APPENDIX C

WPA Monthly Premium
Health Insurance Cost by Coverage Level
Janurary 1, 2021 to December 31, 2021

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Copay A RX4 + VSP + Willamette Dental					
Copay A RX 4	$ 730.34	$ 1,361.57	$ 1,811.70	$ 1,556.15	$ 2,089.60
VSP 3 (24/24/24)	$ 8.65	$ 10.52	$ 18.75	$ 12.07	$ 21.70
Willamette Dental	$ 63.92	$ 97.61	$ 170.36	$ 111.59	$ 196.39
Total Cost	$ 802.91	$ 1,469.70	$ 2,000.81	$ 1,679.81	$ 2,307.69
Employee Cost	**$ 40.15**	**$ 73.49**	**$ 100.04**	**$ 83.99**	**$ 163.85**
Cost to City	$ 762.76	$ 1,396.22	$ 1,900.77	$ 1,595.82	$ 2,143.85

Copay A RX4 + VSP + ODS Delta Dental II					
Copay A RX 4	$ 730.34	$ 1,361.57	$ 1,811.70	$ 1,556.15	$ 2,089.60
VSP 3 (24/24/24)	$ 8.65	$ 10.52	$ 18.75	$ 12.07	$ 21.70
ODS Delta Dental II	$ 48.69	$ 74.20	$ 129.14	$ 84.80	$ 148.96
Total Cost	$ 787.68	$ 1,446.29	$ 1,959.59	$ 1,653.02	$ 2,260.26
Employee Cost	**$ 39.38**	**$ 72.31**	**$ 97.98**	**$ 82.65**	**$ 140.13**
Cost to City	$ 748.30	$ 1,373.98	$ 1,861.61	$ 1,570.37	$ 2,120.13

Copay A RX4 + VSP + Kaiser Dental					
Copay A RX 4	$ 730.34	$ 1,361.57	$ 1,811.70	$ 1,556.15	$ 2,089.60
VSP 3 (24/24/24)	$ 8.65	$ 10.52	$ 18.75	$ 12.07	$ 21.70
Kaiser Dental	$ 78.06	$ 120.33	$ 227.33	$ 137.50	$ 262.17
Total Cost	$ 817.05	$ 1,492.42	$ 2,057.78	$ 1,705.72	$ 2,373.47
Employee Cost	**$ 40.85**	**$ 74.62**	**$ 102.89**	**$ 85.29**	**$ 196.74**
Cost to City	$ 776.20	$ 1,417.80	$ 1,954.89	$ 1,620.43	$ 2,176.74

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Kaiser Copay B + Kaiser Vision + Willamette Dental					
Kaiser Copay B	$ 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
Willamette Dental	$ 63.92	$ 97.61	$ 170.36	$ 111.59	$ 196.39
Total Cost	$ 773.57	$ 1,398.90	$ 1,925.48	$ 1,598.17	$ 2,219.92
Employee Cost	**$ 38.68**	**$ 69.95**	**$ 96.27**	**$ 79.91**	**$ 119.96**
Cost to City	$ 734.89	$ 1,328.96	$ 1,829.21	$ 1,518.26	$ 2,099.96

Kaiser Copay B + Kaiser Vision + ODS Delta Dental II					
Kaiser Copay B	$ 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
ODS Delta Dental II	$ 48.69	$ 74.20	$ 129.14	$ 84.80	$ 148.96
Total Cost	$ 758.34	$ 1,375.49	$ 1,884.26	$ 1,571.38	$ 2,172.49
Employee Cost	**$ 37.92**	**$ 68.77**	**$ 94.21**	**$ 78.57**	**$ 108.62**
Cost to City	$ 720.42	$ 1,306.72	$ 1,790.05	$ 1,492.81	$ 2,063.87

Kaiser Copay B + Kaiser Vision + Kaiser Dental					
Kaiser Copay B	$ 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
Kaiser Dental	$ 78.06	$ 120.33	$ 227.33	$ 137.50	$ 262.17
Total Cost	$ 787.71	$ 1,421.62	$ 1,982.45	$ 1,624.08	$ 2,285.70
Employee Cost	**$ 39.39**	**$ 71.08**	**$ 99.12**	**$ 81.20**	**$ 152.85**
Cost to City	$ 748.32	$ 1,350.54	$ 1,883.33	$ 1,542.88	$ 2,132.85