



2021 Employee Contributions – 26 Pays

2021 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)
Full-Time (35-40 hours/week)						
* Employee Only	\$78.77	\$41.56	\$0.00	\$3.72	\$4.69	\$0.00
* Employee + Spouse	\$165.40	\$87.27	\$0.00	\$8.32	\$9.23	\$0.00
* Employee + Child	\$110.28	\$58.18	\$0.00	\$7.43	\$9.01	\$0.00
* Employee + Children	\$166.98	\$88.10	\$0.00	\$14.12	\$17.20	\$0.00
* Employee + Family	\$222.10	\$117.18	\$0.00	\$15.01	\$18.47	\$0.00
Three Quarter Time (25 - 34 hours/week)						
* Employee Only	\$126.63	\$89.42	\$3.11	\$6.83	\$7.80	\$0.00
* Employee + Spouse	\$265.91	\$187.78	\$6.95	\$15.27	\$16.18	\$0.00
* Employee + Child	\$177.28	\$125.19	\$6.22	\$13.65	\$15.23	\$0.00
* Employee + Children	\$268.45	\$189.57	\$11.82	\$25.94	\$29.02	\$0.00
* Employee + Family	\$357.09	\$252.16	\$12.56	\$27.57	\$31.03	\$0.00
Half-Time (20 - 24 hours/week)						
* Employee Only	\$174.50	\$137.29	\$6.22	\$9.94	\$10.91	\$0.00
* Employee + Spouse	\$366.43	\$288.30	\$13.91	\$22.23	\$23.14	\$0.00
* Employee + Child	\$244.30	\$192.20	\$12.44	\$19.87	\$21.45	\$0.00
* Employee + Children	\$369.93	\$291.05	\$23.64	\$37.76	\$40.84	\$0.00
* Employee + Family	\$492.07	\$387.14	\$25.11	\$40.12	\$43.58	\$0.00
*Contributions are not pro-rated at any time						