



Southwestern Oregon Community College

Human Resources/Payroll Office

CLASSIFIED

October 2011-September 2012

ODS MEDICAL PLAN 5			
Medical only	221.69	Medical/Vision	250.36
Medical/Dental 1	364.96	Medical/Dental 4	340.94
Medical/Dental 8	321.62	Medical/Vision/Dental 1	393.63
Medical/Vision/Dental 4	369.60	Medical/Vision/Dental 8	350.29

ODS MEDICAL PLAN 6			
Medical only	103.22	Medical/Vision	131.88
Medical/Dental 1	246.49	Medical/Dental 4	222.46
Medical/Dental 8	203.15	Medical/Vision/Dental 1	275.15
Medical/Vision/Dental 4	251.12	Medical/Vision/Dental 8	231.81

ODS MEDICAL PLAN 7			
Medical only	3.01	Medical/Vision	31.67
Medical/Dental 1	146.28	Medical/Dental 4	122.25
Medical/Dental 8	102.94	Medical/Vision/Dental 1	174.94
Medical/Vision/Dental 4	150.91	Medical/Vision/Dental 8	131.60

ODS MEDICAL PLAN 9				
	Employee Only	Emp+Spouse	Emp+Child(ren)	Family
Medical Only	0.00	0.00	0.00	135.49
Medical/Vision	0.00	0.00	0.00	175.60
Medical/Dental 1	0.00	0.00	0.00	333.66
Medical/Dental 4	0.00	0.00	0.00	300.57
Medical/Dental 8	0.00	0.00	0.00	263.72
Medical/Dental 1/Vision	0.00	17.59	0.00	373.77
Medical/Dental 4/Vision	0.00	0.00	0.00	340.68
Medical/Dental 8/Vision	0.00	0.00	0.00	303.83

NO MEDICAL (circle options, employee contribution is \$0.00)

Dental 1 Dental 4 Dental 8 Vision

I, _____, elect to participate in the medical/vision/dental insurance plan indicated above. I understand that the amount will be deducted from my paycheck each month to cover my portion of the insurance premiums. Premiums will be pre-tax unless initialed below.

Employee's Signature Date

_____ Please initial here if you have chosen to opt out of all coverage - medical, dental & vision

_____ Please initial here if you are declining to have your premiums pre-tax.

If you have any questions, contact Rachele Summerville at ext. 7259 or rsummerville@socc.edu.