Non-Rep and AFSCME
Monthly **Premium**
Health Insurance Cost By Coverage Level
January 1, 2021 - December 31, 2021

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Regence HDHP 4 + Vision					
HDHP-4	$ 575.97	$ 1,077.91	$ 1,468.56	$ 1,231.97	$ 1,693.83
VSP A (12/12/24)	$ 8.49	$ 10.36	$ 18.46	$ 11.86	$ 21.35
Total Cost	$ 584.46	$ 1,088.27	$ 1,487.02	$ 1,243.83	$ 1,715.18
Employee Cost 15%	$ 87.67	$ 163.24	$ 223.05	$ 186.57	$ 257.28
Cost to City (85%)	$ 496.79	$ 925.03	$ 1,263.97	$ 1,057.26	$ 1,457.90
Kaiser Medical Copay B + Vision					
Kasier	$ 702.63	$ 1,288.37	$ 1,737.69	$ 1,471.81	$ 2,003.42
Kaiser Vision	$ 7.02	$ 12.92	$ 17.43	$ 14.77	$ 20.11
Total Cost	$ 709.65	$ 1,301.29	$ 1,755.12	$ 1,486.58	$ 2,023.53
Employee Cost 15%	$ 106.45	$ 195.19	$ 263.27	$ 222.99	$ 303.53
Cost to City (85%)	$ 603.20	$ 1,106.10	$ 1,491.85	$ 1,263.59	$ 1,720.00
MODA Health Dental II					
Total Cost	$ 48.69	$ 74.20	$ 129.14	$ 84.80	$ 148.96
Employee Cost 15%	$ 7.30	$ 11.13	$ 19.37	$ 12.72	$ 22.34
Cost to City	$ 41.39	$ 63.07	$ 109.77	$ 72.08	$ 126.62
Willamette Dental-A					
Total Cost	$ 55.92	$ 85.46	$ 149.11	$ 97.69	$ 171.99
Employee Cost 15%	$ 8.39	$ 12.82	$ 22.37	$ 14.65	$ 25.80
Cost to City	$ 47.53	$ 72.64	$ 126.74	$ 83.04	$ 146.19
Kaiser Dental I					
Total Cost	$ 78.06	$ 120.33	$ 227.33	$ 137.50	$ 262.17
Employee Cost 15%	$ 11.71	$ 18.05	$ 34.10	$ 20.63	$ 39.33
Cost to City	$ 66.35	$ 102.28	$ 193.23	$ 116.88	$ 222.84