

2018 Employee Contributions 26 Pay

Bi-Weekly Rates

2018 Employee Contributions	Medical & RX		Dental			Vision
	Standard PPO	High Deductible Health Plan (HDHP)	Standard Dental	Dental Plus	Wilamette	Vision Network Plan (VSP)
Bi-Weekly Rates						
Full-Time (87.5 - 100 / 35-40 hours)						
* Employee Only	\$61.84	\$25.72	\$0.00	\$3.72	\$1.31	\$0.00
* Employee + Spouse	\$129.85	\$54.01	\$0.00	\$8.31	\$1.90	\$0.00
* Employee + Child	\$86.58	\$36.01	\$0.00	\$7.43	\$2.32	\$0.00
* Employee + Children	\$131.09	\$54.52	\$0.00	\$14.12	\$4.48	\$0.00
* Employee + Family	\$174.38	\$72.53	\$0.00	\$15.01	\$4.92	\$0.00
Three Quarter Time (62.5 - 87.4 / 25 - 34 hours)						
* Employee Only	\$109.35	\$73.23	\$3.11	\$6.83	\$4.42	\$0.00
* Employee + Spouse	\$229.61	\$153.77	\$6.95	\$15.26	\$8.85	\$0.00
* Employee + Child	\$153.09	\$102.52	\$6.22	\$13.65	\$8.54	\$0.00
* Employee + Children	\$231.80	\$155.23	\$11.82	\$25.94	\$16.30	\$0.00
* Employee + Family	\$308.35	\$206.49	\$12.56	\$27.57	\$17.48	\$0.00
Half-Time (50 - 62.4 / 20 - 24 hours)						
* Employee Only	\$156.85	\$120.73	\$6.22	\$9.94	\$7.53	\$0.00
* Employee + Spouse	\$329.37	\$253.53	\$13.91	\$22.22	\$15.81	\$0.00
* Employee + Child	\$219.60	\$169.03	\$12.44	\$19.87	\$14.76	\$0.00
* Employee + Children	\$332.52	\$255.95	\$23.64	\$37.76	\$28.12	\$0.00
* Employee + Family	\$442.32	\$340.46	\$25.11	\$40.12	\$30.03	\$0.00

*Contributions are not pro-rated at any time