

## 2024 Premium Cost estimation for Classified Employees working 75% to 100% FTE

**For Counties: Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington, Yamhill**

Select a Medical Plan		Select a Vision Plan: Employees enrolled in the Plus Plan pay both the basic, and the plus premiums.		Select a Dental Plan			
Medical Plan Options	Premium Cost	VSP Basic Vision	VSP Plus Vision	Delta Dental Premier	Delta Dental PPO	Kaiser Dental: Uses Kaiser Dental network/providers and may have a limited network	Willamette Dental: Must use Willamette Dental offices/providers and may have a limited network
<b>MODA Health</b>							
Employee Only	\$43.05	\$0.42	\$7.18	\$3.18	\$2.94	\$3.20	\$2.76
Employee + Spouse/Partner	\$86.10	\$0.83	\$14.38	\$6.37	\$5.88	\$6.40	\$5.52
Employee + Child(ren)	\$73.18	\$0.71	\$12.20	\$5.41	\$5.00	\$5.44	\$4.69
Employee + Family	\$116.23	\$1.13	\$19.39	\$8.59	\$7.94	\$8.64	\$7.45
<b>Kaiser Deductible: least costly plan at 3% employee premium share.</b>							
Employee Only	\$25.56	n/a	n/a	\$1.91	\$1.76	\$1.92	\$1.65
Employee + Spouse/Partner	\$51.12	n/a	n/a	\$3.82	\$3.53	\$3.84	\$3.31
Employee + Child(ren)	\$43.45	n/a	n/a	\$3.25	\$3.00	\$3.26	\$2.82
Employee + Family	\$69.01	n/a	n/a	\$5.16	\$4.76	\$5.18	\$4.47
<b>Kaiser HMO</b>							
Employee Only	\$49.16	n/a	n/a	\$3.18	\$2.94	\$3.20	\$2.76
Employee + Spouse/Partner	\$98.32	n/a	n/a	\$6.37	\$5.88	\$6.40	\$5.52
Employee + Child(ren)	\$83.57	n/a	n/a	\$5.41	\$5.00	\$5.44	\$4.69
Employee + Family	\$132.73	n/a	n/a	\$8.59	\$7.94	\$8.64	\$7.45
<b>Providence Statewide Plan</b>							
Employee Only	\$47.83	\$0.42	\$7.18	\$3.18	\$2.94	\$3.20	\$2.76
Employee + Spouse/Partner	\$95.66	\$0.83	\$14.38	\$6.37	\$5.88	\$6.40	\$5.52
Employee + Child(ren)	\$81.31	\$0.71	\$12.20	\$5.41	\$5.00	\$5.44	\$4.69
Employee + Family	\$129.18	\$1.13	\$19.39	\$8.59	\$7.94	\$8.64	\$7.45
<b>Providence Choice</b>							
Employee Only	\$42.61	\$0.42	\$7.18	\$3.18	\$2.94	\$3.20	\$2.76
Employee + Spouse/Partner	\$85.22	\$0.83	\$14.38	\$6.37	\$5.88	\$6.40	\$5.52
Employee + Child(ren)	\$72.44	\$0.71	\$12.20	\$5.41	\$5.00	\$5.44	\$4.69
Employee + Family	\$115.05	\$1.13	\$19.39	\$8.59	\$7.94	\$8.64	\$7.45
*VSP Vision isn't available for those who enroll in a Kaiser medical plan. Kaiser has a vision benefit contained within the medical coverage.							
**n/a = not available							

**For Counties: Gilliam, Lake, Sherman**

Select a Medical Plan		Select a Vision Plan: Employees enrolled in the Plus Plan pay both the basic, and the plus premiums.		Select a Dental Plan			
Medical Plan Options	Premium Cost	VSP Basic Vision	VSP Plus Vision	Delta Dental Premier	Delta Dental PPO: May have limited network/providers	Kaiser Dental: Uses Kaiser Dental network/providers and may have a limited network	Willamette Dental: Must use Willamette Dental offices/providers and may have a limited network
<b>MODA Health:</b> <i>least costly plan at 3% employee premium share.</i>							
Employee Only	\$25.83	\$0.25	\$7.18	\$1.91	\$1.76	n/a	n/a
Employee + Spouse/Partner	\$51.66	\$0.50	\$14.38	\$3.82	\$3.53	n/a	n/a
Employee + Child(ren)	\$43.91	\$0.43	\$12.20	\$3.25	\$3.00	n/a	n/a
Employee + Family	\$69.74	\$0.68	\$19.39	\$5.16	\$4.76	n/a	n/a
<b>Kaiser Deductible</b>							
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Kaiser HMO</b>							
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Providence Statewide Plan</b>							
Employee Only	\$47.83	\$0.42	\$7.18	\$3.18	\$2.94	n/a	n/a
Employee + Spouse/Partner	\$95.66	\$0.83	\$14.38	\$6.37	\$5.88	n/a	n/a
Employee + Child(ren)	\$81.31	\$0.71	\$12.20	\$5.41	\$5.00	n/a	n/a
Employee + Family	\$129.18	\$1.13	\$19.39	\$8.59	\$7.94	n/a	n/a
<b>Providence Choice</b>							
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>**n/a = not available</b>							

For Counties: Baker, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lincoln, Malheur, Morrow, Tillamok, Umatilla, Union, Wallowa, Wasco, Wheeler

Select a Medical Plan		Select a Vision Plan: Employees enrolled in the Plus Plan pay both the basic, and the plus premiums.		Select a Dental Plan			
Medical Plan Options	Premium Cost	VSP Basic Vision	VSP Plus Vision	Delta Dental Premier	Delta Dental PPO: May have limited network/providers in some areas	Kaiser Dental: Uses Kaiser Dental network/providers and may have a limited network	Willamette Dental: Must use Willamette Dental offices/providers and may have a limited network
<b>MODA Health</b>							
Employee Only	\$43.05	\$0.42	\$7.18	\$3.18	\$2.94	n/a	\$2.76
Employee + Spouse/Partner	\$86.10	\$0.83	\$14.38	\$6.37	\$5.88	n/a	\$5.52
Employee + Child(ren)	\$73.18	\$0.71	\$12.20	\$5.41	\$5.00	n/a	\$4.69
Employee + Family	\$116.23	\$1.13	\$19.39	\$8.59	\$7.94	n/a	\$7.45
<b>Kaiser Deductible</b>							
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Kaiser HMO</b>							
Employee Only	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Spouse/Partner	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Child(ren)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee + Family	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Providence Statewide Plan</b>							
Employee Only	\$47.83	\$0.42	\$7.18	\$3.18	\$2.94	n/a	\$2.76
Employee + Spouse/Partner	\$95.66	\$0.83	\$14.38	\$6.37	\$5.88	n/a	\$5.52
Employee + Child(ren)	\$81.31	\$0.71	\$12.20	\$5.41	\$5.00	n/a	\$4.69
Employee + Family	\$129.18	\$1.13	\$19.39	\$8.59	\$7.94	n/a	\$7.45
<b>Providence Choice: <i>least costly plan at 3% employee premium share.</i></b>							
Employee Only	\$25.57	\$0.25	\$7.18	\$1.91	\$1.76	n/a	\$1.65
Employee + Spouse/Partner	\$51.13	\$0.50	\$14.38	\$3.82	\$3.53	n/a	\$3.31
Employee + Child(ren)	\$43.46	\$0.43	\$12.20	\$3.25	\$3.00	n/a	\$2.82
Employee + Family	\$69.28	\$0.68	\$19.39	\$5.16	\$4.76	n/a	\$4.47

\*\*n/a = not available