

PARKROSE SCHOOL DISTRICT CERTIFIED

PARKROSE SCHOOL DISTRICT INSURANCE PREMIUM COMPARISON

RATES

		October-07	October-08	October-08	October-09	October-10	October-11
		Direct	Direct	OEBB	OEBB	OEBB	OEBB
MEDICAL							
Providence	Employee Only	349.83	358.17	400.12	488.44		
Plan 1	Employee & Spouse	804.58	823.76	880.24	1074.58		
	Employee & Child(ren)			760.21	928.04		
	Family	947.98	970.58	1240.34	1514.19		
Providence Plan 2	Employee Only					631.83	647.50
	Employee & Spouse					1390.03	1424.50
	Employee & Child(ren)					1200.47	1230.25
	Family					1958.67	2007.25
Kaiser HMO 1	Employee Only	363.89	405.51	353.56	397.14	438.87	479.30
	Employee & Spouse	836.95	932.67	777.86	873.72	965.52	1054.46
	Employee & Child(ren)			671.78	754.58	833.86	910.66
	Family	982.50	1094.88	1096.07	1231.15	1360.49	1485.83
ODS Plan 4	Employee Only			402.32	452.24	554.66	531.42
	Employee & Spouse			885.12	994.95	1220.27	1169.11
	Employee & Child(ren)			764.41	859.26	1053.86	1009.69
	Family			1247.21	1401.95	1719.44	1647.36
ODS Plan 6	Employee Only					453.31	491.36
	Employee & Spouse					997.29	1080.99
	Employee & Child(ren)					861.30	933.59
	Family					1405.26	1523.21

PARKROSE SCHOOL DISTRICT CERTIFIED

PARKROSE SCHOOL DISTRICT INSURANCE PREMIUM COMPARISON

RATES

		October-07	October-08	October-08	October-09	October-10	October-11
		Direct	Direct	OEBB	OEBB	OEBB	OEBB
DENTAL							
Kaiser	Employee Only	53.39	53.39	62.16	67.09	70.25	
Plan 7	Employee & Spouse	106.78	106.78	136.77	147.63	154.58	
Ortho	Employee & Child(ren)			118.10	127.49	133.49	
	Family	160.17	160.17	192.70	208.01	217.81	
Kaiser	Employee Only						69.92
Plan 8	Employee & Spouse						153.84
Ortho	Employee & Child(ren)						132.86
	Family						216.78
ODS/Bluecross	Employee Only	35.10	53.22	46.73	50.84	52.93	52.79
Fee-for-Service	Employee & Spouse	69.95	101.55	92.55	100.68	104.82	104.53
Plan 3	Employee & Child(ren)			105.08	114.25	119.00	118.79
Ortho	Family	144.75	179.13	154.56	168.08	175.04	174.58
Willamette	Employee Only	32.35	43.83	42.99	42.30	42.30	40.49
Plan 8	Employee & Spouse	61.35	83.65	85.13	83.74	83.74	80.18
	Employee & Child(ren)			90.58	89.09	89.09	85.32
	Family	128.15	134.73	136.12	133.91	133.91	128.23

PARKROSE SCHOOL DISTRICT CERTIFIED

PARKROSE SCHOOL DISTRICT INSURANCE PREMIUM COMPARISON

RATES

		October-07	October-08	October-08	October-09	October-10	October-11
		Direct	Direct	OEBB	OEBB	OEBB	OEBB
VISION							
VSP/ODS	Employee Only	6.31	6.31	7.96	8.63	9.39	9.84
Plan 1	Employee & Spouse	9.17	9.17	17.51	19.00	20.67	21.67
	Employee & Child(ren)			15.12	16.40	17.85	18.71
	Family	16.44	16.44	24.66	26.76	29.11	30.52
Kaiser Plan 5	Employee Only			7.56	7.59	7.59	7.58
	Employee & Spouse			16.64	16.71	16.71	16.69
	Employee & Child(ren)			14.38	14.43	14.43	14.41
	Family			23.45	23.53	23.53	23.51