

Columbia County, Oregon All employee groups

Health Insurance Premium Rates (Monthly)

8/1/2024 – 7/31/2025

Medical Insurance	EE Only		EE + One		Family	
Kaiser Permanente HMO	805.08		1851.69		2173.72	

Annual HRA VEBA Contribution	150/yr		200/yr		250/yr	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	805.08	0.00	1814.66	37.03	2086.77	86.95
PT .95	764.83	40.25	1723.93	127.76	1982.43	191.29
PT .9	724.57	80.51	1633.19	218.50	1878.09	295.63
PT .85	684.32	120.76	1542.46	309.23	1773.75	399.97
PT .8	644.06	161.02	1451.73	399.96	1669.42	504.30
PT .75	603.81	201.27	1361.00	490.69	1565.08	608.64
PT .7	563.56	241.52	1270.26	581.43	1460.74	712.98
PT .65	523.30	281.78	1179.53	672.16	1356.40	817.32
PT .6	483.05	322.03	1088.80	762.89	1252.06	921.66
PT .55	442.79	362.29	998.06	853.63	1147.72	1026.00
PT .5	402.54	402.54	907.33	944.36	1043.39	1130.33

Kaiser Permanente Added Choice POS	901.45		2073.16		2434.01	
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Annual HRA VEBA Contribution	50/yr		75/yr		100/yr	
FT	886.45	15.00	2031.70	41.46	2336.65	97.36
PT .95	842.13	59.32	1930.12	143.04	2219.82	214.19
PT .9	797.81	103.64	1828.53	244.63	2102.99	331.02
PT .85	753.48	147.97	1726.95	346.21	1986.15	447.86
PT .8	709.16	192.29	1625.36	447.80	1869.32	564.69
PT .75	664.84	236.61	1523.78	549.38	1752.49	681.52
PT .7	620.52	280.93	1422.19	650.97	1635.66	798.35
PT .65	576.19	325.26	1320.61	752.55	1518.82	915.19
PT .6	531.87	369.58	1219.02	854.14	1401.99	1032.02
PT .55	487.55	413.90	1117.44	955.72	1285.16	1148.85
PT .5	443.23	458.22	1015.85	1057.31	1168.33	1265.68

Kaiser Permanente HDHP w/HSA	553.19		1272.34		1493.61	
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Annual HSA Contribution	1500/yr		3000/yr		3000/yr	
FT	553.19	0.00	1246.89	25.45	1433.87	59.74
PT .95	525.53	27.66	1184.55	87.79	1362.18	131.43
PT .9	497.87	55.32	1122.20	150.14	1290.48	203.13
PT .85	470.21	82.98	1059.86	212.48	1218.79	274.82
PT .8	442.55	110.64	997.51	274.83	1147.10	346.51
PT .75	414.89	138.30	935.17	337.17	1075.40	418.21
PT .7	387.23	165.96	872.82	399.52	1003.71	489.90
PT .65	359.57	193.62	810.48	461.86	932.02	561.59
PT .6	331.91	221.28	748.13	524.21	860.32	633.29
PT .55	304.25	248.94	685.79	586.55	788.63	704.98
PT .5	276.60	276.59	623.45	648.89	716.94	776.67

Vision Insurance	EE Only		EE + Spouse		EE + Child(ren)		Family	
VSP	6.95		11.11		11.34		18.29	

FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	6.95	0.00	10.89	0.22	11.11	0.23	17.56	0.73
PT .95	6.60	0.35	10.35	0.76	10.55	0.79	16.68	1.61
PT .9	6.26	0.69	9.80	1.31	10.00	1.34	15.80	2.49
PT .85	5.91	1.04	9.26	1.85	9.44	1.90	14.93	3.36
PT .8	5.56	1.39	8.71	2.40	8.89	2.45	14.05	4.24
PT .75	5.21	1.74	8.17	2.94	8.33	3.01	13.17	5.12
PT .7	4.87	2.08	7.62	3.49	7.78	3.56	12.29	6.00
PT .65	4.52	2.43	7.08	4.03	7.22	4.12	11.41	6.88
PT .6	4.17	2.78	6.53	4.58	6.67	4.67	10.54	7.75
PT .55	3.82	3.13	5.99	5.12	6.11	5.23	9.66	8.63
PT .5	3.48	3.47	5.45	5.66	5.56	5.78	8.78	9.51

FT = Full Time FTE; PT = Part Time with indicated % FTE. For other PT % not listed, please check with benefits for rates.

Columbia County, Oregon All employee groups

Health Insurance Premium Rates (Monthly)

8/1/2024 – 7/31/2025

Dental Insurance						
	EE Only		EE + One		Family	
Kaiser Permanente w/Ortho	59.75		119.74		198.46	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	59.75	0.00	117.35	2.39	190.52	7.94
PT .95	56.76	2.99	111.48	8.26	180.99	17.47
PT .9	53.78	5.97	105.62	14.12	171.47	26.99
PT .85	50.79	8.96	99.75	19.99	161.94	36.52
PT .8	47.80	11.95	93.88	25.86	152.42	46.04
PT .75	44.81	14.94	88.01	31.73	142.89	55.57
PT .7	41.83	17.92	82.15	37.59	133.36	65.10
PT .65	38.84	20.91	76.28	43.46	123.84	74.62
PT .6	35.85	23.90	70.41	49.33	114.31	84.15
PT .55	32.86	26.89	64.54	55.20	104.79	93.67
PT .5	29.88	29.87	58.68	61.06	95.26	103.20
Principal Dental PPO w/Ortho	60.85		121.94		202.11	
FT	60.85	0.00	119.50	2.44	194.03	8.08
PT .95	57.81	3.04	113.53	8.41	184.33	17.78
PT .9	54.77	6.08	107.55	14.39	174.63	27.48
PT .85	51.72	9.13	101.58	20.36	164.93	37.18
PT .8	48.68	12.17	95.60	26.34	155.22	46.89
PT .75	45.64	15.21	89.63	32.31	145.52	56.59
PT .7	42.60	18.25	83.65	38.29	135.82	66.29
PT .65	39.55	21.30	77.68	44.26	126.12	75.99
PT .6	36.51	24.34	71.70	50.24	116.42	85.69
PT .55	33.47	27.38	65.73	56.21	106.72	95.39
PT .5	30.43	30.42	59.75	62.19	97.02	105.09
Willamette Dental w/Ortho	58.45		101.45		175.80	
FT	58.45	0.00	99.42	2.03	168.77	7.03
PT .95	55.53	2.92	94.45	7.00	160.33	15.47
PT .9	52.61	5.84	89.48	11.97	151.89	23.91
PT .85	49.68	8.77	84.51	16.94	143.45	32.35
PT .8	46.76	11.69	79.54	21.91	135.02	40.78
PT .75	43.84	14.61	74.57	26.88	126.58	49.22
PT .7	40.92	17.53	69.59	31.86	118.14	57.66
PT .65	37.99	20.46	64.62	36.83	109.70	66.10
PT .6	35.07	23.38	59.65	41.80	101.26	74.54
PT .55	32.15	26.30	54.68	46.77	92.82	82.98
PT .5	29.23	29.22	49.71	51.74	84.39	91.41
Life Insurance						
	General/1442		Road/697		FOPPO	
Mutual of Omaha	5.87		7.19		5.87	
FTE Equivalent	County Paid	Employee Paid	County Paid	Employee Paid	County Paid	Employee Paid
FT	5.87	0.00	7.19	0.00	5.87	0.00
PT .95	5.58	0.29	6.83	0.36	5.58	0.29
PT .9	5.28	0.59	6.47	0.72	5.28	0.59
PT .85	4.99	0.88	6.11	1.08	4.99	0.88
PT .8	4.70	1.17	5.75	1.44	4.70	1.17
PT .75	4.40	1.47	5.39	1.80	4.40	1.47
PT .7	4.11	1.76	5.03	2.16	4.11	1.76
PT .65	3.82	2.05	4.67	2.52	3.82	2.05
PT .6	3.52	2.35	4.31	2.88	3.52	2.35
PT .55	3.23	2.64	3.95	3.24	3.23	2.64
PT .5	2.94	2.93	3.60	3.59	2.94	2.93

FT = Full Time FTE; PT = Part Time with indicated % FTE

Note: The figures above may change or may be different for different employee groups.