

2018 Rate Schedule - Medical & Dental SEIU

(Based on Monthly Premium Costs)

Health Insurance Plan	2018 Monthly Premium	2018 City Contribution	2018 Employee Contribution
Option 1 - Regence Co-Pay Plan B w/ Delta Dental			
EE Only	\$655.51	\$589.96	\$65.55
EE + Child	\$1,195.45	\$1,075.91	\$119.55
EE + Spouse	\$1,366.33	\$1,229.70	\$136.63
EE + Children	\$1,635.23	\$1,471.71	\$163.52
Family	\$1,886.15	\$1,697.54	\$188.62
Option 2 - Regence Co-Pay Plan B w/ Willamette Dental			
EE Only	\$644.93	\$580.44	\$64.49
EE + Child	\$1,179.52	\$1,061.57	\$117.95
EE + Spouse	\$1,348.15	\$1,213.34	\$134.82
EE + Children	\$1,607.86	\$1,447.07	\$160.79
Family	\$1,854.52	\$1,669.07	\$185.45
Option 3 - Regence Co-Pay Plan B w/ Kaiser Dental			
EE Only	\$670.70	\$603.63	\$67.07
EE + Child	\$1,219.95	\$1,097.96	\$122.00
EE + Spouse	\$1,394.32	\$1,254.89	\$139.43
EE + Children	\$1,695.65	\$1,526.09	\$169.57
Family	\$1,955.79	\$1,760.21	\$195.58
Option 4 - Kaiser w/ /Delta Dental			
EE Only	\$725.55	\$653.00	\$72.56
EE + Child	\$1,311.25	\$1,180.13	\$131.13
EE + Spouse	\$1,498.22	\$1,348.40	\$149.82
EE + Children	\$1,805.56	\$1,625.00	\$180.56
Family	\$2,081.59	\$1,873.43	\$208.16
Option 5 - Kaiser w/ Willamette Dental			
EE Only	\$714.97	\$643.47	\$71.50
EE + Child	\$1,295.32	\$1,165.79	\$129.53
EE + Spouse	\$1,480.04	\$1,332.04	\$148.00
EE + Children	\$1,778.19	\$1,600.37	\$177.82
Family	\$2,049.96	\$1,844.96	\$205.00
Option 6 - Kaiser w/ Kaiser Dental			
EE Only	\$740.74	\$666.67	\$74.07
EE + Child	\$1,335.75	\$1,202.18	\$133.58
EE + Spouse	\$1,526.21	\$1,373.59	\$152.62
EE + Children	\$1,865.98	\$1,679.38	\$186.60
Family	\$2,151.23	\$1,936.11	\$215.12

2018 Rate Schedule - Medical Only

SEIU

(Based on Monthly Premium Costs)

Health Insurance Plan	2018 Monthly Premium	2018 City Contribution	2018 Employee Contribution
Option 1 - Regene Co-Pay Plan B			
EE Only	\$594.21	\$534.79	\$59.42
EE + Child	\$1,102.02	\$991.82	\$110.20
EE + Spouse	\$1,259.56	\$1,133.60	\$125.96
EE + Children	\$1,472.61	\$1,325.35	\$147.26
Family	\$1,698.57	\$1,528.71	\$169.86
Option 2 - Kaiser			
EE Only	\$664.25	\$597.83	\$66.43
EE + Child	\$1,217.82	\$1,096.04	\$121.78
EE + Spouse	\$1,391.45	\$1,252.31	\$139.15
EE + Children	\$1,642.94	\$1,478.65	\$164.29
Family	\$1,894.01	\$1,704.61	\$189.40

2018 Rate Schedule - Dental Only

SEIU

(Based on Monthly Premium Costs)

Dental Insurance Plan	2018 Monthly Premium	2018 City Contribution	2018 Employee Contribution
Option 1 - Delta Dental			
EE Only	\$61.30	\$55.17	\$6.13
EE + Child	\$93.43	\$84.09	\$9.34
EE + Spouse	\$106.77	\$96.09	\$10.68
EE + Children	\$162.62	\$146.36	\$16.26
Family	\$187.58	\$168.82	\$18.76
Option 2 - Willamette			
EE Only	\$50.72	\$45.65	\$5.07
EE + Child	\$77.50	\$69.75	\$7.75
EE + Spouse	\$88.59	\$79.73	\$8.86
EE + Children	\$135.25	\$121.73	\$13.53
Family	\$155.95	\$140.36	\$15.60
Option 3 - Kaiser			
EE Only	\$76.49	\$68.84	\$7.65
EE + Child	\$117.93	\$106.14	\$11.79
EE + Spouse	\$134.76	\$121.28	\$13.48
EE + Children	\$223.04	\$200.74	\$22.30
Family	\$257.22	\$231.50	\$25.72

2018 Rate Schedule - Medical & Dental
SEIU Part-time (20-29 hours/week)
(Based on Monthly Premium Costs)

Health Insurance Plan	2018 Monthly Premium	2018 City Contribution	2018 Employee Contribution
Option 1 - Regence Co-Pay Plan B w/ Delta Dental			
EE Only	\$655.51	\$327.76	\$327.76
EE + Child	\$1,195.45	\$597.73	\$597.73
EE + Spouse	\$1,366.33	\$683.17	\$683.17
EE + Children	\$1,635.23	\$817.62	\$817.62
Family	\$1,886.15	\$943.08	\$943.08
Option 2 - Regence Co-Pay Plan B w/ Willamette Dental			
EE Only	\$644.93	\$322.47	\$322.47
EE + Child	\$1,179.52	\$589.76	\$589.76
EE + Spouse	\$1,348.15	\$674.08	\$674.08
EE + Children	\$1,607.86	\$803.93	\$803.93
Family	\$1,854.52	\$927.26	\$927.26
Option 3 - Regence Co-Pay Plan B w/ Kaiser Dental			
EE Only	\$670.70	\$335.35	\$335.35
EE + Child	\$1,219.95	\$609.98	\$609.98
EE + Spouse	\$1,394.32	\$697.16	\$697.16
EE + Children	\$1,695.65	\$847.83	\$847.83
Family	\$1,955.79	\$977.90	\$977.90
Option 4 - Kaiser w/ /Delta Dental			
EE Only	\$725.55	\$362.78	\$362.78
EE + Child	\$1,311.25	\$655.63	\$655.63
EE + Spouse	\$1,498.22	\$749.11	\$749.11
EE + Children	\$1,805.56	\$902.78	\$902.78
Family	\$2,081.59	\$1,040.80	\$1,040.80
Option 5 - Kaiser w/ Willamette Dental			
EE Only	\$714.97	\$357.49	\$357.49
EE + Child	\$1,295.32	\$647.66	\$647.66
EE + Spouse	\$1,480.04	\$740.02	\$740.02
EE + Children	\$1,778.19	\$889.10	\$889.10
Family	\$2,049.96	\$1,024.98	\$1,024.98
Option 6 - Kaiser w/ Kaiser Dental			
EE Only	\$740.74	\$370.37	\$370.37
EE + Child	\$1,335.75	\$667.88	\$667.88
EE + Spouse	\$1,526.21	\$763.11	\$763.11
EE + Children	\$1,865.98	\$932.99	\$932.99
Family	\$2,151.23	\$1,075.62	\$1,075.62

2018 Rate Schedule - Medical Only
SEIU Part-time (20-29 hours/week)
 (Based on Monthly Premium Costs)

Health Insurance Plan	2018 Monthly Premium	2018 City Contribution	2018 Employee Contribution
Option 1 - Regene Co-Pay Plan B			
EE Only	\$594.21	\$297.11	\$297.11
EE + Child	\$1,102.02	\$551.01	\$551.01
EE + Spouse	\$1,259.56	\$629.78	\$629.78
EE + Children	\$1,472.61	\$736.31	\$736.31
Family	\$1,698.57	\$849.29	\$849.29
Option 2 - Kaiser			
EE Only	\$664.25	\$332.13	\$332.13
EE + Child	\$1,217.82	\$608.91	\$608.91
EE + Spouse	\$1,391.45	\$695.73	\$695.73
EE + Children	\$1,642.94	\$821.47	\$821.47
Family	\$1,894.01	\$947.01	\$947.01

2018 Rate Schedule - Dental Only
SEIU Part-time (20-29 hours/week)
 (Based on Monthly Premium Costs)

Dental Insurance Plan	2018 Monthly Premium	2018 City Contribution	2018 Employee Contribution
Option 1 - Delta Dental			
EE Only	\$61.30	\$30.65	\$30.65
EE + Child	\$93.43	\$46.72	\$46.72
EE + Spouse	\$106.77	\$53.39	\$53.39
EE + Children	\$162.62	\$81.31	\$81.31
Family	\$187.58	\$93.79	\$93.79
Option 2 - Willamette			
EE Only	\$50.72	\$25.36	\$25.36
EE + Child	\$77.50	\$38.75	\$38.75
EE + Spouse	\$88.59	\$44.30	\$44.30
EE + Children	\$135.25	\$67.63	\$67.63
Family	\$155.95	\$77.98	\$77.98
Option 3 - Kaiser			
EE Only	\$76.49	\$38.25	\$38.25
EE + Child	\$117.93	\$58.97	\$58.97
EE + Spouse	\$134.76	\$67.38	\$67.38
EE + Children	\$223.04	\$111.52	\$111.52
Family	\$257.22	\$128.61	\$128.61