

2024 MEDICAL PLANS

Kaiser Permanente HMO: Well-Aware and Engaged Plan (\$350 Deductible)[illegible]

Kaiser Permanente HMO: Well Aware Plan (\$850 Deductible)

[illegible]

Kaiser Permanente HMO: Well Plan (\$1,350 Deductible)

[illegible]**Providence PPO: Well-Aware & Engaged Plan (\$350 Deductible)**[illegible]

Providence PPO: Well-Aware Plan (\$850 Deductible)

[illegible]**Providence PPO: Well Plan (\$1,350 Deductible)**[illegible]

2024 DENTAL PLANS

Delta Dental

	Delta Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE only	53.19	53.19	26.59	23.94	21.28	18.62	15.96	13.30	10.64	7.98	5.32	2.66	0.00
SAIF contribution			26.60	29.25	31.91	34.57	37.23	39.89	42.55	45.21	47.87	50.53	53.19
			53.19	53.19	53.19	53.19	53.19	53.19	53.19	53.19	53.19	53.19	53.19
	Delta Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE+S/DP	105.26	105.26	52.63	47.37	42.10	36.84	31.58	26.31	21.05	15.79	10.53	5.26	0.00
SAIF contribution			52.63	57.89	63.16	68.42	73.68	78.95	84.21	89.47	94.73	100.00	105.26
			105.26	105.26	105.26	105.26	105.26	105.26	105.26	105.26	105.26	105.26	105.26
	Delta Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE+Ch	109.53	109.53	54.76	49.29	43.81	38.34	32.86	27.38	21.91	16.43	10.95	5.48	0.00
SAIF contribution			54.77	60.24	65.72	71.19	76.67	82.15	87.62	93.10	98.58	104.05	109.53
			109.53	109.53	109.53	109.53	109.53	109.53	109.53	109.53	109.53	109.53	109.53
	Delta Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
Fam	166.95	166.95	83.47	75.13	66.78	58.43	50.08	41.74	33.39	25.04	16.69	8.35	0.00
SAIF contribution			83.48	91.82	100.17	108.52	116.87	125.21	133.56	141.91	150.26	158.60	166.95
			166.95	166.95	166.95	166.95	166.95	166.95	166.95	166.95	166.95	166.95	166.95

Kaiser DHMO Dental

	Kaiser Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE only	108.83	53.19	26.59	23.94	21.28	18.62	15.96	13.30	10.64	7.98	5.32	2.66	0.00
Employee addl premium			55.64	55.64	55.64	55.64	55.64	55.64	55.64	55.64	55.64	55.64	55.64
Employee total dental			82.23	79.58	76.92	74.26	71.60	68.94	66.28	63.62	60.96	58.30	55.64
SAIF contribution			26.60	29.25	31.91	34.57	37.23	39.89	42.55	45.21	47.87	50.53	53.19
			108.83	108.83	108.83	108.83	108.83	108.83	108.83	108.83	108.83	108.83	108.83
	Kaiser Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE only	215.44	105.26	52.63	47.37	42.10	36.84	31.58	26.31	21.05	15.79	10.53	5.26	0.00
Employee addl premium			110.18	110.18	110.18	110.18	110.18	110.18	110.18	110.18	110.18	110.18	110.18
Employee total dental			162.81	157.55	152.28	147.02	141.76	136.49	131.23	125.97	120.71	115.44	110.18
SAIF contribution			52.63	57.89	63.16	68.42	73.68	78.95	84.21	89.47	94.73	100.00	105.26
			215.44	215.44	215.44	215.44	215.44	215.44	215.44	215.44	215.44	215.44	215.44
	Kaiser Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE only	224.18	109.53	54.76	49.29	43.81	38.34	32.86	27.38	21.91	16.43	10.95	5.48	0.00
Employee addl premium			114.65	114.65	114.65	114.65	114.65	114.65	114.65	114.65	114.65	114.65	114.65
Employee total dental			169.41	163.94	158.46	152.99	147.51	142.03	136.56	131.08	125.60	120.13	114.65
SAIF contribution			54.77	60.24	65.72	71.19	76.67	82.15	87.62	93.10	98.58	104.05	109.53
			224.18	224.18	224.18	224.18	224.18	224.18	224.18	224.18	224.18	224.18	224.18
	Kaiser Premium	FT Cont	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
EE only	341.67	166.95	83.47	75.13	66.78	58.43	50.08	41.74	33.39	25.04	16.69	8.35	0.00

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Kaiser PPO Dental

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Willamette Dental

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2024 VISION PLANS

VSP Vision: Base Plan

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VSP Vision: Buy-up Plan

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