



Southwestern Oregon Community College
Human Resources/Payroll Office
FACULTY
October 2011-September 2012

ODS MEDICAL PLAN 5

Medical only	_____	376.26	Medical/Vision	_____	404.93
Medical/Dental 1	_____	519.53	Medical/Dental 4	_____	495.51
Medical/Dental 8	_____	476.19	Medical/Vision/Dental 1	_____	548.20
Medical/Vision/Dental 4	_____	524.17	Medical/Vision/Dental 8	_____	504.86

ODS MEDICAL PLAN 6

Medical only	_____	257.79	Medical/Vision	_____	286.45
Medical/Dental 1	_____	401.06	Medical/Dental 4	_____	377.03
Medical/Dental 8	_____	357.72	Medical/Vision/Dental 1	_____	429.72
Medical/Vision/Dental 4	_____	405.69	Medical/Vision/Dental 8	_____	386.38

ODS MEDICAL PLAN 7

Medical only	_____	157.58	Medical/Vision	_____	186.24
Medical/Dental 1	_____	300.85	Medical/Dental 4	_____	276.82
Medical/Dental 8	_____	257.51	Medical/Vision/Dental 1	_____	329.51
Medical/Vision/Dental 4	_____	305.48	Medical/Vision/Dental 8	_____	286.17

ODS MEDICAL PLAN 9

	Employee Only	Emp+Spouse	Emp+Child(ren)	Family
Medical Only	_____ 0.00	_____ 23.94	_____ 0.00	_____ 290.06
Medical/Vision	_____ 0.00	_____ 52.41	_____ 0.00	_____ 330.17
Medical/Dental 1	_____ 0.00	_____ 143.69	_____ 69.39	_____ 488.23
Medical/Dental 4	_____ 0.00	_____ 122.35	_____ 47.73	_____ 455.14
Medical/Dental 8	_____ 0.00	_____ 104.12	_____ 20.57	_____ 418.29
Medical/Dental 1/Vision	_____ 0.00	_____ 172.16	_____ 93.97	_____ 528.34
Medical/Dental 4/Vision	_____ 0.00	_____ 150.82	_____ 72.31	_____ 495.25
Medical/Dental 8/Vision	_____ 0.00	_____ 132.59	_____ 45.15	_____ 458.40

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.