

BAKER COUNTY LIBRARY DISTRICT

Quote March 6, 2026 for rates effective July 1, 2026

The premiums shown below are based on census data submitted with your proposal request. Final rates may vary if actual enrollment differs from the original census.

Minimum Employer Contribution Requirement: 75% employee & 0% dependent OR 50% employee & 50% dependent.

Minimum Participation Requirement: 75% of eligible employees & 75% of eligible dependents.

The premiums below will require review if the effective date is after: July 1, 2026

CENSUS					
	Employee Only	Employee + Spouse	Employee + Family	Employee+ Child(ren)	Total
Subscribers	11	1	0	0	12

MEDICAL PLAN OPTIONS					
Regence Preferred Network	Employee Only	Employee + Spouse	Employee + Family	Employee+ Child(ren)	Total Monthly Premium
Blue PPO II	\$1,647.00	\$3,294.00	\$4,694.00	\$3,047.00	\$21,411.00
Blue PPO II-A	\$1,572.00	\$3,144.00	\$4,480.00	\$2,908.00	\$20,436.00
Blue PPO III	\$1,508.00	\$3,017.00	\$4,299.00	\$2,791.00	\$19,605.00
Blue PPO IV	\$1,402.00	\$2,803.00	\$3,994.00	\$2,593.00	\$18,225.00
Blue PPO V	\$1,350.00	\$2,700.00	\$3,848.00	\$2,498.00	\$17,550.00
Blue PPO VI	\$1,287.00	\$2,573.00	\$3,667.00	\$2,380.00	\$16,730.00
Blue PPO VII	\$1,247.00	\$2,494.00	\$3,554.00	\$2,307.00	\$16,211.00
Red PPO C	\$1,489.00	\$2,977.00	\$4,243.00	\$2,754.00	\$19,356.00
Red PPO D	\$1,433.00	\$2,866.00	\$4,085.00	\$2,651.00	\$18,629.00
Red PPO E	\$1,330.00	\$2,661.00	\$3,791.00	\$2,461.00	\$17,291.00
Red PPO F	\$1,271.00	\$2,542.00	\$3,622.00	\$2,351.00	\$16,523.00
Red PPO H	\$1,200.00	\$2,399.00	\$3,419.00	\$2,219.00	\$15,599.00
Red PPO J	\$1,164.00	\$2,328.00	\$3,317.00	\$2,153.00	\$15,132.00
Red PPO K	\$1,132.00	\$2,265.00	\$3,227.00	\$2,095.00	\$14,717.00
Red PPO L	\$1,093.00	\$2,185.00	\$3,114.00	\$2,022.00	\$14,208.00
HSA #1	\$994.00	\$1,988.00	\$2,832.00	\$1,838.00	\$12,922.00

DENTAL PLAN OPTIONS					
Delta Dental Premier Network	Employee Only	Employee + Spouse	Employee + Family	Employee+ Child(ren)	Total Monthly Premium
OPTION 1 \$1,500 Constant Dental	\$60.00	\$109.00	\$158.00	\$114.00	\$769.00
OPTION 2 \$1,500 Incentive Dental	\$65.00	\$119.00	\$172.00	\$123.00	\$834.00
Ortho 1500	\$4.00	\$15.00	\$33.00	\$15.00	\$59.00
OPTION 3 \$2,000 Constant Dental	\$66.00	\$115.00	\$167.00	\$121.00	\$841.00
OPTION 4 \$2,000 Incentive Dental	\$70.00	\$128.00	\$185.00	\$132.00	\$898.00
Ortho 2000	\$4.00	\$17.00	\$36.00	\$16.00	\$61.00
Willamette Dental-Ortho Included	Employee Only	Employee + Spouse	Employee + Family	Employee+ Child(ren)	Total Monthly Premium
OPTION 5 Standard Plan	\$60.00	\$117.00	\$179.00	\$120.00	\$777.00
OPTION 6 Enhanced Plan	\$79.00	\$154.00	\$235.00	\$159.00	\$1,023.00

CURRENT RATES					
Plan	Employee Only	Employee + Spouse	Employee + Family	Employee+ Child(ren)	Total Monthly Premium
Red PPO K	\$1,002.00	\$2,003.00	\$2,855.00	\$1,853.00	\$13,025.00
OPTION 3 \$2,000 Constant Dental	\$62.00	\$109.00	\$158.00	\$114.00	\$791.00



2026 SDIS Life & Disability Plans with Standard

The rates for the Life/AD&D plans as well as the STD plans are charged on a Per Employee Per Month (PEPM) basis. The LTD plans rates are charged as a percent of covered payroll.

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Life/AD&D Plans

	Option 1	Option 2	Option 3	Option 4	Option 5
Life/AD&D Schedule	\$10,000	\$20,000	\$50,000	1 X Annual Salary	\$100,000
Rates- PEPM	\$3.00	\$6.00	\$13.00	\$14.00	\$30.00
Dependent Life	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Rates-PEPM	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00

Short-Term Disability Plans

	Option 5	Option 6
STD Plan	60% to \$900 per week	60% to \$900 per week
Duration	Up to 90 days	Up to 180 days
Rates-PEPM	\$8.00	\$11.00

Long-Term Disability Plans

	Option 1	Option 2
LTD	60% to \$5,000	60% to \$5,000
Elimination Period	90 Days	180 Days
Benefit Duration	SSNRA	SSNRA
Rates - % of CP	\$0.551% of covered payroll	\$0.436% of covered payroll

<--- 2026 LTD PEPM PREMIUM

Note: A current census is required to confirm the monthly premium for a LTD proposal.

INDICATES CURRENT PLAN