

**2016 Rate Schedule - Medical & Dental**  
**Management / Non-Represented / Council Full-Time**  
 (Based on Monthly Premium Costs)

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 1 - Plan I-C w/ ODS Dental</b>				
EE Only	\$84.99	\$697.12	\$602.77	\$94.35
EE + Child	\$155.44	\$1,276.42	\$1,102.98	\$173.44
EE + Spouse	\$177.32	\$1,456.03	\$1,258.20	\$197.83
EE + Children	\$212.28	\$1,740.14	\$1,504.86	\$235.28
Family	\$244.35	\$2,003.12	\$1,732.34	\$270.78
<b>Option 2 - Plan I-C w/ Willamette Dental</b>				
EE Only	\$83.21	\$687.27	\$595.14	\$92.13
EE + Child	\$152.61	\$1,261.67	\$1,091.76	\$169.91
EE + Spouse	\$174.08	\$1,439.15	\$1,245.35	\$193.80
EE + Children	\$207.74	\$1,714.78	\$1,485.23	\$229.56
Family	\$239.10	\$1,973.82	\$1,709.65	\$264.17
<b>Option 3 - Plan I-C w/ Kaiser Dental</b>				
EE Only	\$84.42	\$707.31	\$614.91	\$92.40
EE + Child	\$154.41	\$1,293.21	\$1,122.99	\$170.22
EE + Spouse	\$176.14	\$1,475.20	\$1,281.04	\$194.16
EE + Children	\$213.14	\$1,786.01	\$1,554.35	\$231.66
Family	\$245.35	\$2,055.99	\$1,789.37	\$266.62
<b>Option 4 - Plan V-E w/ ODS Dental</b>				
EE Only	\$92.11	\$755.98	\$653.50	\$102.48
EE + Child	\$168.72	\$1,386.15	\$1,197.55	\$188.60
EE + Spouse	\$192.49	\$1,581.44	\$1,366.28	\$215.16
EE + Children	\$229.95	\$1,886.19	\$1,630.72	\$255.47
Family	\$264.73	\$2,171.58	\$1,877.52	\$294.06
<b>Option 5 - Plan V-E w/ Willamette Dental</b>				
EE Only	\$90.83	\$746.13	\$645.34	\$100.79
EE + Child	\$166.81	\$1,371.40	\$1,185.36	\$186.04
EE + Spouse	\$190.30	\$1,564.56	\$1,352.33	\$212.23
EE + Children	\$226.66	\$1,860.83	\$1,609.78	\$251.05
Family	\$260.93	\$2,142.28	\$1,853.30	\$288.98
<b>Option 6 - Plan V-E w/ Kaiser Dental</b>				
EE Only	\$92.01	\$766.17	\$665.14	\$101.03
EE + Child	\$168.55	\$1,402.94	\$1,216.65	\$186.29
EE + Spouse	\$192.30	\$1,600.61	\$1,388.08	\$212.53
EE + Children	\$232.00	\$1,932.06	\$1,678.96	\$253.10
Family	\$267.10	\$2,224.45	\$1,933.10	\$291.35
<b>Option 7 - Kaiser w/ ODS Dental</b>				
EE Only	\$87.25	\$703.95	\$607.44	\$96.51
EE + Child	\$160.08	\$1,276.72	\$1,098.18	\$178.54
EE + Spouse	\$182.97	\$1,455.32	\$1,252.16	\$203.16
EE + Children	\$216.31	\$1,758.51	\$1,518.57	\$239.94

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
Family	\$249.25	\$2,022.36	\$1,747.21	\$275.15
<b>Option 8 - Kaiser w/ Willamette Dental</b>				
EE Only	\$87.18	\$694.10	\$598.02	\$96.08
EE + Child	\$159.77	\$1,261.97	\$1,084.31	\$177.66
EE + Spouse	\$182.63	\$1,438.44	\$1,236.27	\$202.17
EE + Children	\$216.16	\$1,733.15	\$1,494.33	\$238.82
Family	\$249.11	\$1,993.06	\$1,719.15	\$273.91
<b>Option 9 - Kaiser w/ Kaiser Dental</b>				
EE Only	\$94.35	\$714.14	\$611.53	\$102.61
EE + Child	\$170.84	\$1,293.51	\$1,105.80	\$187.71
EE + Spouse	\$195.28	\$1,474.49	\$1,260.84	\$213.65
EE + Children	\$237.54	\$1,804.38	\$1,546.67	\$257.71
Family	\$273.69	\$2,075.23	\$1,779.62	\$295.61

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**2016 Rate Schedule - Medical & Dental**  
**Management/Non-Represented Employees - Part-Time**  
(Based on Monthly Premium Costs)

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 1 - Plan I-C w/ ODS Dental</b>				
EE Only	\$329.53	\$697.12	\$348.56	\$348.56
EE + Child	\$602.95	\$1,276.42	\$638.21	\$638.21
EE + Spouse	\$687.80	\$1,456.03	\$728.02	\$728.01
EE + Children	\$822.74	\$1,740.14	\$870.07	\$870.07
Family	\$947.10	\$2,003.12	\$1,001.56	\$1,001.56
<b>Option 2 - Plan I-C w/ Willamette Dental</b>				
EE Only	\$325.00	\$687.27	\$343.64	\$343.63
EE + Child	\$596.19	\$1,261.67	\$630.84	\$630.83
EE + Spouse	\$680.06	\$1,439.15	\$719.58	\$719.57
EE + Children	\$811.12	\$1,714.78	\$857.39	\$857.39
Family	\$933.67	\$1,973.82	\$986.91	\$986.91
<b>Option 3 - Plan I-C w/ Kaiser Dental</b>				
EE Only	\$335.02	\$707.31	\$353.66	\$353.65
EE + Child	\$611.96	\$1,293.21	\$646.61	\$646.60
EE + Spouse	\$698.09	\$1,475.20	\$737.60	\$737.60
EE + Children	\$846.73	\$1,786.01	\$893.01	\$893.00
Family	\$974.75	\$2,055.99	\$1,028.00	\$1,027.99
<b>Option 4 - Plan V-E w/ ODS Dental</b>				
EE Only	\$357.24	\$755.98	\$377.99	\$377.99
EE + Child	\$654.62	\$1,386.15	\$693.08	\$693.07
EE + Spouse	\$746.85	\$1,581.44	\$790.72	\$790.72
EE + Children	\$891.51	\$1,886.19	\$943.10	\$943.09
Family	\$1,026.42	\$2,171.58	\$1,085.79	\$1,085.79
<b>Option 5 - Plan V-E w/ Willamette Dental</b>				
EE Only	\$352.72	\$746.13	\$373.07	\$373.06
EE + Child	\$647.86	\$1,371.40	\$685.70	\$685.70
EE + Spouse	\$739.11	\$1,564.56	\$782.28	\$782.28
EE + Children	\$879.89	\$1,860.83	\$930.42	\$930.41
Family	\$1,012.99	\$2,142.28	\$1,071.14	\$1,071.14
<b>Option 6 - Plan V-E w/ Kaiser Dental</b>				
EE Only	\$362.74	\$766.17	\$383.09	\$383.08
EE + Child	\$663.63	\$1,402.94	\$701.47	\$701.47
EE + Spouse	\$757.14	\$1,600.61	\$800.31	\$800.30
EE + Children	\$915.50	\$1,932.06	\$966.03	\$966.03
Family	\$1,054.07	\$2,224.45	\$1,112.23	\$1,112.22
<b>Option 7 - Kaiser w/ ODS Dental</b>				
EE Only	\$332.88	\$703.95	\$351.98	\$351.97
EE + Child	\$602.98	\$1,276.72	\$638.36	\$638.36
EE + Spouse	\$687.75	\$1,455.32	\$727.66	\$727.66
EE + Children	\$831.28	\$1,758.51	\$879.26	\$879.25
Family	\$956.63	\$2,022.36	\$1,011.18	\$1,011.18

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 8 - Kaiser w/ Willamette Dental</b>				
EE Only	\$328.36	\$694.10	\$347.05	\$347.05
EE + Child	\$596.22	\$1,261.97	\$630.99	\$630.98
EE + Spouse	\$680.01	\$1,438.44	\$719.22	\$719.22
EE + Children	\$819.66	\$1,733.15	\$866.58	\$866.57
Family	\$943.20	\$1,993.06	\$996.53	\$996.53
<b>Option 9 - Kaiser w/ Kaiser Dental</b>				
EE Only	\$338.38	\$714.14	\$357.07	\$357.07
EE + Child	\$611.99	\$1,293.51	\$646.76	\$646.75
EE + Spouse	\$698.04	\$1,474.49	\$737.25	\$737.24
EE + Children	\$855.28	\$1,804.38	\$902.19	\$902.19
Family	\$984.28	\$2,075.23	\$1,037.62	\$1,037.61

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**2016 Rate Schedule - Medical Only**  
**Management / Non-Represented / Council Full-Time**  
(Based on Monthly Premium Costs)

Health Insurance Plan	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 1 - Plan I-C</b>			
EE Only	\$636.74	\$551.42	\$85.32
EE + Child	\$1,183.82	\$1,025.19	\$158.63
EE + Spouse	\$1,350.65	\$1,169.66	\$180.99
EE + Children	\$1,580.49	\$1,368.70	\$211.79
Family	\$1,819.59	\$1,575.76	\$243.83
<b>Option 2 - Plan V-E</b>			
EE Only	\$695.60	\$602.39	\$93.21
EE + Child	\$1,293.55	\$1,120.21	\$173.34
EE + Spouse	\$1,476.06	\$1,278.27	\$197.79
EE + Children	\$1,726.54	\$1,495.18	\$231.36
Family	\$1,988.05	\$1,721.65	\$266.40
<b>Option 3 - Kaiser</b>			
EE Only	\$643.57	\$553.47	\$90.10
EE + Child	\$1,184.12	\$1,018.34	\$165.78
EE + Spouse	\$1,349.94	\$1,160.95	\$188.99
EE + Children	\$1,598.86	\$1,375.02	\$223.84
Family	\$1,838.83	\$1,581.39	\$257.44

**2016 Rate Schedule - Medical Only**  
**Management/Non-Represented Employees - Part-Time**  
(Based on Monthly Premium Costs)

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 1 - Plan I-C</b>				
EE Only	\$299.74	\$636.74	\$318.37	\$318.37
EE + Child	\$557.27	\$1,183.82	\$591.91	\$591.91
EE + Spouse	\$635.82	\$1,350.65	\$675.33	\$675.32
EE + Children	\$743.98	\$1,580.49	\$790.25	\$790.24
Family	\$856.56	\$1,819.59	\$909.80	\$909.79
<b>Option 2 - Plan V-E</b>				
EE Only	\$327.46	\$695.60	\$347.80	\$347.80
EE + Child	\$608.94	\$1,293.55	\$646.78	\$646.77
EE + Spouse	\$694.87	\$1,476.06	\$738.03	\$738.03
EE + Children	\$812.75	\$1,726.54	\$863.27	\$863.27
Family	\$935.88	\$1,988.05	\$994.03	\$994.02
<b>Option 3 - Kaiser</b>				
EE Only	\$303.10	\$643.57	\$321.79	\$321.78
EE + Child	\$557.30	\$1,184.12	\$592.06	\$592.06
EE + Spouse	\$635.77	\$1,349.94	\$674.97	\$674.97
EE + Children	\$752.52	\$1,598.86	\$799.43	\$799.43
Family	\$866.09	\$1,838.83	\$919.42	\$919.41

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**2016 Rate Schedule Dental Only**  
**Management / Non-Represented / Council Full-Time**  
 (Based on Monthly Premium Costs)

Health Insurance Plan	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 1 - ODS</b>			
EE Only	\$60.38	\$52.29	\$8.09
EE + Child	\$92.60	\$80.19	\$12.41
EE + Spouse	\$105.38	\$91.26	\$14.12
EE + Children	\$159.65	\$138.26	\$21.39
Family	\$183.53	\$158.94	\$24.59
<b>Option 2 - Willamette</b>			
EE Only	\$50.53	\$43.76	\$6.77
EE + Child	\$77.85	\$67.42	\$10.43
EE + Spouse	\$88.50	\$76.64	\$11.86
EE + Children	\$134.29	\$116.30	\$17.99
Family	\$154.23	\$133.56	\$20.67
<b>Option 3 - Kaiser</b>			
EE Only	\$70.57	\$60.69	\$9.88
EE + Child	\$109.39	\$94.08	\$15.31
EE + Spouse	\$124.55	\$107.11	\$17.44
EE + Children	\$205.52	\$176.75	\$28.77
Family	\$236.40	\$203.30	\$33.10

**2016 Rate Schedule - Dental Only**  
**Management/Non-Represented Employees - Part-Time**  
 (Based on Monthly Premium Costs)

Dental Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
<b>Option 1 - ODS</b>				
EE Only	\$29.79	\$60.38	\$30.19	\$30.19
EE + Child	\$45.69	\$92.60	\$46.30	\$46.30
EE + Spouse	\$51.99	\$105.38	\$52.69	\$52.69
EE + Children	\$78.77	\$159.65	\$79.83	\$79.82
Family	\$90.55	\$183.53	\$91.77	\$91.76
<b>Option 2 - Willamette</b>				
EE Only	\$25.27	\$50.53	\$25.27	\$25.26
EE + Child	\$38.93	\$77.85	\$38.93	\$38.92
EE + Spouse	\$44.25	\$88.50	\$44.25	\$44.25
EE + Children	\$67.15	\$134.29	\$67.15	\$67.14
Family	\$77.12	\$154.23	\$77.12	\$77.11
<b>Option 3 - Kaiser</b>				
EE Only	\$35.29	\$70.57	\$35.29	\$35.28
EE + Child	\$54.70	\$109.39	\$54.70	\$54.69
EE + Spouse	\$62.28	\$124.55	\$62.28	\$62.27
EE + Children	\$102.76	\$205.52	\$102.76	\$102.76
Family	\$118.20	\$236.40	\$118.20	\$118.20

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