Part-Time Benefit Rates - Effective 1/1/2026

Part-Time Employee Benefit Monthly Premium Rates		
Work Schedule	**Employee Only**	**Employee + Family**
20 hours per week (.5 FTE)		
Regence BlueShield PPO	$1,173.23	$1,223.23
Regence High Deductible Health Plan	$756.64	$806.64
Kaiser Permanente HMO	$954.67	$1,004.67
Delta Dental	$64.59	$64.59
Willamette Dental	$88.18	$88.18
VSP Vision	$6.12	$6.12
24 hours per week (.6 FTE)		
Regence BlueShield PPO	$948.58	$998.58
Regence High Deductible Health Plan	$615.32	$665.32
Kaiser Permanente HMO	$773.74	$823.74
Delta Dental	$51.67	$51.67
Willamette Dental	$70.54	$70.54
VSP Vision	$4.89	$4.89
28 hours per week (.7 FTE)		
Regence BlueShield PPO	$723.94	$773.94
Regence High Deductible Health Plan	$473.99	$523.99
Kaiser Permanente HMO	$592.80	$642.80
Delta Dental	$38.75	$38.75
Willamette Dental	$52.91	$52.91
VSP Vision	$3.67	$3.67
30 hours per week (.75 FTE)		
Regence BlueShield PPO	$50.00	$100.00
Regence High Deductible Health Plan	$50.00	$100.00
Kaiser Permanente HMO	$50.00	$100.00
Delta Dental	$0.00	$0.00
Willamette Dental	$0.00	$0.00
VSP Vision	$0.00	$0.00
32 hours per week (.8 FTE)		
Regence BlueShield PPO	$50.00	$100.00
Regence High Deductible Health Plan	$50.00	$100.00
Kaiser Permanente HMO	$50.00	$100.00
Delta Dental	$0.00	$0.00
Willamette Dental	$0.00	$0.00
VSP Vision	$0.00	$0.00
36 hours per week (.9 FTE)		
Regence BlueShield PPO	$50.00	$100.00
Regence High Deductible Health Plan	$50.00	$100.00
Kaiser Permanente HMO	$50.00	$100.00
Delta Dental	$0.00	$0.00
Willamette Dental	$0.00	$0.00
VSP Vision	$0.00	$0.00