

2016 Rate Schedule - Medical & Dental

SEIU Full-Time

(Based on Monthly Premium Costs)

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Monthly Contribution	2016 Employee Contribution
Option 1 - Plan I-C w/ ODS Dental				
EE Only	\$63.40	\$697.12	\$625.44	\$71.68
EE + Child	\$115.98	\$1,276.42	\$1,144.42	\$132.00
EE + Spouse	\$132.29	\$1,456.03	\$1,305.48	\$150.55
EE + Children	\$158.32	\$1,740.14	\$1,561.52	\$178.62
Family	\$182.24	\$2,003.12	\$1,797.56	\$205.56
Option 2 - Plan I-C w/ Willamette Dental				
EE Only	\$62.61	\$687.27	\$616.77	\$70.50
EE + Child	\$114.80	\$1,261.67	\$1,131.46	\$130.21
EE + Spouse	\$130.94	\$1,439.15	\$1,290.65	\$148.50
EE + Children	\$156.30	\$1,714.78	\$1,539.23	\$175.55
Family	\$179.90	\$1,973.82	\$1,771.81	\$202.01
Option 3 - Plan I-C w/ Kaiser Dental				
EE Only	\$64.61	\$707.31	\$635.71	\$71.60
EE + Child	\$117.96	\$1,293.21	\$1,161.26	\$131.95
EE + Spouse	\$134.55	\$1,475.20	\$1,324.71	\$150.49
EE + Children	\$163.43	\$1,786.01	\$1,606.55	\$179.46
Family	\$188.12	\$2,055.99	\$1,849.46	\$206.53
Option 4 - Plan V-E w/ ODS Dental				
EE Only	\$68.72	\$755.98	\$678.06	\$77.92
EE + Child	\$125.90	\$1,386.15	\$1,242.51	\$143.64
EE + Spouse	\$143.63	\$1,581.44	\$1,417.59	\$163.85
EE + Children	\$171.52	\$1,886.19	\$1,692.07	\$194.12
Family	\$197.46	\$2,171.58	\$1,948.15	\$223.43
Option 5 - Plan V-E w/ Willamette Dental				
EE Only	\$67.93	\$746.13	\$669.39	\$76.74
EE + Child	\$124.72	\$1,371.40	\$1,229.55	\$141.85
EE + Spouse	\$142.28	\$1,564.56	\$1,402.75	\$161.81
EE + Children	\$169.50	\$1,860.83	\$1,669.79	\$191.04
Family	\$195.13	\$2,142.28	\$1,922.39	\$219.89
Option 6 - Plan V-E w/ Kaiser Dental				
EE Only	\$69.93	\$766.17	\$688.32	\$77.85
EE + Child	\$127.87	\$1,402.94	\$1,259.36	\$143.58
EE + Spouse	\$145.88	\$1,600.61	\$1,436.82	\$163.79
EE + Children	\$176.63	\$1,932.06	\$1,737.10	\$194.96
Family	\$203.35	\$2,224.45	\$2,000.05	\$224.40
Option 7 - Kaiser w/ ODS Dental				
EE Only	\$64.33	\$703.95	\$631.51	\$72.44
EE + Child	\$116.82	\$1,276.72	\$1,143.60	\$133.12
EE + Spouse	\$133.42	\$1,455.32	\$1,304.19	\$151.13
EE + Children	\$160.37	\$1,758.51	\$1,577.31	\$181.20
Family	\$184.60	\$2,022.36	\$1,815.09	\$207.27

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Monthly Contribution	2016 Employee Contribution
Option 8 - Kaiser w/ Willamette Dental				
EE Only	\$62.85	\$694.10	\$623.56	\$70.54
EE + Child	\$114.42	\$1,261.97	\$1,131.92	\$130.05
EE + Spouse	\$130.68	\$1,438.44	\$1,290.82	\$147.62
EE + Children	\$156.94	\$1,733.15	\$1,556.51	\$176.64
Family	\$180.59	\$1,993.06	\$1,791.10	\$201.96
Option 9 - Kaiser w/ Kaiser Dental				
EE Only	\$64.86	\$714.14	\$642.50	\$71.64
EE + Child	\$117.23	\$1,293.51	\$1,162.09	\$131.42
EE + Spouse	\$133.70	\$1,474.49	\$1,325.50	\$148.99
EE + Children	\$164.07	\$1,804.38	\$1,623.82	\$180.56
Family	\$188.81	\$2,075.23	\$1,868.75	\$206.48

Note: For calendar year 2016, the city will pay a \$40 per month subsidy toward employees' monthly premium contribution for employees working 32 hours or more who get their coverage through the city and have a monthly salary rate less than or equal to \$3,200.

09/28/15

2016 Rate Schedule - Medical & Dental

SEIU Part-Time

(Based on Monthly Premium Costs)

Health Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
Option 1 - Plan I-C w/ ODS Dental				
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
Option 2 - Plan I-C w/ Willamette Dental				
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
Option 3 - Plan I-C w/ Kaiser Dental				
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
Option 4 - Plan V-E w/ ODS Dental				
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
Option 5 - Plan V-E w/ Willamette Dental				
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
Option 6 - Plan V-E w/ Kaiser Dental				
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
Option 7 - Kaiser w/ ODS Dental				
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
Option 8 - Kaiser w/ Willamette Dental				
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
Option 9 - Kaiser w/ Kaiser Dental				
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

SEIU Full-Time

(Based on Monthly Premium Costs)

Health Insurance Plan	2016 Monthly Premium	2016 City Monthly Contribution	2016 Employee Monthly Contribution
Option 1 - Plan I-C			
EE Only	\$636.74	\$571.79	\$64.95
EE + Child	\$1,183.82	\$1,063.07	\$120.75
EE + Spouse	\$1,350.65	\$1,212.88	\$137.77
EE + Children	\$1,580.49	\$1,419.28	\$161.21
Family	\$1,819.59	\$1,633.99	\$185.60
Option 2 - Plan V-E			
EE Only	\$695.60	\$623.95	\$71.65
EE + Child	\$1,293.55	\$1,160.31	\$133.24
EE + Spouse	\$1,476.06	\$1,324.03	\$152.03
EE + Children	\$1,726.54	\$1,548.71	\$177.83
Family	\$1,988.05	\$1,783.28	\$204.77
Option 3 - Kaiser			
EE Only	\$643.57	\$577.93	\$65.64
EE + Child	\$1,184.12	\$1,063.34	\$120.78
EE + Spouse	\$1,349.94	\$1,212.25	\$137.69
EE + Children	\$1,598.86	\$1,435.78	\$163.08
Family	\$1,838.83	\$1,651.27	\$187.56

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2016 Rate Schedule - Medical Only

SEIU Part-Time

(Based on Monthly Premium Costs)

Health Insurance Plan	2015 Employee Monthly Contribution	2016 Monthly Premium	2016 City Monthly Contribution	2016 Employee Monthly Contribution
Option 1 - Plan I-C				
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
Option 2 - Plan V-E				
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
Option 3 - Kaiser				
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

09/28/15

2016 Rate Schedule - Dental Only

SEIU Full-Time

(Based on Monthly Premium Costs)

Dental Insurance Plan	2016 Monthly Premium	2016 City Monthly Contribution	2016 Employee Monthly Contribution
Option 1 - ODS			
EE Only	\$60.38	\$54.22	\$6.16
EE + Child	\$92.60	\$83.15	\$9.45
EE + Spouse	\$105.38	\$94.63	\$10.75
EE + Children	\$159.65	\$143.37	\$16.28
Family	\$183.53	\$164.81	\$18.72
Option 2 - Willamette			
EE Only	\$50.53	\$45.33	\$5.20
EE + Child	\$77.85	\$69.83	\$8.02
EE + Spouse	\$88.50	\$79.38	\$9.12
EE + Children	\$134.29	\$120.46	\$13.83
Family	\$154.23	\$138.34	\$15.89
Option 3 - Kaiser			
EE Only	\$70.57	\$63.37	\$7.20
EE + Child	\$109.39	\$98.23	\$11.16
EE + Spouse	\$124.55	\$111.85	\$12.70
EE + Children	\$205.52	\$184.56	\$20.96
Family	\$236.40	\$212.29	\$24.11

07/27/15

2016 Rate Schedule - Dental Only

SEIU Part-Time

(Based on Monthly Premium Costs)

Dental Insurance Plan	2015 Employee Contribution	2016 Monthly Premium	2016 City Contribution	2016 Employee Contribution
Option 1 - ODS				
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
Option 2 - Willamette				
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
Option 3 - Kaiser				
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