Columbia County, Oregon **All employee groups**

Health Insurance Premium Rates (Monthly)

8/1/2026 – 7/31/2027

Medical Insurance	EE Only		EE + One		Family	
Kaiser Permanente HMO	**953.40**		**2192.82**		**2574.18**	
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	953.40	0.00	2148.96	43.86	2471.22	102.96
PT .95	905.74	47.66	2041.52	151.30	2347.66	226.52
PT .9	858.06	95.34	1934.06	258.76	2224.10	350.08
PT .85	810.40	143.00	1826.62	366.20	2100.54	473.64
PT .8	762.72	190.68	1719.18	473.64	1976.98	597.20
PT .75	715.06	238.34	1611.72	581.10	1853.42	720.76
PT .7	667.38	286.02	1504.28	688.54	1729.86	844.32
PT .65	619.72	333.68	1396.82	796.00	1606.30	967.88
PT .6	572.04	381.36	1289.38	903.44	1482.74	1091.44
PT .55	524.38	429.02	1181.94	1010.88	1359.18	1215.00
PT .5	476.70	476.70	1074.48	1118.34	1235.62	1338.56
Kaiser Permanente Added Choice POS	**1067.11**		**2454.14**		**2881.30**	
Annual HRA VEBA Contribution	50/yr		75/yr		100/yr	
FT	1052.11	15.00	2405.06	49.08	2766.06	115.24
PT .95	999.51	67.60	2284.82	169.32	2627.76	253.54
PT .9	946.91	120.20	2164.56	289.58	2489.46	391.84
PT .85	894.29	172.82	2044.30	409.84	2351.16	530.14
PT .8	841.69	225.42	1924.06	530.08	2212.86	668.44
PT .75	789.09	278.02	1803.80	650.34	2074.56	806.74
PT .7	736.49	330.62	1683.54	770.60	1936.24	945.06
PT .65	683.87	383.24	1563.30	890.84	1797.94	1083.36
PT .6	631.27	435.84	1443.04	1011.10	1659.64	1221.66
PT .55	578.67	488.44	1322.78	1131.36	1521.34	1359.96
PT .5	526.07	541.04	1202.54	1251.60	1383.04	1498.26
Kaiser Permanente HDHP w/HSA	**650.14**		**1495.32**		**1755.38**	
Annual HSA Contribution	1500/yr		3000/yr		3000/yr	
FT	650.14	0.00	1465.42	29.90	1685.16	70.22
PT .95	617.64	32.50	1392.16	103.16	1600.90	154.48
PT .9	585.14	65.00	1318.90	176.42	1516.64	238.74
PT .85	552.62	97.52	1245.62	249.70	1432.40	322.98
PT .8	520.12	130.02	1172.34	322.98	1348.14	407.24
PT .75	487.62	162.52	1099.08	396.24	1263.88	491.50
PT .7	455.10	195.04	1025.80	469.52	1179.62	575.76
PT .65	422.60	227.54	952.52	542.80	1095.36	660.02
PT .6	390.08	260.06	879.26	616.06	1011.10	744.28
PT .55	357.58	292.56	805.98	689.34	926.84	828.54
PT .5	325.08	325.06	732.72	762.60	842.58	912.80

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	**63.35**		**126.96**		**210.42**	
FTE Equivalent	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**	**County Paid**	**Employee Paid**
FT	63.35	0.00	124.42	2.54	202.00	8.42
PT .95	60.19	3.16	118.20	8.76	191.92	18.50
PT .9	57.03	6.32	112.00	14.96	181.80	28.62
PT .85	53.85	9.50	105.76	21.20	171.70	38.72
PT .8	50.69	12.66	99.54	27.42	161.60	48.82
PT .75	47.51	15.84	93.32	33.64	151.50	58.92
PT .7	44.35	19.00	87.10	39.86	141.40	69.02
PT .65	41.19	22.16	80.88	46.08	131.30	79.12
PT .6	38.01	25.34	74.66	52.30	121.20	89.22
PT .55	34.85	28.50	68.44	58.52	111.10	99.32
PT .5	31.69	31.66	62.22	64.74	101.00	109.42
Principal Dental PPO w/Ortho	**66.83**		**133.92**		**221.98**	
FT	66.83	0.00	131.24	2.68	213.10	8.88
PT .95	63.49	3.34	124.70	9.22	202.46	19.52
PT .9	60.15	6.68	118.14	15.78	191.80	30.18
PT .85	56.81	10.02	111.56	22.36	181.14	40.84
PT .8	53.47	13.36	105.00	28.92	170.48	51.50
PT .75	50.13	16.70	98.44	35.48	159.84	62.14
PT .7	46.79	20.04	91.88	42.04	149.18	72.80
PT .65	43.45	23.38	85.32	48.60	138.52	83.46
PT .6	40.11	26.72	78.74	55.18	127.86	94.12
PT .55	36.77	30.06	72.18	61.74	117.22	104.76
PT .5	33.43	33.40	65.62	68.30	106.56	115.42
Willamette Dental w/Ortho	**65.30**		**113.35**		**196.40**	
FT	65.30	0.00	111.09	2.26	188.54	7.86
PT .95	62.04	3.26	105.55	7.80	179.12	17.28
PT .9	58.78	6.52	99.99	13.36	169.70	26.70
PT .85	55.52	9.78	94.45	18.90	160.26	36.14
PT .8	52.24	13.06	88.87	24.48	150.84	45.56
PT .75	48.98	16.32	83.33	30.02	141.42	54.98
PT .7	45.72	19.58	77.77	35.58	131.98	64.42
PT .65	42.46	22.84	72.21	41.14	122.56	73.84
PT .6	39.18	26.12	66.65	46.70	113.12	83.28
PT .55	35.92	29.38	61.11	52.24	103.70	92.70
PT .5	32.66	32.64	55.55	57.80	94.28	102.12

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.