

2018 Rate Schedule - Medical & Dental TPOA

(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	\$660.25	\$65.30
EE + Child	\$1,311.25	\$1,193.24	\$118.01
EE + Spouse	\$1,498.22	\$1,363.38	\$134.84
EE + Children	\$1,805.56	\$1,643.06	\$162.50
Family	\$2,081.59	\$1,894.25	\$187.34
Option 5 - Kaiser w/ Willamette Dental			
EE Only	\$714.97	\$650.62	\$64.35
EE + Child	\$1,295.32	\$1,178.74	\$116.58
EE + Spouse	\$1,480.04	\$1,346.84	\$133.20
EE + Children	\$1,778.19	\$1,618.15	\$160.04
Family	\$2,049.96	\$1,865.46	\$184.50
Option 6 - Kaiser w/ Kaiser Dental			
EE Only	\$740.74	\$674.07	\$66.67
EE + Child	\$1,335.75	\$1,215.53	\$120.22
EE + Spouse	\$1,526.21	\$1,388.85	\$137.36
EE + Children	\$1,865.98	\$1,698.04	\$167.94
Family	\$2,151.23	\$1,957.62	\$193.61

2018 Rate Schedule - Medical Only

TPOA

(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	\$604.47	\$59.78
EE + Child	\$1,217.82	\$1,108.22	\$109.60
EE + Spouse	\$1,391.45	\$1,266.22	\$125.23
EE + Children	\$1,642.94	\$1,495.08	\$147.86
Family	\$1,894.01	\$1,723.55	\$170.46

2018 Rate Schedule - Dental Only

TPOA

(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