



2021 Employee Contributions – 20 Pays

2021 Employee Contributions (Subsidized)	Medical & RX		Dental			Vision
	Standard PPO	High Deductible Health Plan (HDHP)	Standard Dental	Dental Plus	Willamette	Vision Network Plan (VSP)
Bi-Weekly Rates						
Full-Time (35-40 hours/week)						
* Employee Only	\$102.40	\$54.03	\$0.00	\$4.84	\$6.10	\$0.00
* Employee + Spouse	\$215.02	\$113.45	\$0.00	\$10.82	\$12.00	\$0.00
* Employee + Child	\$143.36	\$75.64	\$0.00	\$9.66	\$11.71	\$0.00
* Employee + Children	\$217.08	\$114.53	\$0.00	\$18.36	\$22.36	\$0.00
* Employee + Family	\$288.74	\$152.33	\$0.00	\$19.51	\$24.01	\$0.00
Three Quarter Time (25 - 34 hours/week)						
* Employee Only	\$164.62	\$116.25	\$4.04	\$8.88	\$10.14	\$0.00
* Employee + Spouse	\$345.69	\$244.12	\$9.04	\$19.86	\$21.04	\$0.00
* Employee + Child	\$230.47	\$162.75	\$8.09	\$17.75	\$19.80	\$0.00
* Employee + Children	\$348.99	\$246.44	\$15.36	\$33.72	\$37.72	\$0.00
* Employee + Family	\$464.22	\$327.81	\$16.32	\$35.83	\$40.33	\$0.00
Half-Time (20 - 24 hours/week)						
* Employee Only	\$226.84	\$178.47	\$8.08	\$12.92	\$14.18	\$0.00
* Employee + Spouse	\$476.36	\$374.79	\$18.08	\$28.90	\$30.08	\$0.00
* Employee + Child	\$317.58	\$249.86	\$16.18	\$25.84	\$27.89	\$0.00
* Employee + Children	\$480.91	\$378.36	\$30.73	\$49.09	\$53.09	\$0.00
* Employee + Family	\$639.69	\$503.28	\$32.65	\$52.16	\$56.66	\$0.00
*Contributions are not pro-rated at any time						