amount per Pay Period	Amount per Month	Annual Amount	Percentage Increase	Monthly Increase	Annual Increase
EMPLOYEE SHARE							
Employee	Single	\$50.53	\$101.06	\$1,212.72	15.97%	\$13.92	\$167.04
Employee	Couple	\$97.14	\$194.28	\$2,331.36	15.66%	\$26.30	\$315.60
Employee	Employee/Child	\$68.78	\$137.56	\$1,650.72	13.80%	\$16.68	\$200.16
Employee	Employee/Children	\$95.19	\$190.38	\$2,284.56	15.31%	\$25.28	\$303.36
Employee	Family	\$127.87	\$255.74	\$3,068.88	16.58%	\$36.38	\$436.56
EMPLOYER SHARE							
Employer	Single	\$323.72	\$647.44	\$7,769.28	13.59%	\$77.46	\$929.52
Employer	Couple	\$622.43	\$1,244.86	\$14,938.32	13.29%	\$146.00	\$1,752.00
Employer	Employee/Child	\$440.72	\$881.44	\$10,577.28	11.47%	\$90.70	\$1,088.40
Employer	Employee/Children	\$609.94	\$1,219.88	\$14,638.56	12.95%	\$139.84	\$1,678.08
Employer	Family	\$819.33	\$1,638.66	\$19,663.92	14.19%	\$203.58	\$2,442.96

DENTAL - Blue Cross PPO Option

Position	Coverage	Amount per Pay Period	Amount per Month	Annual Amount	Percentage Increase	Monthly Increase	Annual Increase
EMPLOYEE SHARE							
Employee	Single	\$3.98	\$7.96	\$95.52	-8.51%	-\$0.74	-\$8.88
Employee	Couple	\$7.95	\$15.90	\$190.80	-8.41%	-\$1.46	-\$17.52
Employee	Employee/Child	\$12.26	\$24.52	\$294.24	-8.37%	-\$2.24	-\$26.88
Employee	Employee/Children	\$12.26	\$24.52	\$294.24	-8.37%	-\$2.24	-\$26.88
Employee	Family	\$18.10	\$36.20	\$434.40	-8.35%	-\$3.30	-\$39.60
EMPLOYER SHARE							
Employer	Single	\$17.54	\$35.08	\$420.96	-8.41%	-\$3.22	-\$38.64
Employer	Couple	\$35.02	\$70.04	\$840.48	-8.40%	-\$6.42	-\$77.04
Employer	Employee/Child	\$53.99	\$107.98	\$1,295.76	-8.40%	-\$9.90	-\$118.80
Employer	Employee/Children	\$53.99	\$107.98	\$1,295.76	-8.40%	-\$9.90	-\$118.80
Employer	Family	\$79.71	\$159.42	\$1,913.04	-8.39%	-\$14.60	-\$175.20

Total

Position	Coverage	Amount per Pay Period	Amount per Month	Annual Amount	Percentage Increase	Monthly Increase	Annual Increase
EMPLOYEE/EMPLOYER SHARE							
	Single	\$395.77	\$791.54	\$9,498.48	12.42%	\$87.42	\$1,049.04
	Couple	\$762.54	\$1,525.08	\$18,300.96	12.08%	\$164.42	\$1,973.04
	Employee/Child	\$575.75	\$1,151.50	\$13,818.00	9.02%	\$95.24	\$1,142.88
	Employee/Children	\$771.38	\$1,542.76	\$18,513.12	11.01%	\$152.98	\$1,835.76
	Family	\$1,045.01	\$2,090.02	\$25,080.24	11.89%	\$222.06	\$2,664.72

DENTAL - Dental Blue Connect-Willamette Option

Position	Coverage	Amount per Pay Period	Amount per Month	Annual Amount	Percentage Increase	Monthly Increase	Annual Increase
EMPLOYEE SHARE							
Employee	Single	\$2.53	\$5.06	\$60.72	-2.69%	-\$0.14	-\$1.68
Employee	Couple	\$5.05	\$10.10	\$121.20	-2.70%	-\$0.28	-\$3.36
Employee	Employee/Child	\$7.78	\$15.56	\$186.72	-2.87%	-\$0.46	-\$5.52
Employee	Employee/Children	\$7.78	\$15.56	\$186.72	-2.87%	-\$0.46	-\$5.52
Employee	Family	\$11.49	\$22.98	\$275.76	-2.79%	-\$0.66	-\$7.92
EMPLOYER SHARE							
Employer	Single	\$16.20	\$32.40	\$388.80	-2.88%	-\$0.96	-\$11.52
Employer	Couple	\$32.34	\$64.68	\$776.16	-2.80%	-\$1.86	-\$22.32
Employer	Employee/Child	\$49.85	\$99.70	\$1,196.40	-2.83%	-\$2.90	-\$34.80
Employer	Employee/Children	\$49.85	\$99.70	\$1,196.40	-2.83%	-\$2.90	-\$34.80
Employer	Family	\$73.63	\$147.26	\$1,767.12	-2.80%	-\$4.24	-\$50.88