

Benefits Newsletter - 2023

Part-Time Employee Benefit Monthly Premium Rates		
Work Schedule	Employee Only	Employee + Family
20 hours per week (.5 FTE)		
Regence BlueShield PPO	\$963.72	\$1,013.72
Regence High Deductible Health Plan	\$628.68	\$678.68
Kaiser Permanente HMO	\$765.30	\$815.30
Delta Dental	\$58.75	\$58.75
Willamette Dental	\$74.25	\$74.25
VSP Vision	\$5.84	\$5.84
24 hours per week (.6 FTE)		
Regence BlueShield PPO	\$780.98	\$830.98
Regence High Deductible Health Plan	\$512.94	\$562.94
Kaiser Permanente HMO	\$622.24	\$672.24
Delta Dental	\$47.00	\$47.00
Willamette Dental	\$59.40	\$59.40
VSP Vision	\$4.67	\$4.67
28 hours per week (.7 FTE)		
Regence BlueShield PPO	\$598.23	\$648.23
Regence High Deductible Health Plan	\$397.21	\$447.21
Kaiser Permanente HMO	\$479.18	\$529.18
Delta Dental	\$35.25	\$35.25
Willamette Dental	\$44.55	\$44.55
VSP Vision	\$3.50	\$3.50
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