

# 2006 ANNUAL FLEXIBLE BENEFIT RATES

## MEDICAL

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Community Health (CHPWA)	\$ 5,525	\$ 10,596	\$ 9,329	\$ 14,400
Group Health Coop. (HMO)	\$ 5,271	\$ 10,087	\$ 8,883	\$ 13,700
Options Health Care (POS)	\$ 5,824	\$ 11,195	\$ 9,852	\$ 15,222
Uniform Medical Plan (PPO)	\$ 4,822	\$ 9,191	\$ 8,099	\$ 12,467

## DENTAL

Washington Dental (PPO)	\$ 556	\$ 1,140	\$ 1,122	\$ 1,706
Willamette Dental (DMO)	\$ 610	\$ 1,250	\$ 1,091	\$ 1,724

## VISION

Basic (Exam Only)	\$ 7	\$ 12	\$ 13	\$ 21
Basic Plus	\$ 87	\$ 158	\$ 162	\$ 261

## TERM LIFE INSURANCE (You must at a minimum enroll in Employee Core)

	Employee Premium	Spouse Premium	Child(ren) Premium
Employee Core (\$25,000)	\$57		
Spouse Core (\$12,500)		\$47	
Child(ren) (\$2,500)			\$6.60
Child(ren) (\$5,000)			\$13.20
Child(ren) (\$7,500)			\$19.80
Child(ren) (\$10,000)			\$26.40

### Supplemental Life

### Per \$10,000 Benefit

	Employee	Spouse
0 - 24	\$6.00	\$8.40
25 - 29	\$6.00	\$8.40
30 - 34	\$7.20	\$9.60
35 - 39	\$10.80	\$13.20
40 - 44	\$16.80	\$21.60
45 - 49	\$27.60	\$37.20
50 - 54	\$44.40	\$57.60
55 - 59	\$67.20	\$88.80
60 - 64	\$104.40	\$138.80
65 - 69	\$171.60	\$225.60
70 - 74	\$289.20	\$372.00

## AD&D Insurance

Employee Only	\$1.44 per \$10,000 of coverage
Employee & Family	\$2.40 per \$10,000 of coverage

## Short Term Disability (duration is 60 days)

	Premium
60% pay / 7 day elimination	\$251
60% pay / 30 day elimination	\$140
No coverage (waive)	\$0

## Long Term Disability

	Premium
40% pay / 60 day elimination	\$0
60% pay / 180 day elimination	\$154
60% pay / 90 day elimination	\$325
60% pay / 60 day elimination	\$405

Note: Due to roundings figures may vary slightly

