

**PARKROSE SCHOOL DISTRICT
INSURANCE PREMIUM COMPARISON**

		RATES			
		October-07 Direct	October-08 Direct	October-08 OEBB	October-09 OEBB
MEDICAL					
Providence Open POS 1	Employee Only	349.83	358.17	400.12	483.57
	Employee & Spouse	804.58	823.76	880.24	1063.84
	Employee & Child(ren)			760.21	918.76
	Family	947.98	970.58	1240.34	1499.05
Kaiser HMO 1	Employee Only	363.89	405.51	353.56	393.17
	Employee & Spouse	836.95	932.67	777.86	864.99
	Employee & Child(ren)			671.78	747.03
	Family	982.50	1094.88	1096.07	1218.84
ODS PPO 4	Employee Only			402.32	447.73
	Employee & Spouse			885.12	985.00
	Employee & Child(ren)			764.41	850.66
	Family			1247.21	1387.93
ODS Major Medical PLAN 9	Employee Only			232.61	256.54
	Employee & Spouse			511.75	564.41
	Employee & Child(ren)			441.97	487.45
	Family			721.11	795.30
DENTAL					
Kaiser Plan 7	Employee Only	53.39	53.39	62.16	67.09
	Employee & Spouse	106.78	106.78	136.77	147.63
	Employee & Child(ren)			118.10	127.49
	Family	160.17	160.17	192.70	208.01
ODS/Bluecross Fee-for-Service Plan 3	Employee Only	35.10	53.22	46.73	50.84
	Employee & Spouse	69.95	101.55	92.55	100.68
	Employee & Child(ren)			105.08	114.25
	Family	144.75	179.13	154.56	168.08
ODS Dentacare Plan 8	Employee Only	32.35	43.83	42.99	42.90
	Employee & Spouse	61.35	83.65	85.13	84.95
	Employee & Child(ren)			90.58	90.30
	Family	128.15	134.73	136.12	135.78
VISION					
VSP/ODS Plan 1	Employee Only	6.31	6.31	7.96	8.54
	Employee & Spouse	9.17	9.17	17.51	18.81
	Employee & Child(ren)			15.12	16.24
	Family	16.44	16.44	24.66	26.49
Kaiser Plan 5	Employee Only			7.56	7.51
	Employee & Spouse			16.64	16.54
	Employee & Child(ren)			14.38	14.28
	Family			23.45	23.30