Columbia County, Oregon **All employee groups**

Health Insurance Premium Rates (Monthly)

8/1/2025 – 7/31/2026

Medical Insurance	EE Only		EE + One		Family	
Kaiser Permanente HMO	**884.33**		**2033.95**		**2387.68**	
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	884.33	0.00	1993.27	40.68	2292.18	95.50
PT .95	840.11	44.22	1893.61	140.34	2177.58	210.10
PT .9	795.91	88.42	1793.95	240.00	2062.96	324.72
PT .85	751.69	132.64	1694.29	339.66	1948.36	439.32
PT .8	707.47	176.86	1594.63	439.32	1833.74	553.94
PT .75	663.25	221.08	1494.95	539.00	1719.14	668.54
PT .7	619.03	265.30	1395.29	638.66	1604.54	783.14
PT .65	574.81	309.52	1295.63	738.32	1489.92	897.76
PT .6	530.61	353.72	1195.97	837.98	1375.32	1012.36
PT .55	486.39	397.94	1096.31	937.64	1260.70	1126.98
PT .5	442.17	442.16	996.65	1037.30	1146.10	1241.58
Kaiser Permanente Added Choice POS	**989.80**		**2276.34**		**2672.55**	
Annual HRA VEBA Contribution	50/yr		75/yr		100/yr	
FT	974.80	15.00	2230.82	45.52	2565.65	106.90
PT .95	926.06	63.74	2119.28	157.06	2437.37	235.18
PT .9	877.32	112.48	2007.74	268.60	2309.09	363.46
PT .85	828.58	161.22	1896.20	380.14	2180.81	491.74
PT .8	779.84	209.96	1784.66	491.68	2052.53	620.02
PT .75	731.10	258.70	1673.12	603.22	1924.25	748.30
PT .7	682.36	307.44	1561.58	714.76	1795.97	876.58
PT .65	633.62	356.18	1450.04	826.30	1667.67	1004.88
PT .6	584.88	404.92	1338.50	937.84	1539.39	1133.16
PT .55	536.14	453.66	1226.96	1049.38	1411.11	1261.44
PT .5	487.40	502.40	1115.42	1160.92	1282.83	1389.72
Kaiser Permanente HDHP w/HSA	**606.73**		**1395.49**		**1638.18**	
Annual HSA Contribution	1500/yr		3000/yr		3000/yr	
FT	606.73	0.00	1367.59	27.90	1572.66	65.52
PT .95	576.39	30.34	1299.21	96.28	1494.04	144.14
PT .9	546.07	60.66	1230.83	164.66	1415.40	222.78
PT .85	515.73	91.00	1162.45	233.04	1336.76	301.42
PT .8	485.39	121.34	1094.07	301.42	1258.14	380.04
PT .75	455.05	151.68	1025.69	369.80	1179.50	458.68
PT .7	424.71	182.02	957.31	438.18	1100.86	537.32
PT .65	394.37	212.36	888.93	506.56	1022.24	615.94
PT .6	364.05	242.68	820.55	574.94	943.60	694.58
PT .55	333.71	273.02	752.17	643.32	864.96	773.22
PT .5	303.37	303.36	683.81	711.68	786.34	851.84

Vision Insurance	EE Only		EE + Spouse		EE + Child(ren)		Family	
VSP	**6.89**		**11.01**		**11.24**		**18.12**	
FTE Equivalent	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**
FT	6.89	0.00	10.79	0.22	11.02	0.22	17.40	0.72
PT .95	6.55	0.34	10.25	0.76	10.48	0.76	16.54	1.58
PT .9	6.21	0.68	9.73	1.28	9.92	1.32	15.66	2.46
PT .85	5.87	1.02	9.17	1.84	9.38	1.86	14.80	3.32
PT .8	5.51	1.38	8.63	2.38	8.82	2.42	13.92	4.20
PT .75	5.17	1.72	8.09	2.92	8.28	2.96	13.06	5.06
PT .7	4.83	2.06	7.55	3.46	7.72	3.52	12.18	5.94
PT .65	4.49	2.40	7.01	4.00	7.16	4.08	11.32	6.80
PT .6	4.13	2.76	6.47	4.54	6.62	4.62	10.44	7.68
PT .55	3.79	3.10	5.93	5.08	6.06	5.18	9.58	8.54
PT .5	3.45	3.44	5.41	5.60	5.52	5.72	8.70	9.42

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

Columbia County, Oregon **All employee groups**

Health Insurance Premium Rates (Monthly)

8/1/2025 – 7/31/2026

Dental Insurance	EE Only		EE + One		Family	
Kaiser Permanente w/Ortho	**59.38**		**119.00**		**197.23**	
FTE Equivalent	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**
FT	59.38	0.00	116.62	2.38	189.35	7.88
PT .95	56.42	2.96	110.80	8.20	179.89	17.34
PT .9	53.44	5.94	104.96	14.04	170.43	26.80
PT .85	50.48	8.90	99.14	19.86	160.95	36.28
PT .8	47.50	11.88	93.30	25.70	151.49	45.74
PT .75	44.54	14.84	87.48	31.52	142.01	55.22
PT .7	41.58	17.80	81.64	37.36	132.55	64.68
PT .65	38.60	20.78	75.80	43.20	123.09	74.14
PT .6	35.64	23.74	69.98	49.02	113.61	83.62
PT .55	32.66	26.72	64.14	54.86	104.15	93.08
PT .5	29.70	29.68	58.32	60.68	94.69	102.54
Principal Dental PPO w/Ortho	**63.77**		**127.79**		**211.81**	
FT	63.77	0.00	125.23	2.56	203.35	8.46
PT .95	60.59	3.18	118.97	8.82	193.19	18.62
PT .9	57.39	6.38	112.71	15.08	183.03	28.78
PT .85	54.21	9.56	106.45	21.34	172.85	38.96
PT .8	51.03	12.74	100.19	27.60	162.69	49.12
PT .75	47.83	15.94	93.93	33.86	152.51	59.30
PT .7	44.65	19.12	87.67	40.12	142.35	69.46
PT .65	41.45	22.32	81.41	46.38	132.19	79.62
PT .6	38.27	25.50	75.15	52.64	122.01	89.80
PT .55	35.07	28.70	68.89	58.90	111.85	99.96
PT .5	31.89	31.88	62.63	65.16	101.69	110.12
Willamette Dental w/Ortho	**62.50**		**108.45**		**187.95**	
FT	62.50	0.00	106.29	2.16	180.43	7.52
PT .95	59.38	3.12	100.99	7.46	171.41	16.54
PT .9	56.26	6.24	95.67	12.78	162.39	25.56
PT .85	53.14	9.36	90.35	18.10	153.37	34.58
PT .8	50.00	12.50	85.03	23.42	144.35	43.60
PT .75	46.88	15.62	79.73	28.72	135.33	52.62
PT .7	43.76	18.74	74.41	34.04	126.31	61.64
PT .65	40.64	21.86	69.09	39.36	117.29	70.66
PT .6	37.50	25.00	63.77	44.68	108.27	79.68
PT .55	34.38	28.12	58.47	49.98	99.25	88.70
PT .5	31.26	31.24	53.15	55.30	90.23	97.72

Life Insurance	General/1442		697/CCDSA		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	5.59	0.28	6.83	0.36	5.59	0.28
PT .9	5.29	0.58	6.47	0.72	5.29	0.58
PT .85	4.99	0.88	6.11	1.08	4.99	0.88
PT .8	4.71	1.16	5.75	1.44	4.71	1.16
PT .75	4.41	1.46	5.39	1.80	4.41	1.46
PT .7	4.11	1.76	5.03	2.16	4.11	1.76
PT .65	3.83	2.04	4.67	2.52	3.83	2.04
PT .6	3.53	2.34	4.31	2.88	3.53	2.34
PT .55	3.23	2.64	3.95	3.24	3.23	2.64
PT .5	2.95	2.92	3.61	3.58	2.95	2.92

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

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