

Clark Regional Emergency Services Agency (CRESA) Guild
2020 Employee Rates

FULL TIME (.75 FTE or Greater)

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical HSA		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision					
SINGLE							
Monthly	\$ 73.44	\$ 6.20	\$ 73.44	\$ 6.20		\$ 7.92	\$ 7.92
per pay period	\$ 36.72	\$ 3.10	\$ 36.72	\$ 3.10		\$ 3.96	\$ 3.96
TWO PARTY							
Monthly	\$ 145.54	\$ 13.00	\$ 145.54	\$ 13.00		\$ 15.50	\$ 15.50
per pay period	\$ 72.77	\$ 6.50	\$ 72.77	\$ 6.50		\$ 7.75	\$ 7.75
FAMILY							
Monthly	\$ 218.92	\$ 18.88	\$ 218.92	\$ 18.88		\$ 23.38	\$ 23.38
per pay period	\$ 109.46	\$ 9.44	\$ 109.46	\$ 9.44		\$ 11.69	\$ 11.69

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$130 per month (\$65 per pay period)
Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$20 per month (\$10 per pay period)

PART TIME (.50 FTE - .7499 FTE)

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical HSA		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision					
SINGLE							
Monthly	\$ 73.44	\$ 6.20	\$ 73.44	\$ 6.20		\$ 7.92	\$ 7.92
per pay period	\$ 36.72	\$ 3.10	\$ 36.72	\$ 3.10		\$ 3.96	\$ 3.96
TWO PARTY							
Monthly	\$ 145.54	\$ 13.00	\$ 145.54	\$ 13.00		\$ 15.50	\$ 15.50
per pay period	\$ 72.77	\$ 6.50	\$ 72.77	\$ 6.50		\$ 7.75	\$ 7.75
FAMILY							
Monthly	\$ 811.26	\$ 417.24	\$ 679.54	\$ 18.88		\$ 70.00	\$ 23.38
per pay period	\$ 405.63	\$ 208.62	\$ 339.77	\$ 9.44		\$ 35.00	\$ 11.69

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$91 per month (\$45.50 per pay period)
Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$14 per month (\$7 per pay period)

JOB SHARE (must work 20+ hours per week)

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical HSA		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision					
SINGLE							
Monthly	\$ 73.44	\$ 6.20	\$ 73.44	\$ 6.20		\$ 7.92	\$ 7.92
per pay period	\$ 36.72	\$ 3.10	\$ 36.72	\$ 3.10		\$ 3.96	\$ 3.96
TWO PARTY							
Monthly	\$ 531.44	\$ 284.64	\$ 348.20	\$ 13.00		\$ 37.54	\$ 15.50
per pay period	\$ 265.72	\$ 142.32	\$ 174.10	\$ 6.50		\$ 18.77	\$ 7.75
FAMILY							
Monthly	\$ 1,220.32	\$ 866.30	\$ 1,088.58	\$ 279.90		\$ 101.08	\$ 46.64
per pay period	\$ 610.16	\$ 433.15	\$ 544.29	\$ 139.95		\$ 50.54	\$ 23.32

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$65 per month (\$32.50 per pay period)
Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$10 per month (\$5 per pay period)
Both JobShare partners must waive medical and/or dental to receive the cash in lieu of coverage