

ILWU - Local 8 (MEO)

2020 Employee Rates

FULL TIME (.75 FTE or Greater)

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision		HSA			
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		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision		HSA			
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)