

Non-Rep and AFSCME
Monthly Premium
Health Insurance Cost By Coverage Level
January 1, 2023 - December 31, 2023

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Regence HDHP 4 + Vision					
HDHP-4	\$ 574.97	\$ 1,076.07	\$ 1,466.17	\$ 1,229.87	\$ 1,691.08
VSP A (12/12/24)	\$ 9.26	\$ 11.29	\$ 20.14	\$ 12.93	\$ 23.28
Total Cost	\$ 584.23	\$ 1,087.36	\$ 1,486.31	\$ 1,242.80	\$ 1,714.36
Employee Cost 15%	\$ 87.63	\$ 163.10	\$ 222.95	\$ 186.42	\$ 257.15
Cost to City (85%)	\$ 496.60	\$ 924.26	\$ 1,263.36	\$ 1,056.38	\$ 1,457.21
Kaiser Medical Copay B + Vision					
Kasier	\$ 737.85	\$ 1,352.95	\$ 1,824.59	\$ 1,545.59	\$ 2,103.60
Kaiser Vision	\$ 6.86	\$ 12.65	\$ 17.05	\$ 14.45	\$ 19.66
Total Cost	\$ 744.71	\$ 1,365.60	\$ 1,841.64	\$ 1,560.04	\$ 2,123.26
Employee Cost 15%	\$ 111.71	\$ 204.84	\$ 276.25	\$ 234.01	\$ 318.49
Cost to City (85%)	\$ 633.00	\$ 1,160.76	\$ 1,565.39	\$ 1,326.03	\$ 1,804.77
MODA Health Dental II					
Total Cost	\$ 48.55	\$ 73.97	\$ 128.76	\$ 84.55	\$ 148.52
Employee Cost 15%	\$ 7.28	\$ 11.10	\$ 19.31	\$ 12.68	\$ 22.28
Cost to City	\$ 41.27	\$ 62.87	\$ 109.45	\$ 71.87	\$ 126.24
Willamette Dental-A					
Total Cost	\$ 56.18	\$ 85.83	\$ 149.75	\$ 98.11	\$ 172.72
Employee Cost 15%	\$ 8.43	\$ 12.87	\$ 22.46	\$ 14.72	\$ 25.91
Cost to City	\$ 47.75	\$ 72.96	\$ 127.29	\$ 83.39	\$ 146.81
Kaiser Dental II					
Total Cost	\$ 72.05	\$ 111.03	\$ 209.41	\$ 126.87	\$ 241.50
Employee Cost 15%	\$ 10.81	\$ 16.65	\$ 31.41	\$ 19.03	\$ 36.23
Cost to City	\$ 61.24	\$ 94.38	\$ 178.00	\$ 107.84	\$ 205.28