

Oregon Oils
 Health and Dental Plans
 Premium Contribution Summary
 Nov 1, 2025 - Oct 31, 2026
 Biweekly - 26 pay periods
 Non-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	\$358.70	\$358.70	\$165.55
Single + Spouse	\$1,434.80	\$538.05	\$896.75	\$413.88
Family	\$2,044.59	\$690.49	\$1,354.10	\$624.96
Single + Children	\$1,327.19	\$511.14	\$816.05	\$376.63

KP OR Platinum 0 w/VX

Rate Tiers	Total	Employer monthly	Employee monthly	Employee Biweekly
	Premium	Contribution	Contribution	Contribution (26 weeks)
Single	\$830.17	\$358.70	\$471.47	\$217.60
Single + Spouse	\$1,660.34	\$538.05	\$1,122.29	\$517.98
Family	\$2,365.98	\$690.49	\$1,675.49	\$773.30
Single + Children	\$1,535.81	\$511.14	\$1,024.67	\$472.92

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	\$358.70	\$547.06	\$252.48
Single + Spouse	\$1,811.52	\$538.05	\$1,273.47	\$587.75
Family	\$2,581.42	\$690.49	\$1,890.93	\$872.73
Single + Children	\$1,675.66	\$511.14	\$1,164.52	\$537.47

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	\$25.13	\$25.13	\$11.59
Single + Spouse	\$100.52	\$37.69	\$62.83	\$28.99
Family	\$165.86	\$54.03	\$111.83	\$51.61
Single + Children	\$100.52	\$37.69	\$62.83	\$28.99

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	\$25.13	\$50.84	\$23.46
Single + Spouse	\$151.94	\$37.69	\$114.25	\$52.73
Family	\$250.70	\$54.03	\$196.67	\$90.77
Single + Children	\$151.94	\$37.69	\$114.25	\$52.73

KP OR Choice 100 Pediatric Dental Plan

	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 50% for employees, and 25% 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.