

PPO MEDICAL PLAN RATES

Effective July 1, 2009 – June 30, 2010

Salary Bracket		# of Pays per Year		
		9 (faculty)	12 (administrators)	26 (classified)
B1: 0-\$32,009	Employee only	\$36.93	\$27.70	\$12.78
	Employee plus One	73.87	55.40	25.57
	Employee & Family	110.80	83.10	38.35
B2: \$32,100- \$37,899	Employee only	\$40.52	\$30.39	\$14.03
	Employee plus One	81.04	60.78	28.05
	Employee & Family	129.56	97.17	44.85
B3: \$37,900- \$42,199	Employee only	\$44.11	\$33.08	15.27
	Employee plus One	88.23	66.17	30.54
	Employee & Family	132.33	99.25	45.81
B4: \$42,200- \$47,999	Employee only	\$47.71	\$35.78	\$16.51
	Employee plus One	95.40	71.55	33.02
	Employee & Family	143.11	107.33	49.54
B5: \$48,000- \$53,999	Employee only	\$51.29	\$38.47	\$17.76
	Employee plus One	102.59	76.94	35.51
	Employee & Family	153.88	115.41	53.27
B6: \$54,000- \$61,799	Employee only	\$54.88	\$41.16	\$19.00
	Employee plus One	109.77	82.33	38.00
	Employee & Family	164.65	123.49	57.00
B7: \$61,800- \$71,099	Employee only	\$58.48	\$43.86	\$20.24
	Employee plus One	116.95	87.71	40.48
	Employee & Family	175.43	131.57	60.72
B8: \$71,100- \$88,699	Employee only	\$62.07	\$46.55	\$21.48
	Employee plus One	124.13	93.10	42.97
	Employee & Family	186.20	139.65	64.45
B9: \$88,700+	Employee only	\$65.65	\$49.24	\$22.73
	Employee plus One	131.31	98.48	45.45
	Employee & Family	196.97	147.73	68.18

DENTAL & ORTHODONTIA

OU Dental	# of Pays per Year		
	9 (faculty)	12 (administrators)	26 (classified)
Employee only*	\$0.00	\$0.00	\$0.00
Employee plus One	34.67	26.00	12.00
Employee & Family	52.00	39.00	18.00
OU Dental & Orthodontia			
Employee Orthodontia	\$13.57	\$10.18	\$4.70
Employee plus One Dental & Orthodontia	61.80	46.35	21.39
Employee & Family Dental & Orthodontia	92.71	69.53	32.09

*Please note: There is no charge for employee dental coverage.

PART-TIME RATES FOR CLASSIFIED EMPLOYEES

Benefit rates for part-time classified employees are based on the hours worked per pay period. Rates will be deducted each pay period and are based on the B1 salary bracket: 0-\$32,009

MEDICAL PLAN

PPO

<i>Hours Worked per pay period</i>	<i>0-19 hrs/pay</i>	<i>20-39 hrs/pay</i>	<i>40-59 hrs/pay</i>	<i>60+ hrs/pay</i>
Employee only	\$155.07	\$96.92	\$48.46	\$12.78
Employee plus One	310.14	193.84	96.92	25.57
Employee & Family	465.21	290.76	145.38	38.35

DENTAL PLANS

Part-time classified employees are eligible to purchase dental coverage for themselves and their dependents. However, employee dental must be purchased in order to cover dependents.

OU Dental

<i>Hours Worked per pay period</i>	<i>0-19 hrs/pay</i>	<i>20-39 hrs/pay</i>	<i>40-59 hrs/pay</i>	<i>60+ hrs/pay</i>
Employee only	\$9.60	\$7.20	\$4.80	\$2.40
Employee & spouse	21.60	19.20	16.80	14.40
Employee & one dependent child	21.60	19.20	16.80	14.40
Employee & more than one dependent	27.60	25.20	22.80	20.40

OU Dental & Orthodontia

<i>Hours Worked per pay period</i>	<i>0-19 hrs/pay</i>	<i>20-39 hrs/pay</i>	<i>40-59 hrs/pay</i>	<i>60+hrs/pay</i>
Employee Dental & Orthodontia	\$14.30	\$11.90	\$9.50	\$7.10
Employee plus One Dental & Orthodontia	30.99	28.59	26.19	23.79
Employee & Family Dental & Orthodontia	41.69	39.29	36.89	34.49

LIFE INSURANCE

Part-time classified employees must purchase Basic Life Insurance to be eligible to purchase supplemental and/or dependent life.

Basic Life

<i>Hours Worked per pay period</i>	<i>0-19 hrs/pay</i>	<i>20-39 hrs/pay</i>	<i>40-59 hrs/pay</i>	<i>60+hrs/pay</i>
	\$ 3.88	\$ 2.91	\$ 1.94	\$ 0.97

Deduction Notes:

- The medical health care and dental rates are deducted on a pre-tax basis, while all other rates are post-tax.
- The contributions taken on a post-tax basis are those for Supplemental and Dependent Life, which are automatically deducted from your paycheck after taxes are taken out.

Faculty Members:

- Benefit contributions for all faculty members will be based on a 9-month period from October to June. This will occur regardless of the pay period you have selected. Although the deductions are taken over a 9-month period, your benefit coverages last all year.