

2025 Employee Contributions – 20 Pays

2025 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)
Full-Time (35-40 hours/week)						
* Employee Only	\$121.34	\$64.03	\$0.00	\$4.84	\$12.12	\$0.00
* Employee + Spouse	\$254.74	\$134.41	\$0.00	\$10.82	\$25.03	\$0.00
* Employee + Child	\$169.84	\$89.61	\$0.00	\$9.66	\$23.68	\$0.00
* Employee + Children	\$257.16	\$135.68	\$0.00	\$18.36	\$45.13	\$0.00
* Employee + Family	\$342.06	\$180.47	\$0.00	\$19.51	\$48.25	\$0.00
Three Quarter Time (25 - 34 hours/week)						
* Employee Only	\$195.05	\$137.74	\$4.04	\$8.88	\$16.16	\$0.00
* Employee + Spouse	\$409.55	\$289.22	\$9.04	\$19.86	\$34.07	\$0.00
* Employee + Child	\$273.04	\$192.81	\$8.09	\$17.75	\$31.77	\$0.00
* Employee + Children	\$413.44	\$291.96	\$15.36	\$33.72	\$60.49	\$0.00
* Employee + Family	\$549.95	\$388.36	\$16.32	\$35.83	\$64.57	\$0.00
Half-Time (20 - 24 hours/week)						
* Employee Only	\$268.76	\$211.45	\$8.08	\$12.92	\$20.20	\$0.00
* Employee + Spouse	\$564.35	\$444.02	\$18.08	\$28.90	\$43.11	\$0.00
* Employee + Child	\$376.25	\$296.02	\$16.18	\$25.84	\$39.86	\$0.00
* Employee + Children	\$569.72	\$448.24	\$30.73	\$49.09	\$75.86	\$0.00
* Employee + Family	\$757.84	\$596.25	\$32.65	\$52.16	\$80.90	\$0.00
*Contributions are not pro-rated at any time						