

2025 Employee Contributions – 26 Pays

2025 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	\$93.34	\$49.25	\$0.00	\$3.72	\$9.32	\$0.00
* Employee + Spouse	\$195.95	\$103.39	\$0.00	\$8.32	\$19.26	\$0.00
* Employee + Child	\$130.65	\$68.93	\$0.00	\$7.43	\$18.22	\$0.00
* Employee + Children	\$197.82	\$104.37	\$0.00	\$14.12	\$34.71	\$0.00
* Employee + Family	\$263.13	\$138.82	\$0.00	\$15.01	\$37.12	\$0.00
Three Quarter Time (25 - 34 hours/week)						
* Employee Only	\$150.04	\$105.95	\$3.11	\$6.83	\$12.43	\$0.00
* Employee + Spouse	\$315.03	\$222.47	\$6.95	\$15.27	\$26.21	\$0.00
* Employee + Child	\$210.04	\$148.32	\$6.22	\$13.65	\$24.44	\$0.00
* Employee + Children	\$318.04	\$224.59	\$11.82	\$25.94	\$46.53	\$0.00
* Employee + Family	\$423.04	\$298.73	\$12.56	\$27.57	\$49.68	\$0.00
Half-Time (20 - 24 hours/week)						
* Employee Only	\$206.74	\$162.65	\$6.22	\$9.94	\$15.54	\$0.00
* Employee + Spouse	\$434.11	\$341.55	\$13.91	\$22.23	\$33.17	\$0.00
* Employee + Child	\$289.42	\$227.70	\$12.44	\$19.87	\$30.66	\$0.00
* Employee + Children	\$438.25	\$344.80	\$23.64	\$37.76	\$58.35	\$0.00
* Employee + Family	\$582.96	\$458.65	\$25.11	\$40.12	\$62.23	\$0.00
*Contributions are not pro-rated at any time						