

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
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)		\$98.71	\$98.71	n/a	n/a	n/a	\$62.14 HRAVEBA contribution
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time)		\$286.26	\$286.26	n/a	n/a	n/a	\$284.70 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	\$737.06	\$36.86	\$36.86	\$36.86	\$36.86	\$36.86	\$55 per paycheck, \$110 per month for any combination of medical, vision, and dental plans
	Employee + Spouse	\$1,474.08	\$73.71	\$73.71	\$73.71	\$73.71	\$73.71	
	Employee + Child(ren)	\$1,400.40	\$70.02	\$70.02	\$70.02	\$70.02	\$70.02	
	Employee + Family	\$2,137.42	\$106.88	\$106.88	\$106.88	\$106.88	\$106.88	
	Kaiser Permanente	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$659.50	\$32.98	\$32.98	\$32.98	\$32.98	\$32.98	
	Employee + Spouse	\$1,319.03	\$65.96	\$65.96	\$65.96	\$65.96	\$65.96	
Employee + Child(ren)	\$1,253.06	\$62.66	\$62.66	\$62.66	\$62.66	\$62.66		
Employee + Family	\$1,912.59	\$95.63	\$95.63	\$95.63	\$95.63	\$95.63		
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	\$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%	0% HDHP; \$110 month

*Plan is closed to new enrollment for this employee group