

Oregon Oils
 Medical and Dental
 Premium Contribution Summary
 Nov 1, 2025 - Oct 31, 2026
 Biweekly - 26 pay periods
 Managers

KP OR Gold 1000 w/VX

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 weeks)
Single	\$717.40	\$717.40	\$0.00	\$0.00
Single + Spouse	\$1,434.80	\$717.40	\$717.40	\$331.10
Family	\$2,044.59	\$717.40	\$1,327.19	\$612.54
Single + Children	\$1,327.19	\$717.40	\$609.79	\$281.44

KP OR Platinum 0 w/vx

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 weeks)
Single	\$830.17	\$717.40	\$112.77	\$52.04
Single + Spouse	\$1,660.34	\$717.40	\$942.94	\$435.20
Family	\$2,365.98	\$717.40	\$1,648.58	\$760.88
Single + Children	\$1,535.81	\$717.40	\$818.41	\$377.72

KP OR Platinum Added Choice 250 w/VX

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 weeks)
Single	\$905.76	\$717.40	\$188.36	\$86.93
Single + Spouse	\$1,811.52	\$717.40	\$1,094.12	\$504.97
Family	\$2,581.42	\$717.40	\$1,864.02	\$860.31
Single + Children	\$1,675.66	\$717.40	\$958.26	\$442.27

KP OR Adult Traditional Dental 100/\$1,000 Max

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 weeks)
Single	\$50.26	\$50.26	\$0.00	\$0.00
Single + Spouse	\$100.52	\$50.26	\$50.26	\$23.19
Family	\$165.86	\$50.26	\$115.60	\$53.35
Single + Children	\$100.52	\$50.26	\$50.26	\$23.19

KP OR Adult Choice 100 Dental \$2500 max with ortho

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 weeks)
Single	\$75.97	\$50.26	\$25.71	\$11.86
Single + Spouse	\$151.94	\$50.26	\$101.68	\$46.92
Family	\$250.70	\$50.26	\$200.44	\$92.51
Single + Children	\$151.94	\$50.26	\$101.68	\$46.92

KP OR Choice 100 Pediatric Preventive Dental

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 Weeks)
Per Child	\$42.86	\$0.00	\$42.86	\$18.86

Employer contributes 100% for employees, and 0% for dependents on lowest-cost plan
 Confirm rates with Kaiser facesheets and monthly invoices. Review premium contributions at each renewal to ensure accurate rates are used.