

Medical and Vision Costs Per Pay Period

		Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
Regence	Employee Cost	\$ 40.13	\$85.08	\$74.44	\$99.48	\$114.74
	Employer Cost	\$361.16	\$765.72	\$669.97	\$895.30	\$1032.68
	Total Premium	\$401.29	\$850.80	\$744.41	\$994.78	\$1147.42
Kaiser	Employee Cost	\$47.68	\$99.92	\$87.46	\$117.96	\$136.00
	Employer Cost	\$429.14	\$899.27	\$787.14	\$1061.63	\$1224.01
	Total Premium	\$476.82	\$999.19	\$874.60	\$1179.59	\$1360.01

Dental Costs Per Pay Period

		Employee Only	Employee +Spouse	Employee + Child	Employee + Children	Employee + Family
Delta	Employee Cost	\$3.16	\$5.51	\$4.82	\$8.39	\$9.68
	Employer Cost	\$28.50	\$49.61	\$43.41	\$75.57	\$87.16
	Total Premium	\$31.66	\$55.12	\$48.23	\$83.96	\$96.84
Kaiser	Employee Cost	\$3.46	\$6.09	\$5.33	\$10.04	\$11.58
	Employer Cost	\$31.17	\$54.88	\$48.02	\$90.42	\$104.27
	Total Premium	\$34.63	\$60.97	\$53.35	\$100.46	\$115.85
Willamette	Employee Cost	\$3.14	\$5.48	\$4.79	\$8.36	\$9.65
	Employer Cost	\$28.25	\$49.34	\$43.17	\$75.31	\$86.86
	Total Premium	\$31.39	\$54.82	\$47.96	\$83.67	\$96.51

Annual VEBA - Funded by January 1

		Employee Only	Employee +Spouse	Employee + Child	Employee + Children	Employee + Family
Regence	Employee Cost	\$0	\$0	\$0	\$0	\$0
	Employer Cost	\$1,000	\$2,000	\$2,000	\$3,000	\$3,000
Kaiser	Employee Cost	\$0	\$0	\$0	\$0	\$0
	Employer Cost	\$250	\$500	\$500	\$750	\$750

Annual FSA/125 Pre-Tax Limits	Healthcare	\$3,300
	Dependent Care	\$7,500
	Rollover 2025-2026	\$640
Opt Out Incentive Per Month	Employee Only	\$100
	Employee and Spouse work at City	\$200

Life, disability, and all supplemental plan rates are individual and based on selection(s). Details can be found in the plan summaries and during the enrollment process.