



## 2022 Employee Contributions – 26 Pays

2022 Employee Contributions (Subsidized)  Bi-Weekly Rates	Medical & RX		Dental			Vision
	Standard PPO	High Deductible Health Plan (HDHP)	Delta Standard Dental	Delta Dental Plus	Willamette	Vision Network Plan (VSP)
<b>Full-Time (35-40 hours/week)</b>						
* Employee Only	\$82.65	\$43.61	\$0.00	\$3.72	\$4.69	\$0.00
* Employee + Spouse	\$173.54	\$91.57	\$0.00	\$8.32	\$9.23	\$0.00
* Employee + Child	\$115.71	\$61.05	\$0.00	\$7.43	\$9.01	\$0.00
* Employee + Children	\$175.20	\$92.44	\$0.00	\$14.12	\$17.20	\$0.00
* Employee + Family	\$233.03	\$122.94	\$0.00	\$15.01	\$18.47	\$0.00
<b>Three Quarter Time (25 - 34 hours/week)</b>						
* Employee Only	\$132.87	\$93.83	\$3.11	\$6.83	\$7.80	\$0.00
* Employee + Spouse	\$279.00	\$197.03	\$6.95	\$15.27	\$16.18	\$0.00
* Employee + Child	\$186.02	\$131.36	\$6.22	\$13.65	\$15.23	\$0.00
* Employee + Children	\$281.67	\$198.91	\$11.82	\$25.94	\$29.02	\$0.00
* Employee + Family	\$374.66	\$264.57	\$12.56	\$27.57	\$31.03	\$0.00
<b>Half-Time (20 - 24 hours/week)</b>						
* Employee Only	\$183.08	\$144.04	\$6.22	\$9.94	\$10.91	\$0.00
* Employee + Spouse	\$384.46	\$302.49	\$13.91	\$22.23	\$23.14	\$0.00
* Employee + Child	\$256.32	\$201.66	\$12.44	\$19.87	\$21.45	\$0.00
* Employee + Children	\$388.13	\$305.37	\$23.64	\$37.76	\$40.84	\$0.00
* Employee + Family	\$516.28	\$406.19	\$25.11	\$40.12	\$43.58	\$0.00
<b>*Contributions are not pro-rated at any time</b>						