



2023 Medical, Dental & Vision Insurance Rates

Oregon Full Time Employees

The following rates are effective January 1, 2023

UnitedHealthcare \$500 Deductible Plan

	Employee Bi-Weekly	Employee Monthly	Bailey Monthly	*Employee Wellness Bi-Weekly	*Employee Wellness Monthly	Bailey Wellness Monthly
Employee Only	\$114.71	\$248.53	\$396.94	\$96.71	\$209.53	\$435.94
Employee + Spouse	\$240.36	\$520.78	\$770.28	\$222.36	\$481.78	\$809.28
Employee + Child(ren)	\$228.44	\$494.96	\$732.09	\$210.44	\$455.96	\$771.09
Family	\$360.53	\$781.15	\$1,155.18	\$342.53	\$742.15	\$1,194.18

UnitedHealthcare \$2,500 Deductible Plan

	Employee Bi-Weekly	Employee Monthly	Bailey Monthly	*Employee Wellness Bi-Weekly	*Employee Wellness Monthly	Bailey Wellness Monthly
Employee Only	\$59.08	\$128.00	\$411.94	\$41.08	\$89.00	\$450.94
Employee + Spouse	\$178.22	\$386.14	\$693.86	\$160.22	\$347.14	\$732.86
Employee + Child(ren)	\$169.38	\$366.99	\$659.44	\$151.38	\$327.99	\$698.44
Family	\$267.32	\$579.19	\$1,040.76	\$249.32	\$540.19	\$1,079.76

If you elect the UnitedHealthcare \$2,500 Deductible Plan coupled with a Health Reimbursement Account (HRA), Bailey Nurseries will contribute an annual amount of **\$600 for Single** and **\$1,200 for Family**. The HRA contribution is pro-rated based on plan entry date. The maximum annual HRA rollover amount is \$5,000.

Kaiser \$1500 Deductible Plan – Oregon Only

	Employee Bi-Weekly	Employee Monthly	Bailey Monthly	*Employee Wellness Bi-Weekly	*Employee Wellness Monthly	Bailey Wellness Monthly
Employee Only	\$112.29	\$243.29	\$407.26	\$94.29	\$204.29	\$446.26
Employee + Spouse	\$304.20	\$659.10	\$642.00	\$286.20	\$620.10	\$681.00
Employee + Child(ren)	\$258.42	\$559.92	\$611.07	\$240.42	\$520.92	\$650.07
Family	\$456.30	\$988.65	\$963.00	\$438.30	\$949.65	\$1,002.00

*Those who enrolled in a health plan at Bailey Nurseries and participated in the wellness program between October 1st, 2021 and September 30th, 2022 will receive the above wellness rates for 2023.

Delta Dental Plan

	Employee Bi-Weekly	Employee Monthly	Bailey Monthly
Employee Only	\$2.66	\$5.76	\$32.64
Family	\$8.50	\$18.41	\$104.35

UnitedHealthcare Vision Plan

	Employee Bi-Weekly	Employee Monthly
Employee Only	\$1.54	\$3.33
Employee + Spouse	\$3.07	\$6.66
Employee + Child(ren)	\$3.38	\$7.33
Family	\$5.27	\$11.41