Police Sergeants
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
HDHP-1 + VSP + Willamette Dental					
HDHP-1	568.72	1064.38	1450.27	1216.50	1672.72
VSP 1 (12/12/24)	10.00	12.20	21.73	13.98	25.14
Willamette Dental	59.92	91.51	159.72	104.59	184.13
Total Cost	638.64	1168.09	1631.72	1335.07	1881.99
Employee Cost	$31.93	$58.40	$81.59	$66.75	$94.10
Cost to City	$606.71	$1,109.69	$1,550.13	$1,268.32	$1,787.89
HDHP-1 + VSP + ODS Delta Dental II					
HDHP-1	568.72	1064.38	1450.27	1216.50	1672.72
VSP 1 (12/12/24)	10.00	12.20	21.73	13.98	25.14
ODS Delta Dental II	53.02	80.82	140.67	92.38	162.24
Total Cost	631.74	1157.4	1612.67	1322.86	1860.1
Employee Cost	$31.59	$57.87	$80.63	$66.14	$93.01
Cost to City	$600.15	$1,099.53	$1,532.04	$1,256.72	$1,767.10
HDHP-1 + VSP + Kaiser Dental					
HDHP-1	568.72	1064.38	1450.27	1216.50	1672.72
VSP 1 (12/12/24)	10.00	12.20	21.73	13.98	25.14
Kaiser Dental	78.12	120.44	227.69	137.63	262.58
Total Cost	656.84	1197.02	1699.69	1368.11	1960.44
Employee Cost	$32.84	$59.85	$84.98	$68.41	$98.02
Cost to City	$624.00	$1,137.17	$1,614.71	$1,299.70	$1,862.42
	Employee Only	**Employee + 1 Child**	**Employee + Children**	**Employee + Spouse**	**Employee + Family**
Kaiser Copay B + Kaiser Vision + Willamette Dental					
Kaiser Copay B	680.76	1248.12	1683.48	1425.87	1940.89
Kaiser Vision	6.16	11.38	15.31	12.98	17.66
Willamette Dental	59.92	91.51	159.72	104.59	184.13
Total Cost	746.84	1351.01	1858.51	1543.44	2142.68
Employee Cost	$37.34	$67.55	$92.93	$77.17	$107.13
Cost to City	$709.50	$1,283.46	$1,765.58	$1,466.27	$2,035.55
Kaiser Copay B + Kaiser Vision + ODS Delta Dental II					
Kaiser Copay B	680.76	1248.12	1683.48	1425.87	1940.89
Kaiser Vision	6.16	11.38	15.31	12.98	17.66
ODS Delta Dental II	53.02	80.82	140.67	92.37	162.24
Total Cost	739.94	1340.32	1839.46	1531.22	2120.79
Employee Cost	$37.00	$67.02	$91.97	$76.56	$106.04
Cost to City	$702.94	$1,273.30	$1,747.49	$1,454.66	$2,014.75
Kaiser Copay B + Kaiser Vision + Kaiser Dental					
Kaiser Copay B	680.76	1248.12	1683.48	1425.87	1940.89
Kaiser Vision	6.16	11.38	15.31	12.98	17.66
Kaiser Dental	78.12	120.44	227.69	137.63	262.58
Total Cost	765.04	1379.94	1926.48	1576.48	2221.13
Employee Cost	$38.25	$69.00	$96.32	$78.82	$120.57
Cost to City	$726.79	$1,310.94	$1,830.16	$1,497.66	$2,100.57