APPENDIX C

WPA Monthly Premium
Health Insurance Cost by Coverage Level
Janurary 1, 2020 to December 31, 2020

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Copay A RX4 + VSP + Willamette Dental					
Copay A RX 4	$ 699.70	$ 1,304.48	$ 1,735.73	$ 1,490.89	$ 2,001.96
VSP 3 (24/24/24)	$ 8.65	$ 10.52	$ 18.75	$ 12.07	$ 21.70
Willamette Dental	$ 59.92	$ 91.51	$ 159.72	$ 104.59	$ 184.13
Total Cost	$ 768.27	$ 1,406.51	$ 1,914.20	$ 1,607.55	$ 2,207.79
Employee Cost	**$ 38.41**	**$ 70.33**	**$ 95.71**	**$ 80.38**	**$ 113.90**
Cost to City	$ 729.86	$ 1,336.18	$ 1,818.49	$ 1,527.17	$ 2,093.90

Copay A RX4 + VSP + ODS Delta Dental II					
Copay A RX 4	$ 699.70	$ 1,304.48	$ 1,735.73	$ 1,490.89	$ 2,001.96
VSP 3 (24/24/24)	$ 8.65	$ 10.52	$ 18.75	$ 12.07	$ 21.70
ODS Delta Dental II	$ 53.02	$ 80.82	$ 140.67	$ 92.37	$ 162.24
Total Cost	$ 761.37	$ 1,395.82	$ 1,895.15	$ 1,595.33	$ 2,185.90
Employee Cost	**$ 38.07**	**$ 69.79**	**$ 94.76**	**$ 79.77**	**$ 109.30**
Cost to City	$ 723.30	$ 1,326.03	$ 1,800.39	$ 1,515.56	$ 2,076.61

Copay A RX4 + VSP + Kaiser Dental					
Copay A RX 4	$ 699.70	$ 1,304.48	$ 1,735.73	$ 1,490.89	$ 2,001.96
VSP 3 (24/24/24)	$ 8.65	$ 10.52	$ 18.75	$ 12.07	$ 21.70
Kaiser Dental	$ 78.12	$ 120.44	$ 227.69	$ 137.63	$ 262.58
Total Cost	$ 786.47	$ 1,435.44	$ 1,982.17	$ 1,640.59	$ 2,286.24
Employee Cost	**$ 39.32**	**$ 71.77**	**$ 99.11**	**$ 82.03**	**$ 153.12**
Cost to City	$ 747.15	$ 1,363.67	$ 1,883.06	$ 1,558.56	$ 2,133.12

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Kaiser Copay B + Kaiser Vision + Willamette Dental					
Kaiser Copay B	$ 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
Willamette Dental	$ 59.92	$ 91.51	$ 159.72	$ 104.59	$ 184.13
Total Cost	$ 746.84	$ 1,351.01	$ 1,858.51	$ 1,543.44	$ 2,142.68
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	$ 1,248.12	$ 1,683.48	$ 1,425.87	$ 1,940.89
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	$ 1,340.32	$ 1,839.46	$ 1,531.22	$ 2,120.79
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	$ 1,248.12	$ 1,683.48	$ 1,425.87	$ 1,940.89
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	$ 1,379.94	$ 1,926.48	$ 1,576.48	$ 2,221.13
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