

Opt-Out	Opt-Out Incentive		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):			\$81.84	\$81.84	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):			\$237.34	\$237.34	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	
	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	\$701.54		\$35.08	\$35.08	\$35.08	\$35.08	\$35.08		
	Employee + Spouse	\$1,403.05		\$70.16	\$70.16	\$70.16	\$70.16	\$70.16		
	Employee + Child(ren)	\$1,332.92		\$66.65	\$66.65	\$66.65	\$66.65	\$66.65		
	Employee + Family	\$2,034.43		\$101.73	\$101.73	\$101.73	\$101.73	\$101.73		
	Kaiser Permanente		Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU		
	Employee Only	\$599.88		\$30.00	\$30.00	\$30.00	\$30.00	\$30.00		
	Employee + Spouse	\$1,199.78		\$59.99	\$59.99	\$59.99	\$59.99	\$59.99		
	Employee + Child(ren)	\$1,139.78		\$56.99	\$56.99	\$56.99	\$56.99	\$56.99		
	Employee + Family	\$1,739.68		\$86.99	\$86.99	\$86.99	\$86.99	\$86.99		
	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
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	\$51.95		\$2.60	\$2.60	n/a	n/a	\$2.60	n/a	
	Employee + Spouse	\$103.90		\$5.20	\$5.20	n/a	n/a	\$5.20	n/a	
Employee + Child(ren)	\$98.70		\$4.94	\$4.94	n/a	n/a	\$4.94	n/a		
Employee + Family	\$150.65		\$7.54	\$7.54	n/a	n/a	\$7.54	n/a		
			Unrepresented and AFSCME		IAFF	PCEA	SCABU	SPEU		
Employee premium contribution Pro-rated for part-time			0% HDHP; 5% all others		5%	5%	5%	\$110 month		

*Plan is closed to new enrollment for this employee group