

### 2021 Part-Time Employee Benefit Monthly Premium Rates

Work Schedule	Employee Only	Employee + Family
<b>20 hours per week (.5 FTE)</b>		
Regence BlueShield PPO	\$884.17	\$934.17
Regence High Deductible Health Plan	\$577.52	\$627.52
Kaiser Permanente HMO	\$733.63	\$783.63
Delta Dental	\$58.10	\$58.10
Willamette Dental	\$74.25	\$74.25
VSP Vision	\$6.52	\$6.52
<b>24 hours per week (.6 FTE)</b>		
Regence BlueShield PPO	\$717.34	\$767.34
Regence High Deductible Health Plan	\$472.02	\$522.02
Kaiser Permanente HMO	\$596.90	\$646.90
Delta Dental	\$46.48	\$46.48
Willamette Dental	\$59.40	\$59.40
VSP Vision	\$5.22	\$5.22
<b>28 hours per week (.7 FTE)</b>		
Regence BlueShield PPO	\$550.50	\$600.50
Regence High Deductible Health Plan	\$366.51	\$416.51
Kaiser Permanente HMO	\$460.18	\$510.18
Delta Dental	\$34.86	\$34.86
Willamette Dental	\$44.55	\$44.55
VSP Vision	\$3.91	\$3.91
<b>30 hours per week (.75 FTE)</b>		
Regence BlueShield PPO	\$50.00	\$100.00
Regence High Deductible Health Plan	\$50.00	\$100.00
Kaiser Permanente HMO	\$50.00	\$100.00
Delta Dental	\$0.00	\$0.00
Willamette Dental	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00
<b>32 hours per week (.8 FTE)</b>		
Regence BlueShield PPO	\$50.00	\$100.00
Regence High Deductible Health Plan	\$50.00	\$100.00
Kaiser Permanente HMO	\$50.00	\$100.00
Delta Dental	\$0.00	\$0.00
Willamette Dental	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00
<b>36 hours per week (.9 FTE)</b>		
Regence BlueShield PPO	\$50.00	\$100.00
Regence High Deductible Health Plan	\$50.00	\$100.00
Kaiser Permanente HMO	\$50.00	\$100.00
Delta Dental	\$0.00	\$0.00
Willamette Dental	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00