



## 2020/2021

# Health Insurance Premiums

Cost to employee per month

PPO	Full-time	Part-time 30	Part-time 20
Employee only	\$93.22	\$166.48	\$305.48
Employee & spouse	\$197.00	\$351.80	\$657.54
Employee + 1 child	\$131.82	\$235.42	\$424.78
Employee + 2 or more children	\$190.00	\$339.28	\$602.24
Family	\$283.68	\$506.60	\$936.84

HSA	Full-time	Part-time 30	Part-time 20
Employee only	\$34.86	\$145.26	\$263.04
Employee & spouse	\$73.46	\$306.12	\$566.18
Employee + 1 child	\$49.42	\$205.92	\$365.76
Employee + 2 or more children	\$71.38	\$297.46	\$518.56
Family	\$105.96	\$441.50	\$806.68

Dental Premium	Full-time	PT-30	PT-20 Delta Dental	PT-20 Willamette
Employee Only	\$0	\$0	\$23.37	\$23.30
Employee & spouse	\$0	\$0	\$39.81	\$39.68
Family	\$0	\$0	\$65.53	\$65.33

Vision Premium	Full-time	Part-time 30	Part-time 20
Employee Only	\$0	\$0	\$4.20
Employee & spouse	\$0	\$0	\$6.40
Family	\$0	\$0	\$11.02