

2024 Health Insurance Premium Monthly Rates and Contributions

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 City-paid HRAVEBA or HSA monthly contribution (pro-rated for part-time)		\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00
Medical Plan Options	Cigna HDHP & BOA HSA		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU	
	Enroll in HDHP and earn City-paid HSA Contribution Employee only (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$133.34	\$133.34	\$133.34	\$133.34	\$133.34	\$133.34	\$133.34
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$266.67	\$266.67	\$266.67	\$266.67	\$266.67	\$266.67	\$266.67
	Employee Only	\$502.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/DP	\$1,005.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Child(ren)	\$955.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Family	\$1,458.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cigna PPO OAP		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU	
	Employee Only	\$906.17	\$45.31	\$45.31	\$45.31	\$45.31	\$45.31	\$55 per paycheck, \$110 per month for any combination of medical, vision, and dental plans	
	Employee + Spouse/DP	\$1,812.29	\$90.62	\$90.62	\$90.62	\$90.62	\$90.62		
	Employee + Child(ren)	\$1,721.71	\$86.09	\$86.09	\$86.09	\$86.09	\$86.09		
	Employee + Family	\$2,627.83	\$131.40	\$131.40	\$131.40	\$131.40	\$131.40		
	Kaiser Permanente		Unrepresented	AFSCME	IAFF	PCEA	SCABU		
	Employee Only	\$825.98	\$41.30	\$41.30	\$41.30	\$41.30	\$41.30		
	Employee + Spouse/DP	\$1,652.00	\$82.60	\$82.60	\$82.60	\$82.60	\$82.60		
Employee + Child(ren)	\$1,569.38	\$78.47	\$78.47	\$78.47	\$78.47	\$78.47			
Employee + Family	\$2,395.40	\$119.77	\$119.77	\$119.77	\$119.77	\$119.77			
Vision Plan	Cigna Vision		Unrepresented	AFSCME	IAFF	PCEA	SCABU		SPEU
	Employee Only	\$18.42	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00	
	Employee + Spouse/DP	\$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	
Dental Plan Options	Traditional Dental		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU	
	Employee Only	\$62.15	\$3.11	\$3.11	\$3.11	\$3.11	\$3.11	\$0.00	
	Employee + Spouse/DP	\$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		Unrepresented*	AFSCME*	IAFF	PCEA*	SCABU*	SPEU*	
	Employee Only	\$61.52	\$3.08	\$3.08	\$3.08	\$3.08	\$3.08	\$0.00	
	Employee + Spouse/DP	\$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		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU	
	Employee Only	\$48.80	\$2.44	\$2.44	\$2.44	\$2.44	\$2.44	\$0.00	
	Employee + Spouse/DP	\$97.45	\$4.88	\$4.88	\$4.88	\$4.88	\$4.88	\$0.00	
Employee + Child(ren)	\$92.60	\$4.63	\$4.63	\$4.63	\$4.63	\$4.63	\$0.00		
Employee + Family	\$141.35	\$7.07	\$7.07	\$7.07	\$7.07	\$7.07	\$0.00		
			Unrepresented and AFSCME	IAFF	PCEA	SCABU	SPEU		
Employee premium contribution (Pro-rated for part-time employee)			0% HDHP; 5% all others				0% HDHP; \$110 month		

*Plan is closed to new enrollment for this employee group