

## 2024 Employee Contributions – 26 Pays

2024 Employee Contributions (Subsidized)  Bi-Weekly Rates	Medical & RX		Dental			Vision
	Standard PPO	High Deductible Health Plan (HDHP)	Delta Standard Dental	Delta Dental Plus	Willamette	Vision Network Plan (VSP)
<b>Full-Time (35-40 hours/week)</b>						
* Employee Only	\$89.22	\$47.08	\$0.00	\$3.72	\$7.54	\$0.00
* Employee + Spouse	\$187.31	\$98.83	\$0.00	\$8.32	\$15.39	\$0.00
* Employee + Child	\$124.89	\$65.90	\$0.00	\$7.43	\$14.65	\$0.00
* Employee + Children	\$189.10	\$99.77	\$0.00	\$14.12	\$27.93	\$0.00
* Employee + Family	\$251.52	\$132.70	\$0.00	\$15.01	\$29.90	\$0.00
<b>Three Quarter Time (25 - 34 hours/week)</b>						
* Employee Only	\$143.42	\$101.28	\$3.11	\$6.83	\$10.65	\$0.00
* Employee + Spouse	\$301.14	\$212.66	\$6.95	\$15.27	\$22.34	\$0.00
* Employee + Child	\$200.77	\$141.78	\$6.22	\$13.65	\$20.87	\$0.00
* Employee + Children	\$304.01	\$214.68	\$11.82	\$25.94	\$39.75	\$0.00
* Employee + Family	\$404.38	\$285.56	\$12.56	\$27.57	\$42.46	\$0.00
<b>Half-Time (20 - 24 hours/week)</b>						
* Employee Only	\$197.62	\$155.48	\$6.22	\$9.94	\$13.76	\$0.00
* Employee + Spouse	\$414.97	\$326.49	\$13.91	\$22.23	\$29.30	\$0.00
* Employee + Child	\$276.66	\$217.67	\$12.44	\$19.87	\$27.09	\$0.00
* Employee + Children	\$418.93	\$329.60	\$23.64	\$37.76	\$51.57	\$0.00
* Employee + Family	\$557.24	\$438.42	\$25.11	\$40.12	\$55.01	\$0.00
<b>*Contributions are not pro-rated at any time</b>						