

## 2024 Employee Contributions – 20 Pays

2024 Employee Contributions (Subsidized)  Bi-Weekly Rates	Medical & RX		Dental			Vision
	Standard PPO	High Deductible Health Plan (HDHP)	Standard Dental	Dental Plus	Willamette	Vision Network Plan (VSP)
<b>Full-Time (35-40 hours/week)</b>						
* Employee Only	\$115.98	\$61.20	\$0.00	\$4.84	\$9.81	\$0.00
* Employee + Spouse	\$243.50	\$128.48	\$0.00	\$10.82	\$20.01	\$0.00
* Employee + Child	\$162.36	\$85.66	\$0.00	\$9.66	\$19.05	\$0.00
* Employee + Children	\$245.82	\$129.70	\$0.00	\$18.36	\$36.31	\$0.00
* Employee + Family	\$326.98	\$172.51	\$0.00	\$19.51	\$38.87	\$0.00
<b>Three Quarter Time (25 - 34 hours/week)</b>						
* Employee Only	\$186.44	\$131.66	\$4.04	\$8.88	\$13.85	\$0.00
* Employee + Spouse	\$391.48	\$276.46	\$9.04	\$19.86	\$29.05	\$0.00
* Employee + Child	\$261.01	\$184.31	\$8.09	\$17.75	\$27.14	\$0.00
* Employee + Children	\$395.21	\$279.09	\$15.36	\$33.72	\$51.67	\$0.00
* Employee + Family	\$525.70	\$371.23	\$16.32	\$35.83	\$55.19	\$0.00
<b>Half-Time (20 - 24 hours/week)</b>						
* Employee Only	\$256.90	\$202.12	\$8.08	\$12.92	\$17.89	\$0.00
* Employee + Spouse	\$539.46	\$424.44	\$18.08	\$28.90	\$38.09	\$0.00
* Employee + Child	\$359.66	\$282.96	\$16.18	\$25.84	\$35.23	\$0.00
* Employee + Children	\$544.60	\$428.48	\$30.73	\$49.09	\$67.04	\$0.00
* Employee + Family	\$724.42	\$569.95	\$32.65	\$52.16	\$71.52	\$0.00
<b>*Contributions are not pro-rated at any time</b>						