

**APPENDIX C**

**WPA Monthly Premium  
Health Insurance Cost by Coverage Level  
January 1, 2023 to December 31, 2023**

WPA Monthly Premium

Health Insurance Cost by Coverage Level

January 1, 2023-December 31, 2023

Employee    Employee    Employee    Employee    Employee  
Only    + 1 Child    + Children    + Spouse    + Family

Copay E RX7+ VSP + Willamette Dental					
Copay E RX 7	\$ 727.90	\$ 1,357.06	\$ 1,805.68	\$ 1,550.98	\$ 2,082.67
VSP A (12/12/24)	\$ 9.26	\$ 11.29	\$ 20.14	\$ 12.93	\$ 23.28
Willamette Dental A	\$ 56.18	\$ 85.83	\$ 149.75	\$ 98.11	\$ 172.72
<b>Total Cost</b>	\$ 793.34	\$ 1,454.18	\$ 1,975.57	\$ 1,662.02	\$ 2,278.67
<b>Employee Cost</b>	<b>\$ 39.67</b>	<b>\$ 72.71</b>	<b>\$ 98.78</b>	<b>\$ 83.10</b>	<b>\$ 149.34</b>
<b>Cost to City</b>	\$ 753.67	\$ 1,381.47	\$ 1,876.79	\$ 1,578.92	\$ 2,129.34

Copay E RX7 + VSP + ODS Delta Dental II					
Copay E RX 7	\$ 727.90	\$ 1,357.06	\$ 1,805.68	\$ 1,550.98	\$ 2,082.67
VSP A (12/12/24)	\$ 9.26	\$ 11.29	\$ 20.14	\$ 12.93	\$ 23.28
ODS Delta Dental II	\$ 48.55	\$ 73.97	\$ 128.76	\$ 84.55	\$ 148.52
<b>Total Cost</b>	\$ 785.71	\$ 1,442.32	\$ 1,954.58	\$ 1,648.46	\$ 2,254.47
<b>Employee Cost</b>	<b>\$ 39.29</b>	<b>\$ 72.12</b>	<b>\$ 97.73</b>	<b>\$ 82.42</b>	<b>\$ 137.24</b>
<b>Cost to City</b>	\$ 746.42	\$ 1,370.20	\$ 1,856.85	\$ 1,566.04	\$ 2,117.24

Copay A RX4 + VSP + Kaiser Dental					
Copay E RX 7	\$ 727.90	\$ 1,357.06	\$ 1,805.68	\$ 1,550.98	\$ 2,082.67
VSP A (12/12/24)	\$ 9.26	\$ 11.29	\$ 20.14	\$ 12.93	\$ 23.28
Kaiser Dental II	\$ 72.05	\$ 111.03	\$ 209.41	\$ 126.87	\$ 241.50
<b>Total Cost</b>	\$ 809.21	\$ 1,479.38	\$ 2,035.23	\$ 1,690.78	\$ 2,347.45
<b>Employee Cost</b>	<b>\$ 40.46</b>	<b>\$ 73.97</b>	<b>\$ 101.76</b>	<b>\$ 84.54</b>	<b>\$ 183.73</b>
<b>Cost to City</b>	\$ 768.75	\$ 1,405.41	\$ 1,933.47	\$ 1,606.24	\$ 2,163.73

Employee    Employee    Employee    Employee    Employee  
Only    + 1 Child    + Children    + Spouse    + Family

Kaiser Copay B + Kaiser Vision + Willamette Dental					
Kaiser Copay B	\$ 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
Willamette Dental A	\$ 56.18	\$ 85.83	\$ 149.75	\$ 98.11	\$ 172.72
<b>Total Cost</b>	\$ 800.89	\$ 1,451.43	\$ 1,991.39	\$ 1,658.15	\$ 2,295.98
<b>Employee Cost</b>	<b>\$ 40.04</b>	<b>\$ 72.57</b>	<b>\$ 99.57</b>	<b>\$ 82.91</b>	<b>\$ 157.99</b>
<b>Cost to City</b>	\$ 760.85	\$ 1,378.86	\$ 1,891.82	\$ 1,575.24	\$ 2,137.99

Kaiser Copay B + Kaiser Vision + ODS Delta Dental II					
Kaiser Copay B	\$ 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
ODS Delta Dental II	\$ 48.55	\$ 73.97	\$ 128.76	\$ 84.55	\$ 148.52
<b>Total Cost</b>	\$ 793.26	\$ 1,439.57	\$ 1,970.40	\$ 1,644.59	\$ 2,271.78
<b>Employee Cost</b>	<b>\$ 39.66</b>	<b>\$ 71.98</b>	<b>\$ 98.52</b>	<b>\$ 82.23</b>	<b>\$ 145.89</b>
<b>Cost to City</b>	\$ 753.60	\$ 1,367.59	\$ 1,871.88	\$ 1,562.36	\$ 2,125.89

Kaiser Copay B + Kaiser Vision + Kaiser Dental					
Kaiser Copay B	\$ 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
Kaiser Dental II	\$ 72.05	\$ 111.03	\$ 209.41	\$ 126.87	\$ 241.50
<b>Total Cost</b>	\$ 816.76	\$ 1,476.63	\$ 2,051.05	\$ 1,686.91	\$ 2,364.76
<b>Employee Cost</b>	<b>\$ 40.84</b>	<b>\$ 73.83</b>	<b>\$ 102.55</b>	<b>\$ 84.35</b>	<b>\$ 192.38</b>
<b>Cost to City</b>	\$ 775.92	\$ 1,402.80	\$ 1,948.50	\$ 1,602.56	\$ 2,172.38