

Health Insurance Premium Rates (Monthly)

8/1/2023 – 7/31/2024

Medical Insurance		EE Only		EE + One		Family	
Kaiser Permanente HMO		731.90		1683.38		1976.14	
Annual HRA VEBA Contribution	150/yr		200/yr		250/yr		
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid	
FT	731.90	0.00	1683.38	0.00	1976.14	0.00	
PT .95	695.31	36.59	1599.21	84.17	1877.33	98.81	
PT .9	658.71	73.19	1515.04	168.34	1778.53	197.61	
PT .85	622.12	109.78	1430.87	252.51	1679.72	296.42	
PT .8	585.52	146.38	1346.70	336.68	1580.91	395.23	
PT .75	548.93	182.97	1262.54	420.84	1482.11	494.03	
PT .7	512.33	219.57	1178.37	505.01	1383.30	592.84	
PT .6	439.14	292.76	1010.03	673.35	1185.68	790.46	
PT .55	402.55	329.35	925.86	757.52	1086.88	889.26	
PT .5	365.95	365.95	841.69	841.69	988.07	988.07	

Kaiser Permanente Added Choice POS		818.66		1882.75		2210.46	
Annual HRA VEBA Contribution	50/yr		75/yr		100/yr		
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid	
FT	805.79	12.87	1853.15	29.60	2175.71	34.75	
PT .95	765.50	53.16	1760.49	122.26	2066.92	143.54	
PT .9	725.21	93.45	1667.84	214.91	1958.14	252.32	
PT .85	684.92	133.74	1575.18	307.57	1849.35	361.11	
PT .8	644.63	174.03	1482.52	400.23	1740.57	469.89	
PT .75	604.34	214.32	1389.86	492.89	1631.78	578.68	
PT .7	564.05	254.61	1297.21	585.54	1523.00	687.46	
PT .6	483.47	335.19	1111.89	770.86	1305.43	905.03	
PT .55	443.18	375.48	1019.23	863.52	1196.64	1013.82	
PT .5	402.90	415.76	926.58	956.17	1087.86	1122.60	

Kaiser Permanente HDHP w/HSA		507.84		1168.04		1371.17	
Annual HSA Contribution	1500/yr		3000/yr		3000/yr		
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid	
FT	507.84	0.00	1168.04	0.00	1371.17	0.00	
PT .95	482.45	25.39	1109.64	58.40	1302.61	68.56	
PT .9	457.06	50.78	1051.24	116.80	1234.05	137.12	
PT .85	431.66	76.18	992.83	175.21	1165.49	205.68	
PT .8	406.27	101.57	934.43	233.61	1096.94	274.23	
PT .75	380.88	126.96	876.03	292.01	1028.38	342.79	
PT .7	355.49	152.35	817.63	350.41	959.82	411.35	
PT .6	304.70	203.14	700.82	467.22	822.70	548.47	
PT .55	279.31	228.53	642.42	525.62	754.14	617.03	
PT .5	253.92	253.92	584.02	584.02	685.59	685.58	

Vision Insurance		EE Only		EE + Spouse		EE + Child(ren)		Family	
VSP		6.63		10.61		10.83		17.46	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid	
FT	6.63	0.00	10.61	0.00	10.83	0.00	17.46	0.00	
PT .95	6.30	0.33	10.08	0.53	10.29	0.54	16.59	0.87	
PT .9	5.97	0.66	9.55	1.06	9.75	1.08	15.71	1.75	
PT .85	5.64	0.99	9.02	1.59	9.21	1.62	14.84	2.62	
PT .8	5.30	1.33	8.49	2.12	8.66	2.17	13.97	3.49	
PT .75	4.97	1.66	7.96	2.65	8.12	2.71	13.10	4.36	
PT .7	4.64	1.99	7.43	3.18	7.58	3.25	12.22	5.24	
PT .6	3.98	2.65	6.37	4.24	6.50	4.33	10.48	6.98	
PT .55	3.65	2.98	5.84	4.77	5.96	4.87	9.60	7.86	
PT .5	3.32	3.31	5.31	5.30	5.42	5.41	8.73	8.73	

FT = Full Time FTE; PT = Part Time with indicated % FTE. For other PT % not listed, please check with benefits for rates.

Health Insurance Premium Rates (Monthly)

8/1/2023 – 7/31/2024

Dental Insurance						
	EE Only		EE + One		Family	
Kaiser Permanente w/Ortho	60.36		138.83		162.97	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	60.36	0.00	138.83	0.00	162.97	0.00
PT .95	57.34	3.02	131.89	6.94	154.82	8.15
PT .9	54.32	6.04	124.95	13.88	146.67	16.30
PT .85	51.31	9.05	118.01	20.82	138.52	24.45
PT .8	48.29	12.07	111.06	27.77	130.38	32.59
PT .75	45.27	15.09	104.12	34.71	122.23	40.74
PT .7	42.25	18.11	97.18	41.65	114.08	48.89
PT .6	36.22	24.14	83.30	55.53	97.78	65.19
PT .55	33.20	27.16	76.36	62.47	89.63	73.34
PT .5	30.18	30.18	69.42	69.41	81.49	81.48
Principal Dental PPO w/Ortho	60.85		121.94		202.11	
FT	60.85	0.00	121.94	0.00	202.11	0.00
PT .95	57.81	3.04	115.84	6.10	192.00	10.11
PT .9	54.77	6.08	109.75	12.19	181.90	20.21
PT .85	51.72	9.13	103.65	18.29	171.79	30.32
PT .8	48.68	12.17	97.55	24.39	161.69	40.42
PT .75	45.64	15.21	91.46	30.48	151.58	50.53
PT .7	42.60	18.25	85.36	36.58	141.48	60.63
PT .6	36.51	24.34	73.16	48.78	121.27	80.84
PT .55	33.47	27.38	67.07	54.87	111.16	90.95
PT .5	30.43	30.42	60.97	60.97	101.06	101.05
Willamette Dental w/Ortho	56.80		98.60		170.85	
FT	56.80	0.00	98.60	0.00	170.85	0.00
PT .95	53.96	2.84	93.67	4.93	162.31	8.54
PT .9	51.12	5.68	88.74	9.86	153.77	17.08
PT .85	48.28	8.52	83.81	14.79	145.22	25.63
PT .8	45.44	11.36	78.88	19.72	136.68	34.17
PT .75	42.60	14.20	73.95	24.65	128.14	42.71
PT .7	39.76	17.04	69.02	29.58	119.60	51.25
PT .6	34.08	22.72	59.16	39.44	102.51	68.34
PT .55	31.24	25.56	54.23	44.37	93.97	76.88
PT .5	28.40	28.40	49.30	49.30	85.43	85.42
Life Insurance						
	General/1442		Road/697		FOPPO	
Mutual of Omaha	5.87		7.19		5.87	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	5.87	0.00	7.19	0.00	5.87	0.00
PT .95	5.58	0.29	6.83	0.36	5.58	0.29
PT .9	5.28	0.59	6.47	0.72	5.28	0.59
PT .85	4.99	0.88	6.11	1.08	4.99	0.88
PT .8	4.70	1.17	5.75	1.44	4.70	1.17
PT .75	4.40	1.47	5.39	1.80	4.40	1.47
PT .7	4.11	1.76	5.03	2.16	4.11	1.76
PT .6	3.52	2.35	4.31	2.88	3.52	2.35
PT .55	3.23	2.64	3.95	3.24	3.23	2.64
PT .5	2.94	2.93	3.60	3.59	2.94	2.93

FT = Full Time FTE; PT = Part Time with indicated % FTE

Note: The figures above may change or may be different for different employee groups.