Sheet1

Columbia County, Oregon Columbia County Deputy Sheriff's Association Health Insurance Premium Rates (Monthly) 8/1/17 – 7/31/18

Carrier		Employee Only	Employee + One	Family		
Medical Insurance						
Kaiser Permanente HMO Premium		636.6	1464.17	1718.81	0.21% Increase	
	County Paid Portion – FT	585.67	1347.04	1581.31	92% / 8% Split	
	Employee Paid Portion – FT	50.93	117.13	137.50		
	County Paid Portion – PT .6	351.40	808.22	948.78		
	Employee Paid Portion – PT .6	285.20	655.95	770.03		
Kaiser Permanente Added Choice POS		728.58	1675.6	1967.25	0.15% Increase	
	County Paid Portion – FT	585.67	1347.04	1581.31		
	Employee Paid Portion – FT	142.91	328.56	385.94		
	County Paid Portion – PT .6	351.40	808.22	948.78		
	Employee Paid Portion – PT .6	377.18	867.38	1018.47		
Kaiser Permanente HSA*		443.85	1020.86	1198.4	.48% Decrease	
	County Paid Portion – FT	443.85	1020.86	1198.4		
	Employee Paid Portion – FT	0.00	0.00	0.00		
	County Paid Portion – PT .6	266.31	612.52	719.04		
	Employee Paid Portion – PT .6	177.54	408.34	479.36		

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

^{*}The County also contributes \$1500/\$3000 into HSA for employee at beginning of plan year

Sheet1

		Employee	Employee +		
Carrier		Only	One	Family	
Dental Insur	rance				
Kaiser Permanente w/Ortho		72.61	167.01	196.04	0% Increase
	County Paid Portion – FT	72.61	167.01	196.04	
	Employee Paid Portion – FT	0.00	0.00	0.00	
	County Paid Portion – PT .6	43.57	100.21	117.62	
	Employee Paid Portion – PT .6	29.04	66.80	78.42	
Principal Dental PPO w/Ortho		59.66	119.55	198.15	5.9% Increase
	County Paid Portion – FT	59.66	119.55	198.15	Estimated
	Employee Paid Portion – FT	0.00	0.00	0.00	
	County Paid Portion – PT .6	35.80	71.73	118.89	
	Employee Paid Portion – PT .6	23.86	47.82	79.26	
Willamette Dental w/Ortho		48.8	84.6	146.55	4.2% Increase
	County Paid Portion – FT	48.80	84.60	146.55	
	Employee Paid Portion – FT	0.00	0.00	0.00	
	County Paid Portion – PT .6	29.28	50.76	87.93	
	Employee Paid Portion – PT .6	19.52	33.84	58.62	
Life Insurance		CCDSA			
	Premium	7.99			
	County Paid Portion – FT	7.99			
	Employee Paid Portion – FT	0.00			
	County Paid Portion – PT .6	4.79			
	Employee Paid Portion – PT .6	3.20			

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