



2019/2020

Health Insurance Premium

Cost to employee per month

PPO Plan	Full-time	Part-time 30	Part-time 20
Employee only	\$69.59	\$158.17	\$288.76
Employee & spouse	\$146.90	\$333.87	\$621.54
Employee + 1 child	\$98.50	\$223.87	\$401.53
Employee + 2 or more children	\$142.08	\$322.92	\$569.28
Family	\$211.67	\$481.06	\$885.56

HSA Plan	Full-time	Part-time 30	Part-time 20
Employee only	\$26.37	\$131.81	\$236.09
Employee & spouse	\$55.44	\$277.15	\$508.15
Employee + 1 child	\$37.45	\$187.21	\$328.28
Employee + 2 or more children	\$54.20	\$270.94	\$465.43
Family	\$80.06	\$400.23	\$724.01

Dental Premium	Full-time	PT-30	PT-20 Delta Dental	PT-20 Willamette
Employee Only	\$0	\$0	\$23.37	\$23.33
Employee & spouse	\$0	\$0	\$39.80	\$39.74
Family	\$0	\$0	\$65.53	\$65.42

Vision Premium	Full-time	Part-time 30	Part-time 20
Employee Only	\$0	\$0	\$4.20
Employee & spouse	\$0	\$0	\$6.39
Family	\$0	\$0	\$11.02