

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	200/yr		250/yr		300/yr	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	673.35	58.55	1548.71	134.67	1818.05	158.09
PT .75	505.01	226.89	1161.53	521.85	1363.54	612.60

Kaiser Permanente Added Choice POS	818.66		1882.75		2210.46	
Annual HRA VEBA Contribution	75/yr		100/yr		125/yr	
FT	673.35	145.31	1548.71	334.04	1818.05	392.41
PT .75	505.01	313.65	1161.53	721.22	1363.54	846.92

Kaiser Permanente HDHP w/HSA	507.84		1168.04		1371.17	
Annual HSA Contribution	1500/yr		3000/yr		3000/yr	
FT	507.84	0.00	1168.04	0.00	1371.17	0.00
PT .75	380.88	126.96	876.03	292.01	1028.38	342.79

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 .75	4.97	1.66	7.96	2.65	8.12	2.71	13.10	4.36

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 .75	45.27	15.09	104.12	34.71	122.23	40.74

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 .75	45.64	15.21	91.46	30.48	151.58	50.53

Willamette Dental w/Ortho	56.80		98.60		170.85	
FT	56.80	0.00	98.60	0.00	170.85	0.00
PT .75	42.60	14.20	73.95	24.65	128.14	42.71

Life Insurance	CCDSA	
Mutual of Omaha	7.19	

FTE Equivalent	County Paid	Employee Paid
FT	7.19	0.00
PT .75	5.39	1.80

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

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