

Opt-Out	Opt-Out Incentive With proof of other qualifying insurance		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU	
		Waive enrollment on medical, vision, and dental plans and earn a City-paid HRAVEBA or HSA monthly contribution (pro-rated for part-time):		\$225.00	\$225.00	n/a	\$225.00	n/a	n/a
Medical Plan Options	HDHP & HSA		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU
	Enroll in HDHP and earn City-paid HSA Contribution Employee only (Pro-rated for part-time):			\$90.17	\$90.17	n/a	n/a	n/a	n/a
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time):			\$261.50	\$261.50	n/a	n/a	n/a	n/a
	Employee Only	\$502.78		\$0.00	\$0.00	\$25.14	\$25.14	\$25.14	\$55 per pay period, \$110 per month for any combination of medical, vision, and dental plans (Pro-rated for Part-time employee)
	Employee + Spouse	\$1,005.53		\$0.00	\$0.00	\$50.28	\$50.28	\$50.28	
	Employee + Child(ren)	\$955.26		\$0.00	\$0.00	\$47.77	\$47.77	\$47.77	
	Employee + Family	\$1,458.02		\$0.00	\$0.00	\$72.91	\$72.91	\$72.91	
	PPO		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$719.08		\$35.96	\$35.96	\$35.96	\$35.96	\$35.96	
	Employee + Spouse	\$1,438.13		\$71.91	\$71.91	\$71.91	\$71.91	\$71.91	
	Employee + Child(ren)	\$1,366.24		\$68.32	\$68.32	\$68.32	\$68.32	\$68.32	
	Employee + Family	\$2,085.29		\$104.27	\$104.27	\$104.27	\$104.27	\$104.27	
	Kaiser Permanente		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$647.27		\$32.37	\$32.37	\$32.37	\$32.37	\$32.37	
	Employee + Spouse	\$1,294.56		\$64.73	\$64.73	\$64.73	\$64.73	\$64.73	
	Employee + Child(ren)	\$1,229.82		\$61.50	\$61.50	\$61.50	\$61.50	\$61.50	
	Employee + Family	\$1,877.11		\$93.86	\$93.86	\$93.86	\$93.86	\$93.86	
	Vision Plan Options	\$250/\$500 Vision		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	
Employee Only		\$18.42		\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	
Employee + Spouse		\$36.85		\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	
Employee + Child(ren)		\$35.01		\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	
Employee + Family		\$53.45		\$2.68	\$2.68	\$2.68	\$2.68	\$2.68	
Traditional Vision		Total Premium	Unrepresented*	AFSCME*	IAFF*	PCEA*	SCABU*		
Employee Only		\$9.74		\$0.49	\$0.49	\$0.49	\$0.49	\$0.49	
Employee + Spouse		\$19.50		\$0.98	\$0.98	\$0.98	\$0.98	\$0.98	
Employee + Child(ren)		\$18.52		\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	
Employee + Family		\$28.28		\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	
Dental Plan Options	Traditional Dental		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$62.15		\$3.11	\$3.11	\$3.11	\$3.11	\$3.11	
	Employee + Spouse	\$124.29		\$6.22	\$6.22	\$6.22	\$6.22	\$6.22	
	Employee + Child(ren)	\$118.08		\$5.91	\$5.91	\$5.91	\$5.91	\$5.91	
	Employee + Family	\$180.21		\$9.02	\$9.02	\$9.02	\$9.02	\$9.02	
	Incentive Dental		Total Premium	Unrepresented*	AFSCME*	IAFF	PCEA*	SCABU*	
	Employee Only	\$61.52		\$3.08	\$3.08	\$3.08	\$3.08	\$3.08	
	Employee + Spouse	\$123.00		\$6.15	\$6.15	\$6.15	\$6.15	\$6.15	
	Employee + Child(ren)	\$116.85		\$5.85	\$5.85	\$5.85	\$5.85	\$5.85	
	Employee + Family	\$178.35		\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	
	Willamette Dental		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU
	Employee Only	\$55.53		\$2.78	\$2.78	\$2.78	n/a	\$2.78	n/a
	Employee + Spouse	\$111.07		\$5.56	\$5.56	\$5.56	n/a	\$5.56	n/a
	Employee + Child(ren)	\$105.51		\$5.28	\$5.28	\$5.28	n/a	\$5.28	n/a
Employee + Family	\$161.04		\$8.06	\$8.06	\$8.06	n/a	\$8.06	n/a	
			Unrepresented and AFSCME		IAFF	PCEA	SCABU	SPEU	
Employee premium contribution (Pro-rated for part-time employee)			0% HDHP; 5% all others		5%	5%	5%	\$110 month	

*Plan is closed to new enrollment for this employee group