Medical, Vision and Dental Premiums 0.50-0.749 FTE

Effective July 1, 2020

Part-time AFSCME, Nonbargaining & Police

Employee Only Coverage

Plan	Employee 1-15 Contribution	Employee 16-End of Month Contribution	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	$ 92.93	$ 92.93	$ 185.86	$ 557.57	$ 743.43
MODA Vision	$ 3.06	$ 3.06	$ 6.12	$ 18.42	$ 24.54
MODA Delta Dental	$ 7.90	$ 7.90	$ 15.80	$ 47.39	$ 63.19
Willamette Dental	$ 5.56	$ 5.56	$ 11.12	$ 33.42	$ 44.54

Plan Choices	15th Paycheck	End of Month Paycheck	Monthly Total
Medical, Vision & Delta Dental	$ 103.89	$ 103.89	$ 207.78
Medical, Vision & Willamette Dental	$ 101.55	$ 101.55	$ 203.10

Employee & Child Coverage

Plan	Employee 1-15 Contribution	Employee 16-End of Month Contribution	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	$ 164.12	$ 164.12	$ 328.24	$ 984.77	$ 1,313.01
MODA Vision	$ 5.82	$ 5.82	$ 11.64	$ 34.92	$ 46.56
MODA Delta Dental	$ 16.43	$ 16.43	$ 32.86	$ 98.60	$ 131.46
Willamette Dental	$ 9.85	$ 9.85	$ 19.70	$ 59.10	$ 78.80

Plan Choices	15th Paycheck	End of Month Paycheck	Monthly Total
Medical, Vision & Delta Dental	$ 186.37	$ 186.37	$ 372.74
Medical, Vision & Willamette Dental	$ 179.79	$ 179.79	$ 359.58

Employee & Spouse Coverage

Plan	Employee 1-15 Contribution	Employee 16-End of Month Contribution	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	$ 200.12	$ 200.12	$ 400.24	$ 1,200.77	$ 1,601.01
MODA Vision	$ 5.44	$ 5.44	$ 10.88	$ 32.70	$ 43.58
MODA Delta Dental	$ 13.98	$ 13.98	$ 27.96	$ 83.89	$ 111.85
Willamette Dental	$ 12.03	$ 12.03	$ 24.06	$ 72.22	$ 96.28

Plan Choices	15th Paycheck	End of Month Paycheck	Monthly Total
Medical, Vision & Delta Dental	$ 219.54	$ 219.54	$ 439.08
Medical, Vision & Willamette Dental	$ 217.59	$ 217.59	$ 435.18

Employee & Family Coverage

Plan	Employee 1-15 Contribution	Employee 16-End of Month Contribution	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	$ 269.43	$ 269.43	$ 538.86	$ 1,616.63	$ 2,155.49
MODA Vision	$ 8.19	$ 8.19	$ 16.38	$ 49.18	$ 65.56
MODA Delta Dental	$ 22.52	$ 22.52	$ 45.04	$ 135.11	$ 180.15
Willamette Dental	$ 16.21	$ 16.21	$ 32.42	$ 97.25	$ 129.67

Plan Choices	15th Paycheck	End of Month Paycheck	Monthly Total
Medical, Vision & Delta Dental	$ 300.14	$ 300.14	$ 600.28
Medical, Vision & Willamette Dental	$ 293.83	$ 293.83	$ 587.66

*City pays approximately 75% of insurance premium for part-time AFSCME, APA & Nonbargaining employees and their dependents and employees pay 25% premium contribution.