

PARKROSE SCHOOL DISTRICT CLASSIFIED

PARKROSE SCHOOL DISTRICT INSURANCE PREMIUM COMPARISON		RATES					
		October-07 Direct	October-08 Direct	October-08 OEBB	October-09 OEBB	October-10 OEBB	October-11 OEBB
MEDICAL							
Providence Open Plan 1	Employee Only	349.83	358.17	400.12	488.44		
	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		
	Employee & Spouse			885.12	994.95		
	Employee & Child(ren)			764.41	859.26		
	Family			1247.21	1401.95		
ODS PLAN 5 RX B	Employee Only					502.92	540.96
	Employee & Spouse					1106.46	1190.15
	Employee & Child(ren)					955.58	1027.87
	Family					1559.08	1677.02
ODS PLAN 8 RX B	Employee Only				342.41	371.69	392.32
	Employee & Spouse				753.28	817.76	863.12
	Employee & Child(ren)				650.55	706.24	745.42
	Family				1061.44	1152.29	1216.19

CLASSIFIED GROUP JOINED OEBB OCTOBER 2009

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		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		
Plan 7	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		
Kaiser	Employee Only				62.60	65.55	65.48
Plan 8	Employee & Spouse				137.73	144.22	144.07
No Ortho	Employee & Child(ren)				118.95	124.55	124.43
	Family				194.08	203.21	203.01
Plan 2	Employee Only				50.92	52.99	52.85
No Ortho	Employee & Spouse				100.81	104.91	104.61
	Employee & Child(ren)				102.34	106.50	106.21
	Family				156.31	162.67	162.22
ODS/Bluecro	Employee Only	35.10	53.22	46.73			
Plan 3	Employee & Spouse	69.95	101.55	92.55			
	Employee & Child(ren)			105.08			
	Family	144.75	179.13	154.56			
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

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		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

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