

APPENDIX C

WPA Monthly Premium Health Insurance Cost by Coverage Level January 1, 2025 to December 31, 2025

WPA Monthly Premium - 60% FTE

Health Insurance Cost by Coverage Level

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
January 1, 2025 - December 31, 2025					
Copay E RX7+ VSP + Willamette Dental					
Copay E RX 7	\$ 832.09	\$ 1,551.38	\$ 2,064.15	\$ 1,773.01	\$ 2,380.79
VSP A (12/12/24)	\$ 10.53	\$ 12.85	\$ 22.91	\$ 14.71	\$ 26.49
Willamette Dental A	\$ 58.68	\$ 89.65	\$ 156.40	\$ 102.47	\$ 180.40
Total Cost	\$ 901.30	\$ 1,653.88	\$ 2,243.46	\$ 1,890.19	\$ 2,587.68
Employee Cost 5% + 40% of employer	\$ 387.56	\$ 711.17	\$ 964.69	\$ 812.78	\$ 1,112.70
Cost to City	\$ 513.74	\$ 942.71	\$ 1,278.77	\$ 1,077.41	\$ 1,474.98

Copay E RX7 + VSP + CIS Dental II (Delta Dental/ODS)					
Copay E RX 7	\$ 832.09	\$ 1,551.38	\$ 2,064.15	\$ 1,773.01	\$ 2,380.79
VSP A (12/12/24)	\$ 10.53	\$ 12.85	\$ 22.91	\$ 14.71	\$ 26.49
CIS Dental II (Delta Dental)	\$ 51.19	\$ 77.97	\$ 135.72	\$ 89.11	\$ 156.55
Total Cost	\$ 893.81	\$ 1,642.20	\$ 2,222.78	\$ 1,876.83	\$ 2,563.83
Employee Cost 5% + 40% of employer	\$ 384.34	\$ 706.15	\$ 955.80	\$ 807.04	\$ 1,102.45
Cost to City	\$ 509.47	\$ 936.05	\$ 1,266.98	\$ 1,069.79	\$ 1,461.38

Copay E RX7 + VSP + Kaiser Dental					
Copay E RX 7	\$ 832.09	\$ 1,551.38	\$ 2,064.15	\$ 1,773.01	\$ 2,380.79
VSP A (12/12/24)	\$ 10.53	\$ 12.85	\$ 22.91	\$ 14.71	\$ 26.49
Kaiser Dental II	\$ 67.23	\$ 103.59	\$ 195.25	\$ 118.37	\$ 225.17
Total Cost	\$ 909.85	\$ 1,667.82	\$ 2,282.31	\$ 1,906.09	\$ 2,632.45
Employee Cost 5% + 40% of employer	\$ 391.24	\$ 717.16	\$ 981.39	\$ 819.62	\$ 1,131.95
Cost to City	\$ 518.61	\$ 950.66	\$ 1,300.92	\$ 1,086.47	\$ 1,500.50

	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Family
Kaiser Copay B + Kaiser Vision + Willamette Dental					
Kaiser Copay B	\$ 887.55	\$ 1,627.65	\$ 2,195.31	\$ 1,859.43	\$ 2,531.06
Kaiser Vision	\$ 6.76	\$ 12.47	\$ 16.81	\$ 14.26	\$ 19.39
Willamette Dental A	\$ 58.68	\$ 89.65	\$ 156.40	\$ 102.47	\$ 180.40
Total Cost	\$ 952.99	\$ 1,729.77	\$ 2,368.52	\$ 1,976.16	\$ 2,730.85
Employee Cost 5% + 40% of employer	\$ 409.79	\$ 743.80	\$ 1,018.46	\$ 849.75	\$ 1,174.27
Cost to City	\$ 543.20	\$ 985.97	\$ 1,350.06	\$ 1,126.41	\$ 1,556.58

Kaiser Copay B + Kaiser Vision + ODS Delta Dental II					
Kaiser Copay B	\$ 887.55	\$ 1,627.65	\$ 2,195.31	\$ 1,859.43	\$ 2,531.06
Kaiser Vision	\$ 6.76	\$ 12.47	\$ 16.81	\$ 14.26	\$ 19.39
ODS Delta Dental II	\$ 51.19	\$ 77.97	\$ 135.72	\$ 89.11	\$ 156.55
Total Cost	\$ 945.50	\$ 1,718.09	\$ 2,347.84	\$ 1,962.80	\$ 2,707.00
Employee Cost 5% + 40% of employer	\$ 406.57	\$ 738.78	\$ 1,009.57	\$ 844.00	\$ 1,164.01
Cost to City	\$ 538.94	\$ 979.31	\$ 1,338.27	\$ 1,118.80	\$ 1,542.99

Kaiser Copay B + Kaiser Vision + Kaiser Dental					
Kaiser Copay B	\$ 887.55	\$ 1,627.65	\$ 2,195.31	\$ 1,859.43	\$ 2,531.06
Kaiser Vision	\$ 6.76	\$ 12.47	\$ 16.81	\$ 14.26	\$ 19.39
Kaiser Dental II	\$ 67.23	\$ 103.59	\$ 195.25	\$ 118.37	\$ 225.17
Total Cost	\$ 961.54	\$ 1,743.71	\$ 2,407.37	\$ 1,992.06	\$ 2,775.62
Employee Cost 5% + 40% of employer	\$ 413.46	\$ 749.80	\$ 1,035.17	\$ 856.59	\$ 1,193.52
Cost to City	\$ 548.08	\$ 993.91	\$ 1,372.20	\$ 1,135.47	\$ 1,582.10