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

ODS MEDICAL PLAN 5					
Medical only	_____	311.26	Medical/Vision	_____	339.93
Medical/Dental 1	_____	454.53	Medical/Dental 4	_____	430.51
Medical/Dental 8	_____	411.19	Medical/Vision/Dental 1	_____	483.20
Medical/Vision/Dental 4	_____	459.17	Medical/Vision/Dental 8	_____	439.86

ODS MEDICAL PLAN 6					
Medical only	_____	192.79	Medical/Vision	_____	221.45
Medical/Dental 1	_____	336.06	Medical/Dental 4	_____	312.03
Medical/Dental 8	_____	292.72	Medical/Vision/Dental 1	_____	364.72
Medical/Vision/Dental 4	_____	340.69	Medical/Vision/Dental 8	_____	321.38

ODS MEDICAL PLAN 7					
Medical only	_____	92.58	Medical/Vision	_____	121.24
Medical/Dental 1	_____	235.85	Medical/Dental 4	_____	211.82
Medical/Dental 8	_____	192.51	Medical/Vision/Dental 1	_____	264.51
Medical/Vision/Dental 4	_____	240.48	Medical/Vision/Dental 8	_____	221.17

ODS MEDICAL PLAN 9

	Employee Only		Emp+Spouse		Emp+Child(ren)		Family
Medical Only	_____	0.00	_____	0.00	_____	0.00	_____ 225.06
Medical/Vision	_____	0.00	_____	0.00	_____	0.00	_____ 265.17
Medical/Dental 1	_____	0.00	_____	78.69	_____	4.39	_____ 423.23
Medical/Dental 4	_____	0.00	_____	57.35	_____	0.00	_____ 390.14
Medical/Dental 8	_____	0.00	_____	39.12	_____	0.00	_____ 353.29
Medical/Dental 1/Vision	_____	0.00	_____	107.16	_____	28.97	_____ 463.34
Medical/Dental 4/Vision	_____	0.00	_____	85.82	_____	7.31	_____ 430.25
Medical/Dental 8/Vision	_____	0.00	_____	67.59	_____	0.00	_____ 393.40

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.