

Columbia County, Oregon

All employee groups except CCDSA

Health Insurance Premium Rates (Monthly)

8/1/16 – 7/31/17

Carrier		Employee Only	Employee + One	Family	
Medical Insurance					
Kaiser Permanente HMO	Premium	635.28	1461.13	1715.24	5% decrease
	County Paid Portion – FT	593.42	1364.87	1602.23	
	Employee Paid Portion – FT	41.86	96.26	113.01	
	County Paid Portion – PT .5	296.71	682.44	801.12	
	Employee Paid Portion – PT .5	338.57	778.70	914.13	
	County Paid Portion – PT .6	356.05	818.92	961.34	
	Employee Paid Portion – PT .6	279.23	642.21	753.90	
	County Paid Portion – PT .75	445.07	1023.65	1201.67	
	Employee Paid Portion – PT .75	190.22	437.48	513.57	
	County Paid Portion – PT .9	534.08	1228.38	1442.01	
	Employee Paid Portion – PT .9	101.20	232.75	273.23	
Kaiser Permanente Added Choice POS		727.5	1673.1	1964.32	5% decrease
	County Paid Portion – FT	665.86	1531.35	1797.9	
	Employee Paid Portion – FT	61.64	141.75	166.42	
	County Paid Portion – PT .5	332.93	765.68	898.95	
	Employee Paid Portion – PT .5	394.57	907.43	1065.37	
	County Paid Portion – PT .6	399.52	918.81	1078.74	
	Employee Paid Portion – PT .6	327.98	754.29	885.58	
	County Paid Portion – PT .75	499.40	1148.51	1348.43	
	Employee Paid Portion – PT .75	228.11	524.59	615.90	
	County Paid Portion – PT .9	599.27	1378.22	1618.11	
	Employee Paid Portion – PT .9	128.23	294.89	346.21	
Kaiser Permanente HSA *		446.02	1025.85	1204.26	4.62% decrease
	County Paid Portion – FT	416.63	958.26	1124.91	
	Employee Paid Portion – FT	29.39	67.59	79.35	
	County Paid Portion – PT .6	249.98	574.96	674.95	
	Employee Paid Portion – PT .6	196.04	450.89	529.31	
	County Paid Portion – PT .75	312.47	718.70	843.68	
	Employee Paid Portion – PT .75	133.55	307.16	360.58	
	County Paid Portion – PT .9	374.97	862.43	1012.42	
	Employee Paid Portion – PT .9	71.05	163.42	191.84	

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

Carrier	Employee Only	Employee + One	Family	
Dental Insurance				
Kaiser Permanente w/Ortho	72.61	167.01	196.04	4.62% 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 .5	36.31	83.51	98.02	
Employee Paid Portion – PT .5	36.31	83.51	98.02	
County Paid Portion – PT .6	43.57	100.21	117.62	
Employee Paid Portion – PT .6	29.04	66.80	78.42	
County Paid Portion – PT .9	65.35	150.31	176.44	
Employee Paid Portion – PT .9	7.26	16.70	19.60	
Principal Dental PPO w/Ortho	56.34	112.89	187.11	NA
County Paid Portion – FT	56.34	112.89	187.11	
Employee Paid Portion – FT	0.00	0.00	0.00	
County Paid Portion – PT .5	28.17	56.45	93.56	
Employee Paid Portion – PT .5	28.17	56.45	93.56	
County Paid Portion – PT .6	33.80	67.73	112.27	
Employee Paid Portion – PT .6	22.54	45.16	74.84	
County Paid Portion – PT .9	50.71	101.60	168.40	
Employee Paid Portion – PT .9	5.63	11.29	18.71	
Willamette Dental w/Ortho	46.85	81.2	140.7	0% Increase
County Paid Portion – FT	46.85	81.20	140.70	
Employee Paid Portion – FT	0.00	0.00	0.00	
County Paid Portion – PT .5	23.43	40.60	70.35	
Employee Paid Portion – PT .5	23.43	40.60	70.35	
County Paid Portion – PT .6	28.11	48.72	84.42	
Employee Paid Portion – PT .6	18.74	32.48	56.28	
County Paid Portion – PT .85	39.82	69.02	119.60	
Employee Paid Portion – PT .85	7.03	12.18	21.11	
County Paid Portion – PT .9	42.17	73.08	126.63	
Employee Paid Portion – PT .9	4.69	8.12	14.07	
Life Insurance				
	General/1442	Road/697	FOPPO	CCDSA
Premium	9.39	11.59	9.39	7.99
County Paid Portion – FT	9.39	11.59	9.39	7.99
Employee Paid Portion – FT	0.00	0.00	0.00	0.00
County Paid Portion – PT .6	5.63	6.95	5.63	4.79
Employee Paid Portion – PT .6	3.76	4.64	3.76	3.20
County Paid Portion – PT .9	8.45	10.43	8.45	7.19
Employee Paid Portion – PT .9	0.94	1.16	0.94	0.80

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

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