

**SUMMARIES OF MONTHLY INSURANCE PREMIUMS,  
\*BENEFIT ALLOCATION AND EMPLOYEE PAYROLL DEDUCTIONS**

**BEA STAFF 2009-2010**

**Subscriber Only**

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber Only	707.23	567.59	628.89	378.09	624.21	399.46	702.95	614.75
<b>TOTAL</b>	<b>\$844.68</b>	<b>\$705.04</b>	<b>\$766.34</b>	<b>\$515.54</b>	<b>\$761.66</b>	<b>\$536.91</b>	<b>\$840.40</b>	<b>\$752.20</b>
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$94.68	\$0.00	\$16.34	\$0.00	\$11.66	\$0.00	\$90.40	\$2.20

**Subscriber / Spouse**

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber / Spouse	1,356.19	1,086.77	1,205.85	725.77	1,198.83	766.84	1,337.20	1,193.45
<b>TOTAL</b>	<b>\$1,493.64</b>	<b>\$1,224.22</b>	<b>\$1,343.30</b>	<b>\$863.22</b>	<b>\$1,336.28</b>	<b>\$904.29</b>	<b>\$1,474.65</b>	<b>\$1,330.90</b>
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$743.64	\$474.22	\$593.30	\$113.22	\$586.28	\$154.29	\$724.65	\$580.90

\*Based on 1.00 FTE - allocation and monthly employee payroll deductions prorated according to FTE.

\*\*The dental selection chosen for these charts is Washington Dental Service. If you choose Willamette Dental, there is an additional \$44.40 available for benefits.

Summaries of Monthly Insurance Premium, \*Benefit Allocation  
And Employee Payroll Deductions – BEA – 2009-2010 (Continued)

**Subscriber / Child(ren)**

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber / Child(ren)	994.14	796.27	884.02	586.38	952.47	609.35	984.95	859.75
<b>TOTAL</b>	<b>\$1,131.59</b>	<b>\$933.72</b>	<b>\$1,021.47</b>	<b>\$723.83</b>	<b>\$1,089.92</b>	<b>\$746.80</b>	<b>\$1,122.40</b>	<b>\$997.20</b>
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$381.59	\$183.72	\$271.47	\$0.00	\$339.92	\$0.00	\$372.40	\$247.20

**Subscriber / Spouse / Child(ren)**

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Subscriber / Spouse / Child(ren)	1,643.10	1,315.45	1,460.98	934.06	1,526.06	976.11	1,650.15	1,438.45
<b>TOTAL</b>	<b>\$1,780.55</b>	<b>\$1,452.90</b>	<b>\$1,598.43</b>	<b>\$1,071.51</b>	<b>\$1,663.51</b>	<b>\$1,113.56</b>	<b>\$1,787.60</b>	<b>\$1,575.90</b>
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$1,030.55	\$702.90	\$848.43	\$321.51	\$913.51	\$363.56	\$1,037.60	\$825.90

\*Based on 1.00 FTE - allocation and monthly employee payroll deductions prorated according to FTE.

\*\*The dental selection chosen for these charts is Washington Dental Service. If you choose Willamette Dental, there is an additional \$44.40 available for benefits.