

## 2026 Health Insurance Premium Monthly Rates and Contributions

<b>Opt-Out</b>	<b>Opt-Out Incentive Employer Contribution With proof of other qualifying insurance</b>		<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Waive enrollment on medical, vision, and dental plans and earn City-paid HRAVEBA or HSA monthly contribution (pro-rated for part-time)		\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00
<b>Medical Plan Options</b>	<b>Cigna HDHP Employer contribution to HSA or HRAVEBA</b>		<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Enroll in HDHP and earn City-paid Contribution. Employee only (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$141.67	\$141.67	\$141.67	\$141.67	\$141.67	\$141.67
	Enroll in HDHP and earn City-paid Contribution. Employee + Dependent(s) (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$283.34	\$283.34	\$283.34	\$283.34	\$283.34	\$283.34
	<b>Cigna HDHP</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Employee Only	\$502.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/DP	\$1,005.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Child(ren)	\$955.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Family	\$1,458.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Cigna PPO OAP</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Employee Only	\$1,165.52	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$65 per paycheck, \$130 per month for any combination of medical, vision, and dental plans
	Employee + Spouse/DP	\$2,330.97	\$116.55	\$116.55	\$116.55	\$116.55	\$116.55	
	Employee + Child(ren)	\$2,214.46	\$110.73	\$110.73	\$110.73	\$110.73	\$110.73	
	Employee + Family	\$3,379.91	\$169.00	\$169.00	\$169.00	\$169.00	\$169.00	
	<b>Kaiser Permanente</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	
	Employee Only	\$908.58	\$45.43	\$45.43	\$45.43	\$45.43	\$45.43	
Employee + Spouse/DP	\$1,181.20	\$90.86	\$90.86	\$90.86	\$90.86	\$90.86		
Employee + Child(ren)	\$1,726.32	\$86.32	\$86.32	\$86.32	\$86.32	\$86.32		
Employee + Family	\$2,634.94	\$131.75	\$131.75	\$131.75	\$131.75	\$131.75		
<b>Cigna Vision</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>	
Employee Only	\$18.42	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00	
Employee + Spouse/DP	\$36.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$0.00	
Employee + Child(ren)	\$35.01	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	\$0.00	
Employee + Family	\$53.45	\$2.68	\$2.68	\$2.68	\$2.68	\$2.68	\$0.00	
<b>Dental Plan Options</b>	<b>Traditional Dental</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Employee Only	\$62.15	\$3.11	\$3.11	\$3.11	\$3.11	\$3.11	\$0.00
	Employee + Spouse/DP	\$124.29	\$6.22	\$6.22	\$6.22	\$6.22	\$6.22	\$0.00
	Employee + Child(ren)	\$118.08	\$5.91	\$5.91	\$5.91	\$5.91	\$5.91	\$0.00
	Employee + Family	\$180.21	\$9.02	\$9.02	\$9.02	\$9.02	\$9.02	\$0.00
	<b>Incentive Dental</b> (Closed to new enrollment)	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Employee Only	\$61.52	\$3.08	\$3.08	\$3.08	\$3.08	\$3.08	\$0.00
	Employee + Spouse/DP	\$123.00	\$6.15	\$6.15	\$6.15	\$6.15	\$6.15	\$0.00
	Employee + Child(ren)	\$116.85	\$5.85	\$5.85	\$5.85	\$5.85	\$5.85	\$0.00
	Employee + Family	\$178.35	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$0.00
	<b>Willamette Dental</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
	Employee Only	\$51.24	\$2.57	\$2.57	\$2.57	\$2.57	\$2.57	\$0.00
	Employee + Spouse/DP	\$102.32	\$5.12	\$5.12	\$5.12	\$5.12	\$5.12	\$0.00
Employee + Child(ren)	\$97.23	\$4.87	\$4.87	\$4.87	\$4.87	\$4.87	\$0.00	
Employee + Family	\$148.42	\$7.43	\$7.43	\$7.43	\$7.43	\$7.43	\$0.00	
			<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU &amp; SPEU-S</b>
Employee premium cost share (Pro-rated for part-time employee)			0% HDHP; 5% all others					0% HDHP; \$130 month