

APPENDIX C

WPA Monthly Premium Health Insurance Cost by Coverage Level January 1, 2025 to December 31, 2025

WPA Monthly Premium - 75% FTE

Health Insurance Cost by Coverage Level

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
January 1, 2025 - December 31, 2025					
Copay E RX7+ VSP + Willamette Dental					
Copay E RX 7	\$ 832.09	\$ 1,551.38	\$ 2,064.15	\$ 1,773.01	\$ 2,380.79
VSP A (12/12/24)	\$ 10.53	\$ 12.85	\$ 22.91	\$ 14.71	\$ 26.49
Willamette Dental A	\$ 58.68	\$ 89.65	\$ 156.40	\$ 102.47	\$ 180.40
Total Cost	\$ 901.30	\$ 1,653.88	\$ 2,243.46	\$ 1,890.19	\$ 2,587.68
Employee Cost 5% + 25% of employer	\$ 259.12	\$ 475.49	\$ 644.99	\$ 543.43	\$ 743.96
Cost to City	\$ 642.18	\$ 1,178.39	\$ 1,598.47	\$ 1,346.76	\$ 1,843.72

Copay E RX7 + VSP + CIS Dental II (Delta Dental/ODS)					
Copay E RX 7	\$ 832.09	\$ 1,551.38	\$ 2,064.15	\$ 1,773.01	\$ 2,380.79
VSP A (12/12/24)	\$ 10.53	\$ 12.85	\$ 22.91	\$ 14.71	\$ 26.49
CIS Dental II (Delta Dental)	\$ 51.19	\$ 77.97	\$ 135.72	\$ 89.11	\$ 156.55
Total Cost	\$ 893.81	\$ 1,642.20	\$ 2,222.78	\$ 1,876.83	\$ 2,563.83
Employee Cost 5% + 25% of employer	\$ 256.97	\$ 472.13	\$ 639.05	\$ 539.59	\$ 737.10
Cost to City	\$ 636.84	\$ 1,170.07	\$ 1,583.73	\$ 1,337.24	\$ 1,826.73

Copay E RX7 + VSP + Kaiser Dental					
Copay E RX 7	\$ 832.09	\$ 1,551.38	\$ 2,064.15	\$ 1,773.01	\$ 2,380.79
VSP A (12/12/24)	\$ 10.53	\$ 12.85	\$ 22.91	\$ 14.71	\$ 26.49
Kaiser Dental II	\$ 67.23	\$ 103.59	\$ 195.25	\$ 118.37	\$ 225.17
Total Cost	\$ 909.85	\$ 1,667.82	\$ 2,282.31	\$ 1,906.09	\$ 2,632.45
Employee Cost 5% + 25% of employer	\$ 261.58	\$ 479.50	\$ 656.16	\$ 548.00	\$ 756.83
Cost to City	\$ 648.27	\$ 1,188.32	\$ 1,626.15	\$ 1,358.09	\$ 1,875.62

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Kaiser Copay B + Kaiser Vision + Willamette Dental					
Kaiser Copay B	\$ 887.55	\$ 1,627.65	\$ 2,195.31	\$ 1,859.43	\$ 2,531.06
Kaiser Vision	\$ 6.76	\$ 12.47	\$ 16.81	\$ 14.26	\$ 19.39
Willamette Dental A	\$ 58.68	\$ 89.65	\$ 156.40	\$ 102.47	\$ 180.40
Total Cost	\$ 952.99	\$ 1,729.77	\$ 2,368.52	\$ 1,976.16	\$ 2,730.85
Employee Cost 5% + 25% of employer	\$ 273.98	\$ 497.31	\$ 680.95	\$ 568.15	\$ 785.12
Cost to City	\$ 679.01	\$ 1,232.46	\$ 1,687.57	\$ 1,408.01	\$ 1,945.73

Kaiser Copay B + Kaiser Vision + ODS Delta Dental II					
Kaiser Copay B	\$ 887.55	\$ 1,627.65	\$ 2,195.31	\$ 1,859.43	\$ 2,531.06
Kaiser Vision	\$ 6.76	\$ 12.47	\$ 16.81	\$ 14.26	\$ 19.39
ODS Delta Dental II	\$ 51.19	\$ 77.97	\$ 135.72	\$ 89.11	\$ 156.55
Total Cost	\$ 945.50	\$ 1,718.09	\$ 2,347.84	\$ 1,962.80	\$ 2,707.00
Employee Cost 5% + 25% of employer	\$ 271.83	\$ 493.95	\$ 675.00	\$ 564.31	\$ 778.26
Cost to City	\$ 673.67	\$ 1,224.14	\$ 1,672.84	\$ 1,398.49	\$ 1,928.74

Kaiser Copay B + Kaiser Vision + Kaiser Dental					
Kaiser Copay B	\$ 887.55	\$ 1,627.65	\$ 2,195.31	\$ 1,859.43	\$ 2,531.06
Kaiser Vision	\$ 6.76	\$ 12.47	\$ 16.81	\$ 14.26	\$ 19.39
Kaiser Dental II	\$ 67.23	\$ 103.59	\$ 195.25	\$ 118.37	\$ 225.17
Total Cost	\$ 961.54	\$ 1,743.71	\$ 2,407.37	\$ 1,992.06	\$ 2,775.62
Employee Cost 5% + 25% of employer	\$ 276.44	\$ 501.32	\$ 692.12	\$ 572.72	\$ 797.99
Cost to City	\$ 685.10	\$ 1,242.39	\$ 1,715.25	\$ 1,419.34	\$ 1,977.63