Non-Rep and AFSCME
Monthly **Premium**
Health Insurance Cost By Coverage Level
January 1, 2020 - December 31, 2020

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Blue Cross HDHP I + Vision					
HDHP	$ 568.72	$ 1,064.38	$ 1,450.27	$ 1,216.50	$ 1,672.72
VSP I (12/12/24)	$ 10.00	$ 12.20	$ 21.73	$ 13.98	$ 25.14
Total Cost	$ 578.72	$ 1,076.58	$ 1,472.00	$ 1,230.48	$ 1,697.86
Employee Cost 15%	$ 86.81	$ 161.49	$ 220.80	$ 184.57	$ 254.68
Cost to City (85%)	$ 491.91	$ 915.09	$ 1,251.20	$ 1,045.91	$ 1,443.18
Kaiser Medical Copay B + Vision					
Kasier	$ 680.76	$ 1,248.12	$ 1,683.48	$ 1,425.87	$ 1,940.89
Kaiser Vision	$ 6.16	$ 11.38	$ 15.31	$ 12.98	$ 17.66
Total Cost	$ 686.92	$ 1,259.50	$ 1,698.79	$ 1,438.85	$ 1,958.55
Employee Cost 15%	$ 103.04	$ 188.93	$ 254.82	$ 215.83	$ 293.78
Cost to City (85%)	$ 583.88	$ 1,070.58	$ 1,443.97	$ 1,223.02	$ 1,664.77
MODA Health Dental II					
Total Cost	$ 53.02	$ 80.82	$ 140.67	$ 92.37	$ 162.24
Employee Cost 15%	$ 7.95	$ 12.12	$ 21.10	$ 13.86	$ 24.34
Cost to City	$ 45.07	$ 68.70	$ 119.57	$ 78.51	$ 137.90
Willamette Dental					
Total Cost	$ 59.92	$ 91.51	$ 159.72	$ 104.59	$ 184.13
Employee Cost 15%	$ 8.99	$ 13.73	$ 23.96	$ 15.69	$ 27.62
Cost to City	$ 50.93	$ 77.78	$ 135.76	$ 88.90	$ 156.51
Kaiser Dental I					
Total Cost	$ 78.12	$ 120.44	$ 227.69	$ 137.63	$ 262.58
Employee Cost 15%	$ 11.72	$ 18.07	$ 34.15	$ 20.64	$ 39.39
Cost to City	$ 66.40	$ 102.37	$ 193.54	$ 116.99	$ 223.19