

Part-Time Employee Benefit Monthly Premium Rates

Work Schedule	Employee Only	Employee + Family
20 hours per week (.5 FTE)		
Regence BlueShield PPO	\$923.89	\$973.89
Regence High Deductible Health Plan	\$603.06	\$653.06
Kaiser Permanente HMO	\$747.83	\$797.83
Delta Dental	\$62.36	\$62.36
Willamette Dental	\$74.25	\$74.25
VSP Vision	\$6.52	\$6.52
24 hours per week (.6 FTE)		
Regence BlueShield PPO	\$749.11	\$799.11
Regence High Deductible Health Plan	\$492.45	\$542.45
Kaiser Permanente HMO	\$608.27	\$658.27
Delta Dental	\$49.89	\$49.89
Willamette Dental	\$59.40	\$59.40
VSP Vision	\$5.22	\$5.22
28 hours per week (.7 FTE)		
Regence BlueShield PPO	\$574.33	\$624.33
Regence High Deductible Health Plan	\$381.84	\$431.84
Kaiser Permanente HMO	\$468.70	\$518.70
Delta Dental	\$37.42	\$37.42
Willamette Dental	\$44.55	\$44.55
VSP Vision	\$3.91	\$3.91
30 hours per week (.75 FTE)		
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
32 hours per week (.8 FTE)		
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
36 hours per week (.9 FTE)		
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