

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	\$225.00
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)			\$112.72	\$112.72	n/a	n/a	n/a	\$76.88 HRAVEBA contribution
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time)			\$326.88	\$326.88	n/a	n/a	n/a	\$327.45 HRAVEBA contribution
	Employee Only	\$502.78		\$0.00	\$0.00	\$25.14	\$25.14	\$25.14	\$0.00
	Employee + Spouse	\$1,005.53		\$0.00	\$0.00	\$50.28	\$50.28	\$50.28	\$0.00
	Employee + Child(ren)	\$955.26		\$0.00	\$0.00	\$47.77	\$47.77	\$47.77	\$0.00
	Employee + Family	\$1,458.02		\$0.00	\$0.00	\$72.91	\$72.91	\$72.91	\$0.00
	PPO		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU
	Employee Only	\$766.54		\$38.33	\$38.33	\$38.33	\$38.33	\$38.33	\$55 per paycheck, \$110 per month for any combination of medical, vision, and dental plans
	Employee + Spouse	\$1,533.04		\$76.66	\$76.66	\$76.66	\$76.66	\$76.66	
	Employee + Child(ren)	\$1,456.42		\$72.83	\$72.83	\$72.83	\$72.83	\$72.83	
	Employee + Family	\$2,222.92		\$111.15	\$111.15	\$111.15	\$111.15	\$111.15	
	Kaiser Permanente		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$646.31		\$32.32	\$32.32	\$32.32	\$32.32	\$32.32	
	Employee + Spouse	\$1,292.65		\$64.64	\$64.64	\$64.64	\$64.64	\$64.64	
Employee + Child(ren)	\$1,228.00		\$61.40	\$61.40	\$61.40	\$61.40	\$61.40		
Employee + Family	\$1,874.34		\$93.72	\$93.72	\$93.72	\$93.72	\$93.72		
Vision Plan Options	\$250/\$500 Vision		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$18.42		\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00
	Employee + Spouse	\$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
	Traditional Vision		Total Premium	Unrepresented*	AFSCME*	IAFF*	PCEA*	SCABU*	SPEU
	Employee Only	\$9.74		\$0.49	\$0.49	\$0.49	\$0.49	\$0.49	\$0.00
	Employee + Spouse	\$19.50		\$0.98	\$0.98	\$0.98	\$0.98	\$0.98	\$0.00
	Employee + Child(ren)	\$18.52		\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00
	Employee + Family	\$28.28		\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$0.00
Dental Plan Options	Traditional Dental		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU
	Employee Only	\$62.15		\$3.11	\$3.11	\$3.11	\$3.11	\$3.11	\$0.00
	Employee + Spouse	\$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
	Incentive Dental		Total Premium	Unrepresented*	AFSCME*	IAFF	PCEA*	SCABU*	SPEU
	Employee Only	\$61.52		\$3.08	\$3.08	\$3.08	\$3.08	\$3.08	\$0.00
	Employee + Spouse	\$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
	Willamette Dental		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU
	Employee Only	\$52.75		\$2.64	\$2.64	\$2.64	n/a	\$2.64	n/a
	Employee + Spouse	\$105.52		\$5.28	\$5.28	\$5.28	n/a	\$5.28	n/a
Employee + Child(ren)	\$100.23		\$5.02	\$5.02	\$5.02	n/a	\$5.02	n/a	
Employee + Family	\$152.99		\$7.65	\$7.65	\$7.65	n/a	\$7.65	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%	0% HDHP; \$110 month	

*Plan is closed to new enrollment for this employee group